



THE ATTORNEY GENERAL  
STATE OF ARKANSAS  
LESLIE RUTLEDGE

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## CHARITABLE ORGANIZATION REGISTRATION FORM

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Pursuant to Ark. Code Ann. §§ 4-28-401 through 416, Arkansas law requires a charitable organization to register with the Attorney General prior to engaging in any of the following: soliciting contributions, using fund-raising counsel, paid solicitors, or professional telemarketers, or conducting a sales promotion.

The following must be included with the submission of this form:

1. A copy of the appropriate Internal Revenue Service tax-exempt status form or pending application;
2. A copy of the organization's Articles of Incorporation;
3. An executed Consent for Service (Form CR-02), if applicable;
4. A copy of Arkansas's Annual Financial Reporting Form (Form CR-03), including all required documents; and
5. A copy of current contracts with any paid solicitors, fund-raising counsel, or commercial coventurers.

This form and all attachments should be submitted via email to [Charities@ArkansasAG.gov](mailto:Charities@ArkansasAG.gov). Incomplete submissions will not be accepted.

You are obligated to update the information submitted at registration if any of the information is updated or changes, including but not limited to relationships with fund-raising counsel, paid solicitors, or commercial coventurers.

If you have questions or inquiries, please contact us via email at [Charities@ArkansasAG.gov](mailto:Charities@ArkansasAG.gov), via phone at (501) 682-2007 or (800) 482-8982, or via mail to Arkansas Attorney General's Office, Consumer Protection Division, ATTN: Charities Registration Bureau, 323 Center Street, Suite 500, Little Rock, AR 72201.

## Section I. Organization Information

Federal EIN

Organization's Legal Name

Any Previous Legal Name(s)

Mailing Address

City

State

Zip

Physical Address (if different from mailing)

City

State

Zip

Web Address

Telephone Number

Fax Number

Designated Contact for Correspondence

Designated Contact's Phone Number

Designated Contact's Email Address

State of Incorporation

Date of Incorporation or Establishment

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Is the organization exempt from federal taxation pursuant to the Internal Revenue Code?

Yes  No

If the organization is exempt, under what section of the tax code is it exempt?

Any names under which contributions will be solicited (including acronyms, abbreviations, shortened names, DBAs, and program names)

Charitable Purpose

## Section II. Financial and Administrative Information

Fiscal/Accounting Year End Date

Type of Return Submitted to IRS for Previous Fiscal/Accounting Year

Name of Custodian of Contributions

Title

Business Telephone Number

Email Address

Address

City

State

Zip

Name of Distributor of Contributions (if different from Custodian)

Title

Business Telephone Number

Email Address

Address

City

State

Zip

## Section III. Solicitation Information

Purpose of Solicitations

Period of Time During Which Promotions Will be Conducted

Solicitation Methods (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Special Events    | <input type="checkbox"/> Sale of Goods or Services |
| <input type="checkbox"/> Direct Mail       | <input type="checkbox"/> Website                   |
| <input type="checkbox"/> Telephone Appeals | <input type="checkbox"/> Web Banner Ads            |
| <input type="checkbox"/> Personal Contact  | <input type="checkbox"/> Auctions                  |
| <input type="checkbox"/> Grant Writing     | <input type="checkbox"/> Other _____               |

Solicitation Conducted or Assisted By (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Paid Solicitor | <input type="checkbox"/> Fund-raising Counsel  |
| <input type="checkbox"/> Paid Employees | <input type="checkbox"/> Commercial Coventurer |
| <input type="checkbox"/> Volunteers     | <input type="checkbox"/> Other _____           |

*If you selected Paid Solicitor, Fund-raising Counsel, or Commercial Coventurer, you must complete the next page.*

Entity Conducting or Assisting with Solicitations		
Type of Entity <input type="checkbox"/> Fund-raising Counsel <input type="checkbox"/> Paid Solicitor <input type="checkbox"/> Commercial Coventurer		
Telephone Number	Email Address	
Address		
City	State	Zip
Effective Dates of Contract		
Brief Synopsis of Contract		
Entity Conducting or Assisting with Solicitations		
Type of Entity <input type="checkbox"/> Fund-raising Counsel <input type="checkbox"/> Paid Solicitor <input type="checkbox"/> Commercial Coventurer		
Telephone Number	Email Address	
Address		
City	State	Zip
Effective Dates of Contract		
Brief Synopsis of Contract		
Entity Conducting or Assisting with Solicitations		
Type of Entity <input type="checkbox"/> Fund-raising Counsel <input type="checkbox"/> Paid Solicitor <input type="checkbox"/> Commercial Coventurer		
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