



THE ATTORNEY GENERAL
STATE OF ARKANSAS
LESLIE RUTLEDGE

EXEMPT ORGANIZATION VERIFICATION

Pursuant to Ark. Code Ann. § 4-28-404, Arkansas law permits certain organizations to avoid certain filing and reporting requirements of the charitable registration statutes. Organizations claiming an exemption must submit information to the Attorney General to substantiate such exemption. This form will be examined for compliance with the appropriate statute. If the Attorney General determines that the exemption statute does not apply to the organization, the organization will be asked to submit a Charitable Organization Registration Form.

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

1. This Exempt Organization Verification (Form EX-01);
2. A copy of the appropriate Internal Revenue Service tax-exempt status form, if applicable; and
3. A copy of the organization's Articles of Incorporation.

This form and all attachments should be submitted via email to Charities@ArkansasAG.gov. Incomplete submissions will not be accepted.

If you have questions or inquiries, please contact us via email at 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

__/__/____

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 of the Organization

Contributions to the Organization will be used for

Section II. Qualification For Exemption

Please select the applicable qualification for exemption.

<input type="checkbox"/>	Religious Organizations Any bona fide, duly constituted, religious entity that (1) is exempt from taxation pursuant to the Internal Revenue Code and (2) no part of the entity's income inures to the direct benefit of any individual.
<input type="checkbox"/>	Educational Institutions Any parent-teacher association or educational institution, the curricula of which, in whole or in part, are registered or approved by any state or the United States, either directly, or by acceptance of accreditation by an accrediting body.
<input type="checkbox"/>	Political Candidates and Organizations Any candidate for national, state, or local elective office or a political party or other committee required to file information with the Federal Election Commission or any state election commission or its equivalent agency.
<input type="checkbox"/>	Governmental Organizations Any department, brand, or other instrumentality of federal, state, or local governments.
<input type="checkbox"/>	Nonprofit Hospitals Any nonprofit hospital licensed by this state or any other state.
<input type="checkbox"/>	Receive Less Than \$25,000 A Year In Contributions Any charitable organization that does not intend to solicit and receive, and does not actually receive, contributions in excess of \$25,000 during a calendar year if (1) all of its functions, including its fund-raising, are carried on by persons who are unpaid for their services, and (2) no part of its assets or income inures to the benefit of, or is paid to, any officer or member.
<input type="checkbox"/>	Solicitor For an Exempt Organization Any person or entity who solicits solely for the benefit of organizations exempt from registration.

AFFIRMATION

I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate.

Date

Name of Exempt Organization

By: _____
Signature

Printed Name Title

NOTARY

STATE OF _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day
of _____, 20____.

My Commission Expires:

____/____/____

County of Residence

STAMP or SEAL:

Signature of Notary Public

Printed Name