



Secretary of State of the State of Arkansas

ANNUAL FINANCIAL REPORTING FORM

Arkansas Code Annotated § 4-28-403 requires each charitable organization subject to the provisions of Ark. Code Ann. §§ 4-28-401 through 416 to file annual financial reports with the Secretary of State on or before August 1st.

The following must be submitted:

1. A completed Annual Financial Reporting Form;
2. A copy of the organization's Internal Revenue Service Form 990, Form 990-EZ, or 990-N, if required to file such form;
3. If the gross revenue of the organizations was in excess of \$500,000 in any fiscal year, a copy of an audit report prepared by a certified public accountant; and
4. New or updated relationships or contracts with fund-raising counsel, paid solicitors, or commercial coventurers.

This form and all attachments should be submitted via email to charities@sos.arkansas.gov. Incomplete submissions will not be accepted.

Upon good cause shown, the Secretary of State may grant an extension of time for a period of no longer than six months. Please submit your request for an extension to charities@sos.arkansas.gov. Please include the words "Annual Financial Report Extension" in the subject line of the email.

If you have questions or inquiries, please contact us via email at charities@sos.arkansas.gov, via phone at (501) 683-0094, or via mail to Arkansas Secretary of State, Business and Commercial Services, ATTN: Charities Registration, 1401 W. Capitol, Suite 250, Little Rock, AR 72201.

1401 W. Capitol, Suite 250 • Little Rock, Arkansas 72201
Telephone (501) 683-0094 • Fax (501) 682-3437
WEBSITE • www.sos.arkansas.gov

Section I. Organization Information

Federal EIN

84-1442078

SoS Filing Number

811365310

Organization's Legal Name

Rally Point Nonprofit Council

Mailing Address

1804 East Longhills Road

City

Benton

State

AR

Zip

72019

Telephone Number

5013269778

Fax Number

NA

Designated Contact for Correspondence

Jeff Watts

Designated Contact's Phone Number

5013269778

Designated Contact's Email Address

jeff@rallypointnc.org

Section II. Financial Information (IRS Form 990 Filers)

Fiscal Year

2022

to 2025

Total Revenue

\$ 0.00

(Form 990, Part I, Line 12)

Total Program Service Expenses

\$ 0.00

(Form 990, Part III, Line 4e)

Management & General Expenses

\$ 0.00

(Form 990, Part IX, Line 25, Column C)

Fund-raising Expenses

\$ 0.00

(Form 990, Part IX, Line 25, Column D)

Section III. Financial Information (IRS Form 990-EZ Filers)

Fiscal Year

NA

to

Contributions, Gifts, Grants Received

\$

(Line 1 of Form 990-EZ)

Total Revenue

\$

(Line 9 of Form 990-EZ)

Total Expenses

\$

(Line 17 of Form 990-EZ)

Total Program Service Expenses

\$

(Line 32 of Form 990-EZ)

Section IV. Annual Certification of Current Information

Is the information submitted in the organization's initial registration current, true, and correct?

☒ Yes ☐ No

If the answer is no, you may make these corrections in Section V and submit along with any required documents.

Section V. Updates to Information

Section A. Organization Information

Organization's Legal Name

Rally Point Nonprofit Council

Mailing Address

1804 East Longhills Road

City

Benton

State

AR

Zip

72019

Physical Address

Same

City

Same

State

Same

Zip

Same

Web Address

rallypointnc.org

Email Address

jeff@rallypointnc.org

Telephone Number

5013269778

Fax Number

NA

Designated Contact for Correspondence

Jeff Watts

Contact's Phone Number

5013269778

Contact's Email Address

jeff@rallypointnc.org

Any names under which contributions will be solicited

Rally Point Nonprofit Council, RPNC, Rally Point Wellness Group

All chapters, branches, or affiliates that will operate, if any under the registration of the parent charitable organizations.

None

Section B. Financial and Administrative Information

Fiscal/Accounting Year End Date

Sep 2025

Name of Custodian of Contributions

Jeff Watts

Title

Executive Director

Business Telephone Number

5013269778

Email Address

jeff@rallypointnc.org

Address

1804 East Longhills Road

City

Benton

State

AR

Zip

72019

AFFIRMATION

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

April 2, 2025
Date

Rally Point Nonprofit Council
Name of Charitable Organization

By:

Signature

JEFF WATTS
Printed Name

For Chair & Executive Director
Title

NOTARY

STATE OF Arkansas)
COUNTY OF Garland) SS.

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this 2nd day of April, 2025.

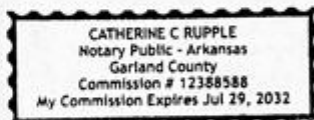
My Commission Expires:

7/29/2032

County of Residence

Garland

STAMP or SEAL:



Catherine C. Ruppel
Signature of Notary Public

Catherine C. Ruppel
Printed Name