



Department of State

Division of Charitable Solicitations & Gaming
William R. Snodgrass Tennessee Tower
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WARNING: False or misleading statements
Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

SUMMARY OF FINANCIAL ACTIVITIES
OF A
CHARITABLE ORGANIZATION

INSTRUCTIONS: Complete this form with financial information from the most recently completed accounting year. The form must be signed by two (2) authorized officers.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal ID: \_\_\_\_\_ State ID: \_\_\_\_\_ Telephone: \_\_\_\_\_

Accounting Year End: \_\_\_\_\_ Has your accounting year changed? Yes \_\_\_\_\_ No \_\_\_\_\_

A. Gross Revenue

- 1. Public contributions .....\$ \_\_\_\_\_
2. Government grants .....\$ \_\_\_\_\_
3. Program service revenue .....\$ \_\_\_\_\_
4. Special events and activities .....\$ \_\_\_\_\_
5. Gross sales of inventory .....\$ \_\_\_\_\_
6. Other revenue .....\$ \_\_\_\_\_
7. Total Revenue [add line 1 through line 6] .....\$ \_\_\_\_\_

B. Expenses

- 8. Total program expenses .....\$ \_\_\_\_\_
9. Direct expenses from special events .....\$ \_\_\_\_\_
10. Cost of goods .....\$ \_\_\_\_\_
11. Management and general expenses .....\$ \_\_\_\_\_
12. Fund raising expenses .....\$ \_\_\_\_\_
13. Other Expenses .....\$ \_\_\_\_\_
14. Total Expenses [add line 8 through line 13] .....\$ \_\_\_\_\_
15. Excess / Deficit for the year [line 7 minus line 14] .....\$ \_\_\_\_\_

C. Changes in Net Assets or Fund balances

- 16. Net assets / fund balances at beginning of year .....\$ \_\_\_\_\_
17. Other changes in net assets or fund balances .....\$ \_\_\_\_\_
18. Net assets / fund balances [add line 15 through line 17] ....\$ \_\_\_\_\_
19. Total assets .....\$ \_\_\_\_\_
20. Total liabilities .....\$ \_\_\_\_\_
21. Net assets / fund balances [line 19 minus line 20] .....\$ \_\_\_\_\_

D. Accounting Method Used:

CASH: \_\_\_\_\_ ACCRUAL: \_\_\_\_\_ OTHER: \_\_\_\_\_

## SIGNATURES

I certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date