



**Division of Charitable Solicitations and Gaming
Office of Tennessee Secretary of State Tre Hargett**

312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555

**Summary of Financial Activities of a Charitable Organization Filing a 990
or 990EZ**

WARNING: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514

Instructions: Complete this **two page** form with financial information from the most recently completed accounting year. The form must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer. A 990 or 990EZ form must be **attached**.

Name of the organization: _____ COID: _____

FEIN: _____ Accounting period end date: _____ (mm/dd/yy)

Has the accounting period changed since your last registration? Yes No

1. Gross Revenue

- A. Public Contributions \$ _____
- B. Government Grants \$ _____
- C. Program Service Revenue \$ _____
- D. Special Events and Activities \$ _____
- E. Gross Sales of Inventory \$ _____
- F. Other Revenue \$ _____
- G. Total Revenue [Add Line 1A Through Line 1F] \$ _____

2. Expenses

- A. Total Program Expenses \$ _____
- B. Direct Expenses from Special Events \$ _____
- C. Cost of Goods Sold \$ _____
- D. Management and General Expenses \$ _____
- E. Fund Raising Expenses \$ _____
- F. Other Expenses \$ _____
- G. Total Expenses [Add Line 2A Through Line 2F] \$ _____
- H. Excess / Deficit for the year [Line 1G Minus Line 2G] \$ _____

3. Changes in Net Assets or Fund balances

- A. Net assets / fund balances at beginning of year \$ _____
- B. Other changes in net assets or fund balances \$ _____
- C. Net assets / fund balances [Add Line 2H Through Line 3B] \$ _____
- D. Total Assets \$ _____
- E. Total Liabilities \$ _____
- F. Net assets / fund balances [Line 3D Minus Line 3E] \$ _____

4. Accounting method used: Cash Accrual Other _____



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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: _____

Print Title (Mr., Mrs., etc.): _____ First: _____ MI: _____ Last: _____

Position Title: _____ Date: _____

Signature of Chief Fiscal Officer: _____

Print Title (Mr., Mrs., etc.): _____ First: _____ MI: _____ Last: _____

Position Title: _____ Date: _____