



**State of Tennessee**  
312 Rosa L. Parks Avenue, 8th Floor  
Nashville, Tennessee 37243  
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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, one of whom shall be the Chief Fiscal Officer. Please see the sample Summary of Financial Activities for the corresponding lines on page 9 and 10 of the IRS Form 990.

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 Sold..... \$ \_\_\_\_\_
- 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: \_\_\_\_\_

## SIGNATURE

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.

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Signature of Authorized Officer

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Signature of Authorized Officer

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Print Name

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Print Name

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Title

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Title

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Date

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Date