



Department of State

Division of Charitable Solicitations & Gaming
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 8th Floor
Nashville, TN 37243
(615) 741-2555 FAX (615) 253-5173

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. 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: (From page 9 of 990)

- 1. Public contributions .....(1 h minus 1 e)..... \$
2. Government grants .....(1e)..... \$
3. Program service revenue .....(2g)..... \$
4. Special events and activities .....(8a)..... \$
5. Gross sales of inventory.....(10a)..... \$
6. Other revenue .....(3+4+5+6a..+/- 7d+9a+11e)..... \$
7. Total Revenue [add line 1 through line 6.above]..... \$

B. Expenses: (From pages 9 and 10 of 990)

- 8. Total program expenses ....(25, Column b)..... \$
9. Direct expenses from special events .....(8b)..... \$
10. Cost of goods .....(10b)..... \$
11. Management and general expenses...( 25, Column c)..... \$
12. Fund raising expenses ..... (25 Column d)..... \$
13. Other Expenses.....(6b + 9b)..... \$
14. Total Expenses... [add line 8 through line 13 above]..... \$
15. Excess / Deficit for the year..[line 7 minus line 14 above]... \$

C. Changes in Net Assets or Fund balances (990, Page 1)

- 16.. Net assets / fund balances at beginning of year .....(22)..... \$
17. Other changes in net assets or fund balances.(Sch. D, Part XI).. \$
18. Net assets / fund balances [add line 15 through line 17].... \$
19. Total assets .....(20)..... \$
20. Total liabilities.. ....(21)..... \$
21. Net assets / fund balances [line 19 minus line 20 above] ..... \$

D. Accounting Method Used:

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