

State of Tennessee



Department of State  
Division of Charitable Solicitations  
312 Eighth Avenue North  
8th Floor, William R. Snodgrass Tower  
Nashville, TN 37243  
(615) 741-2555

**WARNING: False or misleading statements**  
Subject to maximum \$5,000 penalty. T.C.A. §48-101-502(a)(2)

OFFICE USE ONLY

Date Stamped

## SUMMARY OF FINANCIAL ACTIVITIES OF AN EXEMPT CHARITABLE ORGANIZATION

### INSTRUCTIONS:

A charitable organization must use this form to report financial activities or attach a copy of your most recently-completed IRS Form 990. If you have not completed a full year of operation, you must submit a proposed budget for your first year of operation.

Gross revenue includes all monies received by your organization from all sources, before expenses are deducted. Contributions raised by a professional solicitor **must** be reported as gross revenue received by your organization.

**This form, including attachments, is a public record.**

NAME OF ORGANIZATION: \_\_\_\_\_

FISCAL YEAR ENDING: \_\_\_\_\_ FEIN: \_\_\_\_\_

### GROSS REVENUE:

#### CONTRIBUTIONS FROM THE PUBLIC:

1. Direct and Indirect..... \$ \_\_\_\_\_

2. Special Events.....\$ \_\_\_\_\_

3. United Way or Other Federated Fundraisers.....\$ \_\_\_\_\_

MEMBERSHIP DUES.....\$ \_\_\_\_\_

GOVERNMENT GRANTS..... \$ \_\_\_\_\_

OTHER REVENUE..... \$ \_\_\_\_\_

**TOTAL GROSS REVENUE:**.....\$ \_\_\_\_\_

### EXPENSES:

PROGRAM SERVICES.....\$ \_\_\_\_\_

FUND RAISING..... \$ \_\_\_\_\_

ADMINISTRATIVE.....\$ \_\_\_\_\_

OTHER.....\$ \_\_\_\_\_

**TOTAL EXPENSES:**.....\$ \_\_\_\_\_

**EXCESS (DEFICIT) OF REVENUE OVER EXPENSES**.....\$ \_\_\_\_\_

## SIGNATURE SECTION

This document must bear the notarized signature of two (2) authorized officers of the organization.

We certify that the information furnished in this Request for Exemption and all continuation sheets is true and correct to the best of our knowledge.

_____ Signature of Authorized Officer                      Date Signed	_____ Signature of Authorized Officer                      Date Signed
_____ Print Name (Clearly)	_____ Print Name (Clearly)
_____ Title	_____ Title
NOTARY SEAL	
Sworn to and subscribed before me (or to me personally known) at:	
_____ (County and State)	
This the _____ day of _____ 200__	
_____ Signature of Notary Public	
My Commission Expires: _____	

### OFFICIAL USE ONLY

Auditor/Reviewer Initials: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Documents Attached: \_\_\_\_\_

Comments: \_\_\_\_\_

