



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 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 [Line 1] **Public Contributions +** \$ _____
- B. Government Grants [Line 1] **Government Grants = Line 1 On 990EZ** \$ _____
- C. Program Service Revenue [Line 2] \$ _____
- D. Special Events and Activities [Line 6B] \$ _____
- E. Gross Sales of Inventory [Line 7A] \$ _____
- F. Other Revenue [Lines 3+4+5C+6A+8] \$ _____
- G. Total Revenue [Add Lines 1A Through Line 1F] \$ _____

2. Expenses

Some organizations may be able to categorize expenses based on the lines provided below. Please itemize if possible. Please note that Total Expenses are on page 1 of the 990-EZ (Part I, Line 17), while Program Service Expenses are on the next page (Part III, Line 32) – be sure to subtract Program Service Expenses from Total Expenses before reporting on the Summary of Financial Activities. If you can determine the amount that your organization spent on fundraising during the reporting period, simply subtract Program Service Expenses and Fundraising Expenses from your Total Expenses to determine the figure to enter on the Summary of Financial Activities form for Management and General Expenses. Remember, **Program Expenses + Management/General Expenses + Fundraising Expenses + Other Expenses = Total Expenses.**

3. Changes in Net Assets or Fund balances

- A. Net assets / fund balances at beginning of year [Line 19] \$ _____
- B. Other changes in net assets or fund balances [Line 20] \$ _____
- C. Net assets / fund balances [Line 21] \$ _____
- D. Total Assets [Line 25] \$ _____
- E. Total Liabilities [Line 26] \$ _____
- F. Net assets / fund balances [Line 27] \$ _____

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: _____