



# 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 990N (or that does not file a 990)

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

**Instructions:** Complete this 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.

1. Name of the organization: \_\_\_\_\_ COID: \_\_\_\_\_  
FEIN: \_\_\_\_\_ Accounting period end date: \_\_\_\_\_(mm/dd/yy)  
Has the accounting period changed since your last registration?  Yes  No

2. Gross Revenue:

- A. Direct and Indirect Contributions From the Public ..... \$ \_\_\_\_\_
- B. Public Special Events ..... \$ \_\_\_\_\_
- C. Membership Dues ..... \$ \_\_\_\_\_
- D. Government Grants ..... \$ \_\_\_\_\_
- E. Other Revenue ..... \$ \_\_\_\_\_
- F. Total Gross Revenue ..... \$ \_\_\_\_\_

3. Expenses:

- A. Program Services ..... \$ \_\_\_\_\_
- B. Fund Raising ..... \$ \_\_\_\_\_
- C. Administrative ..... \$ \_\_\_\_\_
- D. Other ..... \$ \_\_\_\_\_
- E. Total Expenses ..... \$ \_\_\_\_\_

4. Excess **or** deficit for the year (Subtract line 3E from 2F) \$ \_\_\_\_\_

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: \_\_\_\_\_