

# Summary of Financial Activities of a Charitable Organization - 990 or 990EZ

## Division of Charitable Solicitations and Gaming



Tre Hargett  
Secretary of State

### Department of State

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For Office Use Only

**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**. If the organization receives grants from the government or 501(c)(3) private foundations, **attach** an itemized list.

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 ..... \$ \_\_\_\_\_  
B. Government Grants ..... \$ \_\_\_\_\_  
C. Program Service Revenue ..... \$ \_\_\_\_\_  
D. Special Events and Activities ..... \$ \_\_\_\_\_  
E. Gross Sales of Inventory ..... \$ \_\_\_\_\_  
F. Other Revenue ..... \$ \_\_\_\_\_  
G. Total Revenue [Add Line 1A Through Line 1F] ..... \$ \_\_\_\_\_

### 2. Expenses

A. Total Program Expenses ..... \$ \_\_\_\_\_  
B. Direct Expenses from Special Events ..... \$ \_\_\_\_\_  
C. Cost of Goods Sold ..... \$ \_\_\_\_\_  
D. Management and General Expenses ..... \$ \_\_\_\_\_  
E. Fund Raising Expenses ..... \$ \_\_\_\_\_  
F. Other Expenses ..... \$ \_\_\_\_\_  
G. Total Expenses [Add Line 2A Through Line 2F] ..... \$ \_\_\_\_\_  
H. Excess / Deficit for the year [Line 1G Minus Line 2G] ..... \$ \_\_\_\_\_

### 3. Changes in Net Assets or Fund balances

A. Net assets / fund balances at beginning of year ..... \$ \_\_\_\_\_  
B. Other changes in net assets or fund balances ..... \$ \_\_\_\_\_  
C. Net assets / fund balances [Add Line 2H Through Line 3B] ..... \$ \_\_\_\_\_  
D. Total Assets at end of year ..... \$ \_\_\_\_\_  
E. Total Liabilities at end of year ..... \$ \_\_\_\_\_  
F. Net assets / fund balances at end of year [Line 3D Minus Line 3E] ..... \$ \_\_\_\_\_

**4. Accounting method used:** ☐ Cash ☐ Accrual ☐ Other \_\_\_\_\_

**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: \_\_\_\_\_

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chief Fiscal Officer: \_\_\_\_\_

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_