

Charitable Organization Quarterly Financial Report

Division of Charitable Solicitations and Gaming

Department of State

State of Tennessee

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Tre Hargett
Secretary of State

For Office Use Only

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

Instructions: A newly registered organization in its first year of operation must complete a quarterly financial report at the end of each quarter of its current fiscal year. The report is due within thirty (30) days of the end of each quarter.

1. Organization Information:

Name of organization: _____ COID: _____ FEIN: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Email: _____ Website: _____

2. Financial Period (mm/dd/yyyy):

A. Beginning _____

B. Ending _____

3. Quarter: First Second Third Fourth

4. Revenue:

A. Gross Contributions \$ _____

B. Other Revenue \$ _____

C. Total Revenue \$ _____

5. Expenses:

A. Program Services \$ _____

B. Fundraising \$ _____

C. Other \$ _____

D. Total Expenses \$ _____

Signature: This document must be signed by two authorized officers.

I certify that the statements in this financial report and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: _____

Salutation: _____ First: _____

MI: _____ Last: _____

Position Title: _____ Date: _____

Signature of Authorized Officer: _____

Salutation: _____ First: _____

MI: _____ Last: _____

Position Title: _____ Date: _____