

**Summary of Financial Activities of a Charitable Organization  
990N or For Those Who Do Not File an IRS Form 990**

**Division of Charitable Solicitations and Gaming**

**Department of State**

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

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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:** Complete this form with financial information from the most recently completed accounting year. **Please attach a copy of the 990N filing receipt if applicable.** 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/yyyy)

Has the accounting period changed since your last registration?  Yes  No

2. Gross Revenue:

A. Direct and Indirect Contributions From the Public ..... \$ \_\_\_\_\_

B. Government Grants ..... \$ \_\_\_\_\_

C. Public Special Events ..... \$ \_\_\_\_\_

D. Membership Dues ..... \$ \_\_\_\_\_

E. Other Revenue (Ex. Program Service Revenue, etc.) ..... \$ \_\_\_\_\_

F. Total Gross Revenue ..... \$ \_\_\_\_\_

3. Expenses:

A. Program Services ..... \$ \_\_\_\_\_

B. Administrative ..... \$ \_\_\_\_\_

C. Fund Raising ..... \$ \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

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

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