

# Disaster Relief Fundraising Quarterly Financial Report

Division of Charitable Solicitations and Gaming

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2555

Fax: 615-253-5173

sos.tn.gov/charitable



Tre Hargett  
Secretary of State

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**Instructions:** Any charitable organization other than a bona fide religious institution, that solicits and receives contributions exceeding twenty-five thousand dollars (\$25,000) for a charitable purpose related to a disaster in this state, shall file a financial report with the secretary of state. The organization shall file quarterly financial reports with the secretary of state detailing the money raised and expended by the organization as a result of the solicitation, until the funds are expended. The quarterly reports shall be filed within thirty (30) days of the close of the quarter.

1. Name of the organization: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ 4. Registration Number (if applicable): \_\_\_\_\_
5. Disaster for which contributions were solicited: \_\_\_\_\_
6. Financial Period:  1st Quarter  2nd Quarter  3rd Quarter  4th Quarter  
 \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_  
*Month Day Year Month Day Year*

**I. Revenue**

- A. Gross contributions received as a result of solicitations ..... \$ \_\_\_\_\_
- B. **Total Revenue** ..... \$ \_\_\_\_\_

**II. Expenses** ..... \$ \_\_\_\_\_

- A. Program Services ..... \$ \_\_\_\_\_
- B. Gifts/Grants ..... \$ \_\_\_\_\_
- C. Fundraising ..... \$ \_\_\_\_\_
- D. Administrative ..... \$ \_\_\_\_\_
- E. Other (**attach** schedule) ..... \$ \_\_\_\_\_
- F. **Total Expenses** ..... \$ \_\_\_\_\_

III. Program/Recipient Description

Describe the program services provided by the organization which were funded by contributions detailed in this report. (If the organization provided grants to other organizations, list the grant recipients and amounts distributed to such recipients. Attach additional pages if necessary).

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**Signature Section**

This document must be signed by two authorized officers. I certify that the statements in this registration statement 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: \_\_\_\_\_