

Summary of Financial Activities of a Charitable Organization - 990PF



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Secretary of State

Division of Charitable Solicitations and Gaming

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 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 990PF form must be **attached**.

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. Total Revenue (990PF line 12) \$ _____

3. Expenses:

A. Total Program Expenses \$ _____

B. Management and General Expenses \$ _____

C. Fundraising Expenses \$ _____

D. Total Expenses (add lines 3A-3C on this form) \$ _____

4. Changes in Net Assets/Fund Balances:

A. Total Net Assets/Fund Balances (Beginning of Year) \$ _____

B. Total Assets (End of Year) \$ _____

C. Total Liabilities (End of Year) \$ _____

D. Total Net Assets/Fund Balances (End of Year) \$ _____

5. 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: _____