

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

## Division of Charitable Solicitations,

### Fantasy Sports, and Gaming

#### Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 8th 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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**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: \_\_\_\_\_