

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

**Division of Charitable Solicitations,
Fantasy Sports, 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: 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: _____