

# Summary of Financial Activities of a Charitable Organization - 990PF

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 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: \_\_\_\_\_