Annual Reporting Form for Nonprofit Organizations
Seeking Financial Assistance from Local Governments

_____
Name of Nonprofit Organization

_____
Street Address City County State Zip

Annual Financial Report of Cash Receipts, Disbursements, and Balances
For the Fiscal Year from _____ through _____

Report Required by Title 5, Chapter 9, Part 1,
And Title 6, Chapter 54, Part 1, *Tennessee Code Annotated*

Receipts		
Federal Grants	$_____	
State Grants	_____	
Financial Assistance from Local Governments	_____	
Donations and Gifts from Citizens	_____	
Membership Dues	_____	
Fees/Charges for Services	_____	
Fundraising Events		
Sale of Assets	_____	
Loans-Borrowed Funds	_____	
Investment Income	_____	
Other Receipts	_____	
Total Receipts		$ _____(A)

Disbursements		
Grants and Other Assistance Paid to Other Organizations and Individuals	$_____	
Salaries and Wages	_____	
Employee Benefits	_____	
Payroll Taxes	_____	
Fees for Services (non-employee)	_____	
Advertising and Promotion	_____	
Office Expenses	_____	
Leases/Rentals	_____	
Maintenance and Repairs	_____	
Supplies	_____	
Travel	_____	

Utilities	_____	
Insurance	_____	
Conferences, Conventions and Meetings	_____	
Interest	_____	
Purchase of Capital Assets – Vehicles and Equipment	_____	
Purchase of capital Assets – Property and Buildings	_____	
Loan Payments	_____	
Other	_____	
Total Disbursements		$ _____(B)
Cash Receipts Less Disbursements for the fiscal Year (A-B=C)		$ _____(C)
Cash Balance - at the beginning of the fiscal year		$ _____(D)
Cash Balance - at the end of the fiscal year (C+D=E)		$ _____(E)

Details of Cash Balance - at the end of the fiscal year

Cash on Hand	$_____	
Cash in Bank – Checking	_____	
Cash in Bank – Savings Accounts	_____	
Cash in Bank – Certificates of Deposits	_____	
Other Cash	_____	
Total Cash - at the end of the fiscal year		$ _____(E)

Please Explain Proposed Use of the Financial Assistance from Local Governments.

I certify that this report accurately presents the cash receipts, disbursements, and balances of the _____ for the fiscal year noted above.

Name of Nonprofit Organization

Person Preparing Report _____ _____

Printed Name **Signature**

Phone Number _____ **Email Address** _____ **Date** _____