



**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 _____