



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

Name of Nonprofit Organization

Street Address

City

County

State

Zip code

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

\$

Fees/Charges for Services

\$

State Grants

\$

Fund-raising Events

\$

Financial Assistance from Local

\$

Sale of Assets

\$

Governments

\$

Loans-Borrowed Funds

\$

Donations and Gifts from Citizens

\$

Investment Income

\$

Membership Dues

\$

Other Receipts

\$

Total Receipts

\$ (A)

Disbursements:

Grants and Other Assistance paid to
other Organizations and Individuals

\$

Leases/Rentals

\$

Salaries and Wages

\$

Maintenance and Repairs

\$

Employee Benefits

\$

Supplies

\$

Payroll Taxes

\$

Travel

\$

Fees for Services (non-employee)

\$

Utilities

\$

Advertising and Promotion

\$

Insurance

\$

Office Expenses

\$

Conferences, Conventions
and Meetings

\$

Interest

\$

Loan Payments

\$

Purchase of Capital Assets - Vehicles and Equipment	\$ <input type="text"/>	Other	\$ <input type="text"/>
Purchase of Capital Assets - Property and Buildings	\$ <input type="text"/>		

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	\$ <input type="text"/>	Utilities	\$ <input type="text"/>
Fees for Services (non-employee)	\$ <input type="text"/>	Utilities	\$ <input type="text"/>
Fees for Services (non-employee)	\$ <input type="text"/>		

Total Cash - at the end of the Fiscal Year \$ (F)

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