

FINANCIAL STATEMENT

(Organization Name)

FINANCIAL STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR FISCAL YEAR ENDING ____/____/____

NOTE: In lieu of completing the following financial statement, you may send the IRS 990 and all attached schedules or 990-EZ and Schedule O. Page 8 must be completed. Totals of columns B, C & D must equal items 10, 11 & 12 respectfully on page 7. Total of column A must equal item 13 on page 7.

Is this a consolidated financial statement? Yes No

REVENUE

1. Contributions, gifts, grants, and similar amounts received

- a. Direct public support (attach list of charitable organizations or sponsors, professional solicitors, fundraising consultants and commercial co-venturers used, if any, and the amounts received from each of them, if any. [s. 496.407(1)(c), F.S.]) 1a. _____
- b. Indirect public support (attach list of sources and amounts) 1b. _____
- c. Grants (attach list of sources and amounts) 1c. _____
- d. Total (add lines 1a, 1b, and 1c) **1d.** _____

2. Inventory sales

- a. Gross sales 2a. _____
- b. Less cost of goods sold 2b. _____
- c. Gross profit (or loss) (line 2a less line 2b) **2c.** _____

3. Special events and fundraising activities

- a. Gross revenue (not including contributions reported on line 1) 3a. _____
- b. Less direct expenses 3b. _____
- c. Net income (or loss) (line 3a less line 3b) **3c.** _____

4. Program service revenue **4.** _____

5. Membership dues and assessments **5.** _____

6. Sale of assets other than inventory

- a. Gross sales 6a. _____
- b. Less sales expenses 6b. _____
- c. Net gain (or loss) (line 6a less line 6b) **6c.** _____

7. In-kind contributions and services **7.** _____

8. Other revenue (attach list of sources and amounts) **8.** _____

9. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c, 7, and 8) **9.** _____

EXPENSES

- 10.** Program services (including payments to affiliates) **10.** _____
- 11.** Management and general **11.** _____
- 12.** Fundraising **12.** _____
- 13. TOTAL EXPENSES** (add lines 10, 11, and 12) **13.** _____

NET ASSETS

- 14. Excess (or deficit) for the year (line 9 less line 13)** **14.** _____
- 15.** Net assets or fund balance at beginning of year **15.** _____
- 16.** Net assets or fund balance at end of year (add lines 14 and 15) **16.** _____

Balance Sheet:

	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	_____	_____
Land and building	_____	_____
Other assets (describe on separate sheet)	_____	_____
Total assets	_____	_____
Total liabilities (describe on separate sheet)	_____	_____
Total assets or fund balance	_____ (Line 15)	_____ (Line 16)

Statement of Functional Expenses

	(A) Total (sum of B, C, D)	(B) Program Services	(C) Management and General	(D) Fundraising
Grants and Allocations (cash _____ non-cash _____) (attach schedule)				
Assistance to individuals (attach schedule)				
Benefits to members (attach schedule)				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Accounting fees				
Legal fees				
Supplies				
Telephone				
Postage and shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences and meetings				
Interest				
Insurance				
Other: Bank Charges				
Other: Dues / Subscriptions				
Other: Licenses / Permits				
Other: Miscellaneous				
Total Expenses				