



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**SOLICITATION OF CONTRIBUTIONS
ANNUAL FINANCIAL REPORTING FORM**

**NICOLE "NIKKI" FRIED
COMMISSIONER**

Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800

Remit completed form to:
charities@FDACS.gov
or
FDACS
Solicitation of Contributions
2005 Apalachee Pkwy.
Tallahassee, FL 32399-6500

<hr/> Organization Name	CH# _____ <small>(Registration #)</small>	DTN _____ <small>(as listed on the preprinted renewal application)</small>	
<hr/> Organization Physical Address	City	State	Zip
FISCAL YEAR ENDING ___ / ___ / _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this a proposed budget? (newly formed organizations only)			
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this a consolidated financial statement for chapters, branches and affiliates?			
REVENUE			
1. Federated campaigns:	1.	_____	
2. All Fundraising events:	2.	_____	
3. Related Organizations:	3.	_____	
4. Government Grants:	4.	_____	
5. All other contributions, gifts, grants & similar amounts:	5.	_____	
6. In-kind contributions (non- cash contributions):	6.	_____	
7. Program service revenue:	7.	_____	
8. Income from gaming activities:	8.	_____	
9. Sales of inventory revenue:	9.	_____	
10. Misc./Other revenue	10.	_____	
11. Membership Dues and assessments	11.	_____	
12. TOTAL REVENUE	12.	_____	

EXPENSES	
1. Program services (including payments to affiliates)	1. _____
2. Management and general	2. _____
3. Fundraising	3. _____
4. TOTAL EXPENSES (add lines 1 through 3)	4. _____

Statement of Functional Expenses for _____ CH _____
 (Organization Name) (Renewals Only)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A, B, C
Grants & allocations (cash _____ Non cash _____) Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employees				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
TOTAL EXPENSES	(A)	(B)	(C)	TOTAL

BALANCE SHEET:	(A) BEGINNING OF YEAR	(B) END OF YEAR
CASH, SAVINGS AND INVESTMENTS		
TOTAL ASSETS		
EXCESS (OR DEFICIT) FOR THE YEAR		

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

You must submit financial statements for the parent organization and **each** chapter, branch, or affiliate listed in question 4 on the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement and IRS form 990 with all attachments, or form 990-EZ and Schedule O, for the parent organization and each chapter, branch, or affiliate that is required to file such forms. If submitting one consolidated financial statement, financial information for all branches should be combined into the amounts requested below. Please note: this form is required and may be reproduced to accommodate all affiliate locations. Additional pages using the same format may be attached if more space is needed.

Chapter, Branch, or Affiliate Name: _____

Street Address: _____ City/State/Zip: _____

Telephone Number: _____ Email: _____

Total contributions received in the name of the Chapter, Branch or Affiliate	\$ _____
Total administrative costs assessed by Parent to Chapter, Branch or Affiliate	\$ _____
Total payments to Chapter, Branch or Affiliate	\$ _____

If a professional fundraising consultant, professional solicitor, or commercial co-venturer was utilized during any portion of this reporting period, please provide the following information for each contract entered:

Professional Fundraising Consultant Professional Solicitor Commercial Co-Venturer

Name: _____

Street Address: _____ City/State/Zip: _____

Amount Received following the campaign, fundraiser, promotion or event: \$ _____

PLEASE NOTE: Financial statements from organizations that receive at least \$500,000 but less than \$1 million in annual contributions must be audited or reviewed by an independent certified public accountant. Financial statements from organizations that receive \$1 million or more in annual contributions must be audited by an independent certified public accountant. If this applies to your organization, you must submit the review or audit with this document.

I am authorized to complete this financial reporting form.

Signature

Printed Name

Title

Date

Telephone Number

Email Address