

# Summary of Financial Activities of A Catastrophic Illness Trust



Tre Hargett  
Secretary of State

## Division of Charitable Solicitations and Gaming

### Department of State

State of Tennessee  
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For Office Use Only



**INSTRUCTIONS:** A trustee of a catastrophic illness trust must use this form to report financial activities for the year on the anniversary of the establishment of the trust. This completed financial statement must be signed by the trustee in the presence of a notary public and filed with the secretary of state.

Name of Beneficiary: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Has the trust been terminated?  Yes  No

#### 1. Gross Revenue

A. Public Contributions ..... \$ \_\_\_\_\_

B. Other Revenue ..... \$ \_\_\_\_\_

C. Total Revenue [add lines 1A and 2B] ..... \$ \_\_\_\_\_

#### 2. Expenses

A. Total Reimbursable Medical Expenses [**attach** list] ..... \$ \_\_\_\_\_

B. Fund raising expenses [**attach** list] ..... \$ \_\_\_\_\_

C. Transfers to Contingent Beneficiary ..... \$ \_\_\_\_\_

D. Total Expenses [add lines 2A through line 2C] ..... \$ \_\_\_\_\_

E. Excess / Deficit for the year [line 1C minus line 2D] ..... \$ \_\_\_\_\_

F. Changes in Net Assets or Fund Balances ..... \$ \_\_\_\_\_

G. Net assets / fund balances at beginning of year ..... \$ \_\_\_\_\_

H. Other changes in net assets or fund balances ..... \$ \_\_\_\_\_

I. Net assets / fund balances [add line 2E through line 2H] ..... \$ \_\_\_\_\_

J. Total assets ..... \$ \_\_\_\_\_  
K. Total liabilities ..... \$ \_\_\_\_\_  
L. Net assets / fund balances [line 2J minus line 2K] ..... \$ \_\_\_\_\_

**Signature**

I / We certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my/our knowledge.

Signature of Trustee: \_\_\_\_\_

Salutation: \_\_\_\_\_ First: \_\_\_\_\_

MI: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public**

My Commission Expires \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_