ENTITY ANNUAL REPORT

Form E-1 (7-09)
Prescribed by State Board of Accounts

Note: The Entity Annual Report (Form E-1) is used to determine the audit requirements placed on your entity by IC 5-11-1-9 File report within thirty (30) days of the close of your entity's fiscal year end. Instructions for completing Form E-1 are included in the attached memorandum.

STATE BOARD OF ACCOUNTS
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OFFICE USE ONLY
SBA NO: _____
Audit Determination:
_____ Complete
_____ Waived

Entity's Fiscal Year End

_____ _____ _____
Month Day Year

Legal Name:		Federal ID No:	
D/B/A:		Business Phone No: ( )	
Street Address:			
City:	County:	State:	Zip Code:
Entity Email Address:			
Name of Operating Officer:		Title:	

TYPE OF ORGANIZATION		LEGAL STATUS
_____ Corporation	_____ Association	_____ For Profit
_____ Partnership	_____ Individual	_____ Not-For-Profit

FINANCIAL INFORMATION

1. Government funds received during year (Detailed on Page 2) $_____
2. Government funds disbursed during year $_____
3. Entity's total disbursements (or expenditures) for the year $_____
4. Percent of government funds disbursed to entity's total disbursements (or expenditures) (Line 2 divided by Line 3) _____ %

This information is reported on the _____ cash basis _____ accrual basis.

Is this the initial Form E-1 filing for the entity? Yes _____ No _____

CERTIFICATION: This is to certify that the data contained in this report is accurate to the best of my knowledge and belief.

Signature:_____ Title _____

Printed Name: _____ Date Signed: _____

DETAIL OF GOVERNMENT FUNDS RECEIVED

List the government funds received during the year by agency, address, program title and amount received. Attach additional sheets if necessary.

GOVERNMENT AGENCY	ADDRESS	PROGRAM TITLE	AMOUNT RECEIVED

Date organization was founded: _____

Describe organization's purpose: _____

_____

Describe organizational governing structure: _____

_____

Have you ever been audited by an Independent Public Accountant (IPA)? Yes ☐ No ☐

If so, what was the last fiscal year audited? _____

Name and address of IPA that conducted audit: _____

_____