



# ENTITY ANNUAL REPORT

Form E-1 (7-10)  
 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 sixty (60) days of the close of your entity's fiscal year end. Instructions for completing Form E-1 are available at [www.in.gov/sboa](http://www.in.gov/sboa).*

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<b>OFFICE USE ONLY</b>
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: \_\_\_\_\_