Print Form

State of Tennessee

Department of State

Division of Charitable Solicitations & Gaming
William R. Snodgrass Tennessee Tower
312 Eighth Avenue North, 8th Floor
Nashville, TN 37243
(615) 741-2555 FAX (615) 253-5173

WARNING: False or misleading statements
Subject to maximum $5,000 civil penalty. T.C.A. §48-101-514

SUMMARY OF FINANCIAL ACTIVITIES OF A CATASTROPHIC ILLNESS TRUST

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: _____

Physical Address: _____ **City:** _____ **State:** ____ **Zip Code** _____

Mailing Address: _____ **City:** _____ **State:** ____ **Zip Code** _____

Telephone: _____ **Fax:** _____

Has the trust been terminated? Yes _____ **No** _____

A. Gross Revenue

1. Public Contributions .....$ _____
2. Other Revenue .....$ _____
3. **Total Revenue** [add lines 1 and 2] .....$ _____

B. Expenses

4. Total Reimbursable Medical Expenses [attach list] .....$ _____
5. Fund raising expenses [attach list] .....$ _____
6. Transfers to Contingent Beneficiary.....$ _____
7. **Total Expenses** [add lines 4 through line 6] .....$ _____
8. **Excess / Deficit for the year** [line 3 minus line 7].....$ _____

C. Changes in Net Assets or Fund balances

9. Net assets / fund balances at beginning of year .....$ _____
10. Other changes in net assets or fund balances.....$ _____
11. **Net assets / fund balances** [add line 8 through line 10].....$ _____
12. Total assets .....$ _____
13. Total liabilities.....$ _____
14. **Net assets / fund balances** [line 12 minus line 13].....$ _____

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

_____
Print Name

_____
Date

Notary Seal

Sworn to and subscribed before me at:

_____
City / State
This _____ **day of** _____**, 20** _____

_____
Signature of Notary Public
My commission expires: _____