



ENTITY ANNUAL REPORT

Form E-1 (2-07)
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
302 WEST WASHINGTON STREET
ROOM E418
INDIANAPOLIS, INDIANA 46204-2765

Telephone: (317) 232-2513
Fax: (317) 232-4711
Web Site: www.in.gov/sboa

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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: _____
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 / 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: _____