



# ENTITY ANNUAL REPORT

State Form 54402 (8-10) / Form E-1  
Prescribed by State Board of Accounts

**STATE BOARD OF ACCOUNTS**  
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Web Site: [www.in.gov/sboa](http://www.in.gov/sboa)

**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).

Fiscal Year End of Entity		
_____	_____	_____
Month	Day	Year

<b>OFFICE USE ONLY</b>	
SBA Number:	_____
Audit Determination ( <i>check one</i> ):	
<input type="checkbox"/> Complete	<input type="checkbox"/> Waived

Legal Name		Federal ID Number	
Doing Business As (DBA)		Business Telephone Number (      )	
Street Address ( <i>number and street</i> )			
City	County	State	ZIP Code
E-mail Address of Entity			
Name of Operating Officer		Title	
TYPE OF ORGANIZATION ( <i>check one</i> )		LEGAL STATUS ( <i>check one</i> )	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Association
		<input type="checkbox"/> For Profit	<input type="checkbox"/> Not-For-Profit

<b>FINANCIAL INFORMATION</b>	
1. Government funds received during year ( <i>Detailed on Page 2</i> )	\$ _____
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) ( <i>Line 2 divided by Line 3</i> )	_____ %
This information is reported on the ( <i>check one</i> ) <input type="checkbox"/> cash basis <input type="checkbox"/> accrual basis.	

Is this the initial Form E-1 filing for the entity? ( <i>check one</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>CERTIFICATION</b>	
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 ( <i>month, day, year</i> ): _____

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 (*month, day, year*): \_\_\_\_\_

Describe organization's purpose: \_\_\_\_\_  
 \_\_\_\_\_

Describe organizational governing structure: \_\_\_\_\_  
 \_\_\_\_\_

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

If so, what was the last fiscal year audited? \_\_\_\_\_

Name and address of IPA that conducted audit: \_\_\_\_\_  
 \_\_\_\_\_