



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE**

**CHARITABLE GIFT ANNUITY ISSUER
ANNUAL REPORT**

INSTRUCTIONS AND FORM

ALL ANNUAL REPORTS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

**Joe Walker
Lead Licensing Analyst
Tennessee Department of Commerce and Insurance
Financial Affairs Section / Analytical Unit
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243**

Questions? Call Joe Walker at 615-741-7520 or email at robert.walker@tn.gov

Instructions

Due Date

This report is due ninety (90) days after the close of the charitable organization's fiscal year or at a later date approved by the Commissioner. In lieu of a verified report, a charitable organization may submit a report audited by an independent qualified Certified Public Accountant within one hundred and fifty (150) days after the close of the charitable organization's fiscal year.

Filing requirements

1. Submit the following required items:
 - a. The Annual Report Form, located on the last page of this document.
 - b. A financial statement of the charitable organization, including its balance sheet and receipts and disbursements for the preceding year. This statement must be either audited by a Certified Public Accountant or Verified by two (2) officers. If audited, a copy is acceptable. If Verified, the statement should be accompanied by an original signature and notarized attestation by two (2) officers stating that the financial data is "true and correct" and reference the statement by date to which the attestation applies. (i.e., "the balance sheet and income statement for the period ending December 31, 2009 are true and correct"). Copies of attestations are not accepted.
 - c. A statement of any material changes in the information previously submitted to this Department. (if none, provide that statement)
 - d. An report of gift annuity activity to include the following:
 1. The number of gift annuity contracts issued during the year
 2. The number of gift annuity contracts as of the end of the year
 3. The number of gift annuity contracts that terminated during the year
 4. The amount of annuity payments made during the year
 5. the amounts transferred from the charitable gift annuity separate account to the general account during the year
 - e. An actuarial opinion prepared by a qualified actuary **IF** the organization maintains a charitable gift annuity separate account that equals one hundred ten percent (110%) of the reserves. If your charity uses the other method of accounting (placing the total amount of the donation in the separate account) no actuarial opinion is necessary.
 - f. Other information as may be requested on the form.
2. In lieu of the items listed under item #1 above, a copy of a report that has been filed in the State of Domicile of the charitable organization or in any other state in which the charitable organization must file a report containing the same information listed under item #1 above will be deemed to satisfy the Annual Reporting requirements.

IMPORTANT NOTES:

- **Failure to file this annual report (either verified or audited) will result in the suspension or revocation of the charitable organization's Certificate of Authority.**
- There is **NO FEE** for filing this annual report.
- Do not confuse the Annual Report with the yearly renewal. The Annual Report is not a substitute for the yearly renewal. The yearly renewal consists of a letter of intent to renew containing company contact person information accompanied by a non-refundable renewal fee of \$100.00. The yearly renewal is due March 1 of every year.
- The Commissioner of Commerce and Insurance shall have the authority to request additional information as needed.



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE AND INSURANCE
 500 James Robertson Parkway, 4th Floor
 Nashville, Tennessee 37243-1135
 (615) 741-7520

**TENNESSEE CHARITABLE GIFT ANNUITY ISSUER ("CGAI")
 ANNUAL REPORT**

Filed on behalf of:

_____ (Name of Charitable Organization)

_____ (Physical Street Address) (City) (State) (ZIP)

Mailing address, if different from above. If same as above, state "same"

_____ (Mailing Address) (City) (State) (ZIP)

Address of Tennessee office. Insert 'N/A' if organization has no office in Tennessee:

_____ (Address) (City) (State) (ZIP)

Contact Person for any questions about this Annual Report (required)	
Name:	
Address:	
City, State, Zip Code:	
Phone Number:	
E-Mail Address:	

We hereby certify to the correctness and attach the following information as part of this report:

1. A CPA audited or verified financial statement.
2. A notification of material changes in the charitable organization's information.
3. A report on the gift annuity activity during the past year as follows:

This report covers the period _____ to _____
 (Dates that must coincide with your fiscal year)

The number of Tennessee gift annuity contracts outstanding as of the beginning of the reporting year:	
The number of Tennessee gift annuity contracts issued during the reporting year:	
The number of Tennessee gift annuity contracts that terminated during the reporting year:	
The number of Tennessee gift annuity contracts as of the end of the reporting year:	
The amount of Tennessee annuity payments made during the reporting year:	
The amount transferred from the charity's Tennessee separate account to the general account during the reporting year:	\$
Amount of money in the Tennessee Separate Account as of the end of the reporting year:	\$

4. This charitable organization continues to maintain a charitable gift annuity separate and segregated account for Tennessee Annuities only that equals either (a) the total amount of donations for outstanding charitable gift annuities to which the account applies or (b) one hundred ten percent (110%) of the reserves calculated in a manner consistent with Tenn. Code Ann. § 56-52-104(b). If the charitable organization maintains a charitable gift annuity separate account that equals one hundred ten percent (110%) of the reserves, the charitable organization's actuarial opinion is attached.
5. The charitable organization agrees to abide by all requirements of Tenn. Code Ann. §§ 56-52-101, *et seq.*, Tenn. Rule and Reg. 0780-1-70 as well as any and all amendments thereto.

This Annual Report must be signed by two (2) of the Charitable Organization's principal officers below. Each signature must be notarized separately.

Officer #1

Officer #2

Name (printed)

Name (printed)

Title (printed)

Title (printed)

Signature

Signature

Subscribed and sworn before me, this ____ day
of _____, 20____.

Subscribed and sworn before me, this ____ day
of _____, 20____.

(Notary Public)

(Notary Public)

My commission expires on the ___ of _____, 20__.

My commission expires on the ___ of _____, 20__.

(Seal required)

(Seal required)