KATE B. REYNOLDS CHARITABLE TRUST
GRANT REPORT FORMS

The following report forms are provided for your convenience.

Your responses should be written to fit within the spacing given for each answer

TWO SIGNATURES ARE REQUIRED ON EACH REPORT. THEREFORE, THESE REPORTS CANNOT BE ACCEPTED ELECTRONICALLY.
EXPENDITURE REPORT TO THE KATE B. REYNOLDS CHARITABLE TRUST

___ Interim Report (Year ______)  Grant #_________
___ Final Report (Cumulative figures for the entire grant period)

NAME OF ORGANIZATION: __________________________________________________________________________________

REPORTING PERIOD:          From _______________________ to ______________________ mm/dd/yy mm/dd/yy

REPORT **ACTUAL** INCOME AND EXPENSES FOR THE PROJECT PERIOD.
(REFER TO BUDGET SECTION ON PAGE 4 OF THE ORIGINAL APPLICATION.)

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<th>EXPENSES (BY CATEGORIES)</th>
<th>INCOME (BY SOURCES)</th>
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TOTAL: ___________________________ TOTAL: ___________________________

Have you provided the Trust a copy of your independent certified public accounting audit that reflects the expenditures and revenues listed above? ____Yes  ____No
If no, when may we expect to receive a copy of the audit? ________________________________

SUBMITTED BY:

CHIEF EXECUTIVE OFFICER  Date  Please print or type name.

BOARD CHAIR/PRESIDENT  Date  Please print or type name.
NAME OF ORGANIZATION, ADDRESS, TELEPHONE NUMBER, AND CONTACT PERSON:

REPORTING PERIOD:  From ______________ to ______________

mm/dd/yy             mm/dd/yy

DESCRIBE AND QUANTIFY THE STRATEGIES THAT WERE CONDUCTED TO ACHIEVE THE PROGRAM/ PROJECT OBJECTIVES. (REFER TO STRATEGIES SECTION ON PAGE 3 OF THE ORIGINAL APPLICATION.)
DESCRIBE AND QUANTIFY THE PROGRAM/PROJECT OUTCOMES RELATIVE TO THE OBJECTIVES.
(REFER TO THE OBJECTIVES SECTION ON PAGE 2 OF THE ORIGINAL APPLICATION.)

CLEARLY IDENTIFY AND QUANTIFY THE FINANCIALLY NEEDY INDIVIDUALS WHO BENEFITED.
(REFER TO THE FINANCIALLY NEEDY DESCRIBED ON PAGE 1 OF THE ORIGINAL APPLICATION.)
SUMMARIZE THE LESSONS LEARNED FROM THE PROGRAM/PROJECT. (WHAT DID YOU LEARN? ANY UNEXPECTED RESULTS? WHAT, IF ANYTHING, WOULD YOU DO DIFFERENTLY?)

IF THE PROGRAM/PROJECT WILL BE ONGOING, DESCRIBE HOW ACTIVITIES WILL BE FINANCED AFTER THE TRUST GRANT HAS ENDED. (REFER TO THE FUTURE FUNDING SECTION ON PAGE 5 OF THE ORIGINAL APPLICATION.)

SUBMITTED BY: ____________________________________________ ________________________________

CHIEF EXECUTIVE OFFICER DATE ________________________________

PLEASE PRINT NAME

BOARD CHAIR/PRESIDENT DATE ________________________________

PLEASE PRINT NAME