



## Division of Charitable Solicitations and Gaming Office of Tennessee Secretary of State Tre Hargett

312 Rosa L. Parks Avenue, 8th Floor  
Nashville, Tennessee 37243  
615-741-2555

### Annual Event Financial Accounting Report For Events More Than \$5,000

**A charitable gaming financial report must be filed with the secretary of state within (90) days following the Annual Event.**

**Instructions:** A charitable gaming financial report shall be filed with the Secretary of State within ninety (90) days following the event date listed on your annual event application. Failure to do so will result in a \$25.00 late fee per month or portion thereof that the accounting is late. The report shall be signed by the Chair, President, or Chief Administrative Officer and the preparer of the report. If the event grossed less than \$50,000 the Chair, President or Chief Administrator may prepare the report; however, it must be signed by an additional officer. For events that grossed over \$50,000, a certified public accountant or independent public accountant shall prepare the report and submit a financial statement indicating that the report has been audited. The report must be accompanied by an Affidavit of Distribution of Proceeds from the Annual Event (form SS-6078) or other documentation confirming the distribution of proceeds to the charitable programs.

Name of Organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Address: \_\_\_\_\_

*T.C.A. §3-17-103(a)(3)(B) provides that an event may also be operated on the same day in any county where the organization has a physical presence in each grand division of the state. If an event was conducted in more than one (1) county, attach a sheet indicating the street, county, city and zip of the additional event locations.*

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**Financial Accounting Section**

**1. Annual Event Beginning Balance (identify source and amount of funds):**

- A. Loan or Transfer from Organization Account(s) ..... \$ \_\_\_\_\_
- B. Loan from Individual(s) ..... \$ \_\_\_\_\_
- C. Loan from Financial Institution(s) ..... \$ \_\_\_\_\_
- D. **Total Beginning Balance** ..... **\$ \_\_\_\_\_**

**2. Revenue Generated By Event:**

- A. Sales: Tickets, Chances, Etc ..... \$ \_\_\_\_\_
- B. Sales: Concessions ..... \$ \_\_\_\_\_
- C. Sales: Merchandise ..... \$ \_\_\_\_\_
- D. Cash Donations ..... \$ \_\_\_\_\_
- E. In-Kind Donations ..... \$ \_\_\_\_\_
- F. Other (Describe) ..... \$ \_\_\_\_\_
- G. **Total Revenue Generated By Event** ..... **\$ \_\_\_\_\_**

**3. Total Amount Available for Gaming Event (1D+2G) ..... \$ \_\_\_\_\_**

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**Expenses**

**4. Expenses In The Amount Of \$100.00 Or More:**

(Each category below must be itemized in the "Expense Itemization" section)

- A. Printing ..... \$ \_\_\_\_\_
- B. Marketing/Advertising ..... \$ \_\_\_\_\_
- C. Rental of Facilities ..... \$ \_\_\_\_\_
- D. Rental of Gaming Equipment ..... \$ \_\_\_\_\_
- E. Gaming Supplies ..... \$ \_\_\_\_\_
- F. Utilities ..... \$ \_\_\_\_\_
- G. Insurance ..... \$ \_\_\_\_\_
- H. Prizes ..... \$ \_\_\_\_\_
- I. Financial Report/Audit Preparation ..... \$ \_\_\_\_\_
- J. Gaming Event Filing Fee ..... \$ \_\_\_\_\_
- K. Other (Describe) \_\_\_\_\_ \$ \_\_\_\_\_
- L. Repayment of Loan(s) ..... \$ \_\_\_\_\_
- M. **Total Expenses of \$100.00 And More** ..... **\$ \_\_\_\_\_**

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## 5. Miscellaneous Expenses Less Than \$100.00:

(aggregate sum of miscellaneous expenses cannot exceed \$5,000)

- A. Printing ..... \$ \_\_\_\_\_
- B. Marketing/Advertising ..... \$ \_\_\_\_\_
- C. Rental of Facilities ..... \$ \_\_\_\_\_
- D. Rental of Gaming Equipment ..... \$ \_\_\_\_\_
- E. Gaming Supplies ..... \$ \_\_\_\_\_
- F. Utilities ..... \$ \_\_\_\_\_
- G. Insurance ..... \$ \_\_\_\_\_
- H. Prizes ..... \$ \_\_\_\_\_
- I. Financial Report/Audit Preparation ..... \$ \_\_\_\_\_
- J. Other (Describe) \_\_\_\_\_ ..... \$ \_\_\_\_\_
- K. **Total Miscellaneous Expenses Less Than \$100.00** ..... **\$ \_\_\_\_\_**

## 6. Total Expenses (4M+5K) ..... \$ \_\_\_\_\_

## 7. Disbursement to Charitable Programs:

- A. Program \_\_\_\_\_ \$ \_\_\_\_\_
- B. Program \_\_\_\_\_ \$ \_\_\_\_\_
- C. Program \_\_\_\_\_ \$ \_\_\_\_\_
- D. Program \_\_\_\_\_ \$ \_\_\_\_\_
- E. Program \_\_\_\_\_ \$ \_\_\_\_\_
- F. Program \_\_\_\_\_ \$ \_\_\_\_\_
- G. **Total Disbursed to Charitable Programs** ..... **\$ \_\_\_\_\_**

One hundred percent (100%) of net revenue [revenue available for event (number 3) less allowable expenses (number 6)] must be disbursed to charitable programs.

If less than 25% of the gross proceeds (not including in kind contributions) are disbursed to charitable programs, complete form SS-6068.



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### Itemization of Each Expense Over \$100

Organization may opt to **attach** itemization as a spreadsheet with the fields below.

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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**Itemization of Each Expense Over \$100 (continued)**

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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### Prize Section

Enter name, address, prize, and the fair market value of each prize valued at \$50 or more. Checks or other legal instruments payable to "Cash" or "Bearer" are prohibited. Organization may opt to **attach** list of winners in a spreadsheet with the fields below.

Name of Prize Winner	Street Address P.O. Box Not Acceptable	City	State	Zip	Prize	Prize Value
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$
9.						\$
10.						\$
11.						\$
12.						\$

Total Prizes Over \$50.00	\$
Total Prizes Under \$50.00	\$
<b>*TOTAL</b>	\$

\*For single location events, total value of prizes cannot exceed \$250,000. For multiple location events, total value of prizes per location cannot exceed \$150,000 (such limitation shall not apply to prizes of real property).

For Office Use Only



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### Signature Section

The report shall be signed by the Chair, President, or Chief Administrative Officer and the preparer of the report. If the event grossed less than \$50,000 the Chair, President or Chief Administrator may prepare the report; however, it must be signed by an additional officer. For events that grossed over \$50,000, a certified public accountant or independent public accountant shall prepare the report and submit a financial statement indicating that the report has been audited.

I acknowledge that failure to file timely accounting reports in any two of three consecutive annual gaming periods may result in the organization being disqualified from filing annual gaming event applications in the future.

Under oath and subject to criminal penalties, including perjury, I/we certify that the information contained herein is a true and accurate accounting.

Signature of Authorized Officer: \_\_\_\_\_

Print Title (Mr., Mrs., Ms., etc.): \_\_\_\_\_ First: \_\_\_\_\_

MI: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_

Print Title (Mr., Mrs., Ms., etc.): \_\_\_\_\_ First: \_\_\_\_\_

MI: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Notary Public

My Commission Expires \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_