



**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 Less Than \$5,000

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 an officer of the organization (the Chairperson, President, or Chief Administrative Officer) and the Preparer of the Report. The Tennessee Bureau of Investigation shall investigate violations of T.C.A. §39-17-651 through 39-17-657 and official misconduct concerning charitable gaming activities. T.C.A. §3-17-113.

This report is due no later than ninety (90) days after the date of the event indicated on your annual event application. Failure to timely file this report in any two (2) of three (3) consecutive annual event periods may result in disqualification from filing future annual event applications.

PRIZES

Name of Organization: _____ FEIN: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different):

Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: () _____ Fax: () _____

Email: _____ Website: _____

Type of Event: _____ Date of Event: _____

Address of Event: _____

City: _____ State: _____ Zip Code: _____ County: _____

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

- 1. Beginning Cash Balance** \$ _____
- 2. Revenue from Gaming Event:**
 - A. Sales: Tickets, Chances, Etc \$ _____
 - B. Sales: Concessions/Merchandise \$ _____
 - C. Donations: (Cash/In-Kind) \$ _____
 - D. Total Revenue** \$ _____
- 3. Expenses:**
 - A. Printing, Advertising, Supplies, Other \$ _____
 - B. Prizes \$ _____
 - C. Total Expenses** \$ _____
 - D. Amount Disbursed to Charitable Program(s)** \$ _____
 - E. Ending Balance** \$ _____

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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	\$
*TOTAL	\$

*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).

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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. The Chair, President or Chief Administrator may prepare the report; however, it must be signed by an additional officer.

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 _____

