



Department of State
Division of Charitable Solicitations and Gaming
312 Rosa L. Parks Avenue
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243
(615) 741-2555

ANNUAL EVENT
FINANCIAL ACCOUNTING
REPORT

For Office Use Only
Date/Time Rec'd

INSTRUCTIONS: A charitable gaming financial report must be filed with the Secretary of State within (90) days following the Annual Event. 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 \$30,000 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:

Principal Address - Street:

City: State: Zip Code:

Mailing Address - Street:

City: State: Zip Code:

Telephone: Type of Event: Actual Date of Event:

The event was operated by: Single Organization or Multiple Organizations (Joint Event)

Location of Event - Street:

City: State: Zip Code:

T.C.A. §3-17-102(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.

Name of contact person: Telephone:

E-mail address: Fax number:

FINANCIAL ACCOUNTING

PART 1. (ALL ORGANIZATIONS MUST COMPLETE THIS PART)

SECTION A. ANNUAL EVENT BEGINNING BALANCE (identify source and amount of funds):

- 1. Loan or Transfer from Organization Account(s): \$
2. Loan from Individual(s): \$
3. Loan from Financial Institution(s): \$
4. TOTAL BEGINNING BALANCE: \$

SECTION B. REVENUE GENERATED BY EVENT:

- 1. Sales: Tickets, Chances, Etc: \$
2. Sales: Concessions: \$
3. Sales: Merchandise: \$
4. Cash Donations: \$
5. In-Kind Donations: \$
6. Other (Describe): \$
7. TOTAL REVENUE GENERATED BY EVENT: \$

SECTION C. TOTAL AMOUNT AVAILABLE FOR GAMING EVENT (Add A.4 to B.7): \$ _____

PART II. EXPENSES

SECTION A : EXPENSES IN THE AMOUNT OF \$100 OR MORE

(EACH CATEGORY BELOW MUST BE ITEMIZED IN PART II "EXPENSE ITEMIZATION")

- 1. Printing:\$ _____
- 2. Marketing/Advertising:\$ _____
- 3. Rental of Facilities:\$ _____
- 4. Rental of Gaming Equipment:\$ _____
- 5. Gaming Supplies:\$ _____
- 6. Utilities:\$ _____
- 7. Insurance:\$ _____
- 8. Prizes:\$ _____
- 9. Financial Report/Audit Preparation:\$ _____
- 10. Gaming event filing fee:.....\$ _____
- 11. Other (Describe): _____:\$ _____
- 12. Repayment of Loan(s):.....\$ _____
- 13. **TOTAL EXPENSES OF \$100.00 AND MORE:**\$ _____

SECTION B: MISCELLANEOUS EXPENSE EXPENSES LESS THAN \$100.00:

- 1. Printing:.....\$ _____
- 2. Marketing/Advertising:.....\$ _____
- 3. Rental of Facilities:\$ _____
- 4. Rental of Gaming Equipment:\$ _____
- 5. Gaming Supplies:\$ _____
- 6. Utilities:.....\$ _____
- 7. Insurance:\$ _____
- 8. Prizes:.....\$ _____
- 9. Financial Report/Audit Preparation:\$ _____
- 10. Other (Describe): _____:\$ _____
- 11. **TOTAL MISCELLANEOUS EXPENSES LESS THAN \$100.00:**\$ _____

*(*AGGREGATED EXPENSES CANNOT EXCEED \$5,000)*

SECTION C: TOTAL EXPENSES:.....\$ _____

PART III: DISBURSEMENT TO CHARITABLE PROGRAM(S)

- 1. Program _____ \$ _____
- 2. Program _____ \$ _____
- 3. Program _____ \$ _____
- 4. Program _____ \$ _____
- 5. Program _____ \$ _____
- 6. **TOTAL DISBURSED TO CHARITABLE PROGRAMS:**.....\$ _____

ONE HUNDRED PERCENT (100%) OF NET REVENUE [REVENUE AVAILABLE FOR EVENT (PART 1, C) LESS ALLOWABLE EXPENSES (PART II, SECTIONS I AND II) 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

PART III. EXPENSE ITEMIZATION OF EACH EXPENSE OVER \$100

(ALL ORGANIZATIONS MUST COMPLETE THIS PART)

Type of Expense: _____
Payee Name: _____ Amount Paid: \$ _____
Address: _____
City: _____ State: _____ Zip: _____

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Payee Name: _____ Amount Paid: \$ _____
Address: _____
City: _____ State: _____ Zip: _____

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Payee Name: _____ Amount Paid: \$ _____
Address: _____
City: _____ State: _____ Zip: _____

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Address: _____
City: _____ State: _____ Zip: _____

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Payee Name: _____ Amount Paid: \$ _____
Address: _____
City: _____ State: _____ Zip: _____

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Address: _____
City: _____ State: _____ Zip: _____

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Address: _____
City: _____ State: _____ Zip: _____

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Address: _____
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Address: _____
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Address: _____
City: _____ State: _____ Zip: _____

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Payee Name: _____ Amount Paid: \$ _____
Address: _____
City: _____ State: _____ Zip: _____

PART IV. PRIZES. (ALL ORGANIZATIONS MUST COMPLETE FOR EACH PRIZE VALUED AT MORE THAN \$50)
(Checks or Other Legal Instruments Payable To "Cash" or "Bearer" Are Prohibited)

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).

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 \$30,000 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.

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

Print Name: _____
 Signature: _____
 Date: _____

Notary Seal

State of Tennessee)
County of _____)

Sworn to before me this _____ day of _____, 20 ____

Notary Public

My Commission Expires: _____

Print Name: _____
 Signature: _____
 Date: _____

Notary Seal

State of Tennessee)
County of _____)

Sworn to before me this _____ day of _____, 20 ____

Notary Public

My Commission Expires: _____

PART V. JOINT EVENT REPORT. Each Joint Event Participant Must Complete Below.

If the annual event was operated in conjunction with more than one §501(c)(3) organization, indicate below the amount disbursed, or to be disbursed, to each participating organization. ATTACH ADDITIONAL SHEETS AS NEEDED.

ORGANIZATION A:

Name: _____ FEIN _____

Principal Address: _____

Amount Disbursed to Organization A: _____

ORGANIZATION B:

Name: _____ FEIN _____

Principal Address: _____

Amount Disbursed to Organization B: _____

ORGANIZATION C:

Name: _____ FEIN _____

Principal Address: _____

Amount Disbursed to Organization C: _____

ORGANIZATION D:

Name: _____ FEIN _____

Principal Address: _____

Amount Disbursed to Organization D: _____

JOINT EVENT SIGNATURES

The chairperson, president or administrative officer of each organization shall sign below, certifying under penalty of perjury that the information is true and correct.

Print Name: _____

Signature: _____

Date: _____

Notary Seal

State of Tennessee)

County of _____)

Sworn to before me this _____ day of _____, 20 ____

Notary Public

My Commission Expires: _____

Print Name: _____

Signature: _____

Date: _____

Notary Seal

State of Tennessee)

County of _____)

Sworn to before me this _____ day of _____, 20 ____

Notary Public

My Commission Expires: _____