



**STATE OF TENNESSEE  
Secretary of State  
Division of Charitable Solicitations and Gaming**

**REQUEST FOR INFORMATION  
FOR  
CHARITABLE SOLICITATIONS AND GAMING SOLUTION**

**RFI # 30501-01716  
August 14, 2015**

**1. STATEMENT OF PURPOSE:**

1.1 The State of Tennessee, Department of State (“the State”) issues this Request for Information (“RFI”) for the purpose of seeking knowledge from vendors regarding solutions for improving the efficiency of in-house and online filings and database management with an updated electronic filing system (“the system”). This RFI is intended to discover relevant products and solutions which can enhance the workflow within the Division of Charitable Solicitations and Gaming. This updated filing system should allow the following individuals or entities: charitable organizations, professional solicitor and fundraising counsel to enter data, upload associated documents and submit appropriate payment. The electronic filing system should also allow staff to review data, submit comments, insert financial information and utilize search functions for finding and analyzing relevant data. The system should also include a dynamic online search function that allows customers or members of the public to search for information associated with registration and related filings. Information gathered from responses will be analyzed and used by the State for any future Request for Proposal (“RFP”) released for the development and acquisition of a system and any project planning purposes.

1.2 This RFI is not a competition. It is intended to research electronic filing systems that may meet, or be adapted to meet, the requirements of the State. This RFI is purely for gathering information and is in no way a commitment to purchase products now or in the future. Responding to this RFI does not guarantee or imply a future business relationship with the State.

1.3 This RFI in no way purports to form the basis of a contract or encourage vendor competition. Any information gathered in this RFI may be used to form the basis of a future Request for Proposal. The State may contact responders to gather additional information regarding their product. The State appreciates your input and looks forward to a collaborative dialogue of market research.

**2. BACKGROUND:**

2.1 One of the State’s responsibilities is to oversee the initial registration and renewal registration of a charitable organization, professional solicitor or fundraising counsel in accordance with the Charitable Solicitations Act (“the Act”) T.C.A § 48-101-501 et seq. This is accomplished by organizations submitting State specific forms along with accompanying documents (IRS Form 990, governance documents, financial reports, campaign notices, etc.) Currently, charitable organizations have the choice to submit this information via paper or online. The files are indexed with a corresponding file number based on the category (i.e. CO – Charitable Organization, PS –

Professional Solicitor, FRC – Fundraising Counsel, etc.). The Act also has provisions for a process of filing catastrophic illness trusts and disaster fundraising reports in certain circumstances. In addition, certain 501(c)(3) and 501(c)(19) entities may apply to hold particular charitable gaming events (such as raffles and reverse raffles) within Tennessee in accordance with the Nonprofit Gaming Law T.C.A § 3-17-116. The State is also responsible for enforcement of the Act and investigates matters in which an individual or organization may be soliciting in an unfair, false, deceptive or misleading manner. Data is gathered and entered in the system through the course of an investigation that may or may not result in an enforcement action.

2.2 The State's current application is an on premise of Microsoft Dynamics CRM 2011 hosted on Microsoft Windows Server and a Microsoft SQL database server. The public website is hosted on a Microsoft Windows web server. The application server additionally supports web services to connect to Microsoft Dynamics GP, and the application utilizes Microsoft SQL Server Reporting Services. Presently, only charitable organization registrations can be submitted in either paper format or electronically through the State website. All other functions of the State are submitted in paper format only and then manually keyed into CRM.

2.3 The State seeks to discover adaptive systems which can be designed or modified to meet the needs of the State. The State would like a registration and electronic filing system that should be customer and employee friendly and allow all phases of registration to be completed in a logical process both in-house and online. The registration process should allow customer information to be uploaded without employees manually transferring the information into the system. A compatible electronic filing system should carry the capability to import and export data (in formats such as XML Schema, CSV, PDF, etc.) and scanned images. The system should allow for the creation of connectors to the systems of other State agencies for information sharing including, but not limited to the Secretary of State Business Services Division filing system. Successful products/services will need to support the current requirements, while also:

- Supporting easy-to-use, web-based, self-serve applications for customers
- Continuing the move towards paper reduction and paperless processing where possible
- Integrating new and existing systems to provide synergy and efficiency for customers and staff
- Providing flexibility to easily and cost-effectively make changes to keep up with evolving technology and mandated business requirement changes
- Expanding use of modern web-based technologies, while continuing to use State enterprise systems where appropriate
- Protecting system access and personally identifiable information
- Providing easily customizable reporting and fraud monitoring
- Have the ability to enter payment (check and cash) and be able to categorize with corresponding revenue stream. Solution must be able to record daily for reconciliation of amount deposited to bank versus amount reported.

### **3. COMMUNICATIONS:**

3.1. Vendors should contact the State's Point of Contact in writing only with any questions regarding this RFI by 4:00 p.m. CDT August 28, 2015. The State will provide a response to those questions by 4:00 p.m. CDT September 8, 2015. All vendor communications regarding the RFI should be in writing only and reference RFI Number: 30501-01716. The State's Point of Contact is:

Brent Culberson  
 Director  
 Tennessee Secretary of State  
 Division of Charitable Solicitations and Gaming  
 312 Rosa Parks Avenue – 8<sup>th</sup> Floor  
 Nashville, TN 37243  
 (615) 741-2555  
 Brent.Culberson@tn.gov

Please do NOT contact anyone else at the State of Tennessee regarding this RFI.

- 3.2. Vendors are invited to submit a response to the RFI to the State Point of Contact listed in above in Section 3.1.
- 3.3. The State has assigned the following RFI identification number that must be referenced in all communications regarding this RFI: 30501-01716

**4. RFI SCHEDULE OF EVENTS:**

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		August 14, 2015
2.	Vendor Questions Due	4:00 p.m.	August 28, 2015
3.	Response to Vendor Questions	4:00 p.m.	September 8, 2015
4.	RFI Response Deadline	2:00 p.m.	September 22, 2015

4.2. Vendor responses should be received no later than 2:00 p.m. CDT September 22, 2015. These responses should be in the form of a well-organized document and include the original question/request number along with the stated question or information requested preceding each individual response. Responses received after that date may not be reviewed.

4.3. Respondents should submit a file in PDF format to the State’s Point of Contact listed in Section 3.1. The State requires the response to be submitted in a PDF file preferably by email so that it can be readily distributed internally. Please note that the maximum email and file attachment size for incoming emails to the State is 15 megabytes.

**5. GENERAL INFORMATION:**

5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.

5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the State chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI will be considered confidential by the State.

5.3. The State will not pay for any costs associated with responding to this RFI.

**6. INFORMATIONAL FORMS:**

The State is requesting the following information from all interested parties. Please fill out the following forms:

<p><b>RFI # 30501-01716</b></p> <p><b>TECHNICAL INFORMATIONAL FORM</b></p>
<p>RESPONDENT LEGAL ENTITY NAME:</p>
<p>RESPONDENT CONTACT PERSON:</p> <p>Name, Title:</p> <p>Address:</p> <p>Phone Number:</p> <p>Email:</p>
<p>Provide a brief description of your experience providing similar scope of service as mentioned in this RFI:</p>
<p>Provide a detailed description, including diagrams where applicable, of how your proposed solution addresses the following functionality:</p>
<p><b>FUNCTIONALITY AND FEATURES</b></p>
<p style="text-align: center;"><b>6.1 General System Requirements</b></p> <p>The State has identified a number of core functions that will be required, to provide continuously improving service to our customers in an increasingly efficient manner. The following functional areas will need to be accommodated by any system(s) the State uses. Each functional area below is listed with a brief description; a higher level of detail listed starting in 6.2 of this document. (<u>See Attachment 1 for Charitable Solicitation Flowchart</u>)</p>
<p><b>6.1.01 Compliance:</b> The system must demonstrate compliance with the World Wide Web Consortium’s (W3C), Web Content Accessibility Guidelines Version 2 (WCAG 2.0) against all success criteria to Level AA</p>
<p><b>6.1.02 Customer Relationship/Interaction Manager (CRM):</b> A system to conveniently manage, track and display all customer contacts and accounts. The system will need to integrate information from phone, correspondence, document imaging and workflow systems to show all variety of interactions with customers.</p>

<p><b>6.1.03 Customer Management:</b> Ability to easily manage and change customer information such as name, address, etc. Charitable Gaming and Solicitation plans to continue to use a customer-centric system where all records would be tied to unique customer IDs. This system would need to integrate with all other systems that make use of customer information. Such a system would also need to store and display a history of customer account changes.</p>
<p><b>6.1.04 Document Management and Imaging:</b> A system to electronically scan, import, store, search and display documents. Utilization of optical character recognition may increase the value of this system. The ability to interface with the correspondence and composition system and the customer relationship/interaction manager is also necessary.</p>
<p><b>6.1.05 Workflow Management and Distribution:</b> A system to route electronic documents and applications to different work areas throughout the State. It must allow for multiple processors to retrieve work from centralized queues according to priority and role assignments and retain audit information on where and when a document was handled. It must also be able to provide reporting on application quantities and processing delays.</p>
<p><b>6.1.06 Document Correspondence and Composition:</b> The system will need to create manage, store and track correspondence including letters, email and any future types of correspondence. It will need to populate information and allow display of correspondence as part of a customer account.</p>
<p><b>6.1.07 eForms:</b> Ability for customers to complete and submit forms electronically via web application.</p>
<p><b>6.1.08 Fee Rule Management:</b> Ability to easily manage and change logic rules, calculations and fees. This system will also need to integrate and manage these rules, calculations and fees across all types of accounts.</p>
<p><b>6.1.09 Integration:</b> Ability to aid in the easy integration with the current database system. The system should manage the exchange of data with a variety of computer systems including internal systems, other State agencies, other States, the federal government and private businesses.</p>
<p><b>6.1.10 Case Management:</b> Ability to collect and track information regarding all interactions, issuance of orders and other actions involving customers and organizations.</p>
<p><b>6.1.11 User sign in/roles:</b> The system must provide single sign-in (Active Directory integration). The system must have the ability to restrict user access based on roles/groups. Ability to “anonymize” a record and give access to individual staff members for confidentiality.</p>
<p><b>6.1.12 SQL:</b> The system must use a SQL or other relational database server capable and compliant, or the ability to extract data out of the system via API's or integration.</p>
<p><b>6.1.13 Mobile:</b> The system must be mobile enabled for standard mobile devices (tablets, smart phones, laptops etc.) across a variety of platforms (Windows, Mac, iOS, Android, etc.) and ideally have mobile specific apps for remote access including a mobile service delivery application.</p>
<p><b>6.1.14 Reports and Audits:</b> The system must have the ability to allow security to be set at the module level, including audit history and a detailed auditing function to be configured at project implementation with ability to control access based on roles/groups</p>

## 6.2 Charitable Organization Application for Registration, Renewal, Financial Reports, Other Filings and online search

**6.2.01 Charitable Organization Registration:** This system must accommodate the online and internal processing of Charitable Organization Applications, Amendments to Existing Organizations, and upload of all Supporting Documents that are required by law. (See Attachment 2 for Charitable Organization Flowchart and Sample Data Elements)

### 6.2.02 Documents for a Charitable Organization:

- IRS Form 990 (upload/scan, possible IRS or other [ERI] interface)
- Summary of Financial Activities Form (upload or scan)
- Fundraising Professionals Engaged, if applicable (upload or scan contract)
- Detailed description of any injunction, judgement, or administrative order or felony conviction of an officer, director, manager, operator or principal of the organization, if applicable (upload or scan).
- If this is a senior citizen center which obtains funding through a contract with the State of Tennessee or the federal government, upload/scan contract.
- If the entity has been enjoined by a court from soliciting contributions since the last registration, upload/scan court order.
- If tax exempt (upload/scan IRS letter)
- If filed for tax exemption not yet received, (upload/scan IRS forms)
- Depending on entity type, upload/scan charter or bylaws if applicable

**6.2.03 Online Registration:** The system should allow for a customer to start and finish their application online. The online application process should allow the customer to save their application for completion at a later time. There shall be some data elements and fields that are required to be provided before the customer can proceed in the process.

**6.2.04 Renewal Application:** The documents listed above are generally applicable to the initial and renewal registration. Therefore the system will need the ability to populate the original data and allow for editing at the renewal registration.

### 6.2.05 Types of Charitable Organizations that are kept on record:

- Registered Exempt or Non-Exempt Charitable Organization
- Exempt Charitable Organizations (which may at some point become registered)
- Exempt Religious or Educational charitable organizations (which may want to be recognized as exempt or may hold gaming events)
- Entities/individuals which are the subject of an investigation, but are not on record otherwise

### 6.2.06 Reports that must be filed by a Charitable Organization (When Applicable):

- Quarterly (first year) and annual financial reports
- Renewal (annual; due 6 months after the fiscal year end; filing fee based on gross revenue)
- Renewal Extension Request (add 90 calendar days to annual registration due date; no filing fee)
- Inactive Request (set organization status to inactive; no filing fee)
- Administrative Amendment (updates to contact information)

**6.2.07 Charitable Organization Quarterly Financial Reporting Requirements:** The system must be able to track which financial reports that have been filed and what is due next. The first year, the financial reports are due quarterly; in subsequent years, the financial reports are due annually. Quarterly reports are only filed by organizations in their first year of operations.

**6.2.08 Further System Requirements for Charitable Organization Filings:** The system must have the ability to generate approval or denial letters for charitable organization filings and notification of due and past due annual financial reports (as appropriate). Ability to automatically document incoming/outgoing email to/from the charitable organization. The system must validate all address entries against the United States Postal Service AMS API (“USPS AMS”) file and that address should be used for reminder letters and penalty letters. Use charitable organization email address(es) required upon registration to notify the organization of filings that are due or past due (renewals, financial reports), and to report changes to the organization record (amendments, filed documents, etc.). The system must have the ability to automatically generate courtesy letters to mail if an email address is not available.

**6.2.09 Charitable Organization Online Search:** The system shall allow the public to search charitable organizations using the following search criteria: Charitable Organization Name (contains/equals), FEIN, National Taxonomy Exempt Entities (“NTEE Code”) (total, part of the code or if applicable), Registered or Exempt, County (Tennessee only), State, City (Tennessee only). The search criteria will return a list of organizations if multiple matches are found. This list will provide links into the detail records. The detail records displayed in the online search will return basic organization information (name, address, phone number, website, links to financial Statements and expenditure pie chart, etc.) as well as the ability to show additional categories of information: Other Names in which the Charitable Organization is doing business as, Chapters/Branches/Affiliates (list name and address), Documents (uploads/scans; link to document image), Gaming Events for this organization (link to gaming event details), Professional Fundraisers and Professional Fundraising Solicitors having relationships with this organization (link to detail record), financial reports going back several years and links to the charitable organization’s uploaded Form 990 image. (See Attachment 3 for Charitable Organization Search Examples)

### **6.3 Charitable Organization, Professional Solicitor, or Professional Fundraising Counsel Investigations Requirements**

**6.3.01 User Privileges:** The system shall have a separate privilege for investigations. This privilege should be applied by the Director and System Administrator to users of the system.

**6.3.02 Investigation of a Charitable Organization Professional Solicitor, or Professional Fundraising Counsel (already on file):** The system shall allow an investigation to be opened by users with higher privileges. As the investigation proceeds, the system needs to allow internal ‘notes’ to be added to a record within an account and able to be accessed by other staff with the appropriate higher privileges. This will include the ability to type summary comments into the system, as well as to scan in detailed notes for reference via image. When the investigation concludes, the status of the record will need to be updated, and if a penalty is assessed, the system needs to record the amount due and generate a Civil Penalty Letter (noting the amount due). If the penalty is paid, the system must allow for the appropriate receipt of those funds and indicate on the record that the payment has been made. If the penalty is not paid within 30 days after issuance of the letter, a demand letter is to be generated by the system so it may be sent. (See Attachment 4 for Investigation’s Flowchart and Sample Data Elements)

**6.3.03 Investigation of a Charitable Organization Professional Solicitor, or Professional Fundraising Counsel (not on file):** The system shall allow for the creation of a non-registered organization to be used to link an investigation record for organizations which are not on file. These should have an individual ID so that users are able to track investigation notes on non-registered organizations. The system shall allow for the same requirements mentioned in 6.2.02.

**6.3.04 Investigation Reporting Requirements:** The system must generate a case recap printout including all notes and images associated with the case in chronological order.

## 6.4 Professional Solicitors and Professional Fundraising Counsel Requirements

**6.4.01 Professional Solicitors and Professional Fundraising Counsel Registration:** The system must allow Solicitors and Counsels to register annually if they solicit contributions for a charitable organization or counsel a charitable organization that solicits contributions in Tennessee. The system must have the ability to generate approval or denial letters for annual registration filings. The system must have the ability to generate approval or denial letters for campaign notices. The system must also have the ability to generate notifications of due and past due financial reports. In addition the system must allow for filing of 'campaign notices' and 'summary of financial activities for a solicitation campaign' on the professional solicitors records. (See Attachment 5 for Charitable Organization Flowchart and Sample Data Elements)

**6.4.02 Professional Solicitors and Professional Fundraising Counsel Internal and Online Search:** Internal search to retrieve the records based on fields entered in forms. The public search for professional solicitors and professional fundraising counsel shall include, at the minimum, the following search criteria: Name (contains or equals), State, Type (Professional Fundraiser and/or Professional Fundraising Counsel). The public online search will provide basic fundraiser information (name, address, phone number, website, type, etc.) as well other details. e.g. Active Campaigns, Completed Campaigns, Documents, contract with Charitable Organization with which they solicit for, etc... (See Attachment 3 for Professional Solicitors and Professional Fundraising Counsel Search Examples)

## 6.5 Catastrophic Illness Trust Filing Requirements:

**6.5.01 Catastrophic Illness Trust Registration:** The system must provide for both in-house and online filing of Catastrophic Illness Trusts and the Annual Report of Finances. The documents include: Notice of Establishment of Catastrophic Illness Trust, Annual Report of Finances (due on anniversary date of original filing) (See Attachment 6 for Catastrophic Illness Trust Flowchart and Sample Data Elements)

**6.5.02 Catastrophic Illness Trust Document Management:** The system must have a process for all the documents that are required and scanned upon receipt. The document images must be classified appropriately according to the document list above. The system must be able to display the documents upon request via an internal search of the records. Key data elements to facilitate retrieval of documents are Beneficiary Name, Trustee Name, Email, and Date Filed

**6.5.03 Catastrophic Illness Trust Annual Registration:** The system must calculate the annual registration due date annually from the filing date. The system must check for annual registration due dates that have passed without the report being filed and set the status to Delinquent. If an annual registration flags the trust as terminated, the system must set the trust status to Terminated.

**6.5.04 Catastrophic Illness Trust System Automation:** The system must have the ability to generate approval and denial letters for catastrophic illness trust filings and notification of past due annual financial reports. System will send a renewal notice 45 days prior (via email) to the anniversary date via email to remind the trustee to submit their annual report by the due date.

**6.5.05 Internal Search Requirements:** The system must allow staff to search internally by (equals/contains) DLN#, beneficiary name, trustee name or date filed to retrieve records. (See Attachment 3 for Catastrophic Trust Search Examples)

## 6.6 Disaster Relief Fundraising Filing

**6.6.01 Disaster Relief Fundraising Registration:** The system must provide for in-house and online filing of Disaster Relief Fundraising Registration and Reports. These include the following documents: Initial Fundraising Report, Quarterly Financial Reports (until funds raised are all spent) (See Attachment 7 for Disaster Relief Flowchart and Sample Data Elements)

**6.6.02 Disaster Relief Fundraising Document Management:** The system needs to allow for all documents scanned upon receipt. The system shall classify the documents appropriately according to the document list above. The system must allow staff to search internally by (equals/contains) Organization Name, Disaster for which contributions were solicited and the system must be able to display the documents upon request via an internal search of the records.

**6.6.03 Disaster Relief System Automation:** The system must have the ability to generate approval or denial letters for disaster relief filings and a notification of past due financial reports.

**6.6.04 Disaster Relief Online Search Requirements:** Disaster Relief Fundraising Reports are searched by keyword (equals/contains). Reports matching the search criteria are listed with the following details: Organization Name, list of reports submitted, Disaster Name, Reporting period, Term (report start and end date) (See Attachment 3 for Disaster Relief Search Examples)

### **6.7 Gaming Event Filing Requirements:**

**6.7.01 Gaming Event Registration:** The system must provide for in-house and online filing of the Gaming Event Application, Amendments and Supporting Documents (upload only online). The system must provide the ability to turn the online filing application for gaming events on and off as needed. There must be a message field available to communicate to online filers which dates the application will be available for filing. (See Attachment 8 for Gaming Event Flowchart and Sample Data Elements)

**6.7.02 Gaming Event Document Management:** The system must be able to maintain, manage and search for the following documents scanned upon receipt or uploaded related to a Gaming event: Annual Event Application, Affidavit in support of Filing IRS Form 990 (if applicable), Amendment to Annual Event Application, Affidavit of Cancellation (amendment), Event Financial Accounting Report (if gross proceeds are > \$5K, the form includes more detail in the financial report), Affidavit of Proceeds (supporting document), Notice of Failure to Return 25% to charitable organization (if applicable; supporting document), and an Audit Report (if gross proceeds are > \$5K, supporting document). The system must display the documents upon request via an internal search of the organization record or web search (where links are indicated).

**6.7.03 Gaming Event Record Integration:** The system shall require each gaming event to link to an active Charitable Organization record on file. The Organization details (name, FEIN, Address, etc.) will be displayed within the gaming event record (not editable).

**6.7.04 Gaming Event Internal Search:** The system internal application must allow staff the ability to retrieve detail records searching by, including but not limited to: Organization Name, Event Name, Event Type, and Date Filed. The system must allow the public to search for gaming events using the following example search criteria: Charitable Organization Name (includes), Event, County, and Year (drop down list of fiscal years on file– e.g. 7/1/2014 – 6/30/2015). (See Attachment 3 for Gaming Event Search Examples)

### **6.8 SYSTEM ARCHITECTURE, APPLICATION ARCHITECTURE, AND TECHNOLOGY**

**6.8.01** The system shall be an enterprise class product with the ability to efficiently store, search, and retrieve approximately 1,500,000 new documents each year.

**6.8.02** Document files are identified (indexed) and retrieved by user-defined fields per document type, and index values are stored in an industry standard relational database.

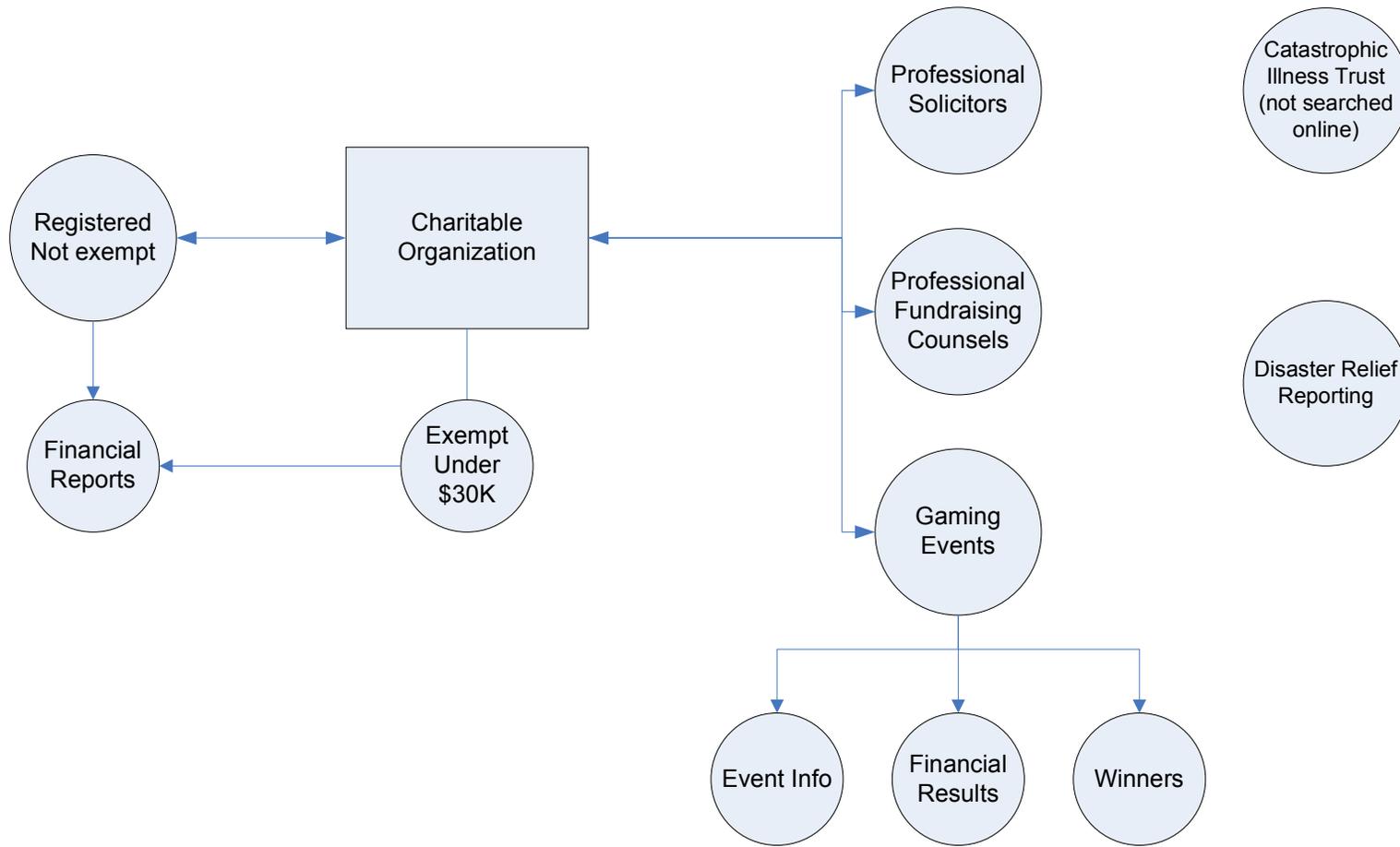
<p><b>6.8.03</b> The system should have specific capabilities for keeping certain data elements secure – the system will collect Federal EIN's. This data must be stored in a secure fashion (i.e., encrypted while travelling and while at REST or SOAP).</p>
<p><b>6.8.04</b> Respondents should describe their development environment compatible with our servers which are outlined below:</p> <ul style="list-style-type: none"> <li>▪ Database Server, Windows Server 2012, SQL Server 2012</li> <li>▪ Application Server, Windows Server 2012, Internet Information Server (IIS) 8.0, ASP.Net</li> <li>▪ Web Server, Windows Server 2012, Internet Information Server (IIS) 8.0, ASP.Net</li> </ul>
<p><b>6.8.05</b> The system application should be coded using Responsive Website Design (RWD) to ensure customers can comfortably use the application on their desktop, laptop, or other mobile device.</p>
<p><b>6.8.06</b> Respondents can either provide a cloud Production and Test environments for the system or the system can be hosted by the State on hardware purchased and maintained by the State. Provider will need to access these environments via SRAVPN (which will also be purchased and maintained by the State) to deploy/update software.</p>
<p><b>6.8.07</b> The system will validate mailing addresses entered using the United States Postal Service AMS API. The system needs to do this for any addresses edited/added.</p>
<p><b>6.8.08</b> The system must be able to respond to open records, investigative or subpoena requests that have been granted permission by the State. The capability to download all data in the system at any time to a comma delimited file is required.</p>
<p><b>6.8.09</b> The system must be able to report to the customer at any point in the process where they are in the process (i.e., a chunk progress bar/checklist). It should list each step and note if it is complete, in process, or not applicable based on questions asked by the system.</p>
<p><b>6.9 SECURITY</b></p>
<p><b>6.9.01</b> All data from the system is the property of the State and cannot be disclosed without advanced written approval being granted by the State.</p>
<p><b>6.9.02</b> Certain data elements provided to the system by customers are confidential (i.e. Federal EIN) and must be kept secure (i.e., encrypted while traveling and while at rest).</p>
<p><b>6.9.03</b> Respondents should identify security measures and features that would keep unauthorized persons from accessing the data contained in the system or the system program code itself.</p>
<p><b>6.9.04</b> Respondents should specify the method of providing automated password reset for customers if requested.</p>
<p><b>6.11 BUSINESS AND PROJECT MANAGEMENT</b></p>
<p><b>6.10.01</b> Respondents should identify the recommended strategy for managing this type of project.</p>
<p><b>6.10.02</b> Respondents should identify the recommended approach for ongoing operational support for the solution.</p>
<p><b>6.10.03</b> Respondents should identify a development, testing, and implementation schedule for the project.</p>

<p><b>6.10.04</b> Respondents should specify the recommended strategy to ensure proper knowledge transfer takes place between vendor and State staff including but not limited to training agency staff to support solution, producing user training materials, and technical documentation of solution.</p>
<p><b>6.10.05</b> Respondent should list customer names and contact information for former customers that have implemented a similar solution.</p>
<p><b>6.11 COST INFORMATIONAL FORM</b></p>
<p><b>6.11.01</b> Respondent should provide a description of the price structure generally required for the various products and services included in a potential solution. Please note that specific fees and prices are NOT being solicited and must not be included.</p>
<p><b>6.11.02</b> Respondent should provide any recommendations you have for cost savings or problem avoidance.</p>
<p><b>6.12 ADDITIONAL CONSIDERATIONS</b></p>
<p><b>6.12.01</b> Please provide input on alternative approaches or additional things to consider that might benefit the State:</p>

# **ATTACHMENT**

**1**

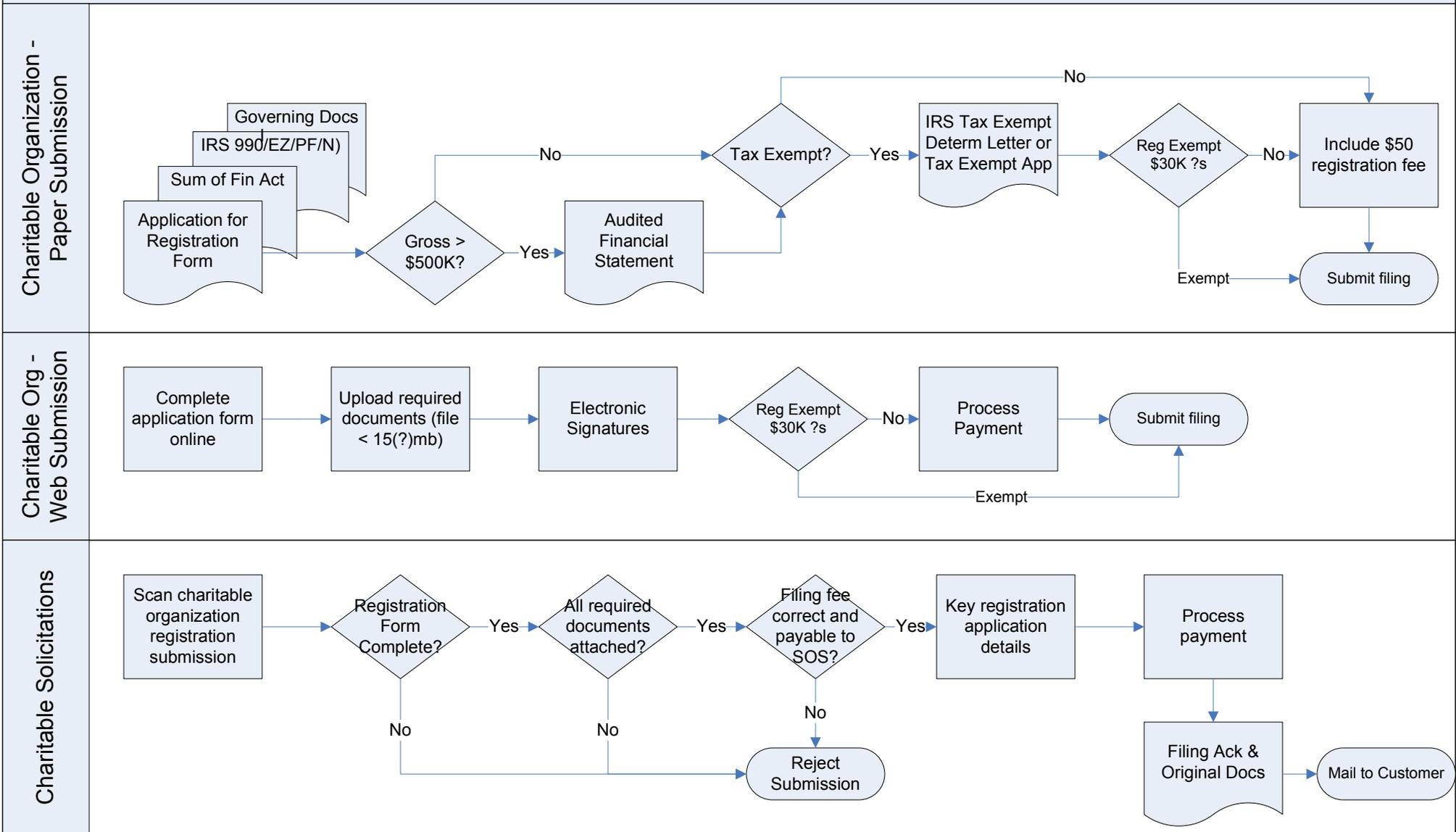
# Charitable Solicitations



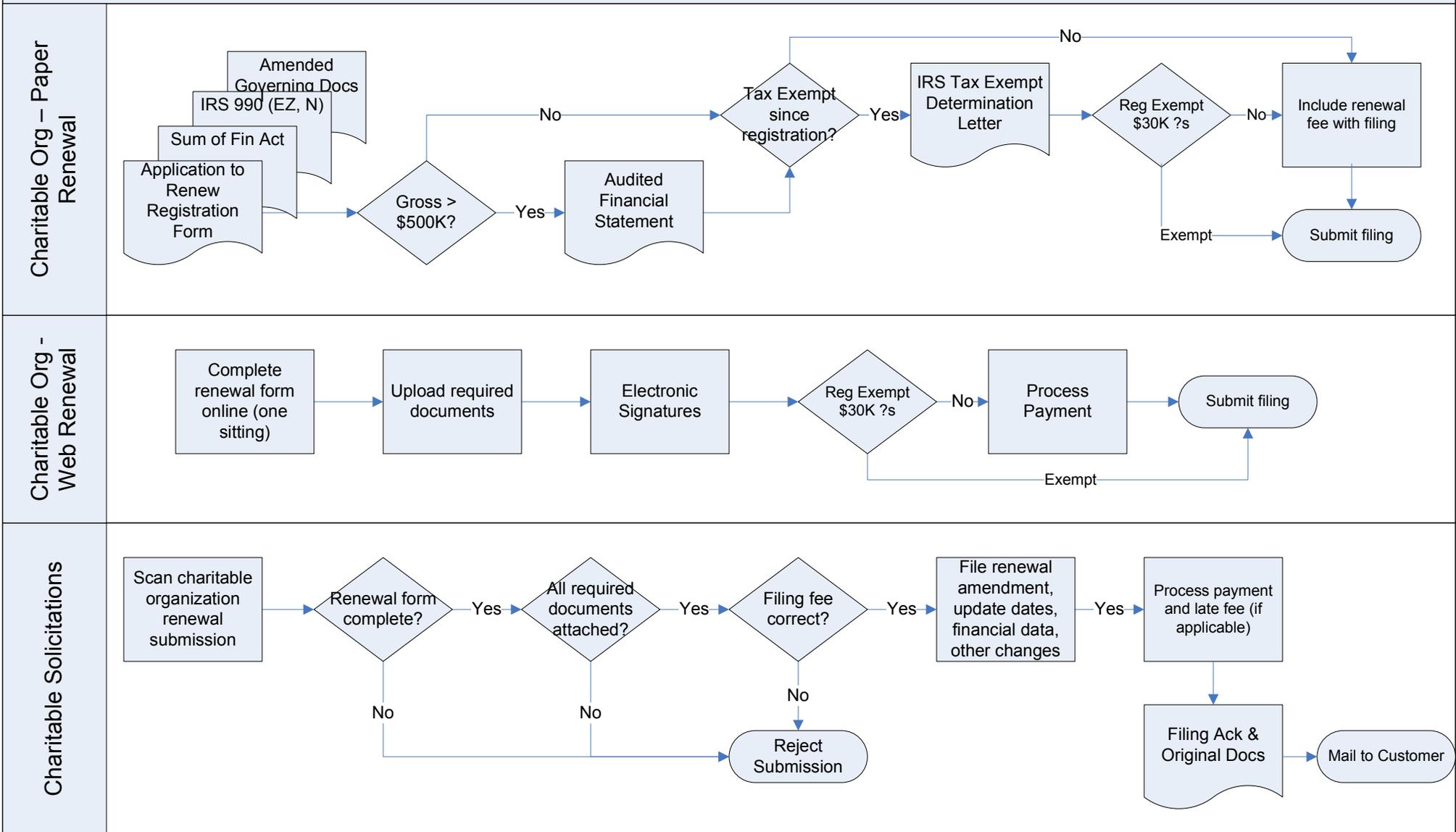
# ATTACHMENT

2

# Register a Charitable Organization



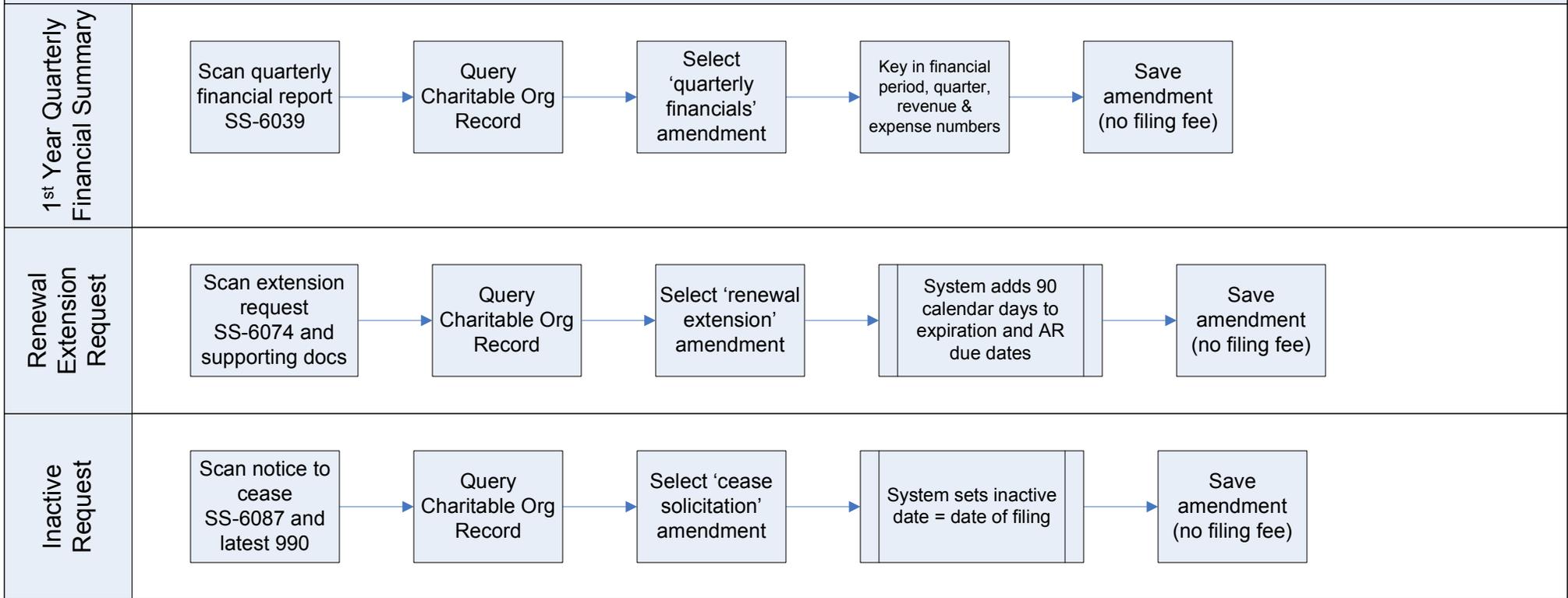
# Renew Charitable Organization



Renewals are annual (as long as organization continues to solicit within or into Tennessee). Due six months after the Fiscal Year End of the organization. Exemption follows the same timeline.

The annual financial report comes in with the renewal.

Filing fee based on gross revenue:	
\$0 - \$48,999.99	\$80
\$49,000 to \$249,999.99	\$120
\$100,000 to \$249,999.99	\$160
\$250,000 to \$299,999.99	\$200
\$500,000 and above	\$240
Late fee \$25 each month after renewal date	



## Charitable Organization Data Elements

Field Label	Description	Type (future)	Registered	Required - Exempt
DLN# (from Scanner)		Text	Yes	Yes
Organization Name		Text	Yes	Yes
Does the organization use additional names (including names used to solicit contributions)?		Yes/No	Yes	Yes
Other Name1	Must list all other names	Text	Yes if yes	Yes if yes
NTEE Classification Code		LOV	Yes	?
Purpose of the organization		Text	Yes	Yes
Phone		Number	Yes	Yes
Fax		Number	Optional	Optional
Email Address		Text	Yes	Yes
Website	URL validation	Text	Optional	Optional
<b>Financial &amp; Entity Information</b>				
FEIN	Validate that this FEIN is NOT already on file for new applicants	Number with dash	Yes	Yes
Organization Type [i.e 501(c)(3)]	(from current system list)	LOV	Yes	Yes
Legal Entity Type: Corp, Partnership, Association, Other	Upload charter or bylaws if applicable	LOV	Yes	Yes
If Other, specify		Text	If Other is selected, yes	Yes
When Established		Date	Yes	Yes
Established City		LOV or text	Yes	Yes
Established County		LOV or text	Yes	Yes
Established State		LOV	Yes	Yes
Tax Exempt Status: Tax Exempt (upload IRS letter) Filed for tax exemption (upload IRS forms) Not tax-exempt	Some selections require upload	LOV	Yes	Yes
Has the organization's tax exempt status ever been revoked by the IRS?		Yes/No	Yes	Yes
If yes, when		Date	If yes above	If yes above

Does the org intend to solicit and receive more than \$30K in gross contributions from the public during any accounting year?		Yes/No	Yes	Yes
Has the org received more than \$30K in gross contributions from the public during any accounting year?		Yes/No	Yes	Yes
Exempt? (derived; don't ask customer)	This box drives which fields must be completed.	Exempt \$30K under – if both of the 2 prior questions are answered No	Yes	Yes
Accounting period begin		Mm/dd	Yes	N/A
Accounting period end		Mm/dd	Yes	Yes
Next financial report due date	System generated	Date	Yes	N/A
<b>Principal &amp; Mailing Addresses</b>				
Organization has a physical office?		Yes/No	Yes	Yes
Physical Street Address	(POB not allowed)	Text	Yes (if yes above)	Yes
City		Text	Yes (if yes above)	Yes
State		Text	Yes (if yes above)	Yes
Zip Code		Text	Yes (if yes above)	Yes
County		Text	Yes (if yes above)	Yes
Organization has a mailing address?		Yes/No	Yes	Yes
Street Address		Text	Yes (if yes above)	Optional
City		Text	Yes (if yes above)	Optional
State		Text	Yes (if yes above)	Optional
Zip Code		Text	Yes (if yes above)	Optional
County		Text	Yes (if yes above)	Optional
<b>Other Information</b>				
Has the organization registered in other states?		Yes/No	Yes	N/A

List all other states		LOV, multiple selection	If yes above	N/A
Is this a senior citizen center which obtains funding through a contract with the state of Tennessee or the federal government...?	Upload contract	Yes/No – if yes, exempt from filing fee	Yes	N/A
Additional offices, chapters, branches and affiliate addresses in Tennessee				
Any offices, chapters, branches, affiliates in TN?		Yes/No	Yes	Yes
Organization Name		Text	Yes	Yes
Street Address		Text	Yes	Yes
City		Text	Yes	Yes
State		Text	Yes	Yes
Zip Code		Text	Yes	Yes
County		Text	Yes	Yes
Registering and reporting for these organizations? [repeat for each]	(long note)	Yes/No	Yes	Yes
List Officers, Directors, Trustees and principal salaried executive staff officer (ideally would like to allow for a spreadsheet upload of the data into the correct fields where they have large numbers)				
Job Title	Officer, Director, Trustee, Principal Salaried Officer	LOV	Yes – at least one principal salaried officer?	Yes
Title	Mr. Ms. Etc	LOV	Optional	Optional
First Name		Text	Yes	Yes
Middle Name		Text	Yes	Yes
Last Name		Text	Yes	Yes
Street Address	(POB not allowed)	Text	Yes	Yes
City		Text	Yes	Yes
State		Text	Yes	Yes
Zip Code		Text	Yes	Yes
County		Text	Yes	Yes
Phone		Number	Optional	Optional
Email		Text	Optional	Optional
Have custody of contributions?		Yes/No per officer/director/trustee	Yes	N/A
Responsible for final distribution of contributions?		Yes/No per officer/director/trustee	Yes	N/A
Has any officer, director, manager, operator or principal of the	If yes, upload detailed explanation	Yes/no	Yes	N/A

organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?				
If no physical office, person having custody of financial records (can select a director from LOV)				
Title	Mr. Ms. Etc	LOV	Optional	N/A
First Name		Text	Yes	N/A
Middle Name		Text	Yes	N/A
Last Name		Text	Yes	N/A
Street Address	(POB not allowed)	Text	Yes	N/A
City		Text	Yes	N/A
State		Text	Yes	N/A
Zip Code		Text	Yes	N/A
County		Text	Yes	N/A
Phone		Number	Yes	N/A
Email		Text	Optional	N/A
Contact Address (if different, i.e. law firm, accountant)				
First Name		Text	Yes	N/A
Middle Name		Text	Yes	N/A
Last Name		Text	Yes	N/A
Organization Name		Text	Yes	N/A
Street or POB Address		Text	Yes	N/A
City		Text	Yes	N/A
State		Text	Yes	N/A
Zip Code		Text	Yes	N/A
Phone		Number	Yes	N/A
Email		Text	Yes	N/A
Fundraising				
Does your organization intend to solicit contributions from the public directly?		Yes/No	Yes	N/A
Is your organization authorized by any other governmental authority to solicit contributions?		Yes/No	Yes	N/A
The general purpose or purposes for which the contributions to be solicited shall be used		Text	Yes	N/A
Has the entity been enjoined by a court from soliciting contributions		Yes/No	Yes	N/A

since the last registration?				
If yes, attach a copy of the court order	Upload		If yes above, yes	N/A
Does your organization contract with or otherwise engage the services of any outside fundraising professional?		Yes/No	Yes	N/A
If yes, upload contract	Upload contract		If yes, yes	N/A
<b>Outside fundraisers (select from LOV or key – skip if No above)</b>				
Fundraisers ID#		Select from LOV of fundraisers on file	Optional	N/A
Title	Mr. Ms. Etc	LOV	Optional	N/A
First Name		Text	Yes	N/A
Middle Name		Text	Yes	N/A
Last Name		Text	Yes	N/A
Street Address		Text	Yes	N/A
City		Text	Yes	N/A
State		Text	Yes	N/A
Zip Code		Text	Yes	N/A
County		Text	Yes	N/A
Primary Phone		Number	Yes	N/A
Secondary Phone		Number	Optional	N/A
<b>Signatures (Registration must be signed by two authorized officers)</b>				<b>One signature</b>
Select Officer to Sign		LOV	Yes	Yes
Display Position Title		View Only	Yes	Yes
Date signed		Date	Yes	Yes
Electronic Signature		Image	Yes	Yes
<b>Additional Document Uploads</b>				
IRS Form 990 from the most recently completed accounting year (if 990 is required)	Upload		Yes	Yes
Summary of Financial Activities Form	Upload or Form Online		Yes	Yes



**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

**Application for Registration of a Charitable Organization**

**Warning: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514**

**Instructions:** Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may **attach** additional sheets. Indicate that an item does not apply by placing N/A by its number. A **nonrefundable** registration fee of \$50.00 must accompany this application. **If an organization is renewing its application, please complete form SS-6007, Application to Renew Registration of a Charitable Organization.**

1. Name of the organization: \_\_\_\_\_

Please list the legal name as stated in the organization's organizing instrument (i.e. Articles of Incorporation, by-laws, etc.)

FEIN: \_\_\_\_\_ Accounting period end date: \_\_\_\_\_ (mm/dd/yy)

**(All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.)**

2. Do you solicit contributions or operate under any other name(s)?  
 Yes  No If yes, list names used and **attach** any documents authorizing such use:

3. Principal Office Address or, if no physical office is maintained, Name and Address of Person Having Custody of Financial Records (P.O. Box not acceptable):

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

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

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

4. Contact Address (if different): \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

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

5. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

6. Do you have any Chapters, Branches, or Affiliates in Tennessee?

Yes  No If yes, list name(s) and address(es):

Are you registering and reporting the financial activities of these organizations?

Yes  No (Note: a chapter, branch, or affiliate that solicits or receives contributions from any source other than the parent organization or a governmental agency must register independently and pay its own filing fee.)

7. Legal entity of organization:

Corporation  Partnership  Association  Other, specify: \_\_\_\_\_

A. When and where was the organization legally established?

Date: \_\_\_\_\_ (mm/yy) City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

B. What are the beginning and ending dates of the organization's accounting period?

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ (mm/dd)

8. Tax Exemption Status (Please check one):

- A.  Tax-exempt (please include IRS determination letter)
- B.  Filed for tax exemption (please include a copy of the IRS forms as submitted)
- C.  Not tax-exempt

9. Has the organization's tax-exempt status ever been revoked by the Internal Revenue Service?

Yes  No If yes, please include the date: \_\_\_\_\_ (mm/yy)

10. Has the organization registered in any other state(s)?

Yes  No If yes, please list or **attach** a list of other states:

11. Have you been enjoined by any court from soliciting contributions since your last registration?

Yes  No If yes, **attach** a copy of the court order.

12. **Attach** a list of the name, title, and address of each officer, director, and trustee. (List principal salaried officer first.)

13. List the name and address of individual(s) who have final responsibility for the custody of contributions:

A. Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

B. Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

14. List the name and address of individual(s) who have responsibility for the final distribution of contributions:

A. Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

B. Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

15. Has any officer, director, manager, operator, or principal of the organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?  
 Yes  No If yes, **attach** a detailed explanation.

16. Describe the purpose of the organization:

\_\_\_\_\_

17. Does your organization contract with or otherwise engage the services of any outside fundraising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer")?  Yes  No

If yes, **attach** a list including their names, addresses (street and P.O.), telephone numbers, and location of offices used to perform work on behalf of the organization. Additionally, submit a true copy of any contract with the listed entity.

**This document must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer.**

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

A. Signature of Authorized Officer: \_\_\_\_\_

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

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

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

B. Signature of Authorized Officer: \_\_\_\_\_

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

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

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

**For Office Use Only**

Reg. No. \_\_\_\_\_ Date Received \_\_\_\_\_

Exp. Date \_\_\_\_\_ Fee Paid \_\_\_\_\_

For Office Use Only



**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

**Summary of Financial Activities of a Charitable Organization Filing a 990N (or that does not file a 990)**

**WARNING: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514**

**Instructions:** Complete this form with financial information from the most recently completed accounting year. The form must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer.

1. Name of the organization: \_\_\_\_\_ COID: \_\_\_\_\_

FEIN: \_\_\_\_\_ Accounting period end date: \_\_\_\_\_ (mm/dd/yy)

Has the accounting period changed since your last registration?  Yes  No

2. Gross Revenue:

A. Direct and Indirect Contributions From the Public ..... \$ \_\_\_\_\_

B. Public Special Events ..... \$ \_\_\_\_\_

C. Membership Dues ..... \$ \_\_\_\_\_

D. Government Grants ..... \$ \_\_\_\_\_

E. Other Revenue ..... \$ \_\_\_\_\_

F. Total Gross Revenue ..... \$ \_\_\_\_\_

3. Expenses:

A. Program Services ..... \$ \_\_\_\_\_

B. Fund Raising ..... \$ \_\_\_\_\_

C. Administrative ..... \$ \_\_\_\_\_

D. Other ..... \$ \_\_\_\_\_

E. Total Expenses ..... \$ \_\_\_\_\_

4. Excess or deficit for the year (Subtract line 3E from 2F) \$ \_\_\_\_\_

I certify that the information furnished in this summary and all supplemental forms, documents, and continuation sheets is true and correct to the best of my knowledge and belief.

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

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

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

Signature of Chief Fiscal Officer: \_\_\_\_\_

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

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



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

Summary of Financial Activities of a Charitable Organization Filing a 990
or 990EZ

WARNING: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514

Instructions: Complete this two page form with financial information from the most recently
completed accounting year. The form must be signed by two authorized officers, one of whom shall be
the Chief Fiscal Officer. A 990 or 990EZ form must be attached.

Name of the organization: COID:

FEIN: Accounting period end date: (mm/dd/yy)

Has the accounting period changed since your last registration? Yes No

1. Gross Revenue

- A. Public Contributions \$
B. Government Grants \$
C. Program Service Revenue \$
D. Special Events and Activities \$
E. Gross Sales of Inventory \$
F. Other Revenue \$
G. Total Revenue [Add Line 1A Through Line 1F] \$

2. Expenses

- A. Total Program Expenses \$
B. Direct Expenses from Special Events \$
C. Cost of Goods Sold \$
D. Management and General Expenses \$
E. Fund Raising Expenses \$
F. Other Expenses \$
G. Total Expenses [Add Line 2A Through Line 2F] \$
H. Excess / Deficit for the year [Line 1G Minus Line 2G] \$

3. Changes in Net Assets or Fund balances

- A. Net assets / fund balances at beginning of year \$
B. Other changes in net assets or fund balances \$
C. Net assets / fund balances [Add Line 2H Through Line 3B] \$
D. Total Assets \$
E. Total Liabilities \$
F. Net assets / fund balances [Line 3D Minus Line 3E] \$

4. Accounting method used: Cash Accrual Other



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

I certify that the information furnished in this summary and all supplemental forms, documents, and
continuation sheets is true and correct to the best of my knowledge and belief.

Signature of Authorized Officer:

Print Title (Mr., Mrs., etc.): First: MI: Last:

Position Title: Date:

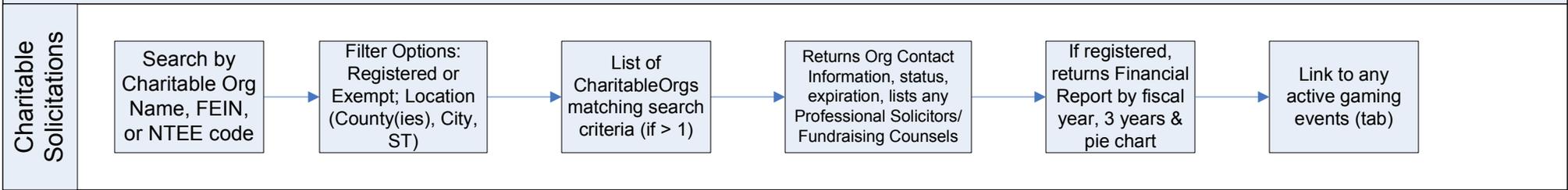
Signature of Chief Fiscal Officer:

Print Title (Mr., Mrs., etc.): First: MI: Last:

Position Title: Date:

# ATTACHMENT

3



### Search for Charitable Organizations

Charitable Org Name

or FEIN

or NTEE Code

Registered  Exempt

#### Additional Filters:

County  ↓

State  ↓

City  ↓

#### Search Result Listing

COID #	Name	Location
<a href="#">483812</a>	Best Buddies International, Inc.	Miami, FL
<a href="#">410930</a>	Best Friends Animal Society	Kanab, UT
<a href="#">203840</a>	Best Friends Sanctuary, Inc.	Jamestown, TN

Click on the COID# link to see the record details.

### Charitable Organization Details

<b>Name:</b>	Best Friends Animal Society	<b>COID #:</b>	410930
<b>Principal Office:</b>	5001 Angel Canyon Rd Kanab, UT 84741-5000	<b>Phone:</b>	435-644-2001
<b>Org Type:</b>	501(c)(3)	<b>Status:</b>	Registered
<b>Website:</b>	Bestfriends.org	<b>NTEE:</b>	D20
<b>Financial Statements:</b>	<a href="#">Link</a>	<b>Expenditure Pie Chart:</b>	<a href="#">Link</a>

- Other Names
- Chapters/Branches/Affiliates
- Documents
- Gaming Events
- PF/PFRC

Charitable Org Name
N/A

- Other Names
- Chapters/Branches/Affiliates
- Documents
- Gaming Events
- PF/PFRC

Chapters/Branches/Affiliates	Street Address	City	State	Zip
Nashville	503 Richmar Dr	Nashville	TN	37211

- Other Names
- Chapters/Branches/Affiliates
- Documents
- Gaming Events
- PF/PFRC

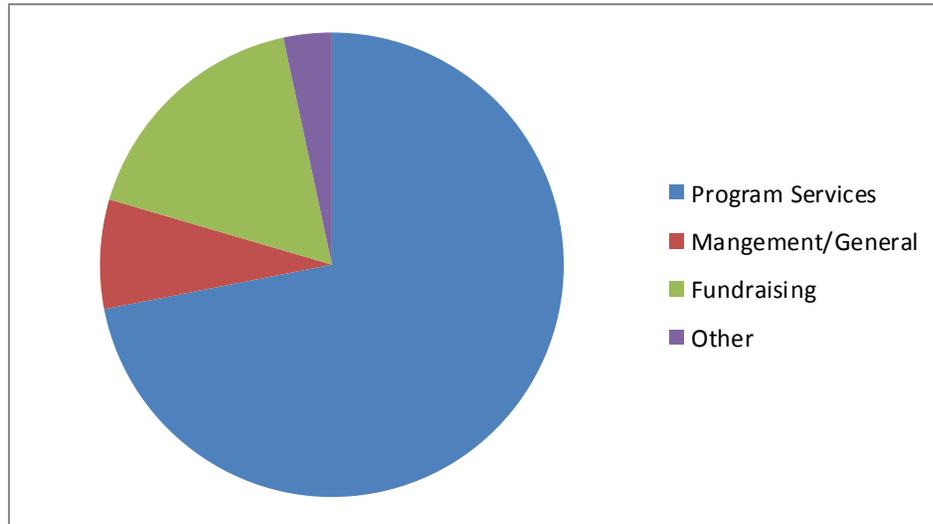
Document Description	Document Name
Officers	<a href="#">filename</a>
Governing Documents	<a href="#">filename</a>

- Other Names
- Chapters/Branches/Affiliates
- Documents
- Gaming Events
- PF/PFRC

Gaming Event Name	Link to Details
Spring Fundraiser	<a href="#">link</a>
Summer Fundraiser	<a href="#">link</a>

- Other Names
- Chapters/Branches/Affiliates
- Documents
- Gaming Events
- PF/PFRC

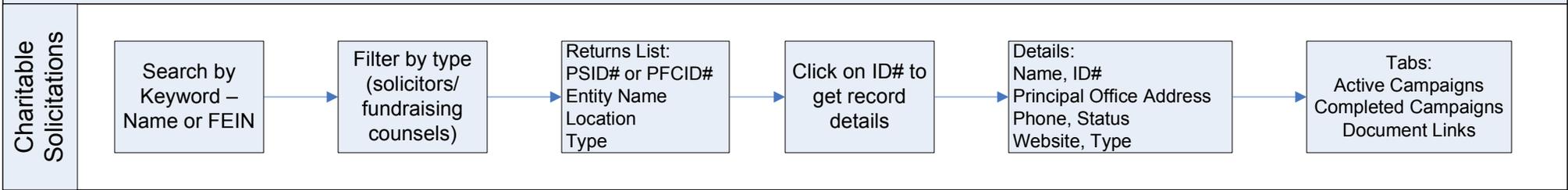
Professional Fundraiser/Fund Raising Counsel	Link to Details
Fund Raising Counsel 1	<a href="#">link</a>
Professional Fundraiser 1	<a href="#">link</a>



2013 Expenses

Three-year data			
	12/31/2011	12/31/2012	12/31/2013
<b>Revenue</b>	\$49,749,941.00	\$63,998,454.00	\$65,499,218.00
<b>Expenses</b>	\$46,503,541.00	\$53,117,382.00	\$60,719,229.00
<b>Assets</b>	\$53,009,335.00	\$66,353,635.00	\$74,270,035.00
<b>Liabilities</b>	\$5,742,345.00	\$7,322,657.00	\$8,795,421.00
<b>Program services to total expenses</b>	76%	<a href="#">About financial ratios</a>	
<b>Fundraising expenses to contributions</b>	16%		

The financial data example above is from the Colorado website. We want to provide a little more detail – specifically on the expenses; which should map to the pie chart for the most recent year. Perhaps put the most recent year on the left, older years to the right.



**Search for Professional Solicitors or Fundraising Councils**

Name

State  ↓

Professional Solicitor  Professional Fundraising Counsel

**Search Result Listing**

ID#	Name	Location	Type
<a href="#">483812</a>	KRISTIN KOVACH	Nashville, TN	Prof Solicitor
<a href="#">410930</a>	LIVE OAK COMMUNITY DEVELOPMENT, LLC	Atlanta, GA	Prof Solicitor
<a href="#">203948</a>	MARKET ENGINUITY, INC.	Nashville, TN	Prof Solicitor
<a href="#">126546</a>	12905 CANADA, INC.	Montreal, QU	Prof Fundraising Counsel
<a href="#">238048</a>	A.B. DATA, LTD	Milwaukee, WI	Prof Fundraising Counsel
<a href="#">238409</a>	MDS COMMUNICATIONS CORPORATION	Mesa, AZ	Prof Solicitor

Click on the ID# link to see the record details.

**Professional Solicitor/Fundraising Counsel Details**

<b>Name:</b>	KRSITIN KOVACH	<b>ID#:</b>	483812
<b>Principal Office:</b>	8642 Poplar Creek Rd Nashville TN 37221	<b>Phone:</b>	312-420-7929
<b>Website:</b>	http://www.tisonline.org	<b>Status:</b>	Registered
		<b>Type:</b>	Professional Solicitor

Active Campaigns | Completed Campaigns | Documents

Charitable Org Name	Campaign Name	Fundraising Type	Start Date	End Date
<a href="#">Best Friends Animal Society</a>	April fundraiser	Mail	04/01/2015	04/30/2015
<a href="#">Davidson County Humane Society</a>	Spring fundraiser	Phone	3/15/2015	5/15/2015

(clicking on the charitable org name opens the charitable org search results record)

Active Campaigns | Completed Campaigns | Documents

Charitable Org Name	Campaign Name	Fundraising Type	End Date	FinancialRpt
<a href="#">Best Friends Animal Society</a>	April fundraiser	Mail	04/30/2014	<a href="#">Link</a>
<a href="#">Davidson County Humane Society</a>	Spring fundraiser	Phone	5/15/2014	<a href="#">Link</a>

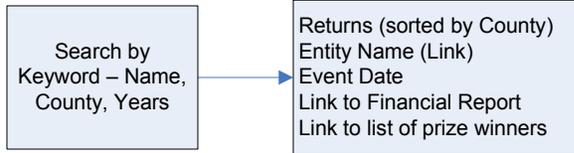
(clicking on the charitable org name opens the charitable org search results record)

Active Campaigns | Completed Campaigns | Documents

Document Description	Document Name
Federal Form 990	<a href="#">filename</a>
Governing Documents	<a href="#">filename</a>
Fundraising Contract	<a href="#">BestFriends1</a>
Fundraising Contract	<a href="#">DavidsonCountyHumaneSociety1</a>

(clicking on the document name opens the document)

Charitable Solicitations



Search for Gaming Events

Charity Name

Event County  ↓

Years  ↓

All Items

1 2 3 Next

ANDERSON

Name	Date	Financial Report	Prize Winner(s)	Comment
<a href="#">BOYS &amp; GIRLS CLUB OF THE CLINCH VALLEY</a>	2014-07-26	<a href="#">View Financial Report</a>	<a href="#">View Prize Winner(s)</a>	
<a href="#">GIRLS INCORPORATED OF OAK RIDGE</a>	2014-11-01	<a href="#">View Financial Report</a>	<a href="#">View Prize Winner(s)</a>	

BEDFORD

Name	Date	Financial Report	Prize Winner(s)	Comment
<a href="#">SHELBYVILLE-BEDFORD COUNTY HUMANE ASSOCIATION</a>	2014-09-27	<a href="#">View Financial Report</a>	<a href="#">View Prize Winner(s)</a>	

BLOUNT

Name	Date	Financial Report	Prize Winner(s)	Comment
<a href="#">CASTING FOR RECOVERY, INC.</a>	2014-10-19	<a href="#">View Financial Report</a>	<a href="#">View Prize Winner(s)</a>	
<a href="#">LEADERSHIP BLOUNT COUNTY, INC.</a>	2014-07-29	Pending	Pending	
<a href="#">MARYVILLE CITY SCHOOLS BOOSTER CLUB</a>	2014-08-02	<a href="#">View Financial Report</a>	<a href="#">View Prize Winner(s)</a>	
<a href="#">TUCKALEECHEE UNITED METHODIST CHURCH</a>	2014-10-17	<a href="#">View Financial Report</a>	<a href="#">View Prize Winner(s)</a>	

## Organization and Event Information Link

### Boys & Girls Club of the Clinch Valley

**Organization Name:** Boys & Girls Club Of The Clinch Valley

**Physical Address:** 102 S. Jefferson Circle  
Oak Ridge, TN 37830

**Contact Name:** Dean Deatherage

**Contact Number:** 865-482-4433

#### Event Information

**Event Date:** 7/26/2014

**Event Name:** Reverse Raffle

**Event Location:** 684 Emory Valley Road  
Oak Ridge, TN 37830  
Anderson County

**Price per Ticket,  
Share, Chance/Other** \$100.00

**Event Description:** Perforated, pre-numbered tickets will be sold. Buyer will keep part of ticket with number and event information. Seller will keep the stub with number and buyer information. Stub will be placed in a small container and then placed in a large tumbler. A paper clip with corresponding ticket number and name of buyer will be placed on a name board. The tumbler will be rotated several times and a container removed by a board member. The stub will be removed from the container and that name read aloud by the MC for the event. The corresponding name slip will be removed from the board. This process will continue until one container and one name slip remains. That buyer is then declared the winner. The winner does not have to be present to win.

## Gaming Event – Prize Winners Link

### Gaming Event Prize Winners

#### Boys & Girls Club of the Clinch Valley

#### Reverse Raffle

Winner Name:	Prize Value:	Description:
Charles Kevin Foust	\$5,000.00	Cash
Charles Laxton	\$5,000.00	Cash

## Gaming Event – Financial Report Link

ATTACHMENT 3

### Boys & Girls Club of the Clinch Valley

#### Reverse Raffle

#### REPORT FOR ANNUAL EVENT HELD 7/26/2014

**BEGINNING FUND BALANCE:** \$0.00

#### REVENUE:

Sales: Ticket	\$32,000.00
Sales: Concessions, Merchandise	\$0.00
Donations: Cash	\$108.00
Donations: In-Kind	\$0.00
Other	\$0.00

**TOTAL REVENUE:** \$32,108.00

#### EXPENSES

Prizes	\$10,000.00
Printing	\$0.00
Marketing, Advertising	\$0.00
Rental: Facilities, Equipment	\$200.00
Supplies	\$0.00
Other	\$8,158.89

**TOTAL EXPENSES** \$18,358.89

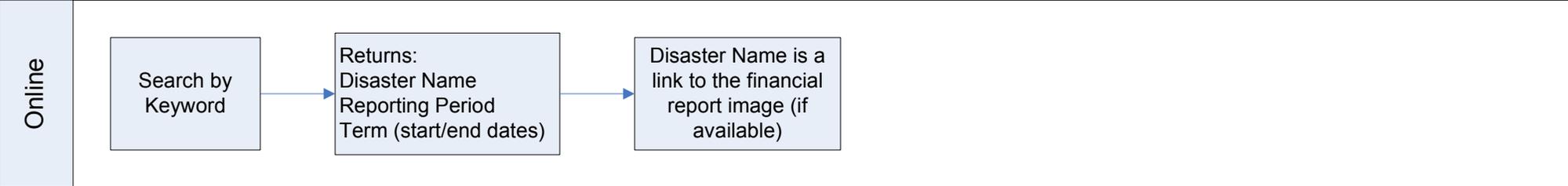
#### DISBURSEMENT TO CHARITABLE PROGRAM(S):

General Program support \$13,749.11

**TOTAL DISBURSED TO CHARITABLE PROGRAM(S):** \$13,749.11

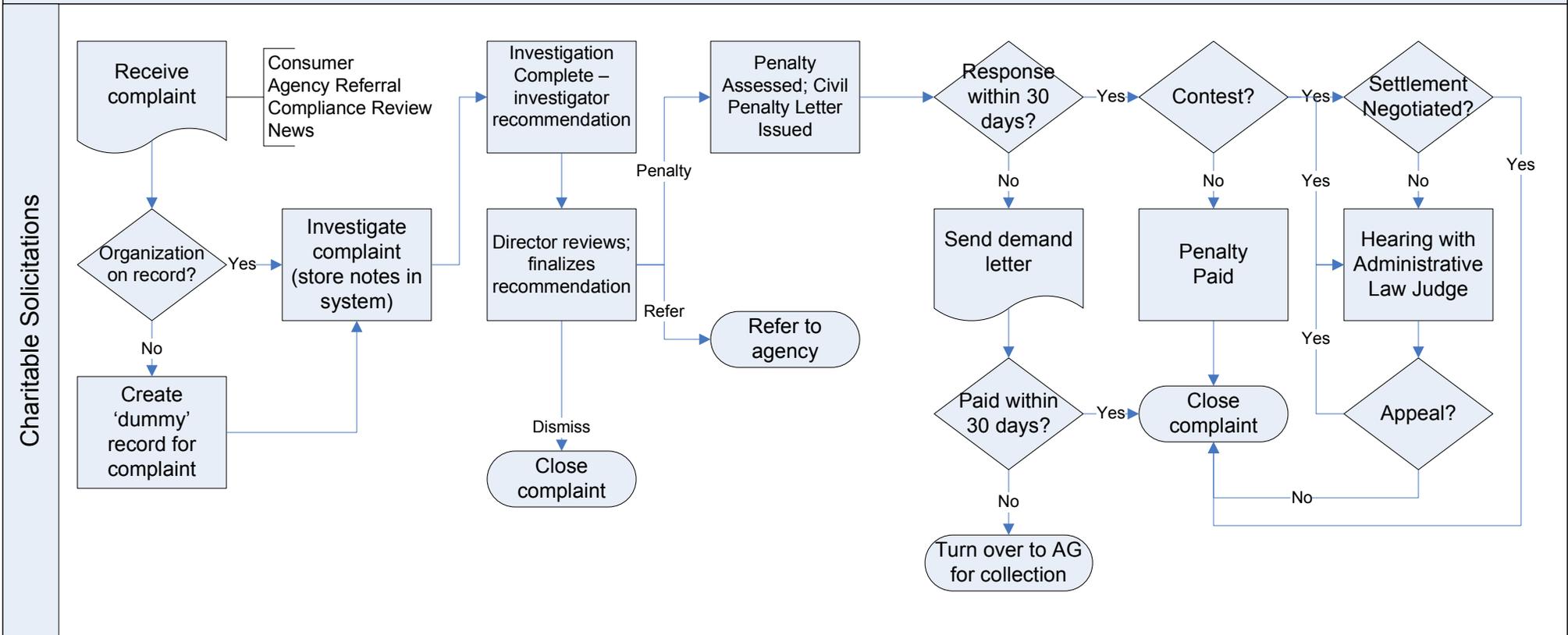
**PERCENT OF GROSS PROCEEDS TO CHARITABLE PROGRAM(S):(EXCLUDING IN-KIND DONATIONS)** 42%

**ENDING FUND BALANCE:** \$0.00



# ATTACHMENT

4



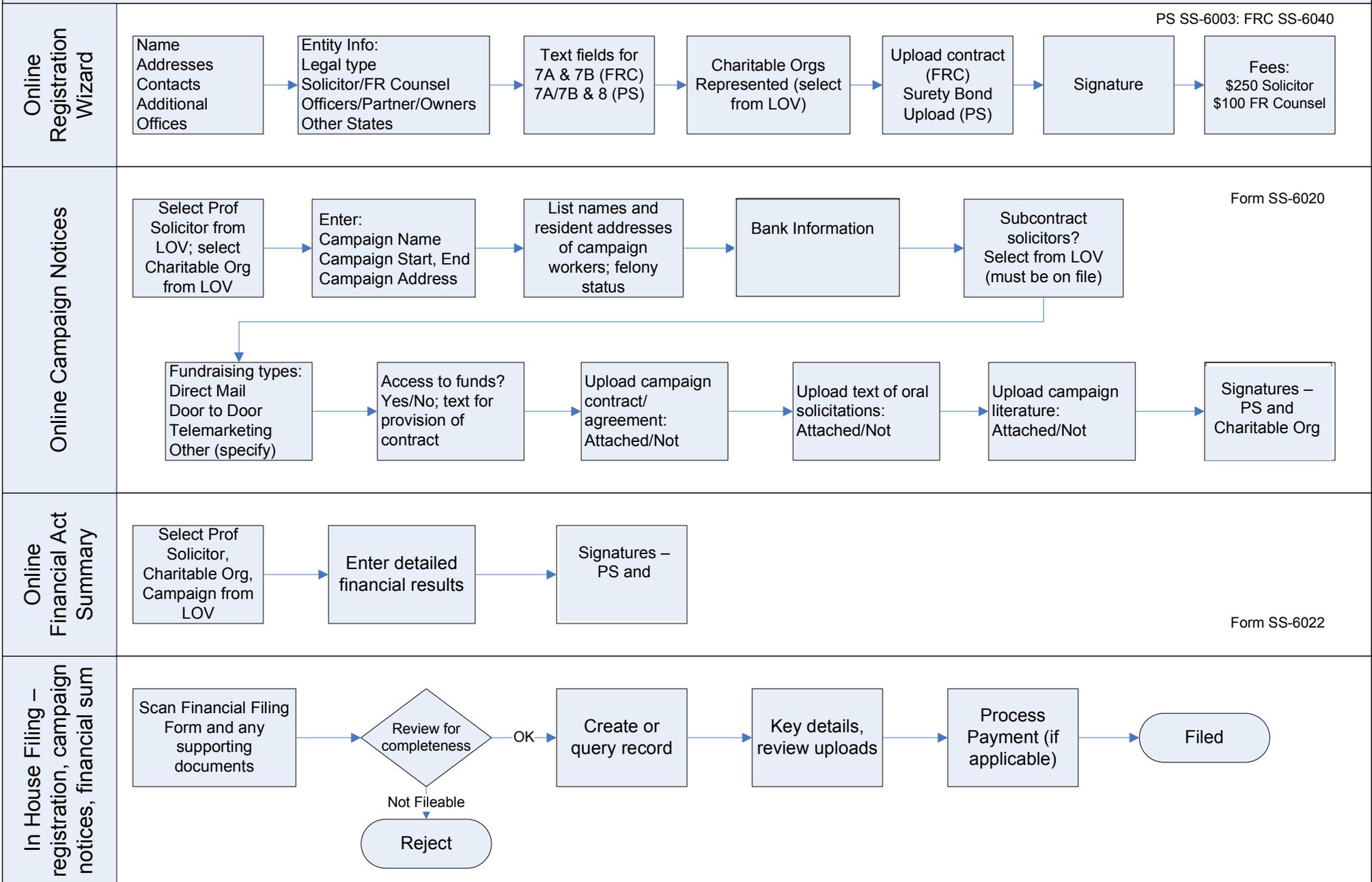
## Charitable Organization Investigations

Field Label	Description	Type	Required?
<b>Complaint Source</b>			
DLN#	letter or documentation of phone call initiating complaint	Image	Yes
Complaint Source		LOV: Consumer Agency Referral Compliance Review	Yes
Description		Text	Yes
<b>Organization</b>			
Record on file?		Yes/No	Yes
Select Charitable Org, Professional Solicitor, Prof FR Counsel from LOV		LOV	If yes, then yes
<b>Non Registered Complaint Record</b>			
Name		Text	If not on file, then yes
Phone number of organization		Number	Optional
Street Address		Text	Optional
City		Text	Optional
State		Text	Optional
Zip Code		Text	Optional
<b>Additional Contact</b>			
Name		Text	Optional
Phone number of organization		Number	Optional
Street Address		Text	Optional
City		Text	Optional
State		Text	Optional
Zip Code		Text	Optional
<b>Investigation Header</b>			
Investigation Status		LOV: Investigation Dismissed Investigation in process Penalty Assessed Penalty Dismissed Referred to Agency Closed – penalty paid	Yes
Dismissal Date		Date	If Dismissed
Referred to		LOV	If Referred
<b>Penalty Details</b>			
Penalty Date		Date	If Penalty Assessed
Penalty Amount		Number	If Penalty Assessed

Penalty Settlement Amount		Number	If Settled for different amount
Penalty Status		LOV: Paid Contested To AG for collections Settled – no penalty	
[Job to generate Civil Penalty Letter; invoice]	Store a copy of the letter in history		
Penalty Contested		Date	Optional
Demand Letter – if no response in 30 days from Civil Penalty Letter	Store a copy of the letter in history		
Penalty Paid		Date	Close –change status to Penalty Paid
Investigation Notes			
DLN#	Additional notes	Image	Optional
Note		Text	Yes
Date of note		Date	Yes
Recorded by (name of investigation officer)		LOV	Yes

# **ATTACHMENT**

**5**



Form SS-6003: Fillable .pdf available from the website. Mailed in by the customer; reviewed and approved or rejected by Charitable Solicitations staff. 99-110 filings per year – may solicit for various charities and have to file repeatedly for each campaign. File 6003 annually by 12/31 – anytime they have a contract with a charitable org, file campaign notice and then close of campaign file again. See prior page for flow.



**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

**Application for Registration of a Professional Solicitor**

**Warning: False or misleading statements subject to maximum \$5,000 penalty. T.C.A. § 48-101-514**

**All registrations expire December 31**

**INSTRUCTIONS:** Type or print your answers. If an answer does not apply, write "N/A." **Attach** additional sheets if you are unable to answer in the space provided. A **nonrefundable** registration fee of \$250.00 and a \$25,000 bond, payable to the State of Tennessee, must accompany this application.

1. Name of organization: \_\_\_\_\_  
 List other names currently or previously used to conduct business: \_\_\_\_\_  
 Federal Employer Identification Number: \_\_\_\_\_
2. Principal Office Address or, if no physical office is maintained, Name and Address of Person Having Custody of Financial Records (P.O. Box not acceptable):  
 Print Title (Mr., Ms., etc.): \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Has principal address changed since last registration?  Yes  No
3. List address of additional offices/places of operation in Tennessee: \_\_\_\_\_  
 \_\_\_\_\_
4. Contact Name: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website: \_\_\_\_\_
5. Applicant is a  Sole Proprietor  Partnership  Corporation  Other  
 Year organized: \_\_\_\_\_ State: \_\_\_\_\_

6. **Attach** a list of corporate officers and directors of the corporation, or unincorporated association; each partner in the partnership; or owner in sole proprietorship. Provide the following information:

Title (Mr., Ms.): \_\_\_\_\_ Name: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

7. **Attach** a copy of the contract(s) with charitable organizations for which you will be soliciting contributions in Tennessee, signed by one (1) official of the charitable organization and one (1) officer of the professional solicitor.

8. List the other states where applicant solicits contributions.  
 \_\_\_\_\_

9. Has the applicant had any license, registration, or permit revoked or denied or been enjoined or prohibited from soliciting contributions?  
 Yes  No If "yes", describe the action, date, and place of the actions:  
 \_\_\_\_\_

10. Has anyone recovered from any of the applicant's surety bonds?  
 Yes  No If "yes", give the name, date, state, and amount recovered:  
 \_\_\_\_\_

11. Has any individual owners, partners, or corporate officers been convicted of a felony?  
 Yes  No If "yes", list the name, criminal offense, date, and place of the conviction:  
 \_\_\_\_\_

**Signature:** This document must be signed by an authorized officer. I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: \_\_\_\_\_  
 Print Title (Mr., Mrs., Ms., etc.): \_\_\_\_\_ First: \_\_\_\_\_  
 MI: \_\_\_\_\_ Last: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Reg. No. \_\_\_\_\_ Date Received \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Fee Paid \_\_\_\_\_





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

Application for Registration of a Professional Fundraising Counsel

Warning: False or misleading statements subject to maximum \$5,000 penalty. T.C.A. § 48-101-514

All registrations expire December 31

Instructions: Type or print your answers. If an answer does not apply, write "N/A." Attach additional sheets if you are unable to answer in the space provided. A nonrefundable registration fee of \$100.00 payable to the State of Tennessee, must accompany this application.

1. Name of organization: \_\_\_\_\_

List other names the organization uses to conduct business and, if applicable, attach documents authorizing such use: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

2. Principal Office Address or, if no physical office is maintained, Name and Address of Person Having Custody of Financial Records (P.O. Box not acceptable):

Print Title (Mr., Ms.): \_\_\_\_\_ Name: \_\_\_\_\_

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

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

Has principal address changed since last registration? [ ] Yes [ ] No

3. List address of additional offices/places of operation in Tennessee: \_\_\_\_\_

4. Print Title (Mr., Ms.): \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

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

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

5. Applicant is a [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Other

Year organized: \_\_\_\_\_ State: \_\_\_\_\_

6. Attach a list of corporate officers and directors of the corporation, or unincorporated association; each partner in the partnership; or owner in sole proprietorship. Provide the following information:

Title (Mr., Ms.): \_\_\_\_\_ Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Address: \_\_\_\_\_

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

7. Attach a list containing the name and address of each charitable organization soliciting from or within Tennessee, for which the applicant is providing fundraising counsel services.

8. List the other states where applicant solicits contributions.

\_\_\_\_\_

9. Has the applicant had any license, registration, or permit revoked or denied or been enjoined or prohibited from soliciting contributions?

[ ] Yes [ ] No If "yes", describe the action, date, and place of the actions:

\_\_\_\_\_

10. Disclose any civil administrative or other legal action filed against applicant pursuant to any state or local charitable solicitations act, including the complete case style, summary, and disposition of the action:

\_\_\_\_\_

\_\_\_\_\_

Signature: This document must be signed by an authorized officer. I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

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

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

Mi: \_\_\_\_\_ Last: \_\_\_\_\_

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

For Office Use Only

Reg. No. \_\_\_\_\_ Date Received \_\_\_\_\_

Exp. Date \_\_\_\_\_ Fee Paid \_\_\_\_\_



## Professional Solicitors and Professional Fundraising Counsel

Field Label	Description	Type (future)	Solicitor	Fundraising Counsel
Name of Organization		Text	Yes	Yes
Other Names	Current/prior business names	Text	Optional	Optional
If applicable, attach documents authorizing other names	Upload		Optional	Optional
Professional Solicitor or Professional Fundraising Counsel	Checkbox	Radio button (pick one)	Yes	Yes
Entity Type	Sole Proprietor, Partnership, Corporation, Other	LOV	Yes	Yes
Year Organized		Number	Yes	Yes
State		LOV	Yes	Yes
FEIN		Number (xx-xxxxxxx)	Yes	Yes
Principal Office Address, or if no physical office, person with custody of financial records (no POB)				
Title	Mr. Ms. Etc.	LOV	Optional	Optional
First Name		Text	Optional	Optional
Middle Name		Text	Optional	Optional
Last Name		Text	Optional	Optional
Physical Street Address	(POB not allowed)	Text	Yes (if yes above)	Yes
City		Text	Yes (if yes above)	Yes
State		Text	Yes (if yes above)	Yes
Zip Code		Text	Yes (if yes above)	Yes
County		Text	Yes (if yes above)	Yes
Additional offices/places of operation in TN				
Street Address		Text	Yes (if yes above)	Yes
City		Text	Yes (if yes above)	Yes
State		Text	Yes (if yes above)	Yes
Zip Code		Text	Yes (if yes above)	Yes
County		Text	Yes (if yes above)	Yes

			above)	
<b>Contact</b>				
First Name		Text	Yes	Yes
Middle Name		Text	Yes	Yes
Last Name		Text	Yes	Yes
Street Address		Text	Yes (if yes above)	Yes
City		Text	Yes (if yes above)	Yes
State		Text	Yes (if yes above)	Yes
Zip Code		Text	Yes (if yes above)	Yes
County		Text	Yes (if yes above)	Yes
Phone		Number	Yes (if yes above)	Yes
Fax		Number	Optional	Optional
Email Address		Text	Yes	Yes
Website		Text	Optional	Optional
List corporate officers and directors of the corporation, or unincorporated association; each partner in the partnership; or owner in sole proprietorship.				
Position Title	Officer, Director, Trustee, Principal Salaried Officer	LOV	Yes	
Title	Mr. Ms. Etc	LOV	Optional	
First Name		Text	Yes	Yes
Middle Name		Text	Yes	Yes
Last Name		Text	Yes	Yes
Street Address		Text	Yes	
City		Text	Yes	
State		Text	Yes	
Zip Code		Text	Yes	
County		Text	Yes	
<b>Solicitations Information</b>				
Select the charitable organizations for which you will be soliciting contributions or providing fundraising counsel services in TN		LOV	Yes	N/A
Contracts	Upload	One for each entity selected from LOV	Yes	N/A
List other States where applicant solicits		LOV, can select multiples	Yes	Yes

contributions				
Has the applicant had any license, registration, or permit revoked or denied or been enjoined or prohibited from soliciting contributions?		Yes/No	Yes	Yes
If yes, provide the following details:				
Action		Text	Yes if Yes	Yes if Yes
Date		Date	Yes if Yes	Yes if Yes
Place of Action		LOV (State)	Yes if Yes	Yes if Yes
Has anyone recovered from any of the applicant's surety bonds?		Yes/No	Yes	N/A
If yes, provide the following details:				
First Name		Text	Yes	Yes
Middle Name		Text	Yes	Yes
Last Name		Text	Yes	Yes
Date		Date	Yes if Yes	N/A
State		LOV	Yes if Yes	N/A
Amount Recovered		Number	Yes if Yes	N/A
Has any individual owner, partner, or corporate officer been convicted of a felony?		Yes/No	Yes	N/A
If yes, provide the following details:				
First Name		Text	Yes	Yes
Middle Name		Text	Yes	Yes
Last Name		Text	Yes	Yes
Criminal offense		Text	Yes if Yes	N/A
Date		Date	Yes if Yes	N/A
Place of Conviction		LOV (State)	Yes if Yes	N/A
Has there been any civil administrative or other legal action filed against applicant pursuant to any state or local charitable solicitations act, including the complete case style, summary, and disposition of the action:		Yes/No	Yes	N/A
If yes, provide the following details:				

Case Style		Text	Yes if Yes	N/A
Case Summary		Text	Yes if Yes	N/A
Date		Date	Yes if Yes	N/A
Disposition of the action		Text	Yes if Yes	N/A
Signatures (Registration must be signed by an authorized officer)				
Select Officer to Sign		LOV	Yes	Yes
Display Position Title		View Only	Yes	Yes
Date signed		Current Date	Yes	Yes
Electronic Signature			Yes	Yes

### Professional Solicitors Campaign Notices

Field Label	Description	Type (future)	Required?
Solicitor Name [search and select from LOV]		LOV	Yes
Name used during campaign if different		Text	Optional
Name of charitable org on whose behalf the campaign as conducted		LOV	Yes
Campaign Begin Date		Date	Yes
Campaign End Date		Date	Yes
Campaign Address			
City		Text	Yes
State		Text	Yes
Zip Code		Text	Yes
County		Text	Yes
Campaign Workers			
Name		Text	Yes
City		Text	Yes
State		Text	Yes
Zip Code		Text	Yes
County		Text	Yes
Convicted of a felony in the last 5 years		Yes/No	Yes
Bond Information			
Bond Number		Number	Yes
Bond Issuer		Text	Yes
Effective Date		Date	Yes
Bank Account Information (where receipts from the campaign will be deposited)			
Bank Name		Text	Yes
Account Number (?)		Text	Yes
Bank Location		Text	Yes

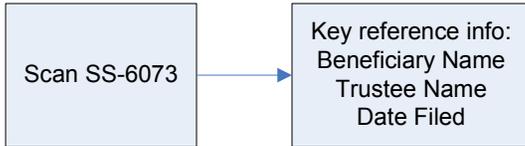
## Summary of Financial Activities for a Solicitation Campaign (signed/notarized)

Field Label	Description	Type (future)	Required?
Solicitor Name [search and select from LOV]		LOV	Yes
Name used during campaign if different		Text	Optional
Name of charitable org on whose behalf the campaign as conducted		LOV	Yes
Campaign Begin Date		Date	Yes
Campaign End Date		Date	Yes
Audit Attached		Yes/No	Yes
Unaudited		Yes/No	Yes
<b>Gross Revenue from Campaign</b>			
Telemarketing		Number	Yes
Direct Mail		Number	Yes
Door-to-Door		Number	Yes
Thrift Store		Number	Yes
Internet Fundraising		Number	Yes
Other		Number	Yes
Total Receipts		System	Sum of Above
<b>Campaign Expenditures</b>			
Expenditures (attach itemized list)		Number	Yes
Receipts paid to/retained by charitable organization		Number	Yes
Total Expenditures		System	Sum of Above
Remainder or Deficit (receipts less expenditures)		System	Receipts less Expenditures
<b>Must be signed by an authorized officer of the Professional Solicitor (and notarized)</b>			
Select Officer to Sign		LOV	Yes
Display Position Title		View Only	Yes
Date signed		Current Date	Yes
Electronic Signature			Yes
<b>Must be signed by two authorized officers of the Charitable Organization (and notarized)</b>			
Select Officer to Sign		LOV	Yes
Display Position Title		View Only	Yes
Date signed		Current Date	Yes
Electronic Signature			Yes

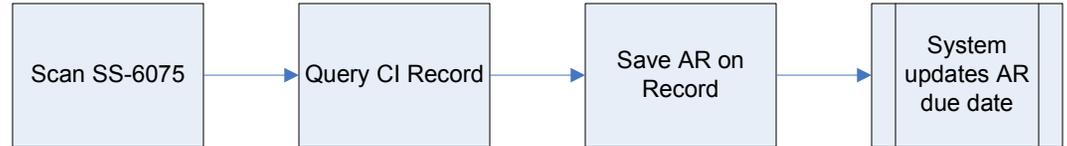
# **ATTACHMENT**

**6**

**Notice of Establishment of Catastrophic Illness Trust**



**Annual Report of Finances**



**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



**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

**Notice of Establishment of Catastrophic Illness Trust**

**INSTRUCTIONS:** Pursuant to T.C.A. § 35-11-111 et. seq., on the establishment of a catastrophic illness trust and prior to the solicitation of funds, the trustee shall file notice with the secretary of state on this form.

**1. Beneficiary:**

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

**2. Trustee:**

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

**3. Financial Institution / Location of Assets:**

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

**4. Methods of Fundraising:**

A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_

**SIGNATURE:** I certify that the information furnished above (and all continuation sheets) is true and correct to the best of my knowledge.

Signature of Principal Officer or Authorized Representative: \_\_\_\_\_

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

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

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

Print Secretary's Name: \_\_\_\_\_ Secretary's Signature: \_\_\_\_\_

**Notary Public**

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

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

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

Signature \_\_\_\_\_

## Catastrophic Illness Trust

Paper filing (image; fillable .pdf) and Online filing– only key fields will be entered into the system, enough to reference the filing and pull up the image if needed.

Field Label	Description	Type (future)	Required?
<b>Key fields</b>			
DLN#	Image	Text	Yes
Beneficiary Name		Text	Yes
Trustee Name		Text	Yes
Email		Text	Yes
Date Filed		Date	Yes
AR due date	1 year from date filed	Date	Yes
AR Status	If AR is not filed by due date	Good/Delinquent	System generated
<b>Annual Report of Finances (notarized)</b>			
DLN#	Image	Text	Yes
Beneficiary Name		Select from LOV	Yes
Trustee Name		Auto-populate or LOV	Yes
Date Filed		Date	Yes
Has the trust been terminated?		Yes/No	Yes
Trust Status		Active/Terminated	System generated
Trust End Date		Date	If Yes, Yes

# ATTACHMENT

7

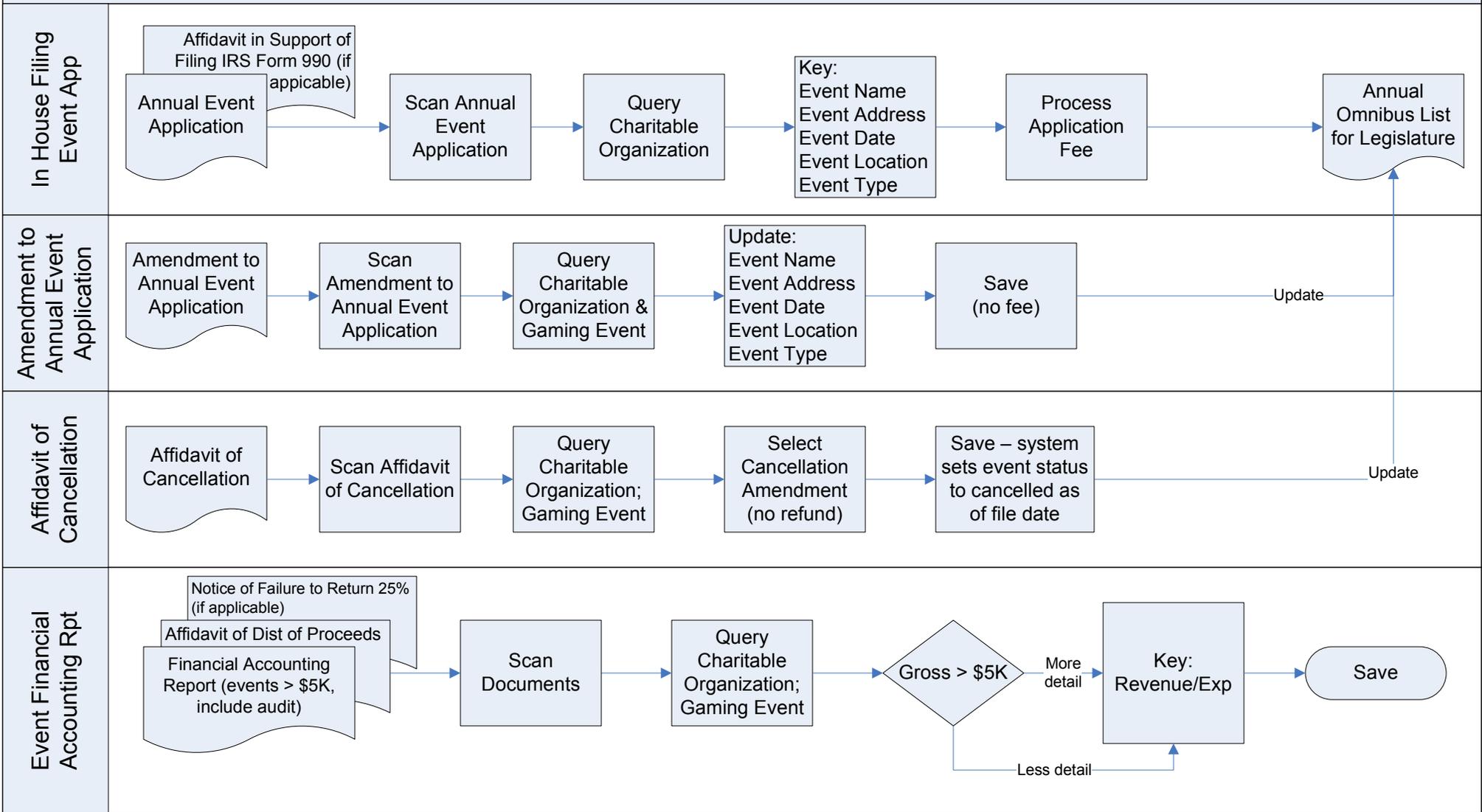


## Disaster Relief Fundraising Filing

Field Label	Description	Type (future)	Required?
<b>Key fields</b>			
DLN# (from scanner)		Text	Yes
Organization Name		Text	Yes
Disaster for which contributions were solicited		Text	Yes
Filed Date (from scanner)		Date	Yes
Initial Fundraising Report Start Date		Date	Yes
Initial Fundraising Report End Date		Date	Yes
Next Fundraising Report end date (when active) – past due 30 days after end of the quarter	Quarterly from prior report end date.	Date	Yes
Program Status		Active/Completed	System generated
Program End Date		Date	If Yes, Yes
<b>Person having custody of financial records (new, not on current form)</b>			
Title	Mr. Ms. Etc	LOV	Optional
First Name		Text	Yes
Last Name		Text	Yes
Role (i.e. treasurer, fiscal officer)		Text	Yes
Phone Number		Number	Yes
Email		Text	Yes
Street Address		Text	Yes
City		Text	Yes
State		Text	Yes
Zip Code		Text	Yes
County		Text	Yes
<b>Quarterly Financial Reports</b>			
DLN# (from scanner)		Text	Yes
Organization Name		Text	Yes
Disaster for which contributions were solicited		Text	Yes
Quarter		LOV (1,2,3,4)	Yes
Quarterly Report Start Date		Date	Yes
Quarterly Report End Date		Date	Yes

# ATTACHMENT

8



Office of the Secretary of State  
Division of Charitable Solicitations and Gaming  
Omnibus List of Qualifying Annual Event Applicants  
Event Dates 7/1/2015 - 06/30/2016

**Davidson County- Total approved in this county: 3**

**Bellevue Exchange Club Foundation, Inc.**

*Event Address:* 8204 Highway 100, Nashville, TN 37221

*Event Date:* 2/24/2016

*Event Name:* Exchange Club Foundation Reverse Draw

*Event Type:* Raffle

**Scleroderma Foundation**

*Event Address:* 777 McGavock Pike, Nashville, TN 37214

*Event Date:* 7/18/2015

*Event Name:* Scleroderma Foundation National Patient Education Conference

*Event Type:* Raffle

**Tennessee Association of Housing and Redevelopment Authorities**

*Event Address:* 250 5th Avenue South, Nashville, TN 37203

*Event Date:* 9/15/2015

*Event Name:* 50/50

*Event Type:* Raffle

**Dyer County- Total approved in this county: 1**

**YMCA of Dyer County**

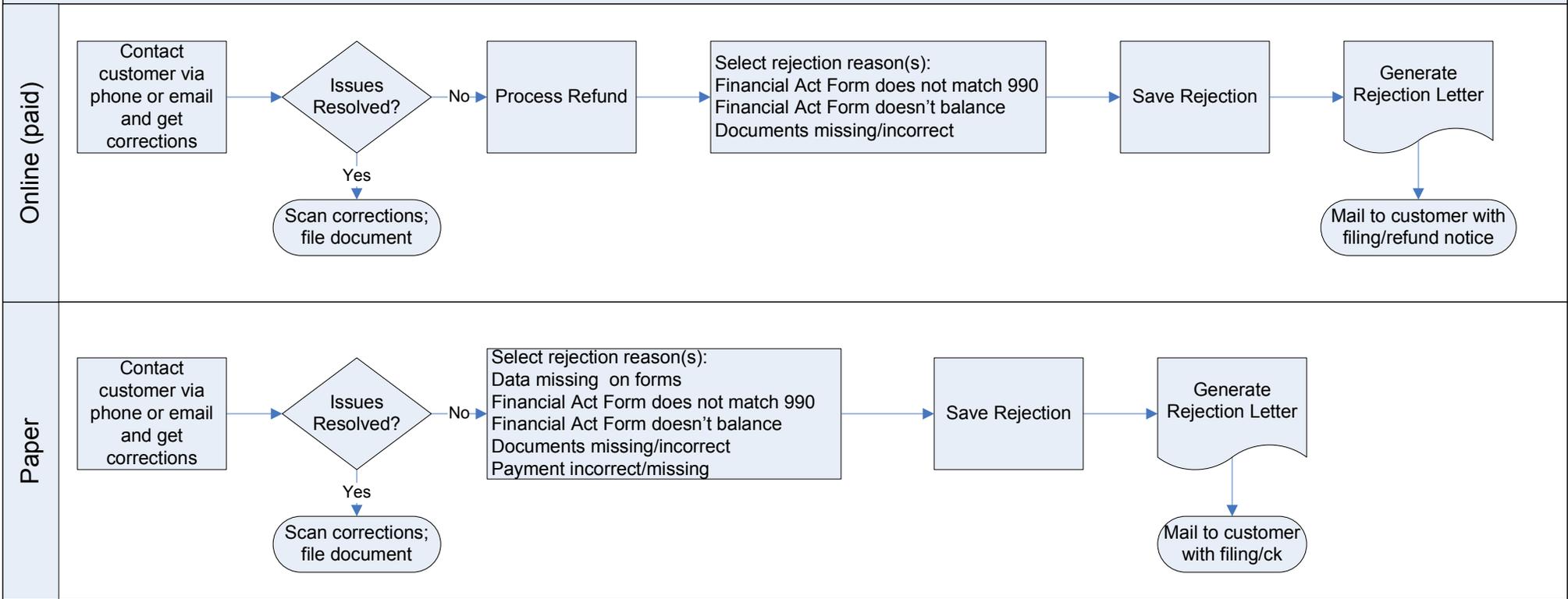
*Event Address:* 2100 Clubhouse Drive, Dyersburg, TN 38024

*Event Date:* 4/15/2016

*Event Name:* Songwriters Showcase

*Event Type:* Raffle

**Knox County- Total approved in this county: 1**



## Gaming Events

Field Label	Description	Type (future)	Required?
<b>Annual Event Application 501(c)(3) or 501(c)(19) Organizations (notarized)</b>			
Query Charitable Org			
Name of the Event		Text	Yes
Date of the Event		Date	Yes
Event Type	(may be added to the form)	LOV (raffle, reverse raffle, cakewalk, cakewheel, etc.)	Yes
Projected Gross Revenue	Used to calculate the fee due	Number	Yes
Filing Fee (does not have to be displayed or shown on form, used to calculate payment due)	Proj Gross Rev: 0-5K: \$150 5001-10K: \$300 10001-20K: \$450 200001>: \$600	Calculated Amount	System generated
Late fee (does not have to be displayed or shown on form, used to calculate payment due)	If filed date is > 90 days past event date; \$25/mth	Calculated Amount	System generated
Event Status	Pending Approval Approved Cancelled Completed	LOV	Yes
<b>Event Location (physical address, no POB)</b>			
Street Address (no POB)		Text	Yes
City		Text	Yes
State		Text	Yes
Zip		Number	Yes
County		Text	Yes
Contact person for event (name)		Text	Yes
Phone		Number	Yes
Fax		Number	Optional
Email Address		Text	Yes
Website		Text	Optional
Description of gaming event		Text	Yes
Price per ticket, share, change/Other		Number	Yes
(remaining data elements from form are scanned only – above are displayed online in search results)			
<b>Affidavit in Support of Filing IRS Form 990</b>			
Must be attached with the Annual Event Application if applicable	Scan Only		Optional – required if charitable org is

			not filing form 990
<b>Amendment to Annual Event Application</b>			
Query Charitable Org and Event			
Name of the Event	Display, editable	Text	
Date of the Event	Display, editable	Date	
Event Location (physical address, no POB)			
Street Address (no POB)	Display, editable	Text	Yes
City	Display, editable	Text	Yes
State	Display, editable	Text	Yes
Zip	Display, editable	Number	Yes
County	Display, editable	Text	Yes
Contact person for event (name)	Display, editable	Text	Yes
Phone	Display, editable	Number	Yes
Fax	Display, editable	Number	Optional
Email Address	Display, editable	Text	Yes
Website	Display, editable	Text	Optional
Description of gaming event	Display, editable	Text	Yes
Price per ticket, share, change/Other	Display, editable	Number	Yes
(any other changes, scan only)			
<b>Affidavit of Cancellation (notarized)</b>			
Query Charitable Org and Event			
Set status = cancelled			
<b>Event Financial Accounting Report Over \$5K (notarized)</b>			
Query Charitable Org and Event			
Audit Attached	(scan/upload)	Yes/No	Yes
Financial Accounting (report online)			
1 Beginning Cash Balance		Number	Yes
2A. Sales: Tickets, Chances, Etc.		Number	Yes
2B. Sales: Concessions		Number	Yes
2C. Sales: Merchandise		Number	Yes
2D. Cash Donations		Number	Yes
2E. In-Kind Donations		Number	Yes
2F. Other		Number	Yes
2G. Total Revenue (sum)	Sum 2A to 2F	Number	Yes
3. Total Amount Available	Sum 1 & 2G	Number	Yes
4A. Printing		Number	Yes
4B. Marketing/Advertising		Number	Yes
4C. Rental of Facilities		Number	Yes
4D. Rental of Gaming Equipment		Number	Yes
4E. Gaming Supplies		Number	Yes
4F. Utilities		Number	Yes
4G. Insurance		Number	Yes
4H. Prizes		Number	Yes
4I. Financial Report/Audit Prep		Number	Yes
4J. Gaming Event Filing Fee		Number	Yes

4K. Other		Number	Yes
4L. Repayment of Loan(s)		Number	Yes
5K. Miscellaneous Expenses Less Than \$100.		Number	Yes
6. Total Expenses	Sum 4A to GK	Number	Yes
7. Disbursed to Charitable Programs (list as many as needed)		Number	Yes
Program Name		Text	Yes
Program Disbursement		Number	Yes
Ending Balance	Calculated; must be \$0	Number	Yes
<b>Prize Section (must allow for entry of multiple prize winners) (report online)</b>			
Name of Prize Winner		Text	Yes
Street Address (no POB)		Text	Yes
City		Text	Yes
State		Text	Yes
Zip		Number	Yes
Prize		Text	Yes
Prize Value		Number	Yes
<b>Annual Event Financial Accounting Report For Events Raising Less Than \$5K (notarized)</b>			
Query Charitable Org and Event			
<b>Financial Accounting (report online)</b>			
1 Beginning Cash Balance		Number	Yes
2A. Sales: Tickets, Chances, Etc.		Number	Yes
2B. Sales: Concessions/Merchandise		Number	Yes
2C. Donations (Cash/In-kind)		Number	Yes
2D. Total Revenue (sum)	Sum 2A to 2C	Number	Yes
3A. Printing, Advertising, Supplies, Other		Number	Yes
3B. Prizes		Number	Yes
3C. Total Expenses (sum)	Sum 3A & 3B	Number	Yes
3D. Amount Disbursed to Charitable Program(s)		Number	Yes
3E. Ending Balance	1+2D-3C-3D	Number	Yes
<b>Prize Winners (must allow for entry of multiple prize winners) (report online)</b>			
Name of Prize Winner		Text	Yes
Street Address (no POB)		Text	Yes
City		Text	Yes
State		Text	Yes
Zip		Number	Yes
Prize		Text	Yes
Prize Value		Number	Yes
<b>Affidavit of Distribution of Proceeds (notarized)</b>			
Must be attached with the Financial Accounting Report	Scan/Upload Only		

<b>Notice of Failure to Return 25% of Gross Proceeds to Charitable Programs</b>			
If applicable, must be attached with the Financial Accounting Report	Scan/Upload Only (separate fin rpt)		