| National Foundation/Organization or State Foundation/Organization name (please type or print) | | | | | Annual Comprehensive License Number | | | |
|---|-------------|---------------------|-------------------|---|-------------------------------------|-----------------------------------|-------------------------|--|
| Affiliate name and ID number (number assigned by IGC on National/State ACL lice | | | | L license) | | ☐ RAFFLE EVENT ☐ DOOR PRIZE EVENT | | |
| Affiliate address of principal office (number and street; required) | | | | | | P.O. Box Number (if applicable) | | |
| City State | | | | | | ZIP code | | |
| Affiliate daytime telephone number Extension | | | | Affiliate fax number | | | | |
| Affiliate Federal Identification number (FID) (If applicable) | | | | Affiliate email address | | | | |
| Affiliate contact person's name and title | | | Affiliate contact | t person's daytime telephone number Please include extension number | | | | |
| Affiliate event notification approval number | | | | Date of affiliate event (month, day, year) | | | | |
| GROSS INCOME | | | | | EXPENSES | | | |
| Raffle Gross Income | 1. | | | | Raffle | Prize Payout | 4. | |
| Door Prize Gross Income 2. | | | ┙ | | Door | Prize Payout | 5. | |
| Total Gross Income (add 1 and 2) 3. | | | | | | Prize Payout (add 4 and 5) | 6. | |
| | • | | _ | | Raffle a | nd door prize supplies | 7. | |
| | | | | | F | acility Rental | | |
| | | | | | Ad | lvertising | 9. | |
| | | | | | To (add | otal Expenses 6 through 9) | 10. | |
| | | | | | | | | |
| Certification: We certify under the penalties for perjury that all of the information submitted in this form is true and that providing false information may lead to the revocation or denial of charitable gaming license(s), termination of qualification status, a civil penalty, or other sanction as determined by the Commission through an administrative process. | | | | | | | | |
| Signature of Affiliate Presiding Officer | | | | Signature of Affiliate Secretary | | | | |
| Printed Name and Title | | | | Printed Name | | | | |
| Date (month, day, year) | Daytime tel | ne telephone number | | Date (month, day, year) | | ur) D | aytime telephone number | |
| Mail completed form to: Indiana Gaming Commission, Charity Gaming Division, 101 W. Washington St., East Tower, Suite 1600 Indianapolis, Indiana 46204 | | | | | | | | |

Instructions for completing this form

This form is to be completed by Indiana Affiliates who have been granted authorization to conduct a raffle event or a door prize event by the Charity Gaming Division of the Indiana Gaming Commission under an Annual Comprehensive License.

GROSS INCOME

- **Item 1:** Enter the total amount of raffle gross income received at the event.
- **Item 2:** Enter the total amount of door prize gross income received at the event.
- **Item 3:** Add item 1 and item 2.

EXPENSES

- **Item 4:** Enter the amount paid out for raffle prizes. Included in this total should be any amounts spent on actual prizes and any monetary amounts awarded as prizes.
- **Item 5:** Enter the amount paid out for door prizes. Included in this total should be any amount spent on actual prizes and any monetary amounts awarded as prizes.
- **Item 6:** Add item 4 and item 5.
- **Item 7:** Enter the amount spent on raffle and door prize supplies. Supplies include: raffle or door prize tickets, drum, roll cage, etc. DO NOT include the amount spent on the prizes as this should be listed on 4 or 5.
- **Item 8:** Enter the lesser of the actual amount spent on the rental of the facility or \$200. If the facility was donated, or the facility rental (room charge) was waived per a catering contract, do not enter a figure on this line.
- **Item 9:** Enter the amount spent on advertising.
- **Item 10:** Add item 6 thru item 10.

Certification – The Presiding Officer of the affiliate (e.g., the highest ranking official, President, Chairman, or CEO) and Secretary of the affiliate must sign.