CG-30, ANNUAL COMPREHENSIVE LICENSE FINANCIAL REPORT

State Form 55024 (R / 4-13)
INDIANA GAMING COMMISSION

National Foundation/Organization name (*please type or print*)		☐ National Foundation ☐ National Organization
Address of principal office (*number and street; required*)		P.O. Box Number (*if applicable*)
City	State	ZIP code
Organization daytime telephone number ( )	Please include extension	Organization fax telephone number ( )
Federal Identification number (FID)		Email address
Contact person's name and title	Contact person's daytime telephone number ( )	Please include extension number

Enter information from gaming activities held under your Annual Comprehensive License Number _____

The accounting period for this license is _____ thru _____.

Aggregate totals from all events conducted by all affiliates.

GROSS INCOME

Raffle Gross Income	1.	
Door Prize Gross Income	2.	
Total Gross Income (add 1 and 2)	3.	0.00
Amount of Facility Rental from 10	4.	
Adjusted Gross Income (subtract 4 from 3)	5.	0.00

Total Income – amount from 3	14.	0.00
Total Expenses – amount from 13	15.	0.00
Net Proceeds (subtract 15 from 14)	16.	0.00

EXPENSES

Raffle Prize Payout	6.	
Door Prize Payout	7.	
Total Prize Payout (add 6 and 7)	**8.**	0.00
Raffle and door prize supplies	9.	
Facility Rental	10.	
Charity Gaming License Fee	11.	
Advertising	12.	
Total Expenses (add 8 through 12)	13.	0.00

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 National President / CEO		Signature of National Secretary	
Printed Name and Title		Printed Name	
Date *(month, day, year)*	Daytime telephone number: ( )	Date *(month, day, year)*	Daytime 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 national organizations or national foundations which have been issued an Annual Comprehensive License by the Charity Gaming Division of the Indiana Gaming Commission.

In order to complete this form, you will need the completed ESR Report for Affiliate Notification, Form CG-32, for each affiliate's events conducted during the accounting period. Use the following chart to determine your accounting period. EXAMPLE: The expiration date of your license is July 31, 2013, the accounting period will be July 1, 2012 through June 30, 2013.

If your license expires:	Your accounting period is:
January 31	January 1 through December 31
February 28	February 1 through January 31
March 31	March 1 through February 28
April 30	April 1 through March 31
May 31	May 1 through April 30
June 30	June 1 through May 31
July 31	July 1 through June 30
August 31	August 1 through July 31
September 30	September 1 through August 31
October 31	October 1 through September 30
November 30	November 1 through October 31
December 31	December 1 through November 30

Item 1: Combine all figures from item 1, Raffle Gross Income, of all CG-32's and place the aggregate total here.

Item 2: Combine all figures from item 2, Door Prize Income, of all CG-32's and place the aggregate total here.

Item 3: Add item 1 and item 2. This is the Charity Gaming Gross Income. (This figure will also be placed on 1a on form CG-31.)

Item 4: Place the figure from item 10 on this line.

Item 5: Subtract item 4 from item 3. This is your Adjusted Gross Income.

Item 6: Combine all figures from item 4, Raffle Prize Payout, of all CG-32's and place the aggregate total here.

Item 7: Combine all figures from item 5, Door Prize Payout, of all CG-32's and place the aggregate total here.

Item 8: Add item 6 and item 7. This is the Charity Gaming Prize/Payouts. (This figure will also be placed on 2a on form CG-31.)

Item 9: Combine all figures from item 7, Raffle and Door Prize Supplies, of all CG-32's and place the aggregate total here.

Item 10: Combine all figures from item 8, Facility Rental, of all CG-32's and place the aggregate total here.

Item 11: Place the amount of license fee paid for the Annual Comprehensive License you are completing this financial for.

Item 12: Combine all figures from item 9, Advertising, of all CG-32's and place the aggregate total here.

Item 13: Add item 8 thru item 12 and place the total here. This is the total Charity Gaming Expenses.

Item 14: Place the figure from item 3, Total Income, on this line.

Item 15: Place the figure from item 13, Total Expenses, on this line.

Item 16: Subtract item 15 from item 14. This is your Net Proceeds amount.

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

License Fee Calculation Enter the Adjusted Gross Income figure from line 5, page 1, here _____0.00_____.
Based on this figure, and using the fee schedule below, the license fee due with your next application is
$_____.

Adjusted Gross Revenues

At Least	But Less Than	Fee
$ 0	$ 15,000	$ 50
$ 15,000	$ 25,000	$ 100
$ 25,000	$ 50,000	$ 300
$ 50,000	$ 75,000	$ 400
$ 75,000	$ 100,000	$ 700
$ 100,000	$ 150,000	$ 1,000
$ 150,000	$ 200,000	$ 1,500
$ 200,000	$ 250,000	$ 1,800
$ 250,000	$ 300,000	$ 2,500
$ 300,000	$ 400,000	$ 3,250
$ 400,000	$ 500,000	$ 5,000
$ 500,000	$ 750,000	$ 6,750
$ 750,000	$ 1,000,000	$ 9,000
$ 1,000,000	$ 1,250,000	$ 11,000
$ 1,250,000	$ 1,500,000	$ 13,000
$ 1,500,000	$ 1,750,000	$ 15,000
$ 1,750,000	$ 2,000,000	$ 17,000
$ 2,000,000	$ 2,250,000	$ 19,000
$ 2,250,000	$ 2,500,000	$ 21,000
$ 2,500,000	$ 3,000,000	$ 24,000
$ 3,000,000		$ 26,000