## CG-30, ANNUAL COMPREHENSIVE LICENSE FINANCIAL REPORT State Form 55024 (R2 / 6-15) INDIANA GAMING COMMISSION

National Foundation/Organization or State Foundation/Organization name (please type or print) National Foundation State Foundation National Organization State Organization											
Address of principal office (number and street; required)									P.O. Box Number (if applicable)		
City				State ZIP co					de		
Organization daytime telephone number				Please include extension Organization fax				on fax	telephone number		
Federal Identification number (FID)				Email address				ess			
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				thr	u				
	<b>C</b> 1								•		
Aggregate totals from all events conducted by all affiliates.  GROSS INCOME EXPENSES											
	Raffle Gross Income	1.				Rafi	fle Prize Pay	yout 6	5.		
	Door Prize Gross Income	2.				Do	or Prize Pa	yout	7.		
	Total Gross Income (add 1 and 2)					Tota	l Prize Pay (add 6 an		3.		
	Amount of Facility Renta from 10	4				Raffle	e and door p supp	orize olies	9.		
	Adjusted Gross Income (subtract 4 from 3)						Facility Re	ntal 1	0.		
	Total Income – amount from 3	14.				Charity (	Gaming Lic	ense Fee 1	1.		
	Total Expenses – amount from 13						Adverti	sing 1	2.		
	Net Proceeds (subtract 15 from 14)						Total Expe 8 through		3.		
may lead		of charitable gami	ng license(						I that providing false information by, or other sanction as determin		
Signature of National/State President / CEO					Signature of National/State Secretary						
Printed Name and Title					Printed Name						
Date (month, day, year)  Daytime telepho			e number	umber Date (m		nonth, day, year) D		Da	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 Foundations, National Organizations, State Foundations or State Organizations 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 1 through December 31 January 31 February 28 February 1 through January 31 March 31 March 1 through February 28 April 30 April 1 through March 31 May 1 through April 30 May 31 June 30 June 1 through May 31 July 1 through June 30 July 31 August 1 through July 31 August 31 September 30 September 1 through August 31 October 31 October 1 through September 30 November 30 November 1 through October 31 December 1 through November 30 December 31

- **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 foundation/organization (e.g., the highest ranking official, President, Chairman, or CEO) and Secretary of the foundation/organization must sign.

**License Fee Calculation** Enter the Adjusted Gross Income figure from line 5, page 1, here \_\_\_\_\_\_.

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	