CG-31, ANNUAL COMPREHENSIVE LICENSE GROSS RECEIPTS REPORT State Form 55023 (R2 / 6-15) INDIANA GAMING COMMISSION

National Found	ation/Organization	or State Founda	tion/Organization 1	name (pleas	e type or	print)			tate Foundation tate Organization	
Address of prin	ncipal office (numb	er and street; req	quired)						Number (if applicable)	
City	State	State				ZIP code				
Organization da	aytime telephone n	umber Pleas	e include extensio	n	Organiza	ation fax telephone r	number			
						()				
Federal Identifi	cation number (FI	D)			Email ad	ldress				
Contact person		C (Contact person's daytime telephone numb ()				Please include extension number			
Schedule 1: En	nter information fr	om gaming activ	rities held under yo	our Annual (Compreh	ensive License Nun	nber			
Gross Ch Figure f	Fi	Prize Payouts Figure from box 8 on CG-30				Gaming Revenue (Subtract 2a from 1a)				
1a \$		2a \$			3a \$					
Schedule 2: Er	nter non gaming gr	ross annual recei	pts received by yo	ur organizat	tion. (See	instructions.)				
(a) Contributions, gifts, grants, etc.	(b) Membership dues and assessments	(c) Investment income (interest)	(d) Income from sales of assets (other than inventory)	Incom retail	/	(f) Program service & other special		(g) l income	(h) Total gross annual income: add rows (a) - (g) across	
\$	\$	¢.	s	 \$		s	\$		\$	
	<u> </u>	centage of incom	ne received from cl		ng source	17	17		ĮΨ	
Enter gross charity gaming revenue (less prize payout) from Schedule 1, 3a above										
Enter the amount from Schedule 2, Column (h) above										
Add 1 and 2 and enter total here										
Divide 1 by 3. Enter the percentage rounded to two numbers					4.				%	
Is 4 equal to 90% (.90) or more?							5.	☐ Ye	es 🔲 No	
may lead to the	revocation or den	ial of charitable	gaming license(s),						ding false information sanction as determine	
by the Commission through an administrative process. Signature of National/State Presiding Officer / CEO					Signature of National/State Secretary					
Printed Name and Title					Printed Name					
Date (month, day, year) Days (Daytime tele	ytime telephone number			Date (month, day, year)		Daytime telephone number		
		()						()		
Mail com	pleted form to: I	ndiana Gaming		harity Gan	_		shingtor	St., East	Tower, Suite 1600	
			muiani	apons, ma	iana 402)	VT				

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.

The purpose of this form is to determine the percentage of income received from charity gaming activities. IC 4-32.2-5-4 requires a qualified organization that receives ninety percent (90%) or more of the organization's total gross receipts from any events licensed under this article to donate sixty percent (60%) of its gross charity gaming receipts less prize payouts to a qualified recipient that is not an affiliate, a parent, or a subsidiary organization of the qualified organization.

Schedule One: To complete Schedule One, you must have completed the Annual Comprehensive License Financial Report, Form CG-30. Place the figure from Item 3 of the CG-30 form on Item 1a. Place the figure from Item 8 of Form CG-30 on Item 2a. Subtract Item 2a from 1a to arrive at 3a, the organizations Gaming Revenue. Place this figure on Item 1 in Schedule Three.

Schedule Two: To complete Schedule Two, you must have gross income figures from all other income sources other than charity gaming. Use the same accounting period as listed on page 1 of the CG-30 Form. Enter the Total gross annual income from Column (h) on Item 2 in Schedule Three.

Schedule Three: Is Item 4 90% or more? If you answered "yes", multiply the amount on Item 1 by 60%. Enter the total here and read the following carefully. If Item 4 is 90% or more, then your organization is required to donate at least 60% of your gross gaming receipts (less prize payouts) – the amount you just entered. These donations must be in accordance with the lawful purpose of your organization and must be made to a *qualified* recipient(s) that is not an affiliate, parent or subsidiary of your organization. These donations must be made by the last day of the charity gaming accounting period. Qualified recipients include: 1) a bona religious, educational, senior citizens, veterans, or civic organization operating in Indiana that is exempt from taxation under Section 501 of the Internal Revenue Code, and which must have been continuously in existence for at least five (5) years or be affiliated with a parent organization that has been in existence for at least five (5) years; 2) a bona fide political organization operating in Indiana that produces exempt function income; 3) a hospital or medical center operated by the federal government; 4) a hospital licensed under IC 16-21; 5) a hospital subject to IC 16-22 or IC 16-23; 6) a health facility or psychiatric facility licensed under IC 16-28 and IC 12-25, respectively; 7) an activity or program of a local law enforcement agency intended to reduce substance abuse; 8) a charitable activity of a local law enforcement agency; or 9) a veterans' home, which is the Indiana Veterans' Home, the VFW National Home for Children, and/or the Indiana Soldiers' and Sailors' Children's Home. (Note: For the purposes of being a qualified recipient, a veterans' home is not considered to be an affiliate, a parent, or a subsidiary organization of a qualified organization that is a bona fide veterans' organization.)

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.