Reset Form

CG-AL FR, ANNUAL LICENSE FINANCIAL REPORT

State Form 56744 (6-19)
INDIANA GAMING COMMISSION

For office use only
Reviewed by _____
Date Reviewed _____

This report must be filed with the annual renewal application by the 10th day of the month in which the license will expire.

1. Organization's Legal Name (*Please type or print as it appears on your qualification letter.*)			
2. Address of principal office (*number and street; do not enter a P.O. Box Number*)			
3. City		4. State	5. ZIP Code
6. Organization telephone number ( )	7. Extension	8. Organization Fax Number ( )	
9. Organization's E-mail address		10. Federal identification number (FID)	
11. Contact name and title		12. Contact's telephone number ( )	13. Contact's E-mail address
14. Number of activities held during this accounting period		15. Average attendance of each activity	
16. Organization's License Number		17. License type	

18. Enter financial accounting period for this activity *(month, day, year)*: From_____To _____

19. On which days of the week and during what hours were your activities conducted? Indicate Bingo, Casino Game Night, Water Race or Guessing Game as the Type in the space provided.

Day _____ Hours _____ _M to _____ _M / Day _____ Hours _____ _M to _____ _M / Day _____ Hours _____ __M to _____ __M

Type: _____ / Type: _____ / Type: _____

Did you sell? ☐ Raffle/Chances ☐ Pull Tabs ☐ Punch Boards ☐ Tip Boards

CERTIFICATION

We certify under penalty of perjury, that we have examined this report and to the best of our knowledge and belief, it is complete and correct

Signature of Presiding Officer		Signature of Secretary	
Printed name of Presiding Officer	Title	Printed name of Secretary	
Date *(month, day, year)*	Daytime telephone number	Date *(month, day, year)*	Daytime telephone number

ENDING INVENTORY STATEMENT

Attach Schedule CG-INV showing ending inventory of your pull tabs, punchboards, and tip boards as of the last day of your accounting period.
Mail the completed report to:

Indiana Gaming Commission
Charity Gaming Division
101 W. Washington St., East Tower, Suite 1600
Indianapolis, Indiana 46204

E-mail: CharityGaming@igc.in.gov Telephone: (317) 232-4646 Fax: (317) 232-0117

Organization Name: _____

INCOME AND EXPENSE SUMMARY			
Gross Income*			
Income Sources		Dollars	Cents
Bingo	1		
Pull Tabs	2		
Punchboards	3		
Tip Boards	4		
Casino Night	5		
Raffle/Drawings (50/50, door prize, Commander, DWM, Etc.)	6		
Water Race	7		
Guessing Game	8		
Total Gross Income *(Add lines 1-8.)*	9		
Prizes/Expenses *			
Prize/Payouts		Dollars	Cents
Bingo	10		
Pull Tabs	11		
Punchboards	12		
Tip Boards	13		
Casino Night	14		
Raffle/Drawings (50/50, door prize, Commander, DWM, Etc.)	15		
Water Race	16		
Guessing Game	17		
Subtotal Prize/Payout *(Add lines 10-17.)*	**18**		
Supplies, Equipment and Facility Expenses*			
Bingo Expenses; *Paper, Cards, Equipment, etc.*	19		
Pull Tabs, Tip Boards, Punchboards	20		
Casino Expenses; *Cards, Wheels, Dice etc.*	21		
Raffle/Door Prize Expense; *Tickets, Drum, Raffle Boards, etc.*	22		
Water Race/Guessing Game; *Rubber Ducks, Frogs etc.*	23		
Facility Rental Expense; *Rent* ***paid*** *maximum $200 per Day*	24		
License Fee Expense	25		
Advertising Expenses; *Related to this gaming activity.*	26		
Subtotal Expenses *(Add lines 19-26.)*	**27**		
Total Expense			
Subtotal Prize Payouts *(from line 18)*	28		
Subtotal Expenses *(from line 27)*	29		
Total Expenses *(Add lines 28 and 29.)*	**30**		
Net Income*			
Gross Income *(figure from Line 9)*	31		
Total Expenses *(figure from Line 30)*	32		
Total Gaming Income *(Subtract line 32 from line 31.)*	**33**		

Organization Name: _____

CHARITABLE CONTRIBUTIONS INFORMATION *(These amounts must have been earned from your Charity Gaming proceeds.)*						
Net Gaming Income from line 33 of the Income and Expense Summary				34		
Amount of Line 34 Distributed/Donated for Charitable Purposes *Charitable Contribution Distribution List **(CG-DIST)** must be attached.*	34a					
Amount of Line 34 Retained/Spent on your Organization	34b					
Add the amounts in Lines 34a and 34b and enter total here.				35		
Undistributed Balance *(Line 34 minus Line 35)*				36		

Schedule 1	
Next License Fee Calculation	
Enter the Total Gross Income from Line 9. (Page 2)	1
Deduct Rent Expenses from Line 24. (Page 2)	2
Subtract Line 2 from Line 1 to determine your Adjusted Gross Income Total.	3
Find the amount shown in 3 (above) on the Chart below. Enter the Corresponding fee here.	4

Adjusted Gross Incomes

At Least	But Less Than	Fee	At Least	But Less Than	Fee
$ 00	$ 15,000	$ 50	$ 1,500,000	$ 1,750,000	$ 15,000
$ 15,000	$ 25,000	$ 100	$ 1,750,000	$ 2,000,000	$ 17,000
$ 25,000	$ 50,000	$ 300	$ 2,000,000	$ 2,250,000	$ 19,000
$ 50,000	$ 75,000	$ 400	$ 2,250,000	$ 2,500,000	$ 21,000
$ 75,000	$ 100,000	$ 700	$ 2,500,000	$ 2,750,000	$ 23,000
$ 100,000	$ 150,000	$ 1,000	$ 2,750,000	$ 3,000,000	$ 25,000
$ 150,000	$ 200,000	$ 1,500	$ 3,000,000	$ 3,250,000	$ 27,000
$ 200,000	$ 250,000	$ 1,800	$ 3,250,000	$ 3,500,000	$ 29,000
$ 250,000	$ 300,000	$ 2,500	$ 3,500,000	$ 3,750,000	$ 31,000
$ 300,000	$ 400,000	$ 3,250	$ 3,750,000	$ 4,000,000	$ 33,000
$ 400,000	$ 500,000	$ 5,000	$ 4,000,000	$ 4,250,000	$ 35,000
$ 500,000	$ 750,000	$ 6,750	$ 4,250,000	$ 4,500,000	$ 37,000
$ 750,000	$ 1,000,000	$ 9,000	$ 4,500,000	$ 4,750,000	$ 39,000
$ 1,000,000	$ 1,250,000	$ 11,000	$ 4,750,000	$ 5,000,000	$ 41,000
$ 1,250,000	$ 1,500,000	$ 13,000			

☐ Check this box if you are not renewing this annual license.
If you are not renewing, the fee shown above is not due at this time.
The annual license fee must be paid with the next annual application.

Instructions

CG-AL FR, Annual License Financial Report

Financial Accounting Period

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

Certification

The Presiding Officer of the Organization (e.g., the highest ranking official, President, Chairman, or CEO) and the Secretary of the Organization must sign attesting to the accuracy of the information.

Income and Expense Summary

Gross Income
Enter the Gross Income for each activity conducted during this Accounting Period and enter the total on Line 9.

Prize Payouts

Enter the Payouts (cash and amounts spent by the Organization for prizes) per activity type enter the sum on Line 18.

Supplies, Equipment and Facility Expenses

Enter accrued expenses related to the purchase of gaming supplies and/or equipment; rental expenses (limited to a maximum of $200 per gaming day), License Fee and advertising expenses (gaming advertisements). Enter the total on Line 27.

Add the Prize Payout Subtotal to the Supplies/Equipment and Facility Expenses to determine your total Expenses. Deduct this Figure from the Gross Income determined on Line 9 to determine your **Net Income**.

Charitable Contributions Information

In this section you will identify how much of your net income was distributed or donated for charitable purposes, how much was used for your own organization to further your nonprofit purpose and how much is undistributed.