CG-AAL FR, ANNUAL AFFILIATE LICENSE FINANCIAL REPORT

State Form 56726 (6-19)
INDIANA GAMING COMMISSION

For office use only
Reviewed by:_____
Date reviewed:_____

1. National Foundation or National Organization legal name (*Please type or print.)*			2. AAL License Number	
3. Address of principal office (*number and street; required*)			4. P.O. Box Number (*if applicable*)	
5. City			6. State	7. ZIP Code
8. Daytime telephone number ( )	9. Extension	10. Fax number ( )	11. National E-mail	
12. Contact name	13. Contact daytime telephone number ( )	14. Extension	15. Contact E-mail	
16. Federal Identification Number (FID)				
17. The accounting period for this license is_____ thru _____. *(month, day, year)* *(month, day, year)*				

In order to complete this form, you will need the completed ESR Report for Affiliate Notification, Form CG-AN ESR, for each affiliate's activity conducted during the accounting period. Use the following chart to determine your accounting period. *Example*: The expiration date of your license is July 31, 2019, the accounting period will be July 1, 2018 thru June 30, 2019.

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

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.

18. Signature of National President/CEO		19. Signature of National Secretary	
Printed Name and Title		Printed Name	
Date *(month, day, year)*	Daytime telephone number ( )	Date *(month, day, year)*	Daytime telephone number ( )

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

National Foundation or National Organization legal name	AAL License Number

Part A

Aggregate totals from all activities conducted by all affiliates.

GROSS INCOME

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

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

EXPENSES

Bingo Prize Payout	6.
Raffle Prize Payout	7.
Total Prize Payout ***(add 6 and 7)***	**8.**
Bingo and Raffle supplies	9.
Facility Rental	10.
Charity Gaming License Fee	11.
Advertising	12.
Total Expenses ***(add 8 thru 12)***	**13.**

Part B

Total Gross Income *Figure from Part A box 3 above*	Total Prize Payouts *Figure from Part A box 8 above*	Gaming Revenue *(Subtract 2 from 1.)*
1.	2.	3.

Enter non-gaming gross annual receipts received by your organization.

Contributions, gifts, grants, etc.	Membership dues and assessments	Investment income (interest)	Income from sales of assets (other than inventory)	Income from retail sales	Program service and other special	Rental income	Total gross annual income *(Add 4 thru 10 across.)*
4.	5.	6.	7.	8.	9.	10.	11.

Determining the percentage of income received from charity gaming sources.

Enter the amount from Part B, 3 above……	12.
Enter the amount from Part B, 11 above ……	13.
Add 12 and 13 and enter total here ……..……..	14.
Divide 12 by 14. Enter the percentage rounded to two numbers ……	15. %
Is 15 equal to 90% (.90) or more? …… *(If yes, see instructions.)*	16. ☐ Yes ☐ No

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Instructions

CG-AAL FR, Annual Affiliate License Financial Report

Line 2: The Annual Affiliate License Number (AAL).

Line 11: National's E-mail. Communication will be via e-mail.

Line 16: Enter the National Foundation or National Organization Federal Identification Number.

Line 17: In order to complete this form, you will need the competed ESR Report for Affiliate Notification, Form CG-AN ESR, for each affiliate's activity conducted during the accounting period. Use the following chart to determine your accounting period. Example: The expiration date of your license is July 31, 2019, the accounting period will be July 1, 2018 thru June 30, 2019.

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

Certification

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

Part A instructions

Part A Line 1: Combine all figures from line 19, Bingo Gross Income, of all CG-AN ESR and place the aggregate total here.

Part A Line 2: Combine all figures from line 20, Raffle Gross Income, of all CG-AN ESR and place the aggregate total here.

Part A Line 3: Add line 1 and line 2. This is your Total Gross Income.

Part A Line 4: Place the facility rental from line 10 (of Part A of this form) on this line.

Part A Line 5: Subtract line 4 from line 3. This is your Adjusted Gross Income.

Part A Line 6: Combine all figures from line 22, Bingo Prize Payout, of all CG-AN ERSs and place the aggregate total here.

Part A Line 7: Combine all figures from line 23, Raffle Prize Payout, of all CG-AN ESRs and place the aggregate total here.

Part A Line 8: Add line 6 and line 7. This is your Total Prize/Payout.

Part A Line 9: Combine all figures from line 25, Bingo and Raffle Prize Supplies, of all CG-AN ESRs and place the aggregate total here.

Part A Line 10: Combine all figures from line 26, Facility Rental, of all CG-AN ESRs and place the aggregate total here.

Part A Line 11: Place the amount of license fee paid for the Annual Affiliate License you are completing this financial for.

Part A Line 12: Combine all figures from line 27, Advertising, of all CG-AN ESRs and place the aggregate total here.

Part A Line 13: Add line 8 thru line 12 and place the total here. This is the total Charity Gaming Expenses.

Part A Line 14: Place the figure from line 3, Total Gross Income, on this line.

Part A Line 15: Place the figure from line 13, Total Expenses, on this line.

Part A Line 16: Subtract line 15 from line 14. This is your Net Proceeds amount.

License Fee Calculation: Enter the Adjusted Gross Income figure from Part A, line 5, 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**		**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				

Part B instructions:

Part B Line 1: Enter the figure from Part A, line 3.

Part B Line 2: Enter the figure from Part A, line 8.

Part B Line 3: Subtract 2 from 1 and enter total.

Part B Line 4 - 10: Enter all other income received from sources other than charity gaming.

Part B Line 11: Add Part B 4 thru 10 and enter total.

Part B Line 12: Enter the figure from Part B, line 3.

Part B Line 13: Enter the figure from Part B, line 11

Part B Line 14: Add 12 and 13 and enter total.

Part B Line 15: Divide 12 by 14 and enter percentage.

Part B Line 16: Is 15 equal to 90% or more? If you answered "yes", multiply the amount on Part B, line 12 by 60%. Enter the total here _____ and read the following carefully. If 15 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.

If completed correctly, the percentage should be minimal. Most likely less than 1%.