CG-SL FR, SINGLE ACTIVITY LICENSE FINANCIAL REPORT State Form 56748 (R3 / 5-23) INDIANA GAMING COMMISSION

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

1. Organization legal name						2. Doing Business As (DBA)					
Federal Identification Number (FID/EIN) Address of principal office (number & street required) (City)						4. Charity Gaming (CG) license number					
5. Address of principal office (number	& street	required)		6. City	y			8. ZIP Code	9. County		
10. Mailing address (if different)	11. C				ity 12. State			12. State	13. ZIP Code	14. County	
15. Organization daytime telephone nu	mber	16. Fa	x number			17. Organization email address					
()		()									
18. Contact person's name			tact perso	on's tele	lephone number 20. Contact person's email address						
		REI	PORT	INFO	ORM	IATION					
21. What type of activity was licensed (fill out eit	ther (a) O	R (b)								
(a) Single Activity											
Reference number Beginning date of single event (month, day, year)											
(b) Festival Activity											
Reference number Beginning date					e of the festival event (month, day, year) Length of festival (days)					tival (days)	
22. Please indicate the activities conducted under the single activity or festival activity license											
☐ Bingo ☐ Casino Game Night ☐ Guessing Game ☐ Raffles / Chances ☐						☐ Water Ra	ce				
☐ Pull Tabs ☐ Tip box											
If raffles/chances were selected, did you	use:	2 part i	roll/movie	e tickets	5	☐ Printe	d tickets	Han	d held device tick	ets	
Other – describe											
CERTIFICATION: We certify under the penalties of perjury that all of the information submitted in this form and any attachment is true and understand 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 Presiding Officer				Š	Signature of Secretary						
Printed name of Presiding Officer	Title				Printe	d name of S	Secretary				
Date (month, day, year)	Daytime ()	e telephon	e number	.]	Date (month, day	, year)	Daytime tel	ne telephone number		

Organization legal name	Federal Identification Number (FID/EIN)	CG license number	CG reference nun	nber
IN	ICOME AND EXPENSE SUMM	IARY	,	
GROSS INCOME			Dollars	Cents
Bingo		1		
Pull Tabs		2		
Punchboards		3		
Tip Boards (including sports themed tip boards)		4		
Casino Game Night (dice, card and wheel games)		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		
PRIZE / EXPENSES		·	Dollars	Cents
Bingo		10		
Pull Tabs		11		
Punchboards		12		
Tip Boards (including sports themed tip boards)		13		
Casino Game Night (dice, card and wheel games)		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 F.	ACILITY EXPENSES		Dollars	Cents
Bingo expense: paper, cards, equipment, etc.		19		
Pull Tabs, Tip Boards, Punchboards expense		20		
Casino Game Night expense: cards, wheels, dice,	etc.	21		
Raffle/Door Prize expense: tickets, drum, raffle b	oards, etc.	22		
Water Race/Guessing Game expense: rubber duc	ks, frogs, etc.	23		
Facility Rental Expense: Rent paid maximum \$2	200 per day	24		
License Fee expense		25		
Advertising expense: related to this gaming activ	rity.	26		
Subtotal Expenses (add lines 19-26)		27		
TOTAL EXPENSES			Dollars	Cents
Subtotal Prize Payouts (from line 18)		28		
Subtotal Expenses (from line 27)		29		
Total Expenses (add lines 28 and 29)		30		
NET INCOME			Dollars	Cents
Gross Income (from line 9)		31		
Total Expenses (from line 30)		32		
TOTAL GAMING NET INCOME	(subtract line 32 from line 31)	33		

Organization legal nar	r legal name Federal Identification Number (FID/EIN) CG license nu						e number	ber CG reference number			
CHARITABLE CONTRIBUTIONS INFORMATION These distributions must have been earned from your charity gaming proceeds.								Dollars	Cents		
Enter the Total Gaming Net Income (page 2, line 33).											
Amount from line 34 distributed for charitable purposes Charitable Contribution Distribution List (CG-DIST) must be attached. 34a											
Amount from line 34 spent on your organization. 34b											
Add lines 34a and 34b.							35				
Subtract 35 from 34. Undistributed balance.							36				
NEVTC	ME TVDE I ICEN	SE FEE CALC	III ATI		Single to	Single o	nd Fostiv	val to Eastival)		
NEAT SA	AME TYPE LICEN	SE FEE CALC	ULATI	.011 (Siligle ii	o Siligle a	ilia restiv	vai to restivai)		
								Dollars	Cents		
Enter the Total Gross Income (page 2, line 9).											
Deduct Rent Expenses (page 2, line 24).							2				
Subtract line 2 from line 1 to determine your Adjusted Gross Income.							3				
Find the amount shown in 3 on the Chart below. Enter the corresponding fee here							4				
1 md the amount show	ii iii 5 on the Chart below. I	ADJUSTED			COME						
					JONIE	T					
At Least \$ 00	But Less Than	Fee		At Least But Less Th \$ 1,500,000 \$ 1,750,000				Fee \$ 15,000			
\$ 15,000	\$ 15,000 \$ 25,000	\$ 50 \$ 100					000	\$ 15,000			
\$ 25,000	\$ 25,000	\$ 300						\$ 17,000			
\$ 50,000	\$ 75,000	\$ 400		\$ 2,000,000 \$ 2,250,000 \$ 2,250,000 \$ 2,500,000				\$ 19,000			
\$ 75,000	\$ 100,000	\$ 700		\$ 2,250,000 \$ 2,500,000 \$ 2,500,000				\$ 23,000			
\$ 100,000	\$ 150,000	\$ 1,000	\$ 2,500,000								
\$ 150,000	\$ 200,000	\$ 1,500		\$ 3,000,000 \$ 3,000,000				\$ 27,000			
\$ 200,000	\$ 250,000	\$ 1,800	\$ 3,250,000 \$ 3,500,000					\$ 29,000			
\$ 250,000	\$ 300,000	\$ 2,500		3,500,00		\$ 3,750,		\$ 31,000			
\$ 300,000	\$ 400,000	\$ 3,250		3,750,00		\$ 4,000,		\$ 33,000			
\$ 400,000	\$ 500,000	\$ 5,000		1,000,00		\$ 4,250,		\$ 35,0			
\$ 500,000	\$ 750,000	\$ 6,750	\$ 4	,250,00	0	\$ 4,500,	000	\$ 37,000			
\$ 750,000	\$ 1,000,000	\$ 9,000	\$ 4	,500,00	0	\$ 4,750,	000	\$ 39,000			
\$ 1,000,000	¢ 1.250.000	\$ 1,000,000							\$ 41,000		

Mail, Email or fax this document to:

\$ 13,000

\$ 1,250,000

1,500,000

Indiana Gaming Commission
Charity Gaming Division
101 West Washington Street, East Tower, Suite 1600
Indianapolis, IN 46204

CG-SL FR, SINGLE ACTIVITY LICENSE FINANCIAL REPORT

This report must be completed and filed by an organization holding a single activity or festival activity license. It is due to the Commission ten (10) days following the end of your single activity or festival activity.

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 activity.

PRIZE PAYOUTS

Enter the payouts per activity type, (cash and amounts spent by the organization for prizes).

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. NOTE: A copy of the lease/rental agreement must be attached to this report when a facility rent deduction is claimed on line 24.

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.

CG-DIST, Charitable Contribution Distribution List, must be completed and attached if an amount has been entered on 34a.

ENDING INVENTORY STATEMENT

If the organization conducted the sale of pull tabs, punchboards, tip boards or sports themed tip boards please complete and attach Form CG-INV, Charity Gaming Ending Inventory Statement.