

LICENSED ORGANIZATION FINANCIAL REPORT FOR SPECIAL EVENT RAFFLE LICENSE ONLY

**NOTE: QUARTERLY REPORTS ARE DUE APRIL 30TH, JULY 31ST, OCTOBER 31ST AND JANUARY 31ST
ANNUALLY REPORTS ARE DUE JANUARY 31ST - SEE KRS 238.550(7) & (8)**

License No. **SER-** _____
 Name of Organization _____
 Mailing Address _____
 City State Zip _____
 County _____

Select Quarter
A. Quarterly
1 __ 2 __ 3 __ 4 __ Year _____

Summary of All Charitable Gaming Receipts & Payouts

PART 1

GAMING ACTIVITY		GROSS RECEIPTS		ALL PAYOUTS BY CASH & CHECK		PURCHASED PRIZES		ADJUSTED GROSS RECEIPTS
3. Raffles (From Attachment E)	3.		3.		3.		3.	
6. Returned Checks Collected	6.		6.	N/A	6.	N/A	6.	
7. Less: Returned Checks	7.		7.	N/A	7.	N/A	7.	
TOTAL	8.	\$	8.	\$	8.	\$	8.	\$

\$ _____

FEE DUE = Total Gross Receipts x _____

40% Calculation

Adjusted Gross Receipts (Transfers from Part 1 Line 8 Column 4)		\$ _____	
Expenses (Transfers from Part 2 Line 14)	-	_____	
Total Net (Adjusted Gross Receipts Less Expenses)	=	_____	
 Total Net	 \$	_____	
Adjusted Gross Receipts	÷	_____	
Percentage (Total Net divided by Adjusted Gross Receipts)	=	_____	%

SIGNATURE AND VERIFICATION

*Under penalty of perjury, I declare that I have examined this report, including any accompanying schedules and attachments, and to the best of my knowledge and belief it is a true, correct, and complete report.
Declaration of preparer (other than organization official) is based on all available information.*

OFFICER OF ORGANIZATION MUST SIGN REPORT

CEO or CFO Print Name:	Title:	Date:
Signature: _____	Daytime Phone: _____	
Preparer Print Name:	Title:	Date:
Signature: _____	Daytime Phone: _____	

License No. ORG- _____

Name of Organization _____

Summary of All Charitable Gaming Expenses

PART 2

ATTACHMENT A EXPENSES USED IN THE 40% CALCULATION		
1. Gaming Supplies, Equipment, & Bingo Card Minding Device Rental or Purchase		1.
2. Facility Rent		2.
3. Janitorial Services		3.
4. Security		4.
5. Bookkeeping & Accounting Services		5.
6. Advertising & Promotions		6.
7. Bank, Credit Card, Check Verification, & Bad Check Collection Fees		7.
8. Printing		8.
9. Volunteer Food, Clothing & Raffle Sellers Incentive		9.
10. Utilities (Telephone, Electric, Gas, Water, Sewer, Trash)		10.
11. Insurance		11.
12. DCG fines		12.
13. Less Any Sales or Use Tax on Gaming Supplies and Equipment	13. ()	
(ADD LINE 1 THROUGH 12 AND SUBTRACT LINE 13 AND PLACE TOTAL ON LINE 14)		
TOTAL EXPENSES USED IN 40% CALCULATION		14. \$
ATTACHMENT A EXPENSES NOT USED IN THE 40% CALCULATION		
15. Fees Paid To DCG		15.
16. Purchased Prizes		16.
17. Payment of Prizes Awarded by Check		17.
18. Federal Excise Tax		18.
19. Kentucky State Sales Tax		19.
20. Charitable Contributions		20.
21. Transfers to General Account		21.
22. Start-Up Cash		22.
(ADD LINE 15 THROUGH LINE 22 AND PLACE TOTAL ON LINE 23)		
TOTAL (ADD LINE 14 AND LINE 23)		23. \$
		24. \$

License No. ORG- _____
 Name of Organization: _____

CHARITABLE GAMING ACCOUNT INFORMATION
 Attach additional copies of this attachment if necessary

Name of Bank: _____
 City, State: _____
 Account No. _____

Checkbook Balance as of End of Previous Quarter \$ _____
 Deposits + \$ _____
 Checks Written - \$ _____
 Bank Charges - \$ _____
 Returned Checks - \$ _____
 Other +/- \$ _____
 Checkbook Balance as of End of Quarter = \$ _____

AUTHORIZED SIGNATURES FOR ACCOUNT (Please Print):

 Title _____

 Title _____

 Title _____

LISTING OF ALL ACTIVITY REGARDING THE SEPARATE CHARITABLE GAMING ACCOUNT

Date of Activity	Check No.	Payee	Check Amount	Deposit Amount	Description of Expense/Deposit
PAGE TOTAL					

