**ANNUAL FINANCIAL REPORT FOR**

**EXEMPT CHARITABLE ORGANIZATION**

*Organizations conducting charitable gaming pursuant to an exemption must complete and submit this form to the Department of Charitable Gaming before January 31 of the year following the exemption. Exemptions are automatically renewed every year on January 1, but an exemption will be rescinded if the organization fails to file this report by January 31, unless the Department grants the organization an extension. KRS 238.535(2)(b), KRS 238.535(3), and KRS 238.535(5).*

**CHARITABLE ORGANIZATION INFORMATION**

1. Exemption No.: EXE-

2. Organization’s Name:

3. Does your organization continue to maintain a federal tax-exempt status under 26 USC 501(c)(3), 26 USC 501(c)(4), 26 USC 501(c)(8), 26 USC 501(c)(10), or 26 USC 501(c)(19), or does it maintain its status as a common school, institute of higher learning, or public college or university as those terms are defined by KRS 158.030, KRS 164A.305, and KRS 164.290, respectively?

 Yes  No *(if “No,” your organization is not eligible to conduct charitable gaming.)*

4. Street Address:

 City: State: ZIP: Phone:

5. Mailing Address (if different from street address):

 City: State: ZIP:

6. Contact person: Email: Phone:

7. Has any of the information listed in response to questions 2-6 changed in the previous year?

 Yes  No

8. If your organization plans to conduct charitable gaming in the coming year at a location other than at the address provided in question 4 above, provide the information below:

 Name of Location:

Street Address:

 Address:

 City: State: ZIP: Phone:

**REPORT OF CHARITABLE GAMING ACTIVITY**

9. Provide the following information about your organization’s charitable gaming activity during the previous calendar year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Gross Receipts** | **Payouts** | **Expenses** | **Net Receipts** |
| Bingo | $ | $ | $ | $ |
| Raffles | $ | $ | $ | $ |
| Non-Cash Prize Wheels | $ | $ | $ | $ |
| Festival Games | $ | $ | $ | $ |
| **Totals** | **$** | **$** | **$** | **$** |

*Notice: “Net Receipts” should equal “Gross Receipts” minus “Payouts” minus “Expenses.”*

**DISPOSITION OF CHARITABLE GAMING PROCEEDS**

10. On the lines below, provide an itemized accounting of how your organization spent the net receipts it generated from charitable gaming activities in the previous calendar year. The total disposition should equal the total net receipts reported in question 9 above.

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Disposition** | **$** |

**CERTIFICATION**

I certify, under penalty of perjury, that I am authorized by the organization to submit this Annual Financial Report and that I have examined this document, including any accompanying material, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the organization agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

 Signature: Date:

 Printed name: Title: