

## LICENSED CHARITABLE ORGANIZATION FINANCIAL REPORT

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. **ORG-** \_\_\_\_\_  
 Name of Organization \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 County \_\_\_\_\_

Select Type of Report (A or B)  
**A. Quarterly**  
 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ Year \_\_\_\_\_  
**B. Annually** \_\_\_ Year \_\_\_\_\_

### Summary of All Charitable Gaming Receipts & Payouts

**PART 1**

GAMING ACTIVITY		GROSS RECEIPTS		ALL PAYOUTS BY CASH & CHECK		PURCHASED PRIZES		ADJUSTED GROSS RECEIPTS
1. Bingo (From Attachment B)	1.		1.		1.		1.	
2. Pulltabs (From Attachment C & D)	2.		2.		2.		2.	
2a. Electronic Pulltabs (From Attachment C & D)	2a.		2a.		2a.		2a.	
3. Raffles (From Attachment E)	3.		3.		3.		3.	
4. Non Cash Prize Wheels (From Att. E)	4.		4.	N/A	4.		4.	
5. Special License (From Attachment F)	5.		5.		5.		5.	
6. Returned Checks Collected	6.		6.	N/A	6.	N/A	6.	
7. Less: Returned Checks	7.		7.	N/A	7.	N/A	7.	
<b>TOTAL</b>	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- \_\_\_\_\_

CG-FIN

Name of Organization \_\_\_\_\_

Part 2

2018

### Summary of All Charitable Gaming Expenses

**PART 2**

**ATTACHMENT A EXPENSES USED IN THE 40% CALCULATION**

1. <del>Gaming Supplies, Equipment, &amp; Bingo Card Minding Device Rental or Purchase</del>		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. <del>Kentucky State Sales Tax</del>		19.
20. Charitable Contributions		20.
21. Transfers to General Account		21.
22. Start-Up Cash		22.
<b>(ADD LINE 15 THROUGH LINE 22 AND PLACE TOTAL ON LINE 23)</b>		23. \$

**TOTAL (ADD LINE 14 AND LINE 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
<b>PAGE TOTAL</b>					

License No. ORG- \_\_\_\_\_  
Name of Organization: \_\_\_\_\_

### INFORMATION FOR RAFFLE RECIPIENT ACCOUNTS FROM 501(c)(7) ONLY

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
<b>PAGE TOTAL</b>					



## SUMMARY OF PULLTAB ACTIVITY SOLD DURING BINGO SESSION

Attach additional copies of this attachment if necessary

### PULLTAB RECEIPTS PER SESSION (Transfers to Part 1, Line 2 of CG-FIN)

Date														
Total Paper Pulltabs (Including dispenser)														
Total Progressive Pulltabs														
Less: Pulltabs Given Away As Pulltab Game Prize														
Cash (Short)/Over														
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

### ELECTRONIC PULLTAB RECEIPTS PER SESSION (Transfers to Part 1, Line 2a of CG-FIN)

Total Electronic Pulltabs														
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### PULLTAB PAYOUTS PER SESSION - Payout Amounts to Determine Adjusted Gross Receipts & 40% (Transfers to Part 1, Line 2 of CG-FIN)

Paper Pulltab Payouts By Cash & Check (Including dispenser)														
Progressive Payouts & Jackpots By Cash & Check														
FMV/Cost Purchase Prize*														
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

\*Transfers to Part 1 Line 2, Col 3 of CG-FIN

### ELECTRONIC PULLTAB PAYOUTS PER SESSION - Payout Amounts to Determine Adjusted Gross Receipts & 40% (Transfers to Part 1, Line 2a of CG-FIN)

Electronic Pulltab Payouts By Cash & Check														
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1:036 Section 2 (16) The FMV of Bingo Paper, CMD or Pulltabs given away as prizes shall be the price paid by a patron for the same item.







## SUMMARY OF GAMING ACTIVITY - RAFFLES & NON CASH PRIZE WHEELS

Report Raffles & Non Cash Prize Wheels Not Held at a CFE/SLCFE

Attach additional copies of this attachment if necessary

### RAFFLE RECEIPTS & PAYOUTS - (Transfers to Part 1, Line 3 of CG-FIN)

Date of Drawing	Raffle Gross Receipts	Cash (Short)/Over	Total Gross	Raffle Cash & Check Prizes	Merchandise Prize Purchase Price	Total Payouts
<b>TOTAL</b>				<b>TOTAL</b>		

### NON CASH PRIZE WHEELS RECEIPTS & PAYOUTS - (Transfers to Part 1, Line 4 of CG-FIN)

Date	Non Cash Prize Wheels Receipts	Cash (Short)/Over	Total Gross	Merchandise Prize Purchase Price	Total Payouts
<b>TOTAL</b>				<b>TOTAL</b>	

## SPECIAL LICENSE ACTIVITY REPORT

DO NOT REPORT ON ATTACHMENT B, C, or D

**INCLUDE BINGO, PULLTABS, RAFFLES & NON CASH PRIZE WHEELS COMPLETED AT EVENT**

(Transfers to Part 1, Line 5 of CG-FIN)

	Date of Event	Type of Event (CFE or SLCFE)	Gross Receipts	Cash (Short)/Over	Actual Gross Receipts	Cash & Check Payouts	Merchandise Purchase Prize
1.			\$	\$	\$	\$	\$
2.			\$	\$	\$	\$	\$
3.			\$	\$	\$	\$	\$
4.			\$	\$	\$	\$	\$

**\*\*\*CFE & SLCFE events are subject to sales tax; however on Part 1 and Attachment F you *ONLY* report the Gross Receipts for CFE & SLCFE events sold **BEFORE** tax.**

<b>TOTAL</b>	\$	\$	\$	\$
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**Note: Donations are not Included in Gross Receipt Calculations and are not Reported on the Front Page of the CG-FIN**

Donations Received From Patrons			
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License No. ORG- \_\_\_\_\_

Name of Organization \_\_\_\_\_

## CHARITY GAME TICKETS/PULLTABS INVENTORY

Attach additional copies of this attachment if necessary

Date of Inventory	Name of Game	Manufacturer Name	Form Number	Serial Number	Ticket Count

Name of Person Counting Inventory \_\_\_\_\_

Date \_\_\_\_\_

License No. ORG- \_\_\_\_\_  
Name of Organization \_\_\_\_\_

## BINGO PAPER SUPPLIES INVENTORY

Attach additional copies of this attachment if necessary

Date of Inventory	Product Description (e.g. 9 ON 9 UP)	Manufacturer Name	Serial #	Total # Packs/Sheets

Name of Person Counting Inventory \_\_\_\_\_

Date \_\_\_\_\_