

# Filing the Annual Financial Report after February 1



## Note

If you are filing the Annual Financial Report (AFR) **prior** to February 1, then go here for instructions:

<https://dca.ky.gov/Documents/User%20Guide%20for%20Renewing%20an%20EXE%20in%20eServices.pdf>

Otherwise, if you have failed to file by the AFR by February 1, your Exempt license has expired; your organization cannot legally game. You may regain compliance by:

- Filing your Annual Financial Report
- Filing a new Exempt Application
- Paying a \$25 Application Fee

The following instructions will walk you through that process in eServices.

If you:

- Do not/cannot find your eServices log in
- Have additional questions

You can contact Department personnel by phone at (502) 573-5528/Toll Free: (800) 729-5672, or by email at [dca.info@ky.gov](mailto:dca.info@ky.gov) or [PPCDCGLicensingMail@ky.gov](mailto:PPCDCGLicensingMail@ky.gov).

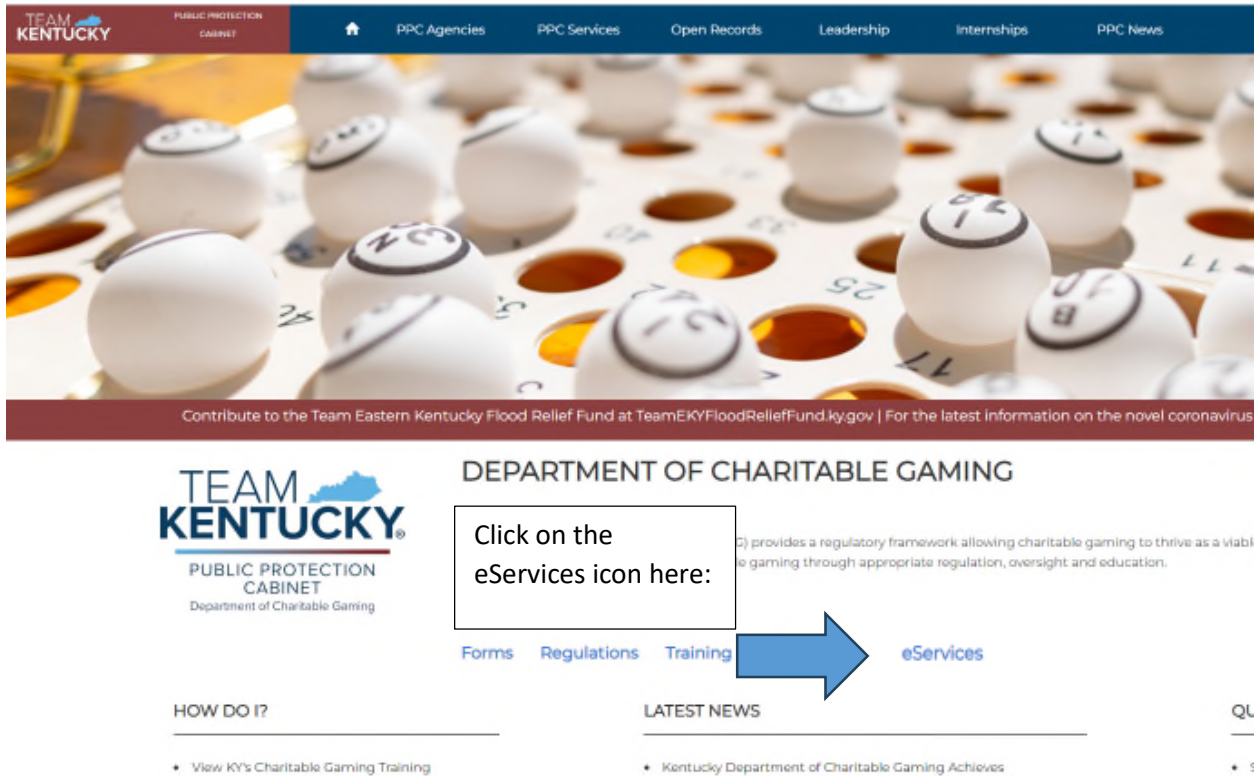
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# Using eServices to Renew an Expired EXE License

To access the Charitable Gaming eServices website, go here:

<https://dcg.ky.gov/>



The screenshot shows the website for the Department of Charitable Gaming. At the top is a navigation bar with the following items: TEAM KENTUCKY PUBLIC PROTECTION CABINET, Home icon, PPC Agencies, PPC Services, Open Records, Leadership, Internships, and PPC News. Below the navigation bar is a banner image of bingo balls on a board. A text overlay at the bottom of the banner reads: "Contribute to the Team Eastern Kentucky Flood Relief Fund at TeamEKYFloodReliefFund.ky.gov | For the latest information on the novel coronavirus".

On the left side of the page is the logo for TEAM KENTUCKY PUBLIC PROTECTION CABINET, Department of Charitable Gaming. To the right of the logo is the heading "DEPARTMENT OF CHARITABLE GAMING". Below this heading is a text box that says "Click on the eServices icon here:" with an arrow pointing to the "eServices" link in the main navigation menu. The main navigation menu includes "Forms", "Regulations", "Training", and "eServices".

Below the navigation menu are three sections: "HOW DO I?", "LATEST NEWS", and "QUICK LINKS". Each section has a list of links. The "HOW DO I?" section includes "View KY's Charitable Gaming Training". The "LATEST NEWS" section includes "Kentucky Department of Charitable Gaming Achieves". The "QUICK LINKS" section includes "5".

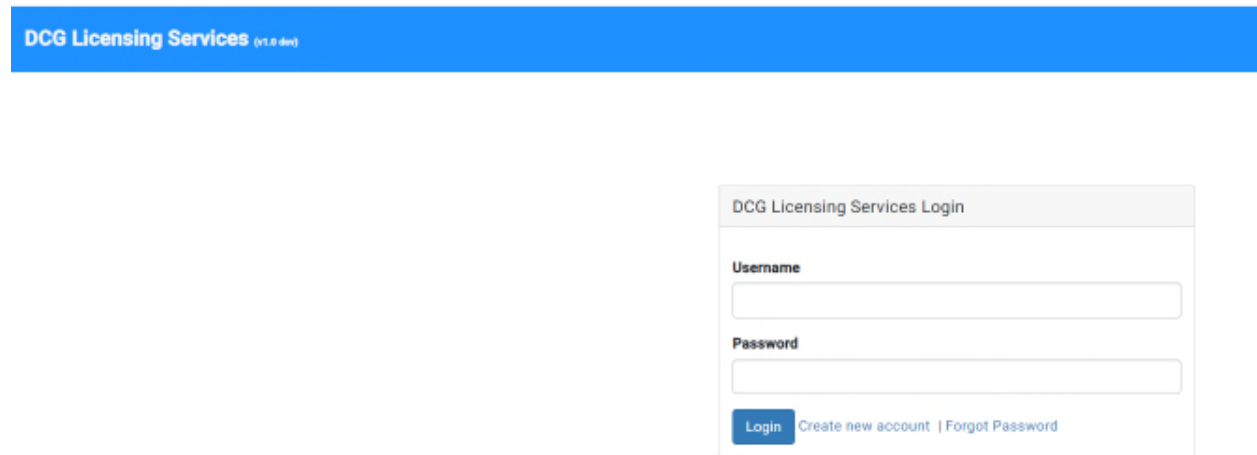
## Creating a New eServices Account

### **NOTE:**

You may have had an account set up for you by the DCG staff. If you already have a username and password, skip to the section “Navigating eServices”.

### Setting up a New Account

Once into eServices, the system will present this screen:



DCG Licensing Services (v1.0 dev)

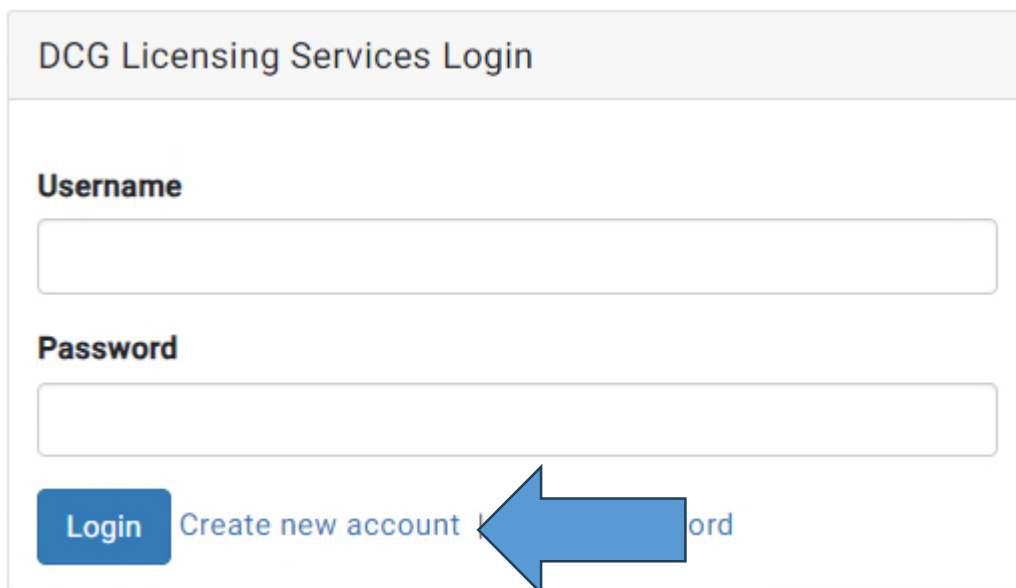
DCG Licensing Services Login

Username

Password

Login Create new account | Forgot Password

Click “Create new account”:



DCG Licensing Services Login

Username

Password

Login Create new account | Forgot Password

The following screen presents:

### CREATE NEW USER ACCOUNT

If you are having trouble creating an account, please contact the Department of Charitable Gaming Licensing Division at (502) 573-5528 or by email at [ppcdoglicensingmail@ky.gov](mailto:ppcdoglicensingmail@ky.gov) for assistance.

Tax Id\*

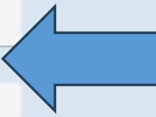
OR

SSN\*

License Number\*


**Validate**


The user must have the Tax ID/SSN of the entity they represent, and the license number to continue.



Once entered, demographic information must be added:

User Name\*

Password  (Must be between 8-15 alpha numeric characters in length, should have at least 1 number and may contains ! @ # \$ - -)

Verify Password\*  (Must be between 8-15 alpha numeric characters in length, should have at least 1 number and may contains ! @ # \$ - -)

Email\*

First Name\*      Middle Name / Initial      Last Name\*

Phone Number\*

**Create Account**

The user will need to:

- Set a Username (email address)
- Set a Password (Must be between alpha numeric characters in length, should have at least 1 number and may contain the following characters: !@#\$\_-)
- Confirm the Password
- Provide a primary Email address (Make sure it's an email that is checked often, as DCG will use this email as your primary point of contact)
- Provide your First/Middle/Last Name
- Provide a valid phone number

After entry is complete, click "Create Account"

Once in, the following screen will display:

The screenshot shows the user dashboard for DCG Licensing Services. At the top, there is a blue header with the text "DCG Licensing Services" and a "Log out" button. Below the header, there is a navigation bar with a home icon, "Business Name" followed by a redacted name, "User Email" followed by a redacted email, and "Entity ID: 2503". The main content area is divided into two sections: "Individual Information" and "Services". The "Individual Information" section contains two buttons: "View Profile" and "View Business Profile". The "Services" section contains two buttons: "License Renewal / License Extension" and "Record Correction Request". The "Record Correction Request" button has a sub-label: "Record Correction (Name, Address, Phone & Email etc.)".

**NOTE:**

You may also contact the Department to set up an account. Contact information can be found on page 2 of this document.

## Navigating eServices

Currently, there are three things a user can accomplish in this account:

View Business Profile: Which allows a user to review the demographic data on file with DCG regarding the licensed entity (such as addresses, contacts, etc)

License Renewal/Extension: A place to renew the EXE license (to be discussed in this documentation)

Record Correction: Allows a user to submit address and contact changes to DCG electronically

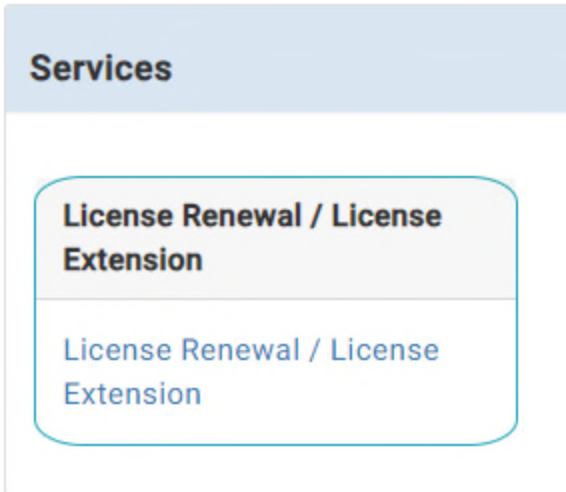


## Step by Step of the Renewal Process (After February 1)

### License Renewal/License Extension

Pursuant to 820 KAR 1:025 Section 2, exempt organizations must submit a complete and accurate accounting financial report (CG-APP-EXE) to the Department by January 31, for the **preceding** year. If you have failed to do so, you will still be able to regain compliance using this tool.

To access this tool, click here from the main menu after you have entered eServices:



Select the license set for renewal:

### Renew License(s)

The system defaults the Original Amount to the active renewal fee. If applicable for the license you are renewing, the system will update the amount to reflect the correct fee once you select the renewal status.

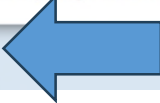
Select	License Type	License Number	Expiration Date	Amount Due	License Status
<input type="radio"/>	Exempt Organization	[REDACTED]	12/30/2023	\$25.00	Expired

Click "Submit".

The system defaults the Original Amount to the active renewal fee.

Select	License Type
<input checked="" type="radio"/>	Exempt Organization

**Submit**



A prompt will display outlining requirements to complete the process.

Your license has expired. You will need to complete your Annual Financial Report, complete a new application, and pay a \$25 fee. Please click OK to proceed

**OK**

Followed by this page:

### 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 238.533(2)(b), KRS 238.533(3), and KRS 238.533(5)

#### CHARITABLE ORGANIZATION INFORMATION

Exemption No.: EXE00000

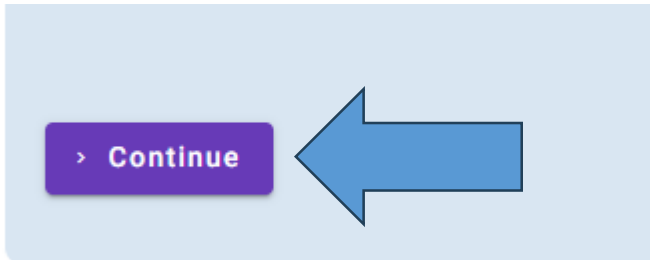
Organization's Name: [REDACTED]

This page offers pre-loaded data including:

- License Number
- Organization's Name
- Tax Status
- Contact/Address Information

None of this information will be available to alter; all changes will need to be addressed in the New Application form, that follows the Annual Financial Report.

Click "Continue" to proceed to the next page.



Next, enter the Gaming receipts:

### REPORT OF CHARITABLE GAMING ACTIVITY

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

Select Activity Type Bingo  
Raffles  
Non Cash Prize Wheels  
Festival Games

Gross Receipts   Payouts   Expenses   Net Receipts

**Add** \*You must click Add button to save the gaming activity below

Sr. No	Activity	Gross Receipts	Payouts	Expenses	Net Receipts	
<b>Total Amount:</b>					<b>\$0.00</b>	

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

[< Back](#)   [Next >](#)

Select the Gaming Type, enter the Gross Receipts, then click "Add". Repeat the process if more than one Gaming type requires entry.

(If you were not active in a gaming type, skip entry)

Once done, click "Next"

Then document disposition of proceeds:

**NOTE!!:** Disposition of Proceeds **MUST** equal Net Receipts

### DISPOSITION OF CHARITABLE GAMING PROCEEDS

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 in the previous page.

<input type="text" value="Description"/>	<input type="text" value="Amount"/>
--	-------------------------------------

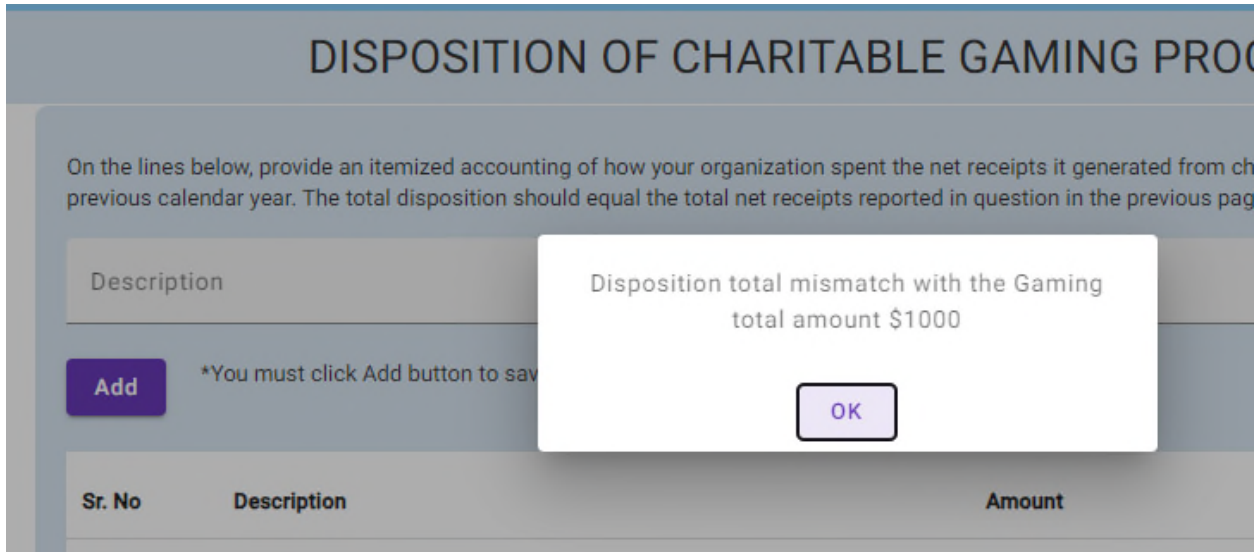
**Add** \*You must click Add button to save the details below **Total Net Receipts :**  
1000

Sr. No	Description	Amount	
<b>Total Disposition:</b>		<b>\$0.00</b>	

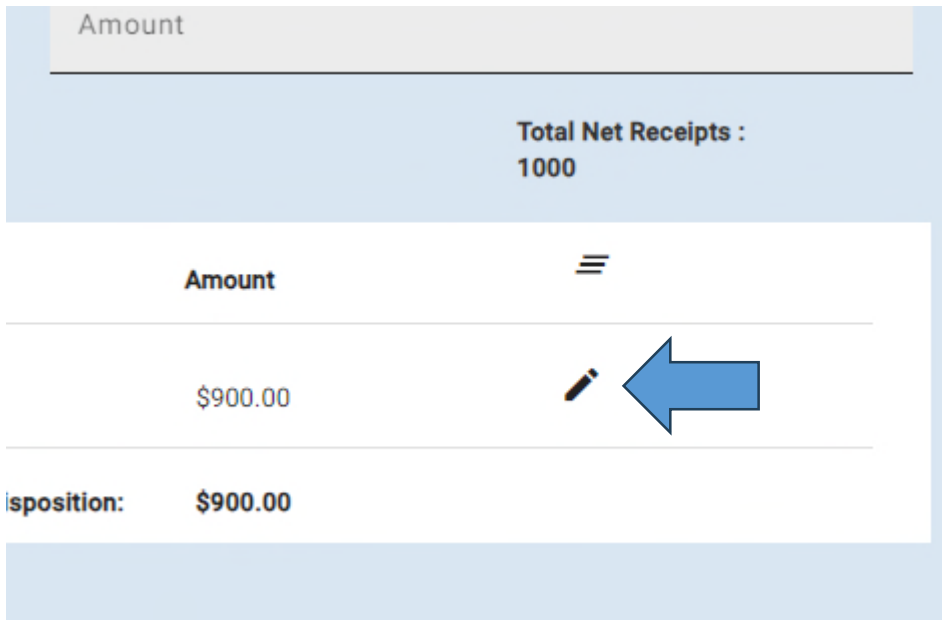
**< Back**   **Next >**

Add a Description of expenditure, then the amount and click Add..  
Repeat the process if more than one disposition requires entry.

If the Disposition of Proceeds do not equal Net Receipts, you will receive a prompt:



To edit data, use this tool:



When all data entry is complete, click "Next".

The user must complete the Certification:

## 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* 11-03-2023
Printed Name*	Title

[< Back](#) [> Submit](#) 

Once finished, click "Submit".

You will then be presented with a New Application Form.

The first few questions define if an entity qualifies as an Exempt Organization. The entity MUST answer “Yes” to all three questions to qualify.

### QUALIFICATIONS FOR EXEMPTION

1. (a) Does your organization have one of the following 501(c) tax-exempt designations from the Internal Revenue Service? (This also includes organizations that are covered by a group ruling.) Check which type of tax-exempt status your organization has and **attach a copy of the letter or legal document issued by the IRS granting your organization's tax-exempt status.**

Yes  No

If yes, under which section does your organization possess a tax-exempt status?

Select Tax Exempt Status

501(c)(3) ▼

**OR**

(b) Is your organization organized within the Commonwealth of Kentucky as a common school, institution of higher learning, or a state college or university? *(Note: this does not include organizations that are merely affiliated with a school, such as a PTO, PTA, or booster club.)*

Yes  No

If “Yes,” which of the following describes your organization?

**NOTE:**

If you answered “no” to either of the three questions and need more information, contact the Department at the contact information provided on page 2 of this document.

Once done, click “Next” to proceed.



The next page re-affirms organization demographic details, including:

- Prior EXE or ORG numbers
- Name and FEIN number
- Contact Information for the Organization

The next section allows the user to add/edit address information.

Address:

Address Type:  Address Line 1:

Zip:  City:  State:

\*You must click Add button to save the address below

Sr. No	Address Type	Address Line 1	Address Line 2	Zip	City	State	County
1	Mailing	[REDACTED]	[REDACTED]	[REDACTED]	Lexington	KY	<input type="button" value="Edit"/>
2	Location	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	KY	<input type="button" value="Edit"/>

To edit existing data, use this tool

To add a new address, enter the data here, and click “Add”:

Address:

Address Type:  Address Line 1:  Address Line 2:


Zip:  City:  State:  County:

Add button to save the address below

Sr. No	Address Type	Address Line 1	Address Line 2	Zip	City	State	County
1	Mailing	[REDACTED]	[REDACTED]	[REDACTED]	Lexington	KY	<input type="button" value="Edit"/>

When complete, click “Next” ...

The next form allows Contact Person management (add/edit/delete).

To edit an existing record, use the edit tool . (As explained above)

To add a new Contact Person:

Designate if this contact will be the primary contact. There can be only one Primary Contact per entity

Enter Data here

### CONTACT PERSON

7. Provide the following information for the person who will direct the management of the organization with respect to the conduct of charitable gaming.

First Name: Test Middle Name: Last Name: Test



Home Address: 123 Test St.

Zip Code: 40601 City: FRANKFORT State: KY County: FRANKLIN

E-Mail Address: test@test.com Title: Test Phone: (555) 121 2


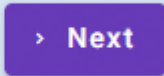

Primary Contact

**Add** \*You must click Add button to save the contacts below

Sr. No	First Name	Middle Name	Last Name	Home Address	City	State	Zipcode	County	Email	Title	Phone	Primary Contact	
1												true	 

Then click "Add"

Click "Next" to proceed..

Next, enter the Gaming Information:

You may select more than one.

### GAMING INFORMATION

8. Type of charitable gaming to be conducted:

Select Activity Type an plans to conduct its char

Bingo  
 Pulltabs  
 Electronic Pulltabs  
 Non-Cash Prize Wheels  
 Raffle(s)  
 Special Activity

9. Location where your organization plans to conduct its charitable gaming activity:

Physical Address

Zip City State County

**Add** \*You must click Add button to save the address below

Sr. No	Physical Address	Zip	City	State	County
--------	------------------	-----	------	-------	--------

**Back** **Next**

Add gaming locations here:

8. Type of charitable gaming to be conducted:

Select Activity Type  
Bingo, Pulltabs, Elect...

Selected activity types are: **Bingo, Pulltabs, Electronic Pulltabs**

9. Location where your organization plans to conduct its charitable gaming activity:

Physical Address  
234 Main St.

Zip 40065 City SHELBYVILLE State KY County SHELBY

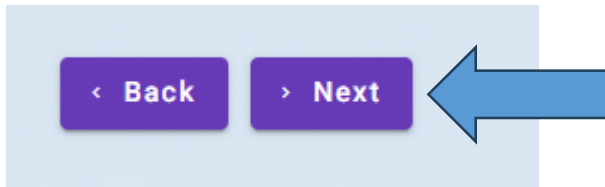
**Add** \*You must click Add button to save the address below

Sr. No	Physical Address	Zip	City	State	County
1	123 Main	40065	SHELBYVILLE	KY	SHELBY

Click "Add" to record the information

Edit with this tool

Click "Next" to proceed..



You will need to designate Reasonable Progress Toward Charitable Purpose here...

### REASONABLE PROGRESS TOWARD CHARITABLE PURPOSE

0. Provide an explanation of how your organization has made reasonable progress toward accomplishing its charitable purpose. Kentucky law defines "reasonable progress" as "the regular and uninterrupted conduct of **activities within the Commonwealth or the expenditure of funds within the Commonwealth** to accomplish relief of poverty, advancement of education, protection of health, relief from disease, relief from suffering or distress, protection of the environment, conservation of wildlife, advancement of civic, governmental, or municipal purposes, or advancement of those purposes delineated in KRS 238.505(3)." Answer part (a), (b), or both.

a) Describe the activities your organization has conducted in Kentucky to accomplish its charitable purpose over the last three years.

b) Provide a list of your organization's expenditures of funds in Kentucky to accomplish its charitable purpose

Describe the activities conducted

Then outline expenditures:

(b) Provide a list of your organization's expenditures of funds in Kentucky to accomplish its charitable purpose

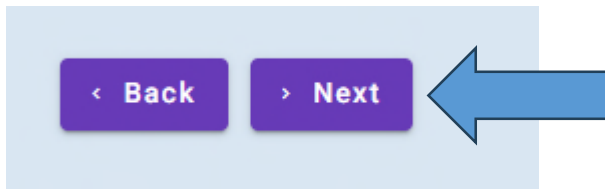
Enter info, then click "Add"...

Type of Expenditure test 2	Financial Year(One Year Prior)\$ 44
Financial Year(Two Year Prior)\$ 55	Financial Year(Three Year Prior)\$ 66

**Add** You must click Add button to save the expenditure details below

Sr. No	Type of Expenditure	Financial Year(One Year Prior)\$	Financial Year(Two Year Prior)\$	Financial Year(Three Year Prior)\$	
1	Test	11	22	33	

Click "Next" to proceed..



Then confirm review of the Notice:

### NOTICES TO EXEMPT ORGANIZATIONS

1. Organizations that conduct charitable gaming pursuant to an exemption shall comply with all provisions of KRS Chapter 238 related to the conduct of charitable gaming, except for payment of the charitable gaming fee required by KRS 238.570 and the quarterly reporting requirements of KRS 238.550(7). See KRS 238.535(2)(a).
2. Exemptions are automatically renewed each year on January 1. Prior to January 31 of each year, an exempt organization **must submit an annual financial report** on Form CG-FIN-EKE related to the previous year's exempt charitable gaming activity. **Your organization's exemption will be automatically rescinded if your organization fails to file this report.** See KRS 238.535(2)(b), KRS 238.535(3), and KRS 238.535(5).
3. Organizations whose gross receipts exceed \$25,000 in a calendar year must contact the Department immediately after exceeding the \$25,000 limit to apply for a full charitable gaming license retroactive to the date gross receipts exceeded \$25,000. See KRS 238.535(7).

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Upload relevant documents:

(As in your Tax Emempt status)

### Upload Documents

**Note:** Acceptable file types are .msg, .pdf, .xlsx, .xls, .csv, .jpg, .jpeg, .doc, .docx, .png, .txt

[Choose File](#) No file chosen

[Upload](#)

Name	Action
There are no documents to display.	

[Back](#)   [Next](#)

**Choose the file:**

**Select the file, then click upload..**

The attachment will display in the grid:

### Upload Documents

**Note:** Acceptable file types are .msg, .pdf, .xlsx, .xls, .csv, .jpg, .jpeg, .doc, .docx, .png, .txt

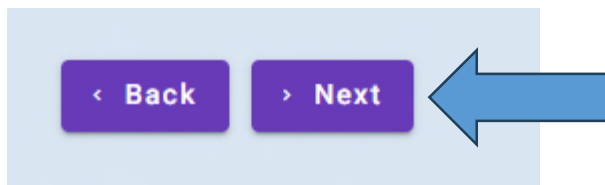
[Choose File](#) No file chosen

[Upload](#)

Name	Action
Testing 2.pdf	×

[< Back](#) [> Next](#)

Click "Next" to proceed..



Certify the information entered here:

**CERTIFICATION**

I certify, under penalty of perjury, that I am an officer authorized by the applicant to submit this notice to the Department. 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 applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature\*  
Printed Name\*  
Title  
Date\*  
01-25-2024

**Instructions:** Submit the completed original form, including all required attachments, along with the \$25.00 fee made payable to "Kentucky State Treasurer" to:

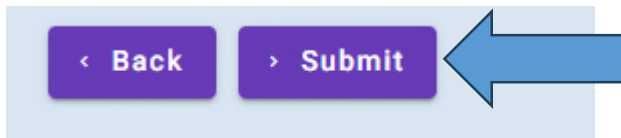
**Commonwealth of Kentucky  
Public Protection Cabinet  
Department of Charitable Gaming  
Division of Licensing & Compliance  
500 Mero Street 2NW24  
Frankfort, KY 40601  
Email: [dcg.info@ky.gov](mailto:dcg.info@ky.gov)  
Fax: (502) 573-6625**

If you have questions or need assistance completing this application, please call the Licensing Branch at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672. Visit the Department's website at: [dcg.ky.gov](http://dcg.ky.gov)

**Applicant Checklist:** Before submitting the application, make sure you have:

Answered all questions;


Click "Submit" to proceed:




**To complete the process you must checkout!!**

Click "Checkout/Complete Order" to proceed to the payment screen.

### Invoice Details


Description	Fee(s)	Action(s)
Initial License Application - Exempt Organization ( [REDACTED] )	\$25.00	
Total Amount Due		\$25.00

[Checkout / Complete Order](#) 


Choose a payment method:

## Department of Charitable Gaming

Select Payment Type



ACH / ELECTRONIC CHECK




CREDIT CARD

Summary

Initial License Application - Exempt Organization (EX [REDACTED])	\$25.00
Item Price: \$25.00	
Quantity: 1	

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Then enter the payment information:

## Department of Charitable Gaming

Select Payment Type



Card Details

Card Number (required)   
Expiration Date (required) 03 2024  
Security Code (required)

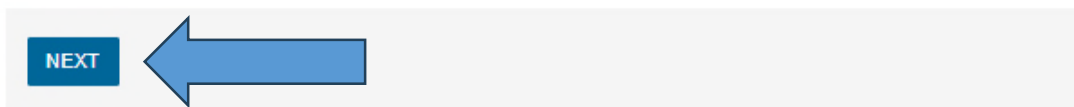


Cardholder Details

Name (required)  Country (required)   
Address Line 1 (required)  Address Line 2   
City (required)  State (required)  Zip Code (required)

Summary	
Initial License Application - Exempt Organization (EXE)	\$25.00
Item Price: \$25.00	
Quantity: 1	
Sub Total	\$25.00
Service Fee	\$8.74
<b>Total</b>	<b>\$25.74</b>

Click "Next" to continue.



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Confirm the payment.

## Department of Charitable Gaming

### Visa Card Details

[EDIT](#)

Card Number [REDACTED] Expiration Date 3/2024

### Cardholder Details

[EDIT](#)

**Test**  
123 TEST  
Frankfort, KY 40601 United States

[PAY NOW](#)

Click "Pay Now"

[Cancel and return to Department of Charitable Gaming](#)

Summary	
Initial License Application - Exempt Organization (EXB [REDACTED])	\$25.00
Item Price: \$25.00	
Quantity: 1	
<b>Sub Total</b>	\$25.00
<b>Service Fee</b>	\$0.74
<b>Total</b>	\$25.74

Note the Service Fee for using a credit card. ACH (the other payment method) charges a flat rate of \$1.

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The process is complete. You will get confirmation that will display the details.

## Transaction / Order Information

### Transaction Details

Transaction Status: Complete

Transaction/Order Number: [REDACTED]

Transaction Date: 01/26/2024

### Account Holder Details

Name: Test

Address: 123 TEST, Frankfort, KY, 40601

Payment Method: Visa Ending With [REDACTED]

### Payment Summary

Quantity: 1

Description: Initial License Application - Exempt Organization (EXE [REDACTED])

Amount: \$25.00

Portal Administration Fee: \$0.74

Total Amount: \$25.74