Filing the Annual Financial Report (CG-FIN-EXE) before January 31

For organizations (EXE) exempt from licensure requirements



Version 2.0 December 2, 2024

KRS 238.535(2)(b)

Before January 31 of the year immediately following the year of exemption, a charitable organization exempt from licensure under the provisions of subsection (1) of this section shall file a financial report with the department, on a form issued by the department, that contains the following information:

- 1) The type of gaming activity in which it engaged during that year;
- 2) The total gross receipts derived from gaming;
- 3) The amount of charitable gaming expenses paid;
- 4) The amount of net receipts derived; and
- 5) The disposition of those net receipts.

Using eServices to file the Annual Financial Report (CG-FIN-EXE)

To access the Charitable Gaming eServices portal, go here:

https://dcg.ky.gov/

32	Contribute to the Team Eastern Kentucky Flood Relief Fund at TeamEKYFloodR	ellefFundJygov
PUBLIC PROTECTION CABINET Department of Chartable Gaming	DEPARTMENT OF CHARITABLE GAMING se Department of Charitable Gaming (DCG) provides a regulatory framework allowing charitable spartment helps to ensure the productivity of charitable gaming through appropriate regulation	e gaming to thrive as a viable fundraising mechanism. The n. oversight and education. Click on the eServices icon
HOW DO I?	orms Regulations Training Annual Reports eServices	QUICK LINKS
DCC Training Manual (2024) Filing Your EXE Annual Financial Report	August 3rd, 2024 Training in Louisville Deadline for New Electronic Pulltab Location Licenses	Staff Directory Advisory Commission
(AFB) after February 1 • View KYS Charitable Gaming Training Manual • Apply for a license • Request an Electronic Payment	3-1-2024 Letter to Licensees re IDs and EPDs Fee Change Kentucky Department of Charitable Gaming Achieves Accreditation: Joins PCs Insurance, Alcoholic Beverage Control departments	 Search for a Licensee File a complaint Apply for a Background Check [
Obtain a Background Check	UCG Files New Reg Amendments Devi Move	

Creating a New eServices Account

<u>NOTE</u>: You may have had an account set up for you by the DCG staff. If you were already emailed a username and password, skip to the section "Navigating eServices".

Once into eServices, the system will present this screen:

Username
Password
Login Create new account Forgot Password

Click "Create new account":

Department of Cha	ritable Gaming Licensing Services
	CREATE NEW USER ACCOUNT
Tax Id*	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 ppcdcglicensingmail@ky.gov for assistance.
OR	
SSN*	The user must have the Tax ID of the entity they represent or the SSN and the EXE number to continue.
License Number*	
Validate	

Once entered, demographic information must be added:

	_		
Password	Ø	(Must be between 8-15 alpha numeric charao)	cters in length, should have at least 1 number and may contains ! @ #
Verify Password*	©	(Must be between 8-15 alpha numeric charac +-)	cters in length, should have at least 1 number and may contains ! \textcircled{g} 4
Email*			
First Name*		Middle Name / Initial	Last Name*
Phone Number*			

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 (<u>Make sure it's an email that is checked often, as DCG</u> will use this email as your primary point of contact)
- Provide your First/Middle/Last Name
- Provide a valid phone number and after entry is complete, click "Create Account"

Once in, the following screen will display:

	PUBLIC PROTECTION CABINET	Department of Charital	ole Gaming Licensing Services	Change Password Log out
ft	Business Name:		User Email:	Entity ID: 25436
Individual In View Profile View Busine	ess Profile			
Services	Record Corr	rection Request License/File	nption or CG-FIN-KXE	
	Record Corr Address, Ph	ection (Name, kone & Email etc.) Renewal/Fil	xr License e CG-FIN-EXE	

Navigating eServices

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

- 1) <u>View Profile</u>: Allows the user to review the demographic data on file with DCG regarding the charitable organization or licensee. (such as addresses, contacts, etc.)
- 2) <u>Record Correction Request</u>: Allows the user to submit address and contact changes to DCG electronically.
- 3) <u>Renew Exemption or License/File CG-FIN-EXE</u>: Allows the user to file the Annual Financial Report for Exempt Charitable Organization, Form CG-FIN-EXE and/or renew Exemption, Form CG-APP-EXE.

Start the EXE Renewal Process by filing the Annual Financial Report

Click on the following icon to file the Annual Financial Report, CG-FIN-EXE:



Select the license type set for renewal:

stem	defaults the Original Amount to the active ren	rewal fee. If applicable for the license you are renewing, the syste	m will update the amount to reflect the correct fee on	ce you select the renewal status.
et	License Type	License Number	Expiration Date	Amount Due
	Exempt Organization	EXE00000	01/51/2024	\$8.00

Click "Submit".



Annual Financial Report for Exempt Charitable Organization (CG-FIN-EXE)

The following screen will appear:

	PUBLIC PROTECTION CABINET	Department of Charitable Gaming Licensing Services	Change Password Log out
f	Business Name:	User Email:	Entity ID: 29964
		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	
		Exemption No: EXE0001234	
		Charitable Organization of KY	

The renewal screen is pre-loaded with current entity data, including:

- Exemption Number
- Organization's Name

Exemption No.:		
EXE0001234		
Organization's Name:		
Charitable Organization of KY		
-		

The next question deals with the tax status of the entity. You must answer this question "Yes" to qualify for exempt status.



The next section displays the current address and contact information on record with the department. If the user needs to change/update this information, answer the question "**Yes**".

Sr. No	Address Type	Address Line 1	Address Line 2	Address Line 3	Zip	City	State
1	Mailing	n <mark>e</mark>			42301		КҮ
2	Location	-			42301		KY
Sr. No		Contact Person		Email			Phone
1							
2		_					
Has any of t	he information listed in re	sponse to questions above ch	anged in the previous year?				

If "Yes" is selected, an additional edit screen, "Record Correction", will display for updating data. If no changes are required, click "No", and proceed to the next question.

Record Correction

	Record Correction	
Select License EXE000	•	
License Details:		
Organization's Name:	•	

Updating address data:

Addres	ss Type	•						
Addres	ss Line 1		Addr	ess Line 2				
Zip		City		State			County	
Add s Mailing	Cancel *Yo Address and Locati	ou must click Add button to say	ve the address below No Select "Ye both address	s" and click "Add sses will appear b	" and below		You may "edi outdated a	t" or "remov ddress data
Add s Mailing Sr. No	Cancel *Yo Address and Locati Address Type	ou must click Add button to sav on Address the same? Yes Address Line 1	ve the address below No V Select "Ye both addres Address Line 2	s" and click "Add sses will appear b Zip	" and below City	State	You may "edi outdated a County	t" or "remov ddress data
Add s Mailing Sr. No	Cancel *Yq Address and Locati Address Type Mailing	ou must click Add button to san on Address the same? Yes Address Line 1	Address Line 2	s" and click "Add' sses will appear b Zip	" and below City	State	You may "edi outdated a County	t" or "remov ddress data = ×

An "Address Type" of "Mailing" must be entered for the organization. Be sure to click "Add" to ensure updated data has been entered.

Contact D	etail:								
First Name				Middle Name				Last Name	
Contact Ty	pe select con	tact type	•	Officer Type	select offic	cer type	•	E-Mail Address	E-mail address is required
Date Of Bir	th not requ	uired		Title				Phone	
Deactiva	te *You must click Add	d button to save th	he contact be	low				You may outda	r "edit" or "remove" ited contact data
Sr. No Firs	st Name Midd	e Name Last	t Name	Contact Type	Officer Type	Email	DOB	Title	Phone Deactive
1				Officer	Exempt Contact			President	False
2				Officer	Exempt Contact			Director of Accounting & Administration	False 🖍

Record Correction Incose Detail: Incose Detail: Incose Type Incose Type <th>CKY PROTECTION CKN CKN Department of Charitable Gaming Licer</th> <th>nsing Services</th> <th></th> <th></th> <th></th>	CKY PROTECTION CKN CKN Department of Charitable Gaming Licer	nsing Services			
Record Correction Correst Detail: Image: Correction Address: Image: Correction					
		Record Corre	ection		
	Select License EXE000	•			
	License Details:				
	Lic Number EXE0				
	Organization's Name:	•			
	Address:				
Advessive 1 Zo Yo Bite Control Details Material and Material	Address Type 👻				
	Address Line 1	Address Line 2			
Image: Section View mut tick Add button to save the address below Image: Section View mut tick Add button to save the address below Image: Section View Mut tick Add button to save the address below Image: Section View Mut tick Add button to save the address below Image: Section View Mut tick Add button to save the address below Image: Section View Mut tick Add button to save the address below Image: Section View Mut tick Add button to save the address below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below Image: Section View Mut tick Add button to save the contact below <t< td=""><td>Zip City</td><td>St</td><td>tate</td><td>County</td><td></td></t<>	Zip City	St	tate	County	
bit No Address Line 1 Address Line 2 Zip City Rate County Image: County 1 mining 2	Add Cancel *You must click Add button to a Is Mailing Address and Location Address the same? Yes	save the address below			
1 Maling 2 Location 2 Location Contact Detail: First Name Last Name Contact Type Officer Type Edit of Binh Title Phone Image: Contact type Officer Type Edit of Binh Title Phone Image: Contact type Image: Contact Type Officer Type Edit of Binh Title Phone Image: Contact Type Image: Cont	Sr. No Address Type Address Line 1	Address Line 2 Zip	City	State County	=
2 Leasion Contact Detail: First Name Middle Name Contact Type Officer Type Officer Type Officer Type Contact Detail: Title Contact Type Officer Type Contact Officer Contact Type Contact Officer Contact Type Contact Contact Contact Type <td>1 Mailing</td> <td>4101</td> <td>11</td> <td>KY KENTON</td> <td>×</td>	1 Mailing	4101	11	KY KENTON	×
Contact Detail: First Name Middle Name Contact Type Officer Type Eddlarderss Dete Of Birth Title Pone Ontact Add Mutton to save the contact Hate Ontact To moust click Add Mutton to save the contact Type Officer Type To filter Contact Officer Detertor of Contact Officer Detertor of Contact Officer Contact Director of Contact Director of Contact	2 Location			-	■ / ×
Contact Detail: First Name Officer Type Officer Type E-Mail Address Date of Birth Title Phone Date of Birth Title Phone Date of Birth Title Phone Phone Date of Birth Title Phone Phone Date of Birth Officer Type Enail Pone Detactivate Officer Exempt Contact Officer Contact Officer Exempt Officer Contact Officer Exempt Officer Contact Officer Exempt Officer of Administration X					
First Name Middle Name Last Name Contact Type Officer Type E-Mail Address Date Of Birth Title Phone Descrivate Middle Name Last Name Md "You must click Add button to save the contact below St. No First Name Middle Name 1	Contact Detail:				
Contact Type Officer Type E-Mail Address Date Of Birth Title Phone Descrivate School Strike School Strike Add "Your must click Add button to save the contact below School Strike Sc No First Name Middle Name Last Name Officer Exempt Director of Contact False 1 Officer Exempt Director of Accounting & Accounting & X 2 Officer Exempt Director of Accounting & X Contact Officer Exempt Director of Accounting & X	First Name	Middle Name	L	ast Name	
Date of Birth Title Phone Descrivate Image: Contact Type Officer Type Email DOB Title Phone 1 Image: Contact Type Officer Type Exampt Contact President False Image: Contact 2 Image: Officer Exempt Director of Contact False Image: Contact	Contact Type -	Officer Type	• E	-Mail Address	
Descrive Add Wou must click Add button to save the contact below St. No First Name Middle Name Last Name Contact Type Officer Type Email D08 Title Phone Descrive 1	Date Of Birth	Title	P	Phone	
Sr. No First Name Middle Name Last Name Contact Type Officer Type Email DOB Title Phone Descrive 1 Image: Contact Type Officer Exempt Contact President False Image: Contact Type 2 Image: Contact Type Officer Exempt Contact Director of Administration False Image: Contact Type Submit Submit Submit Submit Submit Submit Submit	Deactivate Add "You must click Add button to save the contra	act below			
1 Image: Contact President False Image: Contact 2 Image: Contact Director of contact False Image: Contact	Sr. No First Name Middle Name Last Name	Contact Type Officer Type	Email DOB	Title Phone	Deactive
2 Officer Exempt Contact Director of Accounting & Administration X		Officer Exempt Contact		President	False 🖌 🗙
Submit	2	Officer Exempt Contact		Director of Accounting & Administration	False 🖍
Submit					
		Submit			

Once all editing is complete, click "Submit" to return to the main renewal page.

The following question allows a user to establish a new gaming location. A "Yes" will provide a data entry screen to add the location, a "No" will allow a user to proceed to the next screen, by clicking "Continue" to proceed to the next page.



If user selects "Yes", the gaming location data can be entered accordingly:

If your organization plans to cone of the second state of the second s	onduct charitable gaming in the c	coming year at a location other than	at the address prov	ided above , would you like to provide
Yes 🗌 No				
Name of the location				
Street Address				
Address				
Zip	City	State		Phone
Add *You must click /	Add button to save the address b	elow		
Sr. No Name of Location	Street Address Address	City State	Zip	Phone =

Report of Charitable Gaming Activity

Report on yearly gaming activity by entering the Gaming Gross Receipts for the year:

lect Activity Type	- select ac	tivity from	the drop dowr	ו	
ross Receipts	Payouts		Expenses		Net Receipts
dd *You must clic	ck Add button to save the	e gaming activity bei	ow		
Activity	Gross Receipts	Payouts	Expenses	Net Receipts	
			Total Amount:	\$0.00	

- Enter Gross Receipts, and any Payouts or Expenses for each Gaming Activity conducted (Net Receipts is automatically calculated). Be sure to click "Add" after entering the data. If more than one type of gaming activity was conducted, repeat the same process for each type of gaming activity selected.
- If the organization did not conduct any gaming activity for the year, select "No Activity" and click "Add".

Once all gaming receipts have been entered, click "Next".

Disposition of Charitable Gaming Proceeds

Here the disposition of Charitable Gaming Net Receipts will need to be entered. Enter the description and the amount associated with that item. Provide an itemized accounting of the Total Net Gaming Receipts.

NOTE: Disposition of Proceeds MUST equal Net Receipts recorded on the previous screen. You cannot advance until the total is disposed.

n the lines below, provide an Itemize evicus calendar year. The total disp	f accounting of how your organi- tation should equal the total net	receipts reported in qu	eipts it generated from charitable gaming activities in the estion in the previous page
Description		Amount	
Add "You must click Add but	ion to save the details below		Total Net Receipts : 1000
Sr. No Description	Amount	=	
Total	Disposition: \$0.00		

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

DISPOSI	TION OF CHARITABLE GAMING P
On the lines below, provide an itemized ac previous calendar year. The total disposition	counting of how your organization spent the net receipts it generated f on should equal the total net receipts reported in question in the previo
Description	Disposition total mismatch with the Gaming total amount \$1000
Add *You must click Add button t	о sav

To edit data, use this tool as in the previous areas:

		Total Net Receipts : 1000
	Amount	=
	\$900.00	×
sposition:	\$900.00	

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

Certification

The user must complete the Certification. Once finished, click "Submit".

CERT	IFICATION
I certify, under penalty of perjury, that I am authorized by the organization t including any accompanying material, and all information submitted is, to organization agrees to comply with all applicable laws and administrative r	to submit this Annual Financial Report and that I have examined this document, the best of my knowledge and belief, true and correct. I further certify that the regulations regarding charitable gaming in the Commonwealth of Kentucky
Signature*	Date* 11-03-2023
Printed Name*	Title
< Back Submit	

Review and Submit

This page will allow the user to verify all the information that was entered and/or updated before submitting the Annual Financial Report. Also, at the bottom of the page, located in the middle, is "Print". The user can click on "Print" to print a copy of the CG-FIN-EXE for record keeping purposes. After printing a copy, click "Review and Submit" located on the bottom right corner to submit the Annual Financial Report.

			R	EVIEW AND	SUBMIT			
Organiza exempti	itions conducting charit on. Exemptions are auto	table gaming pursuant to omatically renewed every	an exemption must comp year on January 1, but ar	plete and submit this n exemption will be r	s form to the Department of Cl rescinded if the organization fa	haritable Gaming before J ills to file this report by Ja	lanuary 31 of the year fo anuary 31, unless the De	ollowing the partment
grants ti	ne organization an exten	nsion. KRS 238.535(2)(b),	KRS 238.535(3), and KR	s 238.535(5).	, in the second s			
			CHARITA	SLE URGANIZAT	ION INFORMATION			
Exemptio	a No.:							
Organizat	ion's Name:							
Does your	organization continue to common school, institu	o maintain a federal tax-e	xempt status under 26 U public college or universi	SC 501(c)(3), 26 USC	C 501(c)(4), 26 USC 501(c)(8), e defined by KRS 158 030 KRS	26 USC 501(c)(10), or 26	USC 501(c)(19), or doe	s it maintain its
Yes	No No	(if "No," your organization	n is not eligible to conduc	t charitable gaming.)	, roundou, and hito rou.	230,100,000,000,000,000,000,000,000,000,0	
Sr. No	Address Type	Address Line 1	Address Line 2	Zip	City	State		
1	Mailing				Frankfort	КҮ		
2	Location		test2		Jeffersontown	КҮ		
0- N-	<u>^-</u>			F		DLass		
		וח				FEDS		
		DI		OHANITAD		LLDO		
	On the lines below, p should equal the tot	provide an itemized accounting tal net receipts reported in ques	of how your organization spen ation in the previous page.	t the net receipts it gener	rated from charitable gaming activitie	is in the previous calendar year.	The total disposition	
	Sr. No Descriptio	on	Amount					
	1 no activi	ity	\$0.00					
	1 no activi	ity Total Disposition:	\$0.00 \$0.00					
	1 no activi Note: If you don't ha	ity Total Disposition: we any activity to enter, please	\$0.00 \$0.00 enter No Activity and click add					
	1 no activi	ity Total Disposition: we any activity to enter, please	\$0.00 \$0.00 enter No Activity and click add	CEDTIEICA	TION			
	1 no activi	ity Total Disposition: we any activity to enter, please	\$0.00 \$0.00 enter No Activity and click add	CERTIFICA	TION			
	no activi Note: If you don't ha I certify, under penal information submitti regarding chartable	ity Total Disposition: we any activity to enter, please ity of perjury, that I am authoriz ed is, to the best of my knowle gaming in the Commonwealth	\$0.00 \$0.00 enter No Activity and click add ed by the organization to subm ge and belief, true and correct of Kentucky	CERTIFICA it this Annual Financial R	TION Report and that I have examined this organization agrees to comply with a	focument, including any accom	panying material, and all rative regulations	
	no activi Note: // you don't ha I certify, under penal information submittie Signature* //s/	ity Total Disposition: we any activity to enter, please ity of perjury, that I am authoriz ed is, to the best of my knowle gaming in the Commonwealth	S0.00 S0.00 enter No Activity and click add red by the organization to subm dge and belief, true and correct of Kentucky	CERTIFICA it this Annual Financial R I further certify that the	TION Report and that I have examined this or organization agrees to comply with a tase* 0/8/2024 12:00:00 AM	forument, including any accom	panying material, and all rative regulations	
	1 no activi Note: If you don't ha information submitti regarding charitable Signature* /s/	ity Total Disposition: we any activity to enter, please ity of perjury, that I am authoriz ed is, to the best of my knowle gaming in the Commonwealth	S0.00 s0	CERTIFICA it this Annual Financial R I further certify that the 1	TION Report and that I have examined this organization agrees to comply with a star* 10/8/2024 12:00:00 AM	locument, including any accom	panying material, and all rative regulations	
	1 no activi Note: If you don't ha I certify, under penal information submitt regarding charitable Signature* /S/ Pented Name*	Ity Total Disposition: we any activity to enter, please by of perjury, that I am authoriz ed is, to the best of my knowle gaming in the Commonwealth	S0.00 S0.00 enter No Activity and click add sed by the organization to subm dge and belief, rue and correct of Kentucky	CERTIFICA it this Annual Financial R I further certify that the	TION Report and that I have examined this organization agrees to comply with a local to the second second fitle	focument, including any accom	panying material, and all rative regulations	
	1 no activi	ity Total Disposition: we any activity to enter, please Ity of perjury, that I am authoriz ed is, to the best of my knowle rgaming in the Commonwealth	S0.00 s0	CERTIFICA it this Annual Financial R I further certify that the	TION Report and that I have examined this organization agrees to comply with a base* 0/8/2024 12:00:00 AM	locument, including any accom	panying material, and all rative regulations	

Invoice Details

The following screen will appear. You must complete the checkout process by clicking "Checkout/Complete Order".

aription.	Fee(s)	Action(s)
mas Renewal / License Extension - Exempt Organization (EXE00000)	90.00	
	Total Amount Dae	50.00

Transaction/Order Information

After the checkout process, the user will get confirmation showing the transaction is "Complete". The user can print a copy of the receipt for record keeping purposes. An email will also be sent to the primary contact person of the organization that confirms the process has been completed.

	Transaction / Order Info	ormation
Transaction Details		
Transaction Status: Complete	Transaction/Order Number:	Transaction Date: 11/06/2023
Payment Summary		
Quantity: 1		
Description: License Renewal / License Extension	Esernor Organization (EXED0000000)	
Ameunt: \$0.00		
Portal Administration Fee: 00.00		
Tetal Charged: \$0.00		
Print Copy of Receipt Ge Home		

You are now finished and have filed the Annual Financial Report to complete the annual EXE renewal process. You can return to the Home eServices screen or you can log out of the eServices portal.