

Detroit, MI 48202 Phone: (313) 456-4940

Fax: (313) 456-3405 Email: Millionaireparty@michigan.gov www.michigan.gov/mgcb

MILLIONAIRE PARTY SUPPLIER ANNUAL REPORT

File by October 15

| Name of Company | | | Supplier License No. | | |
|--|------------------------------------|----------------|------------------------------|---------------------|--------------|
| Mailing | ling Address City & State | | ZIP Code | Report for Year of | |
| What a | accounting method does your organ | ization utiliz | ze? 🗌 Cash Basis 🔲 Ad | ccrual Basis | |
| Income Statement October 1 through September 30 (Millionaire Party) | | | | | |
| Include | e only revenue and expenses direct | ly related to | millionaire party events lid | censed by the State | of Michigan. |
| Rever | nue: | | | | |
| 1. | Sale and Rental of Equipment | | \$ | _ | |
| 2. | Technical Support/Training | | \$ | _ | |
| 3. | Other Revenue (Attach Schedule | A) | \$ | _ | |
| 4. | Total Revenue | | | \$ | |
| Exper | nses: | | | | |
| 5. | Equipment | | \$ | _ | |
| 6. | Salaries and Wages | | \$ | _ | |
| 7. | Contract Labor | | \$ | _ | |
| 8. | Advertising | | \$ | _ | |
| 9. | Rental Expense | | \$ | _ | |
| 10 | . Office Supplies | | \$ | _ | |
| 11 | . Charitable Donations* | | \$ | | |
| 12 | . Other Expenses (Attach Statemer | nt B) | \$ | _ | |
| 13 | 13. Total Expenses \$ | | | | |
| MP Net Profit/(Loss) (subtract line 13 from line 4) | | | | | |
| *Note: The Charitable Donations expense line item only relates to donations that were made to the charitable organization to cover any losses for a millionaire party event. | | | | | |



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MILLIONAIRE PARTY

Income Statement October 1 through September 30 (Enterprise)

| | | Enterprise) | |
|---------------------|--|-------------------|----|
| Include | all revenue and expenses related to the sup | plier's activity. | |
| Reven | ue: | | |
| 1. | Gross Receipts or Sales | | \$ |
| 2. | Returns and Allowances | | \$ |
| 3. | Balance (subtract line 2 from line 1) | | \$ |
| 4. | Cost of Goods Sold | | \$ |
| 5. | Gross Profit (subtract line 4 from line 3) | | \$ |
| 6. | Other Income/(Loss) (Attach Schedule C) | | \$ |
| 7. | Total Income/(Loss) (add/subtract line 6 fro | m line 5) | \$ |
| Ex | penses: | | |
| 8. | Equipment | \$ | |
| 9. | Salaries and Wages | \$ | |
| 10. | Contract Labor | \$ | |
| 11. | Advertising | \$ | |
| 12. | Rental Expense | \$ | |
| 13. | Office Supplies | \$ | |
| 14. | Charitable Donations | \$ | |
| 15. | Other Expenses (Attach Statement D) | \$ | |
| 16. | 16. Total Expenses (add lines 8 through 15) | | \$ |
| Ordina | Ordinary Business Income/(Loss) (subtract line 16 from line 7) | | |
| Feder | al Taxes Paid | \$ | |
| State Taxes Paid \$ | | \$ | |
| | | | |



State of Michigan
Michigan Gaming Control Board
Millionaire Party Licensing
3062 W. Grand Blvd., Suite L-700
Detroit, MI 48202
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| Balance Sheet (Enterprise) Ending September 30 | | | | |
|--|----------|--------------|--|--|
| Include all assets, liabilities, and owner equity related to the supplier. | | | | |
| Assets: | | | | |
| Current (less than one year): Cash and Cash Equivalents | ¢ | | | |
| Accounts Receivable | \$\$ | _ | | |
| Other Current Assets (Attach Schedule E) | \$ \$ | _ | | |
| Total Current Assets | \$ | _ | | |
| Total Culton (1000to | Ψ | = | | |
| Long-Term (one year or greater): | | | | |
| Building, Property, and Equipment | \$ | _ | | |
| Other Long-Term Assets (Attach Schedule F) | \$ | _ | | |
| Total Assets | | \$ | | |
| Liebilities and Owner Family. | | | | |
| <u>Liabilities and Owner Equity:</u> Current (less than one year): | | | | |
| Accounts Payable | \$ | _ | | |
| Mortgages/Notes Payable (Current Portion) | \$ | _ | | |
| Other Current Liabilities (Attach Schedule G) | \$ | _ | | |
| Total Current Liabilities | \$ | _ | | |
| Long-term (one year or greater): | | | | |
| Mortgages/Notes Payable (Less Current Portion) | \$ | _ | | |
| Other Long-Term Liabilities (Attach Schedule H) | \$ | _ | | |
| Total Liabilities | | \$ | | |
| Owner Equity: | | | | |
| Common Stock | \$ | _ | | |
| Paid-In Capital | \$ | _ | | |
| Retained Earnings | \$ | _ | | |
| Other Owner Equity (Attach Schedule I) | \$ | _ | | |
| Total Owner Equity | | \$ | | |
| Total Liabilities and Owner Equity | | \$ | | |
| I CERTIFY, as the owner or principal officer of this business having examined this report, there is no misrepresentation or falsification in the information stated. I FURTHER CERTIFY I am aware false or misleading information may be cause for suspension of the current license and/or prevent the issuance of future licenses and I AM AWARE OF AND AGREE TO the conditions of Act 382 of the Public Acts of 1972, as amended, and the related Administrative Rules. | | | | |
| Signature | Title | Date | | |
| | | | | |



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SCHEDULE A

Other Revenue - Millionaire Party

List all other revenue related to millionaire party events.

| Revenue Description | Amount |
|---------------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |



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SCHEDULE B

Other Expenses - Millionaire Party

List all other expenses related to millionaire party events.

| Expense Description | Amount |
|---------------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |



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SCHEDULE C

Other Income - Enterprise

List all other income of the supplier.

| Income Description | Amount |
|--------------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |



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SCHEDULE D

Other Expenses - Enterprise

List all other expenses of the supplier.

| Expense Description | Amount |
|---------------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |



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MILLIONAIRE PARTY

SCHEDULE E

Other Current Assets - Enterprise

List all other current assets of the supplier.

| Current Asset Description | Amount |
|---------------------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |



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SCHEDULE F

Other Long-Term Assets - Enterprise

List all other long-term assets of the supplier.

| Long-Term Asset Description | Amount |
|-----------------------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |



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SCHEDULE G

Other Current Liabilities - Enterprise

List all other current liabilities of the supplier.

| Current Liability Description | Amount |
|-------------------------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |



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SCHEDULE H

Other Long-Term Liabilities - Enterprise

List all other long-term liabilities of the supplier.

| Long-Term Liability Description | Amount |
|---------------------------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |



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SCHEDULE I

Other Owner Equity - Enterprise

List all other owner equity of the supplier.

| Owner's Equity | Amount |
|----------------|--------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. | \$ |
| 15. | \$ |
| TOTAL | \$ |