



State of California Department of Justice
**Nonprofit Organization Fundraiser
Report Form**

BGC-SP. 003 New 09/08

SUBMIT TO:
Bureau of Gambling Control
P. O. Box 168024
Sacramento, CA 95816-8024
Phone: (916) 263-3408
Fax: (916) 263-0928

For Official Use Only

draft

A fundraiser report must be submitted within sixty (60) days of the completion of the fundraising event. (California Code of Regulations, Title 11, Section 2114, Record Reporting)

INSTRUCTIONS: Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application. Any corrections, changes, or other substitutions must be initialed and dated by the applicant.

1. Name of Organization <i>(Please type or print)</i>		2. Provide at least one of the following: Federal Tax Identification Number: _____	
3. Previous Name of Organization <i>(If name changed)</i>		Corporate Number: _____	
4. DBA <i>(Doing Business As)</i>	5. Fiduciary Name	Organization Number: _____	
6. Street Address			
City		County	State Zip Code
7. E-mail Address		Fiduciary Telephone Number	Fax Number
Controlled Games Event Information			
8. Date of Fundraiser <i>(MM/DD/YYYY)</i>	9. Total Funds Received <i>(Controlled games only)</i>	10. Funds Raised by Organization <i>(Should equal 90% or more of funds received)</i>	
11. Location of Fundraiser <i>(Name of building and/or street address of the facility where the fundraiser was conducted)</i>			
Street Address		City	County State Zip Code
Certification by Fiduciary on Behalf of Nonprofit Organization			
1. 90% or more of the total funds received during the controlled games fundraiser were allocated to the organization.		<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE
2. Cash prizes were not awarded to participants of the controlled games fundraiser.		<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE
3. Individual prizes awarded at the controlled games fundraiser did not exceed cash value of \$500.		<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE
4. Total cash prizes awarded at the controlled games fundraiser did not exceed \$5000.		<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE

If the answer is "False" to any of the above questions, please explain the circumstances that support the answer. Use additional sheets of paper, if necessary, for the explanation. If the answer is "False" to more than one question, be sure to reference the item number next to each explanation.

In signing this, I certify that all information is to the best of my knowledge and belief, true and correct. I further certify that our nonprofit organization has complied with all applicable laws and administrative regulations regarding charitable gambling in the State of California.

Signature of Fiduciary

Printed Name of Fiduciary

Date