

**LG200C 501(c)(3) Organization and 501(c)(4) Festival Organization**

Licensed 501(c)(3) organizations and 501(c)(4) festival organizations that make expenditures for their program services from their gambling account have two options.

**Option A - Transfers to General Fund**

- To be eligible to transfer gambling funds to your general fund for its primary purpose, your organization must have expended 30% or less of its total general fund expenditures for fund-raising, management, and general costs for its most recent two fiscal years.
- If you choose this option, use information from your two most recent fiscal years for general fund expenses to complete the information below.
- This form must be submitted annually to the Gambling Control Board.

**Option B - Pay Direct to Vendor or Recipient**

If your organization does not or will not transfer gambling funds to its general fund, your organization is not required to submit this form.

**Organization name** \_\_\_\_\_ **License number** \_\_\_\_\_

Indicate the fiscal years: **1st Fiscal year 20**\_\_\_\_\_ **2nd Fiscal year 20**\_\_\_\_\_

**1. Program service expenses**

- a. 1<sup>st</sup> fiscal year \$ \_\_\_\_\_
- b. 2<sup>nd</sup> fiscal year \$ \_\_\_\_\_
- c. Total a + b ..... 1c. \$ \_\_\_\_\_

**2. Management and general expenses**

- a. 1<sup>st</sup> fiscal year \$ \_\_\_\_\_
- b. 2<sup>nd</sup> fiscal year \$ \_\_\_\_\_
- c. Total a + b ..... 2c. \$ \_\_\_\_\_

**3. Fund-raising expenses**

- a. 1<sup>st</sup> fiscal year \$ \_\_\_\_\_
- b. 2<sup>nd</sup> fiscal year \$ \_\_\_\_\_
- c. Total a + b ..... 3c. \$ \_\_\_\_\_

**4. Payments to affiliates, if any (national level)**

- a. 1<sup>st</sup> fiscal year \$ \_\_\_\_\_
- b. 2<sup>nd</sup> fiscal year \$ \_\_\_\_\_
- c. Total a + b ..... 4c. \$ \_\_\_\_\_

**5. Total expenses: total lines 1c, 2c, 3c, and 4c** 5. \$ \_\_\_\_\_

**6. Add lines 2c and 3c** ..... 6. \$ \_\_\_\_\_

**7. Divide line 6 by line 5** ..... 7. \_\_\_\_\_

**8. Attach copies** of your two most recently completed IRS 990's or 990EZ Short Form (Return of Organization Exempt from Income Tax)

**Oath**

I affirm that the information provided with this form is true, accurate, and complete.

\_\_\_\_\_  
Signature of chief executive officer

\_\_\_\_\_  
Date

Print name

**Mail To**

Gambling Control Board (Licensing)  
1711 West County Road B, #300S  
Roseville, MN 55113

**Qualifications**

The Board will determine if your organization qualifies to transfer gambling funds to your general fund and will notify you in writing.

**Questions?**

If you have questions, contact your Licensing Specialist at 651-639-4000.

**Data privacy notice:** The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities.

This form will be made available in alternative format (i.e. large print, Braille) upon request.