

# Gaming Resource Supplier/Financial Source Trust Supplemental Information

BGC-APP 054 (Rev. 04/2024)

BUREAU USE ONLY

BGC ID# \_\_\_\_\_



## **MAIL COMPLETED FORM AND DEPOSIT TO:**

BUREAU OF GAMBLING CONTROL  
P.O. Box 168024  
Sacramento, CA 95816-8024  
(916) 227-3584; Fax (916) 227-2308

### **PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

This form is used to provide supplemental information for Trusts required to be licensed or found suitable under the Gambling Control Act and/or a California Tribal-State Gaming Compact.

A **current beneficiary** of the trust must also be licensed or found suitable if the beneficiary receives a distribution or income from a Trust required to be licensed or found suitable. (Business and Professions (B&P) Code sections 19850, 19852 subdivisions (e) and (h), and California Tribal-State Gaming Compact.)

A **trustor or contingent or future beneficiary** is not required to be licensed or found suitable unless specifically directed by the California Gambling Control Commission (Commission). The contingent or future beneficiary may elect to submit an application in advance of the mandatory requirement.

Each **trustor, trustee, or beneficiary** who seeks licensure or a finding of suitability must complete and submit the following forms:

- Application for Finding of Suitability (BGC-100)
- Individual Owner Supplemental Information (BGC-APP 025)

If the trustee is also the trustor and/or beneficiary, only one application package needs to be submitted. In this situation, the applicant will indicate in Section 5 of the BGC-100 that the applicant is applying in multiple capacities.

All responses must be truthful and complete. All responses and supplemental documentation are subject to verification and will be used to determine suitability under gambling laws and regulations. Any misrepresentation or failure to disclose required information or documentation may constitute cause for denial of the application.

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

**PRIVACY NOTICE**

THE INFORMATION PRACTICES ACT OF 1977 (CIVIL CODE SECTION 1798.17) AND THE FEDERAL PRIVACY ACT (PUBLIC LAW 93-579) REQUIRE THAT THIS NOTICE BE PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS. INFORMATION REQUESTED ON THIS FORM IS REQUIRED BY THE STATE OF CALIFORNIA, DEPARTMENT OF JUSTICE (DOJ), DIVISION OF LAW ENFORCEMENT (DLE), FOR THE PURPOSE OF DETERMINING SUITABILITY PURSUANT TO BUSINESS AND PROFESSIONS (B&P) CODE SECTIONS 19865 AND 19866. FAILURE TO PROVIDE MANDATORY INFORMATION MAY RESULT IN THE ABANDONMENT OR DENIAL OF YOUR APPLICATION. THE DLE/BUREAU OF GAMBLING CONTROL (BGC) LICENSING SECTION IS RESPONSIBLE FOR MAINTENANCE OF THIS FORM. PURSUANT TO B&P CODE SECTION 19821 SUBDIVISION (C), THIS FORM IS EXEMPT FROM THE CALIFORNIA PUBLIC RECORDS ACT.

**SECTION 1: TRUST INFORMATION**

TRUST NAME		
NAME OF TRIBAL GAMING RESOURCE SUPPLIER/FINANCIAL SOURCE		
TYPE OF TRUST <input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE	ORIGINAL DATE OF TRUST (MM/DD/YYYY)	AMENDMENT DATE(S) (MM/DD/YYYY)
RELATIONSHIP OF TRUST TO BUSINESS ENTITY <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> MEMBER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER _____		
DESCRIBE THE PURPOSE OF THE TRUST		

**SECTION 2: TRUST STRUCTURE**

**LIST EACH TRUSTOR, TRUSTEE, AND BENEFICIARY.**  
 IF AN INDIVIDUAL/ENTITY HAS MULTIPLE DESIGNATIONS, LIST ALL. IF THE DESIGNATION IS CONTINGENT ON A FUTURE EVENT (E.G., DEATH, AGE, ETC.), MARK YES AND EXPLAIN THE CONTINGENCIES IN THE SPACE PROVIDED. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.

1) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME		DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)		
CONTINGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
IDENTIFY THE CONTINGENT EVENT(S)				
2) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME		DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)		
CONTINGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
IDENTIFY THE CONTINGENT EVENT(S)				
3) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME		DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)		
CONTINGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
IDENTIFY THE CONTINGENT EVENT(S)				
4) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME		DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)		
CONTINGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
IDENTIFY THE CONTINGENT EVENT(S)				

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5) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME		DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)		
CONTINGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
IDENTIFY THE CONTINGENT EVENT(S)				
6) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME		DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)		
CONTINGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
IDENTIFY THE CONTINGENT EVENT(S)				
7) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME		DESIGNATION(S) (TRUSTOR, TRUSTEE, AND/OR BENEFICIARY)		
CONTINGENT <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
IDENTIFY THE CONTINGENT EVENT(S)				

**SECTION 3: TRUST AUTHORITY**

LIST EACH PERSON THAT HAS AUTHORITY OVER THE TRUST ASSETS AND/OR AUTHORITY OVER TRUST DISBURSEMENTS.

1) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME	AUTHORITY OVER TRUST INVESTMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AUTHORITY OVER TRUST DISBURSEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO
2) INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY NAME	AUTHORITY OVER TRUST INVESTMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AUTHORITY OVER TRUST DISBURSEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 4: LITIGATION AND ARBITRATION**

HAS THE TRUST, AS AN ENTITY OR IN CONNECTION WITH ANY OTHER BUSINESS ENTITY, BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.		<input type="checkbox"/> YES <input type="checkbox"/> NO
APPROXIMATE DATE FILED (MM/YYYY)	PARTIES INVOLVED	COURT LOCATION (CITY, STATE)
CASE NUMBER	DISPOSITION DATE (MM/DD/YYYY)	FINAL DISPOSITION

**SECTION 5: BUSINESS INTEREST - GAMING RELATED**

OTHER THAN THE GAMING RELATED ENTITY IDENTIFIED ABOVE IN SECTION ONE (1), HAS THE TRUST HELD A FINANCIAL INTEREST IN ANY GAMING RELATED VENTURE OR ENTITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.		<input type="checkbox"/> YES <input type="checkbox"/> NO
1) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS	
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	
2) NAME OF BUSINESS ENTITY	BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	PRIMARY PURPOSE OF BUSINESS	
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED	

**SECTION 6: BUSINESS INTEREST - NON-GAMING RELATED**

HAS THE TRUST HELD A FINANCIAL INTEREST IN ANY NON-GAMING RELATED BUSINESS ENTITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
1) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS		
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED			
2) NAME OF BUSINESS ENTITY		BUSINESS TELEPHONE NUMBER	DATES INVOLVED FROM (MM/YYYY) TO (MM/YYYY)	
BUSINESS ENTITY MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		PRIMARY PURPOSE OF BUSINESS		
CAPACITY/TITLE	INDIVIDUALS (LAST, FIRST, MIDDLE) OR ENTITIES SHARING INTEREST AND PERCENTAGE OWNED			

**SECTION 7: FINANCIAL HISTORY**

A) PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON THAT PREPARES AND FILES THE TRUST'S FINANCIAL STATEMENTS AND TAX FORMS, IF APPLICABLE.				
NAME (LAST, FIRST)		COMPANY NAME, IF APPLICABLE		IS THIS PERSON AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DUTIES (E.G., BOOKKEEPING, PREPARATION OF AUDITED FINANCIAL STATEMENTS, INVESTMENT MANAGER, ETC.)				
B) DOES THE TRUST HAVE A TAX ID NUMBER? IF YES, PROVIDE THE TAX ID NUMBER. IF REPORTED THROUGH ANOTHER INDIVIDUAL OR ENTITY'S TAXES, PROVIDE THE INFORMATION BELOW.			<input type="checkbox"/> YES <input type="checkbox"/> NO	TRUST TAX ID NUMBER
NAME OF INDIVIDUAL (LAST, FIRST, MIDDLE) OR ENTITY UNDER WHICH TAXES ARE FILED		RELATIONSHIP TO THE TRUST (E.G., TRUSTOR)		
MAILING ADDRESS OF INDIVIDUAL/ENTITY (NUMBER/STREET/APT)		CITY	STATE	ZIP CODE
C) HAS THE TRUST FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE A COPY OF THE BANKRUPTCY PETITION/ORDER AND THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE FILED (MM/YYYY)	CASE NUMBER (IF KNOWN)	FEDERAL DISTRICT COURT WHERE FILED	DATE OF DISCHARGE (MM/YYYY)	AMOUNT OF DISCHARGE, IF APPLICABLE
EXPLAIN THE CIRCUMSTANCES THAT LED TO THE BANKRUPTCY FILING, INCLUDING THE NATURE OF THE DEBT.				
D) HAS THE TRUST HAD A JUDGMENT OR LIEN FILED AGAINST IT WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGMENT	DATE FILED (MM/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE ACTION	NAME OF PERSON/ENTITY ACTION WAS FILED AGAINST	
EXPLAIN THE REASON FOR THE ACTION. IF SATISFIED, PROVIDE COPY OF THE RELEASE. IF LIEN/JUDGMENT IS NOT SATISFIED, AND THE TRUST IS MAKING PAYMENTS, ATTACH COPY OF THE PAYMENT PLAN/AGREEMENT PROVIDED BY THE COURT OR CREDITOR. IF TRUST IS NOT MAKING PAYMENTS, PROVIDE AN EXPLANATION.				
E) HAS THE TRUST BEEN AUDITED BY ANY TAXING AUTHORITY WITHIN THE LAST 10 YEARS? IF YES, PROVIDE THE FOLLOWING DETAILS.				<input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY	DATE OF AUDIT (MM/YYYY)	TAX YEAR AUDITED (YYYY)	EXPLAIN FINDINGS	

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<b>F) HAS THE TRUST HAD ANY ASSET REPOSSESSED OR HAD AN UNPAID DEBT/LOAN TURNED OVER TO A COLLECTION AGENCY OR DEEMED UNCOLLECTIBLE (CHARGE-OFF) FOR ANY REASON WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF CREDITOR	ACTION TAKEN (REPOSSESSION, COLLECTION, CHARGE-OFF)	DATE OF ACTION (MM/YYYY)	
EXPLAIN THE REASON FOR THIS ACTION. ATTACH A COPY OF THE PAYMENT PLAN OR OTHER DOCUMENT SHOWING HOW THE DEBT WILL BE SATISFIED. IF THE TRUST IS NOT MAKING PAYMENTS, PROVIDE AN EXPLANATION.			
<b>G) HAS THE TRUST BEEN A PARTY TO A FORECLOSURE WITHIN THE LAST 10 YEARS?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF FORECLOSED PROPERTY	DATE OF FORECLOSURE (MM/YYYY)	NAME OF LENDER	BALANCED OWED
EXPLAIN THE CIRCUMSTANCES THAT LED TO THE FORECLOSURE.			
<b>H) DOES THE TRUST OWN, CONTROL, OR MANAGE ANY ASSETS OUTSIDE THE U.S., OR HAVE ANY LIABILITIES OUTSIDE THE U.S.?</b> IF YES, PROVIDE THE FOLLOWING DETAILS.			<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/YYYY)	STATE/PROVINCE, COUNTRY	

SECTION 8: TRUST GROSS ANNUAL INCOME	
TYPE OF INCOME (ANNUAL) (LIST EACH BUSINESS SEPARATE)	AMOUNT
BUSINESS NAME (SPECIFY)	\$
BUSINESS NAME (SPECIFY)	\$
BUSINESS NAME (SPECIFY)	\$
INTEREST INCOME	\$
DIVIDEND INCOME	\$
RENTAL INCOME	\$
OTHER (SPECIFY)	\$
OTHER (SPECIFY)	\$
TOTAL GROSS INCOME	

SECTION 9: TRUST ANNUAL EXPENDITURES	
TYPE OF EXPENDITURE	AMOUNT
REAL ESTATE (MORTGAGE) PAYMENTS	\$
RENT	\$
HOUSEHOLD EXPENSES (UTILITIES, FOOD, GASOLINE, HOME/CAR MAINTENANCE, ENTERTAINMENT, ETC.)	\$
BUSINESS EXPENSES (DESCRIBE)	\$
CREDIT CARD EXPENSES	\$
VEHICLE LOAN PAYMENTS	\$
OTHER (DESCRIBE)	\$
TOTAL MONTHLY EXPENDITURES	

THE INCOME AND EXPENDITURE FIGURES SHOWN ABOVE ARE AS OF \_\_\_\_\_, 20\_\_.

### SCHEDULE A - TRUST ASSETS Cash

List all cash and identify its location (e.g., financial institutions [foreign and domestic], safe deposit boxes, house/office, etc.).

Address and Name of Entity/Location Where the Funds are Held	Type of Account	Last 6 Digits of Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Year End Balance*	Current Balance**
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
				TOTAL	\$	\$

\* Balance as of most recent calendar year: December 31, 20\_\_\_\_.

\*\* Balance as of date schedule is signed.

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

## SCHEDULE B - TRUST ASSETS Stocks and Bonds

List all stocks, bonds, mutual funds, or other similar investments held or controlled.

Issuer and Address	Registered Owner	Last 6 Digits of Account Number	Type (Note if Stock, Bond, Mutual Fund, etc.)	Number of Shares or Units	Year End Market Value*	Current Market Value**
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
				<b>TOTAL</b>	\$	\$

\* Market value as of most recent calendar year: December 31, 20\_\_\_\_.

\*\* Market value as of date schedule is signed.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

### SCHEDULE C - TRUST ASSETS Accounts and Notes Receivable

List all loans, accounts, and notes receivable (monies owed to the trust). Please submit copies of the agreement for any loans/accounts/notes receivable.

Name and Address of Debtor	Date Acquired	Maturity Date (Notes Receivable)	Payment Amount and Payment Period (e.g., Weekly, Monthly)	Interest Rate	Original Amount	Year End Balance*	Current Balance**
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
<b>TOTAL</b>						\$	\$

\* Balance as of most recent calendar year: December 31, 20\_\_\_\_.

\*\* Balance as of date schedule is signed.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_



## SCHEDULE D - TRUST ASSETS Business Investments

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or entities who share a direct, indirect or vested interest. This should include, but not be limited to, sole proprietorships (SP), joint ventures (JV), partnerships (P), limited liability companies (LLC), and corporations (Inc.).

Entity Name	Type of Entity	Number of Shares or Units	Name in Which Held	Percentage of Ownership	Date of Initial Purchase/Investment	Total Purchase Price/Investment	Year End Market Value*	Current Investment Amount**	
						\$	\$	\$	
Identify the source of monies for your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).									
						\$	\$	\$	
Identify the source of monies for your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).									
						\$	\$	\$	
Identify the source of monies for your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).									
						\$	\$	\$	
Identify the source of monies for your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).									
						\$	\$	\$	
Identify the source of monies for your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).									
						\$	\$	\$	
Identify the source of monies for your initial and subsequent investments (include dates and specific amounts of subsequent investments). If loans, provide copies of agreements. If checking or savings, identify source (wages, inheritance, etc.).									
						<b>TOTAL</b>	\$	\$	\$

\* Market value as of most recent calendar year: December 31, 20\_\_\_\_.

\*\* Investment amount as of date schedule is signed.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE E - TRUST ASSETS Real Estate

List any direct or indirect interest held in real property by the trust.

Address or Parcel Number and Location	Type of Property (Residential, Commercial, or Land)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) (Indicate Per Month, Year, etc.)	Down Payment Amount	Purchase Price	Year End Market Value*	
				\$	\$	\$	\$	
Identify the source of funds for the down payment								
				\$	\$	\$	\$	
Identify the source of funds for the down payment								
				\$	\$	\$	\$	
Identify the source of funds for the down payment								
				\$	\$	\$	\$	
Identify the source of funds for the down payment								
				\$	\$	\$	\$	
Identify the source of funds for the down payment								
				\$	\$	\$	\$	
Identify the source of funds for the down payment								
					<b>TOTAL</b>	\$	\$	\$

\* Market value as of most recent calendar year: December 31, 20\_\_\_\_.

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

## SCHEDULE F - TRUST ASSETS Other Assets

List all other assets, including those for which monies are still owed (e.g., cars, art collections, coin collections, antiques, furniture, etc.).

Type of Asset	Description	Date of Purchase	Purchase Price	Year End Market Value*
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		TOTAL	\$	\$

\* Market value as of most recent calendar year: December 31, 20\_\_.

Signature of Preparer

Date

\_\_\_\_\_

\_\_\_\_\_

## SCHEDULE G - TRUST LIABILITIES

### Accounts Payable

List all accounts payable (e.g., revolving accounts, credit cards for all open accounts [with or without a balance], leases, lines of credit).

Name and Address of Creditor	Last 6 Digits of Account Number	Collateral (If Applicable)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Year End Balance*	Current Balance**
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
<b>TOTAL</b>					\$	\$

\* Balance as of most recent calendar year: December 31, 20\_\_\_\_.

\*\* Balance as of date schedule is signed.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE H - TRUST LIABILITIES Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., Franchise Tax Board, Internal Revenue Service, Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Amount	Fines, Penalties, and Interest	Year End Balance*	Current Balance**
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
TOTAL				\$	\$	\$

\* Balance as of most recent calendar year: December 31, 20\_\_\_\_.

\*\* Balance as of date schedule is signed.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE I - TRUST LIABILITIES Notes Payable

List all loans and notes payable (monies owed by the trust). Please submit copies of loan agreements for any loans not obtained from a financial institution.

Name and Address of Creditor	Last 6 Digits of Account Number	Collateral (If Applicable)	Date Incurred	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Year End Balance*	Current Balance**
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
							TOTAL	\$	\$

\* Balance as of most recent calendar year: December 31, 20\_\_\_\_.

\*\* Balance as of date schedule is signed.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE J - TRUST LIABILITIES

### Mortgages Payable

List all mortgages on real estate.

Name and Address of Creditor	Last 6 Digits of Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Year End Balance*	Current Balance**
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					<b>TOTAL</b>	\$	\$

\* Balance as of most recent calendar year: December 31, 20\_\_\_\_.

\*\* Balance as of date schedule is signed.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE K - TRUST LIABILITIES Contingent and Other Liabilities

List any other indebtedness or liability (e.g., liens, pending litigation, etc.).

Name and Address of Creditor	Last 6 Digits of Account Number	Collateral (If Applicable)	Date Incurred	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Description of Liability	Original Amount	Year End Balance*	Current Balance**	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
						\$	\$	\$	
<b>TOTAL</b>							\$	\$	\$

\* Balance as of most recent calendar year: December 31, 20\_\_.

\*\* Balance as of date schedule is signed.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_



**SECTION 10: ADDITIONAL REQUIRED ITEMS**

The following items must be submitted with this completed form, as applicable. Provide copies of documents unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide required items may result in denial of the application. The application package will not be deemed complete until all required items have been received. Pursuant to Business and Professions Code section 19868 subdivision (a), an official filing date for the application package will not be established until all required forms, documentation, and fees have been received by the State.

Mark the box next to each attached item.

- Trust document and all amendments. **Provide signed copies.**
- A summary (in approximately two pages) of the terms of the Trust (including any amendments), including contingencies, if any, that impact the status of interests in the Trust and/or Trust distributions.
- Background Investigation Deposit required in Title 11, Cal. Code Regs., Section 2037.
- Authorization to Release Information (CGCC-CH2-13). **Provide original.**
- Appointment of Designated Agent (CGCC-CH1-04). **Provide original.**
- If the Trust files separate tax returns, provide Federal Tax Returns. Include all schedules and attachments for the last three years.
- Internal Revenue Service Request for Transcript of Tax Return (4506-T) for the Trust, if applicable. **Provide original.**
- Monthly Bank Statements for all Trust accounts for the last 12 months.
- Monthly/Quarterly Trust Investment Account Statements for all accounts for the last 12 months.
- Current Balance Sheet and Income Statement for the Trust and all businesses owned by the Trust.

Additional documentation may be required by the Bureau of Gambling Control.

Pursuant to Business and Professions Code section 19867, the applicant is responsible for all costs incurred by the Bureau related to the background investigation. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded. A determination for licensure or finding of suitability will not be made until the required deposits and fees are received.

**SECTION 11: DECLARATION**

A person with authority to act on behalf of the trust, including authority over its income and assets, must sign this form.

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes, and other alterations, are true, accurate, and complete, and that this declaration is executed by me at \_\_\_\_\_

*City and State*

PRINTED NAME	SIGNATURE	CAPACITY	DATE (MM/DD/YYYY)
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**Gaming Resource Supplier/Financial Source  
Trust Supplemental Information**

BGC-APP 054 (Rev. 04/2024)

**Privacy Notice on Data Collection Forms**

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information**

The Division of Law Enforcement, Bureau of Gambling Control in the Department of Justice collects the information requested on this form as authorized by California Penal Code sections 19865 and 19866. The Bureau uses this information to establish grounds for the license, permit or other approval indicated on this application form. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information**

All the personal information requested in this form must be provided.

**Access to Your Information**

You may review the records maintained by the Division of Law Enforcement, Bureau of Gambling Control in the Department of Justice that contain your personal information as permitted by the Information Practices Act. (See below for contact information.)

**Possible Disclosure of Personal Information**

In order to process your application, we may need to share the information you give us with law enforcement or regulatory agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information**

For questions about this notice or access to your records, you may contact the Special Agent Supervisor of Special Programs at the Department of Justice, Bureau of Gambling Control, at P. O. Box 168024, Sacramento, CA 95816-8024, (916) 830-1700 or e-mail at [GamblingControl@doj.ca.gov](mailto:GamblingControl@doj.ca.gov)