## **LG250 Fund Loss Request (Profit Carryover Adjustment)**

The fund loss request for an adjustment to a profit carryover must be filed within 60 days of discovery of the loss.

Organization Name:			License & Premises Permit Number:			
Street:		City:		State: MN	Zip Code:	
1.	Premises name:		Effective date	of premises pe	rmit:	
2.	Dollar amount of loss: \$	3. Dat	te and time of loss:		a.m. p.m.	
4.	Explain the details of the loss. Include any information and/or lessor):	on nor	gambling funds and asset	s that were take	en, if any (organization	
5.	How were the assets secured at the time the loss occurr and was it secured to the property? Were less secure m					
6.	Who was in control of the assets at the time the loss oc	curred?				
7.	What other persons had access to the assets at the time	e the lo	ss occurred?			
8.	Date the loss was reported to the membership:					
9.	What internal controls were in place to prevent the loss	to the l	pest of the organization's a	ability?		
10	. Were the internal controls described above followed? If yes, explain how the internal controls were followed	by the	<del></del>			
11	. What, if any, changes have been made to the internal of	controls	and personnel to prevent	future losses?		

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12.	What is the status of the law enforcement investigations?	Closed	Inactive	Active/Open				
	A police report must have been filed within five days of disco	overv of the los	S.					
	For a loss from a pull-tab dispensing device, the police report must have been filed within 24 hours.							
13	Restitution received: Yes No							
15.	If yes, amount received, claimed, or expected: \$		Anticipated date of navment:					
	if yes, amount received, claimed, or expected. \$		Anticipated date of payment.					
14.	Reimbursement received from insurance: Yes N	lo						
	If yes, amount received, claimed, or expected: \$		Anticipated date of payment:					
15.	After review of Minnesota Rules 7861.0320, subpart 9, provide consider (attach additional sheets if necessary):	e any additional	Information to the Gambling	Control Board to				
I declare that all pertinent information is included with this request and that the information is correct and accurate. I also understand that the Board's action is final except for the provisions of Minnesota Rules 7861.0320, subpart 9F. If any part of the questionable fund loss is recovered, the gambling fund will be reimbursed.								
Chi	ief Executive Officer's signature Date	Gambling Man	ager's signature	Date				
Pri	nt name	Print name						
Da	ytime phone	Daytime phone	<u> </u>					
What to Send:		Mail To:						
1.	LG250 Fund Loss Request.	Minnesota Gambling Control Board Suite 300 South 1711 West County Road B Roseville MN 55113						
	A copy of the police report or a copy of a letter indicating that your organization has requested a copy of the local law enforcement report.							
	A copy of the minutes from the meeting at which the fund loss was reported to your membership.		The LG250 must be filed with the Board within					
4.	A copy of the Schedule B2 showing how the loss was reported.	discovery of the loss for positive consideration. The LG250 may be filed before you receive a copy of the						
	A copy of the LG100F (formerly Schedule F) showing how the loss was reported.	police report; file the police report with the Board as soon as it is received.						

**Questions?** Contact the Gambling Control Board at 651-539-1900. This publication will be made available in alternative format (i.e. large print, braille) upon request.

**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. Law enforcement reports that are attached are governed by the data privacy statutes applicable to criminal justice agencies.