



“Impacting Lives Through Golf”

Managed Event Services for Tax Exempt Status

The NCPGA Foundation provides members of the Northern California PGA an opportunity to use its charitable 501c3 status to raise tax-deductible funds to benefit local and community-based programs that meet the mission of the NCPGA Foundation through golf fundraising events at NCPGA Member facilities. This service is supported by voluntary donations from the managed events.

NCPGA Foundation Mission: The Northern California PGA Foundation is dedicated to enriching the lives and communities of those in Northern California and Northwestern Nevada by providing resources to community action organizations that foster and embrace life’s positive values. These include programs such as Special Olympics, Saving Strokes, scholarships, junior golf programs, programs for the disabled -- all supported by PGA Professionals throughout our region.

Below are the simple steps that you must complete and agree with in order to use the NCPGA Foundation’s tax exempt status for your fundraising event.

- 1) Complete the NCPGA Foundation Golf Event Application and submit prior to promoting your event as being tax-deductible.
- 2) Once approved, certain language will be provided to you for inclusion in your entry forms and promotional materials which indicate that it is a tax-deductible event.
- 3) All entries will be collected by the host NCPGA Member;
 - a. Payments are made to the NCPGA Foundation (checks and credit cards are accepted – Mastercard, Visa, American Express, Discover).
 - b. The host NCPGA Member will send the entry forms with payments to the NCPGA Foundation for processing.
- 4) The NCPGA Member conducts the event, and then invoices the NCPGA Foundation for costs associated with the event (green fees, food & beverage, labor costs, etc.).
- 5) The host NCPGA Member will submit the Funds Distribution Form instructing the NCPGA Foundation on how to distribute the remaining funds raised to the organization(s)/program(s) included in their application. If there is any deviation from the original list of beneficiaries, the application will need to be revised and resubmitted to the NCPGA Foundation Board for approval.
- 6) Once all payments have been paid, the NCPGA Foundation will provide a letter indicating the amount which is tax-deductible for all participants. These letters will be sent in bulk to the host NCPGA Member to distribute.



NCPGA Member Golf Event Application for Tax Exempt Status

Host NCPGA Member: _____

Host Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Name of Fundraising Event: _____

Date(s): _____

Participant Cost of Event: _____

Organization(s) or Program(s) benefiting from this fundraiser

Please complete an Organization/Program Profile for each beneficiary of your event.

I agree that proceeds of this event will be distributed to the organizations for which profiles have been provided, and that no funds will be retained for personal gain by individuals or facilities.

I agree that a portion of the proceeds will be given as a voluntary donation to the NCPGA Foundation in support of its service and programs.

X

Northern California PGA Professional

For NCPGA Foundation Office Use Only:

Date Request Received: _____ Approved? Yes No

Date Approval Status Sent to Applicant: _____



PGA

Northern California Section
Foundation

NCPGA Member Golf Event Organization/Program Profile

(Before Event: Complete one for each organization/program)

Organization/Program Name: _____

Tax ID # (if available): _____

Contact Name: _____

Contact Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Purpose and/or Mission of the Organization/Program: _____

Funds will be used for: _____

Target Population Served by Organization/Program:

Number Served: _____ Age Range: _____

Geographic Area(s) Served: _____



NCPGA Member Golf Event Funds Distribution Instructions
(After Event: Complete for each organization/program)

Organization/Program Name: _____

Payable to: _____ Amount: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Organization/Program Name: _____

Payable to: _____ Amount: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Organization/Program Name: _____

Payable to: _____ Amount: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

For NCPGA Foundation Office Use Only: Paid by: _____ Date: _____
