**Form 11B**

**Commercial Co-venturer’s Annual Financial Report**

**Please TYPE or CLEARLY PRINT all entries in black ink.**

|  |
| --- |
| **1. Commercial Co-venturer (use legal principal place of business):** |
| Name: |
| Address: |
| City: State: Zip Code: |
| Phone: | Fax: |
| Email address: | Website (URL): |

|  |
| --- |
| **2. Charitable organization for whom the solicitation was conducted:** |
| Name: | AGO Account #: |
| Address: | Phone: |

|  |
| --- |
| **3. Campaign dates (MM/DD/YYYY). In the first row, list the start and end dates for the campaign**  **as listed on the corresponding Form 10A. In the second row, list the dates for the portion of the**  **campaign reported on this Form.\*** |
| Campaign duration: / / to / / |
| Period reported here: / / to / / |

\*If you are reporting on a campaign that began and ended in the same calendar year, both rows should match. If you are reporting on a campaign that was conducted/will be conducted in more than one calendar year (e.g. 7/1/2006 – 6/30/2007), indicate the calendar year period reported here in row two (e.g. 7/1/2006-12/31/2006

|  |
| --- |
| **4. Individual to contact, if more information is needed about this form:** |
| Name: |
| Address: |
| City: State: Zip Code: |
| Phone: | Email: |

|  |
| --- |
| **5. Books and records used in the preparation of this report are in the care of:** |
| Name: |
| Address: |
| City: State: Zip Code: |
| Phone: | Email: |

**6. Payments to charitable organization out of, or resulting**

$

**from, this commercial co-venture as of the end of the calendar year reported:**

|  |
| --- |
| **7. Briefly describe the co-venture campaign and explain the manner in which the amount listed in**  **Question 6 was determined.** |
|  |
|  |
|  |
|  |

\*\*For example, “Co-venturer X contributed $5 per unit of product sold during the campaign, sold 1,000 units and gave $5,000 to charity Y.”

|  |
| --- |
| **8. Will the commercial co-venturer, the charity, or a third party pay any expenses of the solicitation**  **out of the amount indicated in question 6? Yes or No?** |
|  |
|  **If you answered yes, please indicate below the type of expense, the amount, and by whom it was**  **paid for all such expenses.** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**\*\*If the Commercial Co-venturer has any additional information it thinks is helpful in understanding the accounting for this campaign, please submit it in addition to the completed Form 11B.**

**Certification by the Commercial Co-venturer:**

Under the pains and penalties of perjury, I certify that the information contained in this report and the attached financial report is accurate and complete to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature on behalf of Commercial Co-venturer PRINT name and title Date signed

Subscribed and sworn to me this day of , 20 .

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Notary Public Affix seal here Date signed

**Certification by the Charitable Organization:**

Under the pains and penalties of perjury, I certify that the information contained in this report and the attached financial report is accurate and complete to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of authorized officer or trustee PRINT name and title Date signed

Subscribed and sworn to me this day of , 20 .

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Notary Public Affix seal here Date signed

Under the pains and penalties of perjury, I certify that the information contained in this report and the attached financial report is accurate and complete to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of authorized officer or trustee PRINT name and title Date signed

Subscribed and sworn to me this day of , 20 .

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Notary Public Affix seal here Date signed

**\*\*\*Please note that the signatures of two different officers on behalf of the charitable organization are required. The Form 11B will not be accepted without the appropriate notarized signatures.**