



**Part II Events.** (Complete this part if the organization reported more than \$15,000 on Form 990, Part VIII, line 8a or Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.)

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (sum of (a)-(c))
		(event name)	(event name)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: (Charitable contributions) . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .				
	<b>8</b> Direct expense summary (Sum lines 4-7, column (d)) . . . . . ▶				
	<b>9</b> Net Income Summary. (Enter the difference between lines 3(d) and 8(d)) . . . . . ▶				

**Part III Gaming.** (Complete this part if the organization reported more than \$15,000 on Form 990, Part VIII, line 9a or on Form 990-EZ, line 6a.)

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (sum of (a)-(c))
Revenue	<b>1</b> Gross Revenue . . . . .				
Direct Expenses	<b>2</b> Cash Prizes . . . . .				
	<b>3</b> Non-Cash Prizes . . . . .				
	<b>4</b> Rent/Facility Costs . . . . .				
	<b>5</b> Other Direct Expenses . . . . .				
	<b>6</b> Volunteer Labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary (Sum lines 2-5, column (d)) . . . . . ▶				
	<b>8</b> Net gaming income summary (Enter the difference between lines 1(d) and 7(d)) . . . . . ▶				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: ..... .....		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain: ..... .....		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

- 13** Indicate the percentage of gaming activity operated in:
- a** The organization's facility . . . . . **13a** %
  - b** An outside facility . . . . . **13b** %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: .....

Address: .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_ .
- c** If "Yes," enter name and address:

Name: .....

Address: .....

**16** Gaming Manager Information

Name: .....

Gaming Manager Compensation \$ \_\_\_\_\_

Description of Services Provided: .....

- Director/Officer       Employee       Independent Contractor

**17** Mandatory Distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . **17a**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>17a</b>		

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DO NOT FILE