

**2008 Schedule G (Form 990 & 990EZ),
Supplemental Information Regarding Fundraising or Gaming Activities**

Purpose: This is the first circulated draft for your review and comments of the 2008 Form 990 Schedule G (Form 990 & 990-EZ), Supplemental Information Regarding Fundraising or Gaming Activities

TPCC Meeting: None, but one may be arranged if requested.

Instructions: The instructions will be circulated at a later date.

Prior Version: None.

Other Products: Circulations of draft tax forms, instructions, notices and publications are posted at: <http://taxforms.web.irs.gov/Circulations/index.htm>.

Comments: Please email, fax, call, or mail any comments by **March 17, 2008**, to me and email the form's reviewer, Johnny Cervantes, at Johnny.Cervantes@irs.gov.

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**Major Changes-2008 Schedule G (Form 990 & 990-EZ),
Supplemental Information Regarding Fundraising or Gaming Activities**

This is major revision of this form. Changes were made as to the type of information requested on this form as well as placement of data on various lines and pages. All changes were made by Tax-Exempt and Government Entities-Exempt Organizations Division (TEGE-EO). All changes have been reviewed by TEGE-EO.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on 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	1 Gross receipts				
	2 Less: (Charitable contributions)				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/Facility costs				
	7 Other direct expenses				
	8 Direct expense summary (Sum lines 4-7, column (d)) ▶				
	9 Net Income Summary. (Enter the difference between lines 3(d) and 8(d)) ▶				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 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))
		1 Gross Revenue			
Direct Expenses	2 Cash Prizes				
	3 Non-Cash Prizes				
	4 Rent/Facility Costs				
	5 Other Direct Expenses				
6 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		
7 Direct expense summary (Sum lines 2-5, column (d)) ▶					
8 Net gaming income summary (Enter the difference between lines 1(d) and 7(d)) ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 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?	12	

I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING
 INSTRUCTIONS TO PRINTERS
 SCHEDULE G (FORM 990), PAGE 3 of 4 (PAGE 4 IS BLANK)
 MARGINS: TOP 13 mm (1/2"), CENTER SIDES. PRINTS: HEAD to HEAD
 PAPER: WHITE WRITING, SUB. 20. INK: BLACK
 FLAT SIZE: 216 mm (8 1/2") x 835 mm (32 7/8"),
 FOLD TO: 216 mm (8 1/2") x 279 mm (11") PERFORATE: ON FOLD
DO NOT PRINT — DO NOT PRINT — DO NOT PRINT — DO NOT PRINT

		Yes	No
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:		
	<input type="checkbox"/> Director/Officer <input type="checkbox"/> Employee <input type="checkbox"/> 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: \$ _____		