



**Part II 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	<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 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))
		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>	

			Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:			
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%	
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%	
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name: .....			
	Address: .....			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ .			
<b>c</b>	If "Yes," enter name and address:			
	Name: .....			
	Address: .....			
<b>16</b>	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			
<b>17</b>	Mandatory Distributions			
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</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: \$ _____			

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