

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

Employer identification number

**Part I Fundraising Activities** (Complete this part if the organization reported more than \$15,000 on Form 990, Part IX, line 11e.)

**1** Indicate whether the organization raised funds through any of the following activities. (Check all that apply)

- mail solicitations
- email solicitations
- phone solicitations
- in-person solicitations
- solicitation of non-government grants
- solicitation of government grants
- special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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**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>		

Draft as of December 19, 2007  
DO NOT FILE