

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 (Add col. (a) through col. (c)) |
|--|--|--------------|--------------|------------------|---|
| | | (event type) | (event type) | (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. Add lines 4 through 7 in column (d) ▶ | | | | () |
| 9 Net income summary. Combine lines 3 and 8 in column (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 (Add col. (a) through col. (c)) |
|-----------------|---|--|--|--|--|
| | | | | | |
| Revenue | 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. Add lines 2 through 5 in column (d) ▶ | | | | () |
| | 8 Net gaming income summary. Combine lines 1 and 7 in column (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 | |

| | | | 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 ▶ \$ | | | | |