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.

	2			
TLS, have you transmitted all R	I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING	Action	Date	Signature
text files for this cycle update?	INSTRUCTIONS TO PRINTERS SCHEDULE G (FORM 990), PAGE 1 of 4 MARGINS: TOP 13 mm (½"), CENTER SIDES. PRINTS: HEAD to HEAD PAPER: WHITE WRITING, SUB. 20. INK: BLACK	O.K. to print		
Date	FLAT SIZE: 216 mm (8½ ") x 835 mm (32%), FOLDED TO: 216 mm (8½ ") x 279 mm (11") PERFORATE: ON FOLD DO NOT PRINT — DO NOT PRINT — DO NOT PRINT — DO NOT PRINT	Revised proofs requested		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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. Employer identification number

OMB No. 1545-0047

						1	
Part	Fundraising Activition	es. Complete if	the orga	anization a	answered "Yes"	to Form 990, Par	t IV, line 17.
2a D o	ndicate whether the organization mail solicitations email solicitations phone solicitations in-person solicitations of the organization have a writer key employees listed in Forn the second solicitation in the second solicitation is "Yes," list the ten highest pass be compensated at least \$5.	ten or oral agreer n 990, Part VII) or aid individuals or	ment with a entity in o	solicita solicita special any individa connection fundraisers	ation of non-gover tion of government I fundraising even ual (including offic with professional) pursuant to agre	ers, directors, truste fundraising activitie	es s?
	(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			
			100				
		+					
Tota	l			•			
	t all states in which the orga pistration or licensing.	ınization is regis	tered or li	icensed to	solicit funds or	has been notified it	is exempt from

I.R.S. SPECIFICATIONS

TO BE REMOVED BEFORE PRINTING

I.R.S. SPECIFICATIONS

TO BE REMOVED BEFORE PRINTING
INSTRUCTIONS TO PRINTERS
SCHEDULE D (FORM 990), PAGE 2 of 4
MARGINS: TOP 13 mm (½ "), CENTER SIDES. PRINTS: HEAD to HEAD
PAPER: WHITE WRITING, SUB. 20. INK: BLACK
FLAT SIZE: 216 mm (8½ ") x 835 mm (32½ "),
FOLD TO: 216 mm (8½ ") x 279 mm (11")

PERFORATE: ON FOLD

DO NOT PRINT — DO NOT PRINT — DO NOT PRINT — DO NOT PRINT

		G (Form 990 or 990-EZ) 2008						Page 2
Pa	rt I	Fundraising Events. Commore than \$15,000 on F					repor	ted
		more than \$15,000 on F	(a) Event #1	(b) Event #2	(c) Other Events	(d) T	Total Eve	
			(event name)	(event name)	(total number)	(sur	m of (a)-	(c))
Revenue								
eve	1	Gross receipts						
Ш	2	Less: (Charitable contributions)		ch C		70		
	3	Gross revenue (line 1						
		minus line 2)						
	4	Cash prizes	010					
nses	5	Non-cash prizes		10				
Expe	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses						
	8	Direct expense summary (Su						
Do	9 Irt I	Net Income Summary. (Enter Gaming. Complete if				01 1000		
Га	IT C 11	than \$15,000 on Form	ine organization ansv i 990-EZ, line 6a.	wered Yes to Form	990, Part IV, line 19,	or repo	rtea n	nore
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		al gamin of (a)-(c))	
Rev	1	Gross Revenue						
ses	2	Cash Prizes						
Direct Expenses	3	Non-Cash Prizes						
Direct	4	Rent/Facility Costs						
	5	Other Direct Expenses .		_	_			
	6	Volunteer Labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	7 Direct expense summary (Sum lines 2-5, column (d))						
	8	Net gaming income summar	v (Enter the difference b	netween lines 1(d) and 7((d))			
			, ((0) (1)			Ye	es No
9	Er	iter the state(s) in which the c	organization operates g	aming activities:				
а	a Is the organization licensed to operate gaming activities in each of these states?						9a	
b								
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						10a	
	If "Yes," Explain:							
11	D.	oes the organization operate of	raming activities with a	onmembers?			11	
11 12		pes the organization operate of the organization a grantor, be			a partnership or other			
	foi	rmed 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 (½"), CENTER SIDES. PRINTS: HEAD to HEAD
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Sche	dule G (Form 990 or 990-EZ) 2008		Р	Page 3
			Yes	No
13 a b	Indicate the percentage of gaming activity operated in: The organization's facility			
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 \$			
С	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			
u	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: \$			

Schedule G (Form 990 or 990-EZ) 2008