

ORGANIZATION EXEMPT FROM TAXATION QUESTIONNAIRE

Client: _____

Date: _____ Information Supplied by: _____

GAMING ACTIVITIES

<p>1. Please provide the following information related to each gaming activity that took place during the year by type of event. <i>Types: 1-Bingo, 2-Pull tabs, instant bingo, progressive bingo, or 3-Other gaming (raffles, casino nights, etc.)</i></p> <ul style="list-style-type: none">a. Gross receipts received from the eventb. Cash prizes givenc. Fair Market Value of Non-cash prizes givend. Rent/Facility Costse. Other Direct Expenses (please specify each expense)f. Percentage of Volunteer Labor used for the event
<p>2. Please list the states in which organization operates gaming activities.</p>
<p>3. If organization is not licensed to operate gaming activities in each of the states listed, please provide an explanation.</p>
<p>4. If any gaming licenses were revoked, suspended or terminated during the tax year, please provide a detailed explanation of why.</p>
<p>5. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? If so, enter the amount of distributions that were distributed to other organizations or for the organization's own exempt activities due to the state distribution requirements.</p>
<p>6. Does the organization operate gaming activities with nonmembers?</p>
<p>7. 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?</p>
<p>8. What percentage of the gaming activity is operated in the organization's facility? In an outside facility?</p>

Client: _____

ORGANIZATION EXEMPT FROM TAXATION TAX QUESTIONNAIRE: GAMING ACTIVITIES (CONTINUED)

<p>9. Does the organization have a contract with a third party from whom the organization receives gaming revenues? If yes, please provide the amount of gaming revenue received by the organization. Please also provide the name and address of the third party as well as any amount retained by the third party.</p>
<p>10. Please provide the name, address and compensation paid to the person who is responsible for the organization's gaming activities.</p>
<p>11. Please provide the name and address who prepares the organizations gaming/special events books and records.</p>