

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** , 2008, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization, number and street, city, town, state, and ZIP code</b>  NORTH FLORIDA ASSEMBLY AL-NON FAMILY GROUP PO BOX 308 OCALA FL 34478-0308		<b>D Employer identification number</b>  59-3673423
				<b>E Telephone number</b> 352-266-9181
				<b>F Group Exemption Number</b> ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).** **G Accounting method.**  Cash  Accrual Other (specify) ▶

**I Website:** ▶ **H Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**J Organization type** (check only one) -  501(c)(3) (insert no )  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts.** If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 54,223.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	27,608.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	364.
	5 a	Gross amount from sale of assets other than inventory	5 a	
	5 b	Less cost or other basis and sales expenses	5 b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5 c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ reported on line 1) 27,608. of contributions	6 a	26,251.
6 b	Less direct expenses other than fundraising expenses	6 b	23,250.	
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6 c	3,001.	
7 a	Gross sales of inventory, less returns and allowances	7 a		
7 b	Less cost of goods sold	7 b		
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	30,973.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,200.
	11	Benefits paid to or for members	11	2,621.
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6,922.
	15	Printing, publications, postage, and shipping	15	1,000.
	16	Other expenses (describe ▶ )	16	
17	<b>Total expenses</b> Add lines 10 through 16	17	11,743.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,230.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	42,005.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	61,235.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			41,999.	22 61,235.
23	Land and buildings				23
24	Other assets (describe ▶ SAVINGS ACCT )			6.	24
25	<b>Total assets</b>			42,005.	25 61,235.
26	<b>Total liabilities</b> (describe ▶ )				26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)			42,005.	27 61,235.

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form **990-EZ** (2008)

SCANNED JUN 12 2009

GA 24

Part III Statement of Program Service Accomplishments (See the instructions )		Expenses	
What is the organization's primary exempt purpose? <u>COMMUNICATION &amp; EDUCATION</u>		(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others )	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>PROVIDE EDUCATION AND INSTRUCTION FOR LOCAL GROUP LEADERS TO ASSIST FAMILY MEMBERS OF ALCOHOLICS IN UNDERSTANDING AND DEALING WITH PRO</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,669.
29	<u>TRAIN DISTRICT LEADERS HOW TO DEAL WITH PUBLIC RELATION &amp; COMMUNICATION REGARDING ISSUES FACING FAMILIES OF ALCOHOLICS, INCLUDING OUTREACH PRO</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,133.
30	<u>GENERAL INSURANCE EXPENSES TO SUPPORT THESE EFFORTS</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,241.
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	29,043.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated See the instr )

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
<i>2008 officers</i> GINI SOLOKIS 5120 18TH BRADENTON FL 34207	CHAIRPERSON 10	0		
JANET A OVER 231 RIVERS DAYTONA BE FL 32117	SECRETARY 8	0		
WILLIAM SILL 1044 SAN P DUNEDIN FL 34698	TREASURER 8	0		
LISA PETSCHKE 8629 SANLA JACKSONVIL FL 32211	DELEGATE 7	0		
TERRY FOLLETT 4100 OCEAN COCOA BEAC FL 32931	ALT-DELEGA 5	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a 0</span>		
37b	b Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b</span>		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a</span>		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____, section 4955 <span style="float:right">▶</span> _____		
40b	b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
40d	d Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> _____		
42a	The books are in care of <span style="float:right">▶</span> BRIAN BOMBASSEI Telephone no <span style="float:right">▶</span> 352-266-9181 Located at <span style="float:right">▶</span> PO BOX 308 FL OCALA ZIP + 4 <span style="float:right">▶</span> 34478-		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46 - 49 and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *William Sill*  
 WILLIAM SILL  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Prudence Hampton-West*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: GILMAN CIOCIA INC  
 2420 ENTERPRISE RD  
 CLEARWATER FL 33765

May the IRS discuss this return with the preparer shown above? See instructions.

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

<b>Name of the organization</b> NORTH FLORIDA ASSEMBLY	<b>Employer identification number</b> 59-3673423
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) (Attach Schedule H)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete the Support Schedule in Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4) (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the following information about the organizations the organization supports**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	

**Total**

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	17749.	19282.		21805.	27608.	86444.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20002.	27490.		-7825.	3001.	42668.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	37751.	46772.		13980.	30609.	129112.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						129112.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	37751.	46772.		13980.	30609.	129112.
10a Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources				101.	1.	102.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				101.	1.	102.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11 and 12)						129214.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.92 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.08 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00 %

- 19a **33 1/3 % support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ▶
- b **33 1/3 % support tests - 2007** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. 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  
NORTH FLORIDA ASSEMBLY

Employer identification number  
59-3673423

**Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.**

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

- a  Mail solicitations
- b  Email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** 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 services?  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 col (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.

**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
		CONVENTION (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	19,804.		19,804.
	2	Less (Charitable contributions)			
	3	Gross revenue (line 1 minus line 2)	19,804.		19,804.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	3,375.		3,375.
	7	Other direct expenses	9,125.		9,125.
	8	Direct expense summary Add lines 4 through 7 in column (d)			12,500.
	9	Net income summary Combine lines 3 and 8 in column (d)			7,304.

**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	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	Yes <u>0.0%</u> 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 | | X
- b If "No," Explain  
ORGANIZATION DOES NOT OPERATE ANY GAMING ACTIVITES
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | X
- b If "Yes," Explain \_\_\_\_\_
- 11 Does the organization operate gaming activities with nonmembers? | 11 | | X
- 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 | | X



	Yes	No
--	-----	----

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	0.00 %
b An outside facility	13b	0.00 %

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		X
-----	--	---

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 ▶ \$ \_\_\_\_\_







Grants and Similar Amounts Paid  
990-EZ: Page 1, Line 10

US 990

2008

Class of activity	Donee's name	Donee's address	FMV	Relationship	Book value	Date of gift
DONATION	WSO	1600 CORP	600.	ALANON	600.	06/2008
DONATION	AFG INC	1600 CORP	600.	HEADQUAR	600.	08/2008
			1,200.		1,200.	

*Landing Drive*

*Name of org for Both*

*Landing Drive*