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DLN: 93493300021080

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

		pplicable Please	C Name of organization	01-01-2009 and ending 12-31-20	09	D Employer ide	ntification number		
Г Add	fress ch		national center for respons Doing Business As	ible garning		52-1967802 E Telephone nu			
┌ Nar	ne cha	nge print or type. See	Doing business As						
	ıal retu	Instruc-	Number and street (or P O 1299 Pennsylvania Ave NW	box if mail is not delivered to street addi	ress) Room/suite	(202) 552-2 G Gross receipts \$			
	mınate		,						
	ended		City or town, state or coun washington, DC 20004	itry, and ZIP + 4					
յ Apt	nication	n pending E Nai	me and address of princip	aal officer	1 11/-2 7				
		JUDY I	PATTERSON			is a group return ates?	for		
			Pennsylvanıa Ave NW No ıgton, DC 20004	1175	H/h) Are a	II affiliates include	ed? Yes No		
							(see instructions)		
I Ta	x-exem	npt status 🔽 501(c	c) (3) ◀ (insert no)	47(a)(1) or		up exemption nur			
J W	ebsite	www ncrg org							
		· · · · · · · · · · · · · · · · · · ·	ition Trust Association	Other -	L Year of fo	ormation 1996 M	State of legal domicile DC		
Pa		Summary Briefly describe th	o organization's mission	or most significant activities					
Governance		THE ONLY NATIO	ONAL ORGANIZATION	EXCLUSIVELY DEVOTED TO FUI AND YOUTH GAMBLING AND FIN					
УeП									
	2	Check this box	— If the organization disc	ontinued its operations or dispose	d of more than				
න් ගු	3			g body (Part VI, line 1a)					
Activities &	4	•	-	the governing body (Part VI, line 1	b)				
ş			mployees (Part V , line 2 a olunteers (estimate if nec			5 6			
•			•	om Part VIII, column (C), line 12					
	ь	Net unrelated bus	iness taxable income fro	m Form 990-T, line 34		7b			
					Pric	or Year	Current Year		
Q)	8			1h)		1,689,452	286,045		
Revenue	9	-		2g)		79,618	145,185		
₽ĕ	10 11), lines 3, 4, and 7d) es 5, 6d, 8c, 9c, 10c, and 11e)	•	53,279	-4,244 4,862,000		
	12	· · · · · · · · · · · · · · · · · · ·		ust equal Part VIII, column (A), lii	ne ———	-100,545	4,862,000		
	42					1,715,804	5,288,986		
	13 14			column (A), lines 1-3)			1,072,046		
	15	•		penefits (Part IX, column (A), lines	5-				
Expenses		10)	,,,	(101,800		
₹ E	16a			lumn (A), line 11e)			0		
五	b	= .	penses (Part IX, column (D), lii			0.27.000	F70 222		
	17 18	•		s 11a-11d, 11f-24f) equal Part IX, column (A), line 25)	•	827,999 827,999	570,332 1,744,178		
	19	•	•	from line 12		887,805	3,544,808		
<u>~~</u>					_	g of Current	End of Year		
Not Assets or Fund Balances	20	Total assets (Pa	rt X, line 16)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7,792,032	7,564,513		
Z B	21		Part X, line 26)			4,928,967	1,044,916		
2 2 2 3	22	•	• •	e 21 from line 20		2,863,065	6,519,597		
Pai	t II	Signature Bl	ock			•			
				amined this return, including accompanyination of preparer (other than officer) is bas					
Sign Here		***** Signature of office	er		2010- Date	-10-27			
		JUDY PATTERSON							
		Type or print nam	ne and title						
Б		Preparer's signature		Date	Check if self-	Preparer's identify (see instructions)			
Paid Prena	arer's	,	re k TADCOMALIENTIS		empolyed 🕨 🦵				
Use (ıf self-employed),	P	CUTTE 450		EIN 🕨			
	•	address, and ZIP + 4		SUITE 150		Phone no (703) 998-5100			
Mav t	he IR	I S discuss this retu	ARLINGTON, VA 22206 urn with the preparer show	vn above? (see instructions) .			✓ Yes		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE NCRG'S MISSION IS TO HELP INDIVIDUALS AND FAMILIES AFFECTED BY GAMBLING DISORDERS BY SUPPORTING THE FINEST PEER- REVIEWED SCIENTIFIC RESEARCH INTO PATHOLOGICAL AND YOUTH GAMBLING, ENCOURAGING THE APPLICATION OF NEW RESEARCH FINDINGS TO IMPROVE PREVENTION, ** DIAGNOSTIC, INTERVENTION AND TREATMENT STRATEGIES, AND ADVANCING PUBLIC EDUCATION ABOUT RESPONSIBLE GAMING

2	Did the organization un the prior Form 990 or 9		nt program se	rvices during the year whi		「Yes ▼ No
	If "Yes," describe these					, 165 p 110
3	•			t changes in how it condu	cts, any program	「Yes ▽ No
	If "Yes," describe these	e changes on Schedu	le O			
4	Section 501(c)(3) and	501(c)(4) organizati	ons and section	e organization's three larg on 4947(a)(1) trusts are r any, for each program serv	equired to report the amo	
4a	(Code) (Expenses \$	114,259	ıncludıng grants of \$) (Revenue \$	54,185)
	Affecting Research, Recove	ery and Responsible Gam	ing" gave gaming	G Conference on Gambling and industry professionals, health of isorders and responsible gaming	are providers, researchers, regi	
4b	(Code) (Expenses \$	201,162	ıncludıng grants of \$) (Revenue \$)
4b	COMMUNICATIONS - NCROWORK THROUGH PRESENT GAMING REGULATORS, IND Gambling Policy Task Force with real-world experience education institutions inforr reduce addictive behavior	G ROAD TOUR THE NCRO ATIONS TO AND DISCUSS DUSTRY REPRESENTATIVE a a task force consisting s in student health and ur n their students about the The Recommendations o ble on www gamblingdiso	G VISITED ONE ST SIONS WITH A VAI S, LOCAL BUSINE of researchers, tr inversity policy isse e risks of excessive f the College Gan rders com COMM	ATE IN 2009 A PANEL OF FOUR RIETY OF AUDIENCES, INCLUDII SS LEADERS AND COLLEGE PRO eatment providers, and educations to develop science-based programming Task Force were released in UNICATIONS - SPEAKERS BURE	PARTICIPANTS RAISED AWARE NG THE MEDIA, GAMBLING DISC FESSORS AND STUDENTS COM on professionals worked to com colicy recommendations about g related harms and offer rehable n 2009 and distributed free of c	ibine scientific research findings gambling that will help higher ilitative programs that can help charge to 1,850 university
4b	COMMUNICATIONS - NCROWORK THROUGH PRESENT GAMING REGULATORS, INC Gambling Policy Task Force with real-world experience education institutions infor reduce addictive behavior presidents, and are available.	G ROAD TOUR THE NCRO ATIONS TO AND DISCUSS DUSTRY REPRESENTATIVE a a task force consisting s in student health and ur n their students about the The Recommendations o ble on www gamblingdiso	G VISITED ONE ST SIONS WITH A VAI S, LOCAL BUSINE of researchers, tr inversity policy isse e risks of excessive f the College Gan rders com COMM	ATE IN 2009 A PANEL OF FOUR RIETY OF AUDIENCES, INCLUDII SS LEADERS AND COLLEGE PRO eatment providers, and educations to develop science-based programming Task Force were released in UNICATIONS - SPEAKERS BURE	PARTICIPANTS RAISED AWARE NG THE MEDIA, GAMBLING DISC FESSORS AND STUDENTS COM on professionals worked to com colicy recommendations about g related harms and offer rehable n 2009 and distributed free of c	DRDER TREATMENT PROVIDERS, MUNICATIONS - College ibine scientific research findings gambling that will help higher diltative programs that can help charge to 1,850 university
	COMMUNICATIONS - NCROWORK THROUGH PRESENT GAMING REGULATORS, INE Gambling Policy Task Force with real-world experience education institutions information in the comparison of	G ROAD TOUR THE NCRO ATIONS TO AND DISCUSS DUSTRY REPRESENTATIVE a a task force consisting s in student health and un their students about the The Recommendations o ble on www gamblingdiso VE WERE SPOKESPERSON) (Expenses \$ TTUTE FOR RESEARCH ON ARD OF INDEPENDENT EX	G VISITED ONE ST SIONS WITH A VAI IS, LOCAL BUSINE of researchers, traiversity policy isse erisks of excessive f the College Gan rders com COMM S, EXIBITORS OR 966,393 GAMBLING DISO PERST, NCRG PR	ATE IN 2009 A PANEL OF FOUR RIETY OF AUDIENCES, INCLUDII SS LEADERS AND COLLEGE PRO eatment providers, and education sues to develop science-based providers and education re gambling, mitigate gambling- ining Task Force were released in IUNICATIONS - SPEAKERS BURE PANEL PARTICIPANTS INCluding grants of \$ RDERS, WAS LAUNCHED IN 200	PARTICIPANTS RAISED AWARE NG THE MEDIA, GAMBLING DISC FESSORS AND STUDENTS COMI on professionals worked to comiolicy recommendations about going related harms and offer rehabing 2009 and distributed free of cau/EVENTS THE NCRG PARTICE 805,000) (Revenue \$ 9 THROUGH THIS PROGRAM, NEORI INNOVATIVE, MULTIDISCIP	DRDER TREATMENT PROVIDERS, MUNICATIONS - College Ibine scientific research findings gambling that will help higher Illitative programs that can help charge to 1,850 university CIPATED IN FIVE EVENTS) WHICH IS GUIDED BY A
	COMMUNICATIONS - NCROWORK THROUGH PRESENT GAMING REGULATORS, INE Gambling Policy Task Force with real-world experience education institutions information presidents, and are availabed DURING 2009 IN WHICH WAS COMMENTED TO THE COMMENT OF THE COMENT OF THE COMMENT OF THE COMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT	G ROAD TOUR THE NCRO ATIONS TO AND DISCUSS DUSTRY REPRESENTATIVE a a task force consisting s in student health and un their students about the The Recommendations o ble on www gamblingdiso //E WERE SPOKESPERSON) (Expenses \$ TUTE FOR RESEARCH ON ARD OF INDEPENDENT EX IN GAMBLING RESEARCH	G VISITED ONE ST SIONS WITH A VAI S, LOCAL BUSINE of researchers, traiversity policy isse erisks of excessive f the College Gan rders com COMM S, EXIBITORS OR 966,393 GAMBLING DISO PERST, NCRG PR LOCATED AT YAI	ATE IN 2009 A PANEL OF FOUR RIETY OF AUDIENCES, INCLUDII SS LEADERS AND COLLEGE PRO eatment providers, and education sues to develop science-based providers are gambling, mitigate gambling, ming Task Force were released in UNICATIONS - SPEAKERS BURE PANEL PARTICIPANTS Including grants of \$ RDERS, WAS LAUNCHED IN 200 OVIDES LONG-TERM FUNDING F	PARTICIPANTS RAISED AWARE NG THE MEDIA, GAMBLING DISC FESSORS AND STUDENTS COMI on professionals worked to comiolicy recommendations about going related harms and offer rehabing 2009 and distributed free of conveyence (PAU/EVENTS THE NCRG PARTICE 805,000) (Revenue \$ 9 THROUGH THIS PROGRAM, NEORI INNOVATIVE, MULTIDISCIPICASITY OF MINNESOTA	DRDER TREATMENT PROVIDERS, MUNICATIONS - College Ibine scientific research findings gambling that will help higher lilitative programs that can help charge to 1,850 university CIPATED IN FIVE EVENTS)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Form	990 (2009)					Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	e				
			,	Y	es	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					

	of U.S. Information Returns . Enter -0- if not applicable					
		1a	10	<u>'</u>		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1			
Ь	If at least one is reported on line 2a, did the organization file all required federal emp Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?			3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Financial Accounts	Report	of Foreign Bank and	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribute services provided to the payor?			7a		Νο
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?			7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	uums on a personal	7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi	•		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization business holdings at any time during the year?	anızat	ion, have excess	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		1			
а	Gross income from members or shareholders	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

1299 pennsylvania avenue nw 1175

wash, DC 20004 (202) 552-2689

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body			
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
ICC	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	List the States with which a copy of this Form 990 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	ı)
	the organization	-		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did r		ate any I			or fo	rmer o	ffice			<u> </u>
(A) Name and Title	(B) Average hours	Posi t	tion (hat a	(che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Glenn Christenson Chairman AND DIRECTOR	1 50	х		х				0	0	0
Phil Satre Director	1 00	х						0	0	0
sue Cox Director	1 00	х						0	0	0
alan Feldman director	1 00	х						0	0	0
kevın Mullally dırector	1 00	х						0	0	0
jennifer Shatley director	1 00	х						0	0	0
ROBERT BOSWELL DIrector	1 00	х						0	0	0
William S Boyd President	1 00			х				0	0	0
Judy L Patterson Secretary and Treasurer	2 00			х				0	0	0

Forr	n 990 (2009)			Р	age 8
1b	Total	0	0		(
2	Total number of individuals (including but not limited to those listed above) who received more \$100,000 in reportable compensation from the organization ▶0	than	•		
		_		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest comp	ensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual		3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for				
	ındıvıdual		4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization rendered to the organization? If "Yes," complete Schedule J for such person		5		Νο
<u>S</u>	ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received \$100,000 of compensation from the organization	more than			
	(A)	(B)		(C)	
Tho	Name and business address Wade Group	Description of services		ompensa	tion
1110	O Vermont Avenue NW Suite 1002 hington, DC 20006 Public re	elations		18	87,686
555	AN & HARTSON 13th street nw LEGAL Hington, DC 20004			10	03,636
_	Takal manahan sandan kanada akan akan akan akan akan ak		_		
2	Total number of independent contractors (including but not limited to those listed above) who re \$100,000 in compensation from the organization ►2	cerved more than			

Form **990** (2009)

Form 99								Page 9
Part	/	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated camp	paigns 1a					
g E E	ь	Membership du	es 1b					
ts, am	c	Fundraising eve		59,500				
<u> </u>	d	Related organiz Government grants	ations 1d					
Sign Sign	e	_	ons, gifts, grants, and 1f	226,545				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contrı	ot included above butions included in					
a Co	h	lines 1a-1f \$ Total. Add lines	3 1a-1f	▶	286,045			
				Business Code				
enu,	2a	REGISTRATION FEE	ES	900,099	80,269	80,269		
æ Æ	ь	SPONSORSHIPS		900,099	61,000			61,000
93	С	PUBLICATION SALE	S	900,099	3,916	3,916		
Ser	d							
Ē	e							
Program Service Revenue	f	All other progra	ım service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		145,185			
	3		ome (including dividen	. F	29,246			29,246
	4		ar amounts) tment of tax-exempt bond	⊢	29,240			29,240
	5			· · · · · · · · · · · · · · · · · · ·				
		•	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)	🕨				
	_	Cross amount	(1) Securities 252,696	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	252,696					
	ь	Less cost or other basis and	286,186					
	С	sales expenses Gain or (loss)	-33,490					
	d		s)	▶	-33,490			-33,490
	8a	Gross Income fi	_					
Other Revenue		events (not incl \$59,	luding ,500					
		of contributions	reported on line 1c)					
čč		See Part IV, lin	a a	0				
	ь	Less direct exp	penses b					
Ö	С		loss) from fundraising	events 🕦	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	wances .					
	ь	less cost of a	a oods sold b					
	c		loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a	GRANT CONCL	LUSION-REVER	900,099	4,862,000	4,862,000		
	ь							
	c							
	d		ue					
	e	Total. Add lines	sita-IIO		4,862,000			
	12	Total revenue.	See Instructions .	▶	5,288,986	4,946,185	0	56,756

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	ll other organizations must complete column (A) but are not required to		ns (B), (C), and (B)	(D). C)	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$	1,072,046	1,072,046					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	86,758	86,758					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,052	1,052					
9	Other employee benefits	7,032	7,032					
10	Payroll taxes	6,958	6,958					
11	Fees for services (non-employees)							
а	Management							
b	Legal	93,859		93,859				
c	Accounting	37,800	2,204	35,596				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	224,228	200,235		23,993			
12	Advertising and promotion							
13	Office expenses	53,335	44,008	6,314	3,013			
14	Information technology	15,551	15,551					
15	Royalties							
16	Occupancy	12,000	12,000					
17	Travel	29,971	25,011	4,960				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	79,631	73,186	5,473	972			
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	358		358				
23	Insurance	500		500				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	AWARDS AND HONORARIA	22,985	22,985					
ь	Miscellaneous	114	114					
c		1						
d								
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	1,744,178	1,569,140	147,060	27,978			
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-,-:,-	_,					

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 1,673,357 2 2.042.634 2 5,142,940 4,712,269 3 3 4 143,187 91.890 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 3,305 Land, buildings, and equipment cost or other basis Complete Part 7.451 10a 10a VI of Schedule D 10b 5.421 2.030 b Less accumulated depreciation 0 10c 832.548 11 712.385 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 7,792,032 16 7,564,513 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 66.967 17 82.541 17 Accounts payable and accrued expenses . 4,862,000 962,375 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 4,928,967 26 1,044,916 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 2.582.125 2,732,703 27 Unrestricted net assets 27 28 280.940 28 3.786.894 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 33 2,863,065 33 6,519,597 34 Total liabilities and net assets/fund balances 7.792.032 34 7.564.513

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

national center for responsible gaming

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection **Employer identification number**

									52-196780	2			
Par	t I	Reas	on for Pul	blic Charity Stat	us (All org	anızatıons	must comp	lete this pa	art.) See inst	ructions			
The o	rganı	zatıon ıs	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	×)				
1	Г	A churc	h, conventio	on of churches, or as:	sociation of	churches s	ection 170(b)(1)(A)(i).					
2	\sqcap	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	tach Schedu	ıle E)						
3	\sqcap	A hospi	tal or a coop	perative hospital serv	vice organiz	atıon descrı	bed in sectio i	n 170(b)(1)(A)(iii).				
4	Γ			organization operate y, and state	ed in conjund	ction with a	hospital desc	ribed in sect	ion 170(b)(1)	(A)(iii). Ent	er the		
5	Γ	_	•	erated for the benefit	_	or universit	y owned or o	perated by a	governmental	unıt describ	ed in		
_	_			A)(iv). (Complete Pa				170/b)/1)	(4)()				
6	<u> </u>			local government or o	_								
7	 ~	describ	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 Part II)										
8	\vdash	A comn	nunity trust	described in section	170(b)(1)(A	A)(vi) (Com	nplete Part II)					
9	Γ	Anorga	ınızatıon tha	t normally receives	(1) more tha	an 331/3% (of its support	from contrib	utions, membe	ership fees, a	and gro	ss	
		receipts	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, ar	nd (2) no more	than 331/39	6 of		
		ıts supp	ort from gro	ss investment incom	ne and unrel	ated busine	ss taxable ind	ome (less s	ection 511 tax	x) from busıı	nesses		
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee section 5	609(a)(2). (Co	omplete Part	III)				
10	Γ	Anorga	ınızatıon org	anized and operated	exclusively	to test for p	ublic safety	See section !	509(a)(4).				
11	_	one or r the box a	nore publicly that describ Type I	anized and operated y supported organiza pes the type of suppo	tions descri orting organi c	bed in secti zation and c Type III	on 509(a)(1) omplete lines - Functionall	or section 5 s 11e throug y integrated	09(a)(2) See h 11h d	Type I	(a)(3). II - Otl	Check her	
e	'	other th section	ian foundation 509(a)(2)	ox, I certify that the o	er than one	or more pub	licly supporte	ed organizati	ons described	ın section 5	09(a)(1) or	
f g		check t	hıs box	eceived a written def 006, has the organiz						supporting	organız	ation,	
			g persons?										
				ectly or indirectly co	•		-	ersons desc	ribed in (ii)		Yes	No	
				governing body of the			ition?			11g(i)		<u> </u>	
			•	r of a person describ						11g(ii)	+	<u> </u>	
				ed entity of a person						11g(iii)	<u></u>	
h		Provide	the followin	g information about t	he supporte	d organizati	on(s)						
(i) Name suppo organiz		e of (ii) orted EIN		ed EIN lines 1- 9 above your governing				col (I) of your col		(vi) s the ızatıon ın organızed e U S ?		vii) ount of oport?	
				(see instructions))	Yes	No	Yes	No	Yes	No	1		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1				
									1				
									1				
									1				
Total											1	,	

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	u checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support		 	Г	ı			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	661,023	501,782	8,000,263	1,689,452	2	32,045	11,084,565
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
•	furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 3 The portion of total contributions	661,023	501,782	8,000,263	1,689,452	2:	32,045	11,084,565
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							5,620,286
6	(f) Public Support. Subtract line 5 from							5,464,279
	line 4							3,101,273
	ection B. Total Support	T					$\overline{}$	
Cale	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) ⊤otal
7	A mounts from line 4	661,023	37,043	8,000,263	1,689,452	23	2,045	11,084,565
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	18,113	37,043	66,045	53,278	2	9,246	203,725
	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
	Total support (Add lines 7 through 10)							11,288,290
12	Gross receipts from related activities					12		534,810
13	First Five Years If the Form 990 is the check this box and stop here			third, fourth, or fi	ifth tax year as a !	501(c)(3)	organi:	zation, ▶
	ection C. Computation of Pub			1.1 column (5)		1		4
14 	Public Support Percentage for 2009			II COIUMN (T))		14		48 410 %
15	Public Support Percentage for 2008	•	,			15		49 910 %
b	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organizatior 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	ilifies as a public organization did n qualifies as a pu – 2009. If the orga tion meets the "fa	ly supported organ not check the box iblicly supported o anization did not c acts and circumst	nization on line 13 or 16 organization heck a box on lin ances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and st	33 1/3% or and line 1 op here. E:	more, .4 xplain	► ▽ check this ► ┌
ь	organization 10%-facts-and-circumstances test-	–2008. If the orga	anızatıon dıd not c	heck a box on lin	e 13, 16a, 16b, o	r 17a and	lıne	▶ ┌
18	15 is 10% or more, and if the organ Explain in Part IV how the organizar supported organization Private Foundation If the organizat	tion meets the "fa	acts and circumst	ances" test The	organization qual	ıfıes as a p	ublicly	▶ □
	instructions		,		•			▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
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						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493300021080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

	me of the organization Ional center for responsible gaming		Empl	oyer identification number
Hat	ional center for responsible garning		52-1	.967802
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advi:	sed Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny othe	r purpose Yes No
Pa	rt III Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	o Form	1 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified	
	casement on the last day of the tax year]		Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	-	2c	
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred released extinguished or terminate	d hv th	e organization during
	the taxable year ▶		,	
4	Number of states where property subject to conserva	ation easement is located 🛌		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of	violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents du	ırıng the year 🟲
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	the year ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial		· · · · · · · · · · · · · · · · · · ·
Par	t III Organizations Maintaining Collectio Complete if the organization answered "		or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h ın fur	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in		•
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or O	the	<u>r Similar A</u>	sset	S (co.	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	e foll	lowing	that are	a sıgnıfıca	int us	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	v the	y furthe	er the or	ganızatıon	's ex	empt purpose	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	⊢ γ.	es	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions or	other ass	ets n	iot	┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Γ		A	moun		
с	Beginning balance							1c				
d	Additions during the year						 	1d				
e	The state of the s							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Bort V III	A 212				L					┌ No
			e ZI,							, ,	es) NO
	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n anc	wor	ad "Vo	c" to Ec	orm 000	Dar	FTV line 10			
FC.	Endowment Funds. Complete	(a)Current Year		Prior '			Years Back		Three Years Back		our Ye	ars Back
1a	Beginning of year balance	, ,	, ,							1		
ь	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment											
С	Term endowment ▶ %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	thata	are held	d and ad	mınıstered	for	the			
	organization by	-									Yes	No
	(i) unrelated organizations			•						a(i)		
_	(ii) related organizations									ı(ii)		
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b		
4 Dor	VI Investments—Land, Buildings					00 Dar	t V Juno	10				
- C	t vi investments—Land, Buildings	s, and Equipme	iii. 3			•			(-) (
	Description of investment				a) Cost onsiders (inve	estment)	(b)Cost or basis (oth		(c) Accumula depreciatio		(d) Bo	ook value
	and		•									
h '	Buildings		•									
									1			
	easehold improvements		•									
c I	easehold improvements											
c d e (·	· · · · · · · ·	·					7,451	•	5,421		2,030

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	3XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าtร	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,288,986
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,744,178
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,544,808
4	Net unrealized gains (losses) on investments	4	115,448
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,724
9	Total adjustments (net) Add lines 4 - 8	9	111,724
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,656,532
Part			
1	Total revenue, gains, and other support per audited financial statements	1	6,758,756
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,473,494
3	Subtract line 2e from line 1	3	5,285,262
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 3,724		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	3,724
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,288,986
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,744,178
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
a b	Donated services and use of facilities		
ь	Prior year adjustments		
b c	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d	2e	0
b c d	Prior year adjustments	2e 3	
b c d e	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d		
b c d e 3	Prior year adjustments		
b c d e 3	Prior year adjustments		1,744,178
b c d e 3 4	Prior year adjustments		

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return Reference Explanation

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DLN: 93493300021080

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Employer identification number

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes N 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? Yes No (iv) Amount paid to (or retained by) fundraiser listed in col (i) organization (vi) Amount paid to (or retained by) fundraiser listed in col (i) organization	national center for responsible	gaming						52-1967802		
Mail solicitations Internet and e-mail solicitations F Solicitation of government grants							to Form	990, Part IV	, line 17.	
b Internet and e-mail solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 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 N 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? Yes No (iv) Gross receipts from activity (v) Amount paid to (or retained by) organization (vi) Amount paid to (or retained by) organization (vi) Amount paid to (organization (vi) Amount paid to (organiz	1 Indicate whether the orga	nızatıon raısed fund	s through a	ny of the	followi	ng activities Ch	eck all th	nat apply		
b Internet and e-mail solicitations f Solicitation of government grants c Phone solicitations d In-person solicitations 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 N 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 (ii) Name of individual or entity (fundraiser) (iii) Activity (iii) Activity (iv) Gross receipts (v) Amount paid to (or retained by) fundraiser listed in col (i) (iv) Gross receipts (vi) Amount paid to (or retained by) organization (vi) Amount paid to (or retained by) organization (vi) Amount paid to (or retained by) (vii) Amount paid to (vii)										
Description of the compensate of the contributions? Contributions Contrib	b Internet and e-mail so	olicitations					_	_		
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 N 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 (ii) Name of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) or retained by) organization	c Phone solicitations			g		_		-		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes N 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? Yes No (iv) Amount paid to (or retained by) fundraiser listed in col (i) organization (vi) Amount paid to (or retained by) fundraiser listed in col (i) organization	d In-person solicitation	s		_						
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity from activity (vi) A mount paid to (or retained by) fundraiser listed in coll (i) organization	or key employees listed in b If "Yes," list the ten highe	n Form 990, Part VI st paid individuals o	I) or entity or entities (ın conne fundraise	ection w ers) pur	vith professional suant to agreem	fundraisii ents und	ng activities? er which the fur	ndraiser is	Γ _N
	(i) Name of individual		(iii) fundraise custoe contri contribu	Did er have dy or ol of tions?	(iv)	Gross receipts	(v) A m (or re fundra	nount paid to etained by) iser listed in	(vi) A mount p	by)
fotal			1							
Total										
fotal										
Total										
Total										
otal										
Total										
Total										
Total										
Total										
Total										
	otal									

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

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form	plete ıf the organızatı 990-EZ, lıne 6a. Lıst	on answered "Yes" to events with gross rec	Form 990, Part IV, lir eipts greater than \$5,	ne 18, or r .000.	eport	ed
			(a) Event #1 GAMING HALL OF FAME EVENT (event type)	(b) Event #2	(c) O ther Events (total number)	(d) Tot (Add col		
Ð	1	Gross receipts	59,500				59	9,500
Revenue	2	Less Charitable	59,500				59	9,500
<u>~</u>	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
ă	7	Food and beverages						
Drea	8	Entertainment						
ā	9	Other direct expenses .						
	10 11	Direct expense summary Add line Net income summary Combine lin	nes 3, column d, and line	10				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin	ganization answered ie 6a.	"Yes" to Form 990, Pa	irt IV, line 19, or repo	rtea more	i tnan	I
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota (Add col col		
	1	Gross revenue						
9	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
й Ш	4	Rent/facility costs						
짇	5	Other direct expenses						
	6	Volunteer labor		Г Yes	│ Yes% │ No			
		Direct expense summary Add lines						
_							Yes	No
9 a b	Is ti	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a		
-								
10a b		e any of the organization's gaming l (es," Explain	icenses revoked, susper	nded or terminated during	the tax year?	10a		
11	 Doe	s the organization operate gaming a	activities with nonmembe	ers?				
12	Is ti	he organization a grantor, beneficiar ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	. 43		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter 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?	,	
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			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2009

DLN: 93493300021080

pen to Public Inspection

Department of the Treasury Internal Revenue Service

KANSAS CITY, MO 64180

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Name of the organization
national center for responsible gaming

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITYPO BOX 1873 NEW HAVEN,CT 06508		501(C)(3)	402,500				RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MINNESOTAPO BOX 1450 MINNEAPOLIS, MN 55485		501(C)(3)	402,500				RESEARCH GRANT
HAMLINE UNIVERSITY 1536 HEWITT AVENUE MS- C1912 JOHN BROWN ST PAUL, MN 55104		501(C)(3)	57,314				RESEARCH GRANT
UNIVERSITY OF GEORGIA 475 N LUMPKIN STREET ATHENS, GA 30602		501(C)(3)	172,234				RESEARCH GRANT
UNIVERSITY OF MISSOURI PO BOX 807012		501(C)(3)	37,498				RESEARCH GRANT

2	Enter total number of section $501(c)(3)$ and government organizations .													•		5
3	Enter total number of other organizations													•		

	· · · · ·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	90, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation	

DLN: 93493300021080

Employer identification number

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Name of the organization

national center for responsible gaming

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

Transactions with Interested Persons

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

Inspection

Part I	Excess Benefit Transa	actions (section 501(c)(3)	and section 501		2-1967802 zations only).		
		answered "Yes" on Form 990,				line 40b	
1	(a) Name of disqual	fied person	(b) Desc	rıptıon of trans	action	(c) Co Yes	orrected? No
	the amount of tax imposed in 4958	on the organization managers o	or disqualified pers	ons during the	yearunder ••\$—		
3 Enter	the amount of tax, if any, or	line 2, above, reimbursed by t	he organization .		· · • •		
Part II		om Interested Persons. on answered "Yes" on Form 99	0. Part IV. line 26	. or Form 990-l	EZ. Part V. line 38	- 3 a	
(a) Name o	(of interested person and	b) Loan to Ir from the (c) O riginal ganization? principal amount	(d)Ralance due	(e) In default?	(f) Approved by board or committee?	(g) Writt agreeme	
	-	Γο From		Yes No	Yes No	Yes	No
Total Part III		► \$ Benefitting Interested	Persons.		1		
		ation answered "Yes" on F	orm 990, Part IV				
(a)	Name of interested person	(b) Relationship between and the c	veen interested per organization	son (c) An	nount of grant or t	ype of assis	stance
Part IV		ns Involving Interested ation answered "Yes" on F		, line 28a, 28	8b, or 28c.		
(a) N	ame of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Desc	rıptıon of transact	tion organ	haring of nization's enues? No
JUDY PATT	ERSON	IS SENIOR VP, SECRETARY AND TREASURER OF THE AMERICAN GAMING ASSOC (AGA)		THE AMER ASSOCIA SPACE AN AMERICA ASSOCIA CONTRIBU ORGANIZ	NIZATION AND ICAN GAMING ION SHARE OFF DEQUIPMENT OGAMING ION MAKES JITIONS TO THE ATION THE ATION DOES NO	FICE THE	N o

THE OFFICE SPACE OR

EQUIPMENT

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization national center for responsible gaming

Employer identification number

52-1967802

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 11		The Form 990 and related schedules are prepared by the organization's certified public accountants under the guidance of the Treasurer. The Form 990 is then reviewed internally by the Treasurer in consultation with legal counsel and, as appropriate, further consultation with the organization's certified public accountants. Next, the Form 990 is provided to the Chair of the Audit Committee for review at least two weeks prior to the due date, including any extensions. The Form 990 is then made available to all of the members of the organization's Board of Directors prior to its filing.
Form 990, Part VI, Section B, line 12c		NCRG OFFICERS AND BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS ANY CONFLICTS OF INTEREST OR PERCEIVED CONFLICT OF INTERESTS ARE REVIEWED BY THE BOARD OF DIRECTORS
Form 990, Part VI, Section B, line 15		THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGMENT OFFICIAL WAS NOT COMPENSATED IF THAT POSITION WERE COMPENSATED, THE ORGANIZATION WOULD FOLLOW THE PROCEDURES DESCRIBED AT PART VIB, ITEM 15 IT IS EXPECTED THAT THE SAME WOULD BE THE CASE FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION
Form 990, Part VI, Section C, line 19		NCRG MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
		AUDIT OVERSIGHT AND SELECTION PROCESS DID NOT CHANGE DURING 2009
		FORM 990, PART VIII, LINE 8A AND SCHEDULE G FUNDRAISING EVENT THE NCRG HOSTS AN ANNUAL "GAMING HALL OF FAME DINNER" AS A FUNDRAISING EVENT IN 2009, THE EVENT WAS VIRTUAL AND AN ACTUAL DINNER WAS NOT HELD ALL FUNDS RAISED ARE CONSIDERED CONTRIBUTIONS
		C-1 No F10F6/2

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DLN: 93493300021080

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

national center for responsible gaming

Employer identification number

52-1967802

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II

93-1169142

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f)
Direct controlling
entity

AMERICAN GAMING ASSOCIATION

1299 PENNSYLVANIA AVE NW 1175

WASHINGTON, DC 20004

PROMOTE GAMING INDUSTRY INTERESTS

DC

501(C)(6)

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(5)

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

No

Yes

Part V	Transactions With Related Organizations	(Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35, or 36.)

1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10	Yes	
p	Reimbursement paid by other organization for expenses	1р		No
	Other transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s		
	(b) Transaction		(c)	
	Name of other organization type(a-r)	Amount	involve	ed
(1) /	AMERICAN GAMING ASSOCIATION			4,180
(2)	AMERICAN GAMING ASSOCIATION			5,000
(3)	AMERICAN GAMING ASSOCIATION			2,500
(4)	AMERICAN GAMING ASSOCIATION		3	7,133

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID: Software Version:

EIN: 52-1967802

Name: national center for responsible gaming

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services											
(Code) (Expenses \$	1,116	including grants of \$) (Revenue \$)							
developed by scien EMERGE is the onl	itists at Harvard Medical School	l and the Ins n scientific r	titute for Research on Pat esearch that has been trai	round-breaking science based trainii hological Gambling and Related Diso nslated into an accessible training to responsible gaming	rders							
(Code) (Expenses \$	3,558	including grants of \$) (Revenue \$	30,000)							
National Center for	PEER The Partnership for Excellence in Education and Responsible Gaming (PEER) is a dynamic, one-of-a-kind program created by the National Center for Responsible Gaming (NCRG) to provide gaming entities with the tools and resources needed to develop a comprehensive and world-class responsible gaming program											
(Code) (Expenses \$	282,652	ıncludıng grants of \$	267,046) (Revenue \$	4,862,000)							
_	vices, including research, Scien 2009 AND ACCORDINGLY TH			ARVARD RESEARCH AGREEMENT NSES WERE REVERSED	CAME TO ITS							