SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public

Employer identification number

				:			
Part I Fundraising	Activities. Complete if	the organization	answered "Yes"	to Form 990, Part	IV, line 17.		
 Indicate whether the organization raised funds through any of the following activities. (Check all that apply) mail solicitations email solicitations solicitation of non-government grants phone solicitations in-person solicitations 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 No 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 fundralser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in (i)	(vi) Amount paid to (or retained by) organization		
	"May	Yes No					
	00 A						
Total							
3 List all states in which registration or licensing.		tered or licensed to	solicit funds or h	nas been notified it	is exempt from		

Pa	ırt II	Events. Complete if the \$15,000 on Form 990-I				reporte	ed mo	re th	nan
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Ev			
			(event name)	(event name)	(total number)	(SI	i) 10 m	a)-(C))	
Revenue									
Reve	1	Gross receipts							
_	2	Less: (Charitable contributions)							
	3	Gross revenue (line 1							
		minus line 2)							
	4	Cash prizes							
Direct Expenses	_	N		C.					
	5	Non-cash prizes			00				
Exp	6	Rent/Facility costs		0'6	10-				
rect	7	Other direct expenses	. 2	3 0					
₫	7 Other direct expenses								
	8 9	Direct expense summary (Sur Net Income Summary. (Enter							
Pa	rt II				990, Part IV, line 19,	or repo	orted	more	е
		than \$15,000 on Form	990-EZ, line 6a.						
nue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) To	tal gam of (a)-(um
Revenue									
ш	1	Gross Revenue							
Direct Expenses	2	Cash Prizes	00						
	_	Cush 1 11200							
Exp	3	Non-Cash Prizes							
rect	4	Rent/Facility Costs							
Ω	5	Other Direct Expenses							
	3	Other birect Expenses	☐ Yes %	☐ Yes %	☐ Yes %				
	6	Volunteer Labor		□ No	□ No				
	7				_				
	7	Direct expense summary (Su							
	8	Net gaming income summary	(Enter the difference b	etween lines 1(d) and 7	(d)) >			· ·	
9	Fn	ter the state(s) in which the o	rganization operates ga	aming activities:		ſ		Yes	NO
а		the organization licensed to o				I	9a		
b	lf '	'No," Explain:							
		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							
b	lf '	'Yes," Explain:							
11 12		pes the organization operate g					11		
14	is for	s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity ormed to administer charitable gaming?					12		

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					Yes	No
13	Indicate the percentage of gaming activity operated in:					
а	The organization's facility	13a	%			
b	An outside facility	13b	%			
14	Provide the name and address of the person who prepares the organization's gaming/special events book					
	and records:					
	Name					
	Name:					
	Address:	2				
15a	15a Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization \$		and the amount			
_	of gaming revenue retained by the third party \$ If "Yes," enter name and address:					
C	ii Tes, entername and address.					
	Name:					
	Address:					
16	Gaming Manager Information					
	y carming manager internation					
	Name:					
	Name:					
	Gaming Manager Compensation \$					
	Description of Services Provided:					
	☐ Director/Officer ☐ Employee ☐ Independent Contractor)ľ				
17	Mandatory Distributions					
	Is the organization required under state law to make charitable distributions from the gaming pro-					
	retain the state gaming license?					
b	Enter the amount of distributions required under state law distributed to other exempt	organi	zations or spent			
	in the organization's own exempt activities during the tax year: \$					

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