SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) or entity (fundraiser) contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Part II

		gross receipts greater tha	n \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Œ	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	> >	
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" to Form 990), Part IV, line 19, or r	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
		Ciross revenue				
enses	2	Cash prizes				
t Expenses	3	Cash prizes				
Direct Expenses		·				
Direct Expenses	3	Noncash prizes				
Direct Expenses	3	Noncash prizes	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses .	□ No	□ No	<u></u>	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	No d lines 2 through 5 in c	olumn (d)	□ No ▶	
	3 4 5 6 7 8 Er	Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ad Net gaming income summary Inter the state(s) in which the ore Inter the organization licensed to contact the state.	No d lines 2 through 5 in conducts gamization conducts gaming activities	olumn (d)	□ No □ No □ No	🗌 Yes 🗌 No

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

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11 12	Does the organization conduct gaming activities with nonmembers?	☐ Ye		No No					
13	Indicate the percentage of gaming activity conducted 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?	☐ Ye	s 🗌 I	No					
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$								
·	Name ►								
	Address►								
16	Gaming manager information:								
	Name ►								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	□ Director/officer □ Employee □ Independent contractor								
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Ye	s 🗌 t	No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$								
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).								