SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on I	Form 990, Part IV,	line 17.	
1	Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
а	☐ Mail solicitations e ☐ Solicitation of non-government grants							
b	☐ Internet and email solicitations							
С	Phone solicitations		q		fundraising events			
d	☐ In-person solicitations		3 -		J			
2a	Did the organization have a writ	ten or oral agree	ament with	any individ	dual (including offi	care directore truet	200	
Zu	or key employees listed in Form							
b		l individuals or e	ntities (fund		•	•		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				▶				
3	List all states in which the orga registration or licensing.	ınization is regis	tered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from	

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions	tion answered "Yes" on s and gross income on	n Form 990, Part IV, lin Form 990-EZ, lines 1 a	e 18, or reported more nd 6b. List events with			
			(a) Event #1	(b) Event #2 (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts	(otom type)	(oran type)	(total name)				
	2	Less: Contributions Gross income (line 1 minus line 2)							
Direct Expenses	4	Cash prizes							
	5	Noncash prizes							
	6	Rent/facility costs							
	7	Food and beverages							
Direct	8	Entertainment							
	9	Other direct expenses .							
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if th	act line 10 from line 3, o	column (d)		or reported more than			
- anue		\$15,000 on Form 990-E2	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue	1	Gross revenue							
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct E	4	Rent/facility costs							
	5	Other direct expenses .							
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No				
	7	Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary	y. Subtract line 7 from	line 1, column (d)					
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activitie			🗌 Yes 🗌 No			
10		ere any of the organization's g	aming licenses revoke	d, suspended, or termina	ted during the tax year?				

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11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		<u>%</u>
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?	☐ Yes	☐ No
b	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 b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
Part			