| (Form 990 or 990-EZ) Complete if Department of the Treasury | | al Information the organization ans organization enter ► Att Go to www.irs.gov/F | OMB No. 1545-0047 | | | | |
|---|--|--|-------------------|--|-----------------------------------|--|---|
| Name o | of the organization | | | | | Employer identif | ication number |
| Par 1 a c d | Fundraising Activities. Form 990-EZ filers are n Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations | ot required to on raised funds the | complete | this part. of the follo] Solicitati] Solicitati | | Check all that apply. Inment grants It grants | line 17. |
| 2a | Did the organization have a writ | | | | | | |
| b | or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by | individuals or er | ntities (func | | • | 0 | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody or | draiser have control of utions? | (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 |
| 1 | | | Yes | No | - | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II

| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-------------------|---|--|----------------------------|--|---|---|
| Revenue | | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| | 1 | Gross receipts | | | | |
| | 2 3 | 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 | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | | | | |
| | 10 11 | Direct expense summary. Ad Net income summary. Subtra | act line 10 from line 3, o | column (d) | ▶ ▶ | |
| Pa | rt III | Gaming. Complete if the \$15,000 on Form 990-EZ | e organization answ | ered "Yes" on Form 9 | 90, Part IV, line 19, | or reported more thar |
| anu | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | | | |
| Rev | 1 | Gross revenue | | | | |
| | 1 2 | Gross revenue | | | | |
| | | | | | | |
| ct Expenses | 2 | Cash prizes | | | | |
| Expenses | 2 3 | Cash prizes | | | | |
| ot Expenses | 2 3 4 | Cash prizes | □ Yes % □ No | □ Yes% □ No | □ Yes% □ No | |
| ct Expenses | 2 3 4 5 | Cash prizes | □ No | □ No | | |
| ct Expenses | 2 3 4 5 6 | Cash prizes | No | column (d) | □ No | |
| 6 Direct Expenses | 2 3 4 5 6 7 8 En a Is | Cash prizes | No | Image: No Image: No column (d) . . . ine 1, column (d) . . . aming activities: | □ No ···· · · · · · · · · · · · · · · · · | 🗌 Yes 🗌 No |

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

| Schedu | ile G (Form 990 or 990-EZ) 2020 Page 3 | | | | | | | |
|--------|---|--|--|--|--|--|--|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | | | | | | | |
| 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? | | | | | | | |
| 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 | | | | | | | |
| | | | | | | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the | | | | | | | |
| | amount of gaming revenue retained by the third party ► \$ | | | | | | | |
| С | If "Yes," enter name and address of the third party: | | | | | | | |
| | Name ► | | | | | | | |
| | | | | | | | | |
| 16 | Address ► | | | | | | | |
| 16 | Gaming manager information: | | | | | | | |
| | Name | | | | | | | |
| | Gaming manager compensation ► \$ | | | | | | | |
| | Description of services provided ► | | | | | | | |
| | Director/officer Employee Independent contractor | | | | | | | |
| 17 | Mandatory distributions: | | | | | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | | | | | | |
| b | | | | | | | | |
| | spent in the organization's own exempt activities during the tax year \blacktriangleright \$ | | | | | | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | | | | | |
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Schedule G (Form 990 or 990-EZ) 2020