SCHEDU	JLE G
(Form 99	0)

Pai

Department of the Treasury

Internal Revenue Service

Name of the organization

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.



Employer identification number

tl	Fundraising Activities. Complete if the organization answered "Yes" on Forn	1 990,	Part IV,	line 17.
	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. 1

Mail solicitations а

- e Solicitation of non-government grants
- Internet and email solicitations b С
- f Solicitation of government grants
- Phone solicitations
- In-person solicitations d

- **g** Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 🗌 Yes 🗌 No

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(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											
Tota	l			>							
3	List all states in which the organ registration or licensing.				olicit contributior	ns or has been notifie	ed it is exempt from				

		~	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts				
	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
Da	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th	act line 10 from line 3, c	olumn (d)	►	r reported more than
Γa		\$15,000 on Form 990-E2			190, Fait IV, iiile 19, C	reported more than
ę						
veni			(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	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
Expenses			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	2 3	Cash prizes		bingo/progressive bingo		
ct Expenses	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	2 3 4 5	Cash prizes	□ Yes% □ No	bingo/progressive bingo	□ Yes%	
ct Expenses	2 3 4 5 6	Cash prizes . . . Noncash prizes . . Rent/facility costs . . Other direct expenses . Volunteer labor . .	 ☐ Yes % ☐ No Id lines 2 through 5 in c 	bingo/progressive bingo	□ Yes% □ No	
6 Direct Expenses	2 3 4 5 6 7 8 Er a Is	Cash prizes	Yes % No Id lines 2 through 5 in c y. Subtract line 7 from I ganization conducts ga onduct gaming activities	bingo/progressive bingo	Yes% No	col. (a) through col. (c))

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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		%
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			
h		🗌 Yes	
D C	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 of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation \$		
	Description of services provided ►		
	Director/officer		
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?	🗌 Yes	🗌 No
b			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		