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SCHEDULE G (Form 990)

(Rev. December 2024)
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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 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. Mail solicitations Solicitation of nongovernment grants Internet and email solicitations ☐ Solicitation of government grants b g Special fundraising events 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 services? ☐ Yes ☐ No If "Yes," list the 10 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 (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity ustody or control of contributions? col. (i) No Yes 1 3 4 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.

Pa	ırt II	Fundraising Events. Cor than \$15,000 of fundraisingross receipts greater that	ng event contributions				
			(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	AC	LID	V/IE	00	
	2	Less: Contributions	HO	UN			
	3	Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes		MB			
	5	Noncash prizes			UU		
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses .				004	
	10 11	Direct expense summary. Ac Net income summary. Subtra			9	U 24	
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than	
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
es es	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. Ac	ld lines 2 through 5 in c	olumn (d)			
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)			
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states	s?	The Yes No	
10		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . ☐ Yes ☐ No If "Yes," explain:					

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11 12	Does the organization conduct gaming activities with nonmembers?	
13 a	formed to administer charitable gaming?	. ∐ No %
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	NameAddress	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ 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 \$	
С	If "Yes," enter the name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	1
n	Name	4
	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	
b	retain the state gaming license?	. ∐ No
Part		