

Note: The draft you are looking for begins on the next page.

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Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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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

Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.					
1												
a	☐ Mail solicitations  e ☐ Solicitation of nongovernment grants											
b	<ul> <li>☐ Internet and email solicitations</li> <li>☐ Phone solicitations</li> <li>☐ Special fundraising events</li> </ul>											
d	☐ In-person solicitations											
2a												
b	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.											
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)					
	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			utions?		col. (i)	organization					
1	OI		Yes	No								
2					10	00	101					
3	vovei		E			. 21	124					
4												
5	DO				]							
6												
7												
8												
9												
10												
Γotal												
3	List all states in which the orga registration or licensing.	nization is regist	ered or lic	ensed to s	olicit contribution	ns or has been notifie	ed it is exempt from					

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" or and gross income on	n Form 990, Part IV, lir Form 990-EZ, lines 1 a	ne 18, or reported more and 6b. List events with				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events				
Revenue			(event type)	(event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )				
				LIB		10				
	1	Gross receipts			$\forall$ / $\vdash$					
	2	Less: Contributions	MU							
	3	Gross income (line 1 minus line 2)								
Direct Expenses	4	Cash prizes								
	_	AIVI								
	5	Noncash prizes								
	6	Rent/facility costs				_				
Expe	7	Food and beverages								
irect	8	Entertainment								
	9	Other direct expenses .	20 0 6	14		00/				
	10 11	Direct expense summary. Ac Net income summary. Subtra			<b>5</b> ):::://	UZ4				
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe			or reported more than				
		\$10,000 0111 01111 000 E	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue				bingo/progressive bingo		col. (a) through col. (c))				
	1	Gross revenue								
ses	2	Cash prizes								
xper	3	Noncash prizes								
Direct Expenses	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)						
9	Fn	nter the state(s) in which the or	ganization conducts da	ming activities:						
	<b>a</b> Is t	the organization licensed to co	onduct gaming activities	s in each of these states		🗌 Yes 🗌 No				
	b If "	"No," explain:								
. د										
10		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .   Yes No f "Yes," explain:								

Does the organization conduct gaming activities with nonmembers?	☐ No
formed to administer charitable gaming?	☐ No
The organization's facility	%
,	<u>%</u>
records:	
Name	
Address	
	☐ No
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 the name and address of the third party:	
Ivalile	
Address	
Gaming manager information:	/
Name (C)	4
Gaming manager compensation \$	-
Description of services provided	
□ Director/officer □ Employee □ Independent contractor	
Mandatory distributions:	
matched the extension floring of	☐ No
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	
	The organization's facility