SCHE	DUL	EC	G	
(Form	990	or	990-	EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b С Phone solicitations g Special fundraising events In-person solicitations d 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 ten 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) or entity (fundraiser) contributions? organization col. (i) Yes No 1 2 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	art II	Fundraising Events. Con than \$15,000 of fundraisir gross receipts greater tha	ng event contributions			
		5	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	(-)/
Revenue	1	Gross receipts				
œ	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	e organization answe	ered "Yes" to Form 990	, Part IV, line 19, or ı	reported more
Revenue		than \$15,000 on Form 99	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	 P □ Yes% □ No 	□ Yes% □ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in a	column (d) . . .	►	
	8	Net gaming income summary	y. Subtract line 7 from	line 1, column (d)	►	
ç	a Is	nter the state(s) in which the or the organization licensed to op "No," explain:	perate gaming activitie			🗌 Yes 🗌 No
10		Vere any of the organization's g "Yes," explain:	aming licenses revoke	d, suspended or terminat	ed during the tax year?	? . 🗌 Yes 🗌 No

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11 12	Does the organization operate gaming activities with nonmembers? Image: Comparization operate gaming act						
13 a	Indicate the percentage of gaming activity operated in: The organization's facility						
b	An outside facility						
14 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?						
b c	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						
17 а	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to						
b							
	spent in the organization's own exempt activities during the tax year ► \$						
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 complete this part to provide any additional information (see instructions).						

Schedule G (Form 990 or 990-EZ) 2013