(Form 990 or 990-EZ) Com Department of the Treasury Internal Revenue Service		Complete if	al Information the organization ans organization enter ► Att Go to www.irs.gov/F	OMB No. 1545-0047				
Name of the organization							Employer ident	ification number
Par 1 a b	Form 99 Indicate wheth	0-EZ filers are n er the organizatio	ot required to on raised funds the	complete	this part. of the follo Solicitati		•	
с	☐ Phone solicitations							
d	•	on solicitations						
2a	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?							
b				•			•	the fundraiser is to be
	compensated	at least \$5,000 by	the organization	ı. `	, 1	0		
	(i) Name and addres or entity (fun		(ii) Activity	(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								

Total

10

the organization is registered or license

3 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.

►

.

.

Part II

		than \$15,000 of fundraisin gross receipts greater that	ng event contributions n \$5,000.	s and gross income on	Form 990-EZ, lines 1 a	and 6b. List events with		
Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
		-	(event type)	(event type)	(total number)	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	d lines 4 through 9 in o lot line 10 from line 3, o	column (d) . . . column (d) . . .	· · · · · · ▶			
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-EZ	e organization answ	ered "Yes" on Form 9	990, Part IV, line 19, o	or reported more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	□ Yes % □ No	☐ Yes% ☐ No	□ Yes% □ No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary	v. Subtract line 7 from	line 1, column (d)				
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 							
10		ere any of the organization's ga "Yes," explain:	-	d, suspended, or termina				
					Schedule	e G (Form 990 or 990-EZ) 2019		

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

Schedu	le G (Form 990 or 990-EZ) 2019 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 ►							
	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?							
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 provide any additional information. See instructions.							

Schedule G (Form 990 or 990-EZ) 2019