## SCHEDULE G (Form 990 or 990-EZ)

**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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization

Employer identification number

Par	Fundraising Activities. Form 990-EZ filers are r	•	•		vered "Yes" on	Form 990, Part IV,	line 17.	
1 a	Indicate whether the organization  Mail solicitations			of the follo	owing activities. C			
b c	☐ Internet and email solicitation☐ Phone solicitations	ons	f [	Solicitati	ion of floor governmen fundraising event	t grants		
d 2a b	☐ In-person solicitations Did the organization have a wri or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by	n 990, Part VII) o d individuals or e	r entity in co entities (fund	onnection v	with professional	fundraising services?	? ☐ Yes ☐ No	
	(i) Name and address of individual or entity (fundraiser)	(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	
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
<u>Total</u>	List all states in which the orga registration or licensing.		stered or lic	ensed to s	solicit contribution	ns or has been notifi	ed it is exempt from	

Pa	art II	Fundraising Events. Con	nplete if the organizati	on answered "Yes" on	Form 990, Part IV, line	e 18, or reported more
		than \$15,000 of fundraising gross receipts greater tha		and gross income on	Form 990-EZ, lines 1 a	and 6b. List events with
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
es	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
pens		,				
Ë	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		
Da	11 rt	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, o	column (d) rod "Vos" on Form 00		reported more
Га		than \$15,000 on Form 99		red res on ronni sa	00, 1 art 10, line 19, 01	reported more
nue			(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				
	•	aross revenue				
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
			☐ Yes%	☐ Yes%	☐ Yes%	
	6	Volunteer labor	☐ No	│	□ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
9	, F	nter the state(s) in which the or	raanization conducts as	ming activities		
		the organization licensed to co			s?	
	<b>b</b> If	"No," explain:				
10	a	Vere any of the organization's g	aming licenses revoked	d, suspended, or termin	ated during the tax year	? .
		"Yes," explain:				

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11 12	Does the organization conduct gaming activities with nonmembers?		Yes [	_ No				
	formed to administer charitable gaming?		Yes [	☐ No				
13	Indicate the percentage of gaming activity conducted in:  The organization's facility			%				
a b	The organization's facility			<del>%</del>				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name ►							
	Address►							
15a	revenue?		Yes [	□ 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 ▶ \$							
	Name ►							
	Address►							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation ► \$							
	Description of services provided ►							
	□ Director/officer □ Employee □ Independent contractor							
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to							
а	retain the state gaming license?		Yes [	□No				
b	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 ▶ \$							
Part				d				