## **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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I 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 e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events d 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 (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 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 fundraisingross receipts greater tha	ng event contributions			
		g. coc . coo, p. c g. cu.to. u.a.	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue			(event type)	(event type)	(total number)	
	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				
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99	e organization answei			reported more
Revenue		man \$13,000 on 1 on 1 s.	(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				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	<ul><li>☐ Yes %</li><li>☐ No</li></ul>	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
g	<b>a</b> 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?	🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain:	aming licenses revoked	•		

Schedu	ule G (Form 990 or 990-EZ) 2016			Page 3				
11 12	Does the organization conduct gaming activities with nonmembers?	′		No				
13	formed to administer charitable gaming?		Yes	No				
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:	I						
	Name ►							
	Address ►							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes [	□ No				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the							
С	amount of gaming revenue retained by the third party ► \$  c If "Yes," enter name and address of the third party:							
United that the and address of the till party.								
	Name ►							
	Address ►							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	□ Director/officer □ Employee □ Independent contractor							
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?	_	Yes [	□ No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year ▶ \$	ŕ						
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info See instructions			d				