## **SCHEDULE G** (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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Par	Fundraising Activities. Form 990-EZ filers are r	Complete if the not required to	ie organiza complete	ation ansv this part.	vered "Yes" on I	-orm 990, Part IV,	line 17.	
1	Indicate whether the organization	on raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.		
а	☐ Mail solicitations e ☐ Solicitation of non-government grants							
b	☐ Internet and email solicitations							
С	Phone solicitations g Special fundraising events							
d	☐ In-person solicitations							
<b>2</b> a	Did the organization have a writ							
	or key employees listed in Form		-		•	•		
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			araisers) pi	ursuant to agreem	ients under wnich th	ie fundraiser is to be	
	compensated at least 40,000 b	, the organizatio						
	(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	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Γotal				▶				
3	List all states in which the organ registration or licensing.				solicit contribution	s or has been notifi	ed it is exempt from	

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

Part II

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts . . . . 1 Less: Contributions . . 2 3 Gross income (line 1 minus line 2) . . . . . . . 4 Cash prizes . . . . . 5 Noncash prizes Direct Expenses 6 Rent/facility costs . . . 7 Food and beverages . . 8 Entertainment . . . . Other direct expenses 10 Net income summary. Subtract line 10 from line 3, column (d) 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue . Direct Expenses 2 Cash prizes . . . . 3 Noncash prizes 4 Rent/facility costs . . . 5 Other direct expenses Volunteer labor . . No 6 Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . 8 Enter the state(s) in which the organization conducts gaming activities: 9 а If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . If "Yes," explain:

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11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No							
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		<u></u> %							
b	An outside facility		<u></u> %							
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?	☐ Yes	☐ No							
b	the same of the sa									
	amount of gaming revenue retained by the third party ► \$									
С	If "Yes," enter name and address of the third party:									
	Name ►									
	Address ▶									
16	6 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	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 (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.									