SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2018

Open to Rublic

Open to Public nspection

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events ☐ 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 (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in 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. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c))
		Cross receipts				
	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
		Tions admity dedicate				
	7	Food and beverages				
		Entortainment				
⊡	8	Entertainment				
	9	Other direct expenses .				
		5				
	10 11	Direct expense summary. Ac Net income summary. Subtr				
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E.	ne organization answe	ered "Yes" on Form	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))
evel						
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
Expenses						
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
			☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	☐ No	□ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)		
9		nter the state(s) in which the or the organization licensed to c			 o2	
		(A. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u> 165 110</u>
			·	·		
10		ere any of the organization's of	gaming licenses revoked	ı, suspended, or termin	ated during the tax year?	? .

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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?	☐ Yes	☐ No					
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility		%					
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?							
b	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 □ Employee □ Independent contractor							
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to							
a	retain the state gaming license?	☐ Yes	☐ No					
	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	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.							
								