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

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

Parl	Fundraising Activities.	•	-		ered "Yes" to F	orm 990, Part IV, I	ine 17.	
	Form 990-EZ filers are n							
1	Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
а	Mail solicitations		e		on of non-goverr			
b	Internet and email solicitatio	ns	f		on of governmen			
С	Phone solicitations		g	Special f	undraising event	S		
d	In-person solicitations							
<b>2</b> a	Did the organization have a writ							
	or key employees listed in Form		=		=	<del>-</del>		
b	If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.							
	(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								
Ū								
6								
7								
8								
9								
10								
Total 3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s		ns or has been notifie		

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising	ng event contributions			
		gross receipts greater tha	(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 Gross income (line 1 minus line 2)				
nses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra <b>Gaming.</b> Complete if the than \$15,000 on Form 99	act line 10 from line 3, c e organization answe	olumn (d)		reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	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	ine 1, column (d)		
	<b>a</b> Ist	iter the state(s) in which the or the organization licensed to op 'No," explain:	perate gaming activities	in each of these states	?	🗌 Yes 🗌 No
10		ere any of the organization's g 'Yes," explain:	•	•	ted during the tax year?	

chedul	ule G (Form 990 or 990-EZ) 2013		Pa	age 3
11	Does the organization operate gaming activities with nonmembers?	☐ Ye	s 🗌	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?	☐ Ye	s 🗌	No
13	Indicate the percentage of gaming activity operated 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		☐ Ye:	s $\square$	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 ▶ \$			
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 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Ye:	s 🗆	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide additional information (see instructions).		and	