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**

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Inspection

Public

No

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Mail solicitations а Email solicitations b

- Solicitation of non-government grants ρ
- f Solicitation of government grants

Phone solicitations С

g

d In-person solicitations

- Special fundraising events
- 2a 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?

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. Form 990-EZ filers are not required to complete this table.

(i) Name 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				
Total			►				
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

		G (Form 990 or 990-EZ) 2008						age <b>2</b>
Pa	rt II	Fundraising Events. Co more than \$15,000 on F					eported	
			<b>(a)</b> Event #1	(b) Event #2	(c) Other Events	<b>(d)</b> Total (Add col. <b>(</b> a	) through	
			(event type)	(event type)	(total number)	col.	( <b>c)</b> )	
Revenue								
Reve	1	Gross receipts						
ш	2	Less: Charitable contributions						
	3	Gross revenue (line 1						
		minus line 2)						
		Cash avian						
Direct Expenses	4	Cash prizes						
	5	Non-cash prizes						
	6	Rent/facility costs						
rec	7	Other direct expenses .						
Ö	-				•	,		
	8 9	Direct expense summary. Ad Net income summary. Comb	ld lines 4 through 7 in controls in controls in columns 3 and 8 in columns 3 and 8 in columns.	olumn (d)	· · · · · · · •	(		)
Ра	rt II			vered "Yes" to Form	990, Part IV, line 19,	or reporte	ed moi	re
		than \$15,000 on Form			, , ,			
ne			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total g col. (a) thr		
Revenue				bingo/progressive bingo		001. (a) 1110	bugii coi.	
щ	1	Gross revenue						
ses	2	Cash prizes						
ben	0	Non-cash prizes						
Ť	3	Non-cash phzes						
Direct Expenses	4	Rent/facility costs						
	F	Other direct expenses						
	5	Other direct expenses .	□ Yes %	□ <b>Yes</b> %	☐ Yes %			
	6	Volunteer labor						
	•					_		
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)	🕨	(		)
	8	Net gaming income summary	v. Combine lines 1 and	7 in column (d)				
	-		<b>,</b>	(-)			Yes	No
9	En	ter the state(s) in which the o	organization operates ga	aming activities:				
а		the organization licensed to c	operate gaming activitie	s in each of these state	es?	9a		
b	lf '	"No," Explain:						
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						a	
b	lf '	If "Yes," Explain:						
11	Do	bes the organization operate g	aming activities with n	onmembers?		11		
12	ls	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
		med to administer charitable						

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			Yes	No	
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility				
b	An outside facility				
14	Provide 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?	15a			
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:				
	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?	17a			
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$				

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