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, 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

Par	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.							
1	Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
а	☐ Mail solicitations		e	Solicitati	ion of non-goverr	nment grants		
b	Internet and email solicitation	ns	f [ion of governmen	_		
C	Phone solicitations	110	g [fundraising event			
			9 _	_ Special i	iuliulaisilig evelli	3		
d	☐ In-person solicitations					e		
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? Yes No							
b								
	20	o. gaa						
		1				/ \	T	
	(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					1			
2								
3								
4								
5								
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	olicit contribution	ns or has been notific	ed it is exempt from	
	·							

Pa	art II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions			
		g. coo . coo, p. c g. cu.to. u.ta	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
an.			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
<u>ш</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
ses	5	Noncash prizes				
	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra				
Pa	rt III	Gaming. Complete if the	e organization answer			reported more
		than \$15,000 on Form 9	90-EZ, line 6a.	(h) Dull take (instant		(d) Total gaming (add
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				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ 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)		
	e En	Net gaming income summare the state(s) in which the or the organization licensed to co "No," explain:	ganization conducts ga onduct gaming activities	ming activities: s in each of these states		\square Yes \square No

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11 12	Does the organization conduct gaming activities with nonmembers?	y	Yes	
13	formed to administer charitable gaming?	Ш	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:	t.		
	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 ► \$ If "Yes," enter name and address of the third party:			
Ū	in 1965, enter hame and dudities of the time 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 ▶ \$	r		
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 instructions).			