## **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. ► See separate instructions.

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 n				vered "Yes" to F	orm 990, Part IV, I	ine 17.		
1	Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
a	☐ Mail solicitations e ☐ Solicitation of non-government grants								
b	☐ Internet and email solicitations								
c d	☐ Phone solicitations g☐ Special fundraising events								
2a									
	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
b	<b>b</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									
6									
7									
8									
9									
10									
Total				•					
3	List all states in which the orga registration or licensing.								

Part II

		gross receipts greater tha	n \$5,000.			
Revenue			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts				
	2	contributions				
	3	Gross income (line 1 minus line 2)				
anses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Comb			<b>&gt;</b>	( )
Pa	rt III	Gaming. Complete if the	e organization answei	red "Yes" to Form 990	), Part IV, line 19, or r	reported more
4		than \$15,000 on Form 99		(b) Pull tabs/instant		(NT.)
ηne						idi Total daming (add
ē			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revel	1	Gross revenue	(a) Bingo		(c) Other gaming	
Reve	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
Expenses			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo  Yes % No		(c) Other gaming  Yes % No	
Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo  Yes % No	☐ Yes%	
Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No	bingo/progressive bingo  Yes%  No  olumn (d)	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No  Id lines 2 through 5 in cour.	bingo/progressive bingo  Yes %  No  olumn (d)  mn d, and line 7	☐ Yes% ☐ No	col. (a) through col. (c))
<b>O</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No d lines 2 through 5 in cy. Combine line 1, colur	bingo/progressive bingo  Yes%  No  olumn (d)  mn d, and line 7	☐ Yes% ☐ No	col. (a) through col. (c))
<b>Direct Expenses</b>	2 3 4 5 6 7 8 Er	Cash prizes	Yes % No  d lines 2 through 5 in concomposition operates garderate gaming activities	bingo/progressive bingo  Yes%  No  olumn (d)  mn d, and line 7	☐ Yes% ☐ No	( )
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Cash prizes	Yes % No d lines 2 through 5 in coy. Combine line 1, colur ganization operates gar perate gaming activities aming licenses revoked	bingo/progressive bingo  Yes%  No  olumn (d)  mn d, and line 7  ming activities: in each of these states?	☐ Yes % No	( )  Yes No  Yes No

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

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11 12	Does the organization operate gaming activities with nonmembers?	☐ Yes		
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 ►			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	s 🗌 No	<b>5</b>
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by 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?	☐ Yes	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. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).			
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