SCHE	DUL	.E (G	
(Form	990	or	990-	ΕZ

Department of the Treasury Internal Revenue Service

 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

2 2

Name	of the organization					Employer identifi	cation number
Par	t Fundraising Activities.				vered "Yes" to Fo	orm 990, Part IV,	line 17.
1 a b	Form 990-EZ filers are r Indicate whether the organization Mail solicitations Internet and email solicitation	on raised funds	through any	of the follo Solicitat Solicitat	ion of non-governr ion of government	nent grants	
c d 2a b	 Phone solicitations In-person solicitations Did the organization have a writor key employees listed in Form If "Yes," list the ten highest paid compensated at least \$5,000 by 	990, Part VII) o individuals or o	r entity in co entities (fun	any indivi	with professional fu	undraising services	? 🗌 Yes 🗌 No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of putions?	(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
1			Yes	No			
2							
3							
-4 							
6							
7							
8							
9							
10							
Total 3	List all states in which the orga registration or licensing.	nization is regis	stered or lic	► ensed to s	solicit contributions	or has been notifi	ed it is exempt from

Pa	art II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
•			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
œ	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
Dired	8	Entertainment				
	9	Other direct expenses .	<u> </u>			
Pa	10 11 art III	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if the	ine line 3, column (d),	and line 10	🕨	()
		than \$15,000 on Form 99			, i artiv, into ito, of i	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
: Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	Yes%	Ves %	Ves %	
	6	Volunteer labor	☐ Yes % ☐ No	P □ Yes% □ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in a	column (d)		()
	8	Net gaming income summary	/. Combine line 1, colu	umn d, and line 7		
ç	a Is	nter the state(s) in which the or the organization licensed to or "No," explain:	perate gaming activitie	s in each of these states?		🗌 Yes 🗌 No
10		Yere any of the organization's gather and the organization's gather and the organization's gather and the organization and the org	-	d, suspended or terminat		? . 🗌 Yes 🗌 No

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11 12	Does the organization operate gaming activities with nonmembers? Image: Comparization operate gaming act
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a %
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	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to
u	retain the state gaming license?
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, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2012