(Form 990 or 990-EZ) Complete if Department of the Treasury		mental Information blete if the organization and organization enter ► Att ► Go to www.irs.gov/F	swered "Yes' red more than tach to Form	or 19, or if the	OMB No. 1545-0047		
Par 1 a b c d 2a b	Form 990-EZ filers Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have or key employees listed in	citations a written or oral agree Form 990, Part VII) or t paid individuals or er	complete rough any e f g ement with entity in contities (func-	this part. of the follo Solicitatio Solicitatio Special f any individ	owing activities. (on of non-govern on of governmer undraising event ual (including off vith professional	Check all that apply. Inment grants It grants s icers, directors, trus fundraising services	tees, ?
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(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							
5							
6							
7							
8							
9							

Total

10

organization is registered or licensed to solici

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.

. .

Part II

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total aventa
Revenue						(d) Total events (add col. (a) through col. (c))
		-	(event type)	(event type)	(total number)	
	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	d lines 4 through 9 in c .ct line 10 from line 3, c	column (d)		
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-EZ	e organization answ	ered "Yes" on Form 9	90, Part IV, line 19, o	or reported more than
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses						
ses	2	Cash prizes				
Expenses	2 3	Cash prizes				
Direct Expenses						
	3	Noncash prizes				
t	3 4	Noncash prizes	□ Yes % □ No	□ Yes% □ No	□ Yes% □ No	
t	3 4 5	Noncash prizes Rent/facility costs Other direct expenses .	□ No	□ No		
t	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	No	column (d)	□ No	
6 Direct	3 4 5 6 7 8 8 Er a Is	Noncash prizes	No N	Image: No column (d) . . line 1, column (d) . . aming activities:	□ No ···· · · · · · · · · · · · · · · · ·	🗌 Yes 🗌 No
0 Direct	3 4 5 6 7 8 Er a Is b If 4 	Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Add Net gaming income summary her the state(s) in which the org the organization licensed to co "No," explain: " 'ere any of the organization's ga	No	Image: No column (d) line 1, column (d) aming activities: is in each of these states	□ No	□ Yes □ No ? . □ Yes □ No

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

Schedu	ile G (Form 990 or 990-EZ) 2018 Page 3							
11	Does the organization conduct gaming activities with nonmembers?							
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?							
13	Indicate the percentage of gaming activity conducted 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	Does the organization have a contract with a third party from whom the organization receives gaming							
	revenue?							
b								
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	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
b								
	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) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.							

Schedule G (Form 990 or 990-EZ) 2018