			ntal Information	or 19, or if the	OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service			tach to Form	l.	Quen to Public			
Name of the organization			► Go to www.	irs.gov/Form	Employer identif	Inspection Employer identification number		
Par	Form 990-	-EZ filers are n	ot required to	complete	this part.		Form 990, Part IV	-
1 b c d 2a	 Mail solicitati Internet and Phone solicit In-person so Did the organiza 	 icate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events In-person solicitations the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 						
b	If "Yes," list the compensated at				draisers) pu	irsuant to agreer	nents under which t	he fundraiser is to be
	(i) Name and address or entity (fundra		(ii) Activity	custody c	draiser have or 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
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total					►			
3	List all states in registration or lic		nization is regis	tered or lic	ensed to s	olicit contribution	ns or has been noti	fied it is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

b If "Yes," explain:

Pa	art II	Fundraising Events. Cor 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	
Revenue			(event type)	(event type)	(total number)	col. (c))	
	1	Gross receipts					
	2 3	Less: Contributions Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
Dire	8	Entertainment					
	9	Other direct expenses .					
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, o	column (d)		eported more	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
	4	Rent/facility costs					
_	5	Other direct expenses .					
	6	Volunteer labor	☐ Yes% ☐ No	│	☐ Yes% ☐ No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summar	y. Subtract line 7 from	line 1, column (d)	►		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:		s in each of these states	s?	🗌 Yes 🗌 No	
	a W	ere any of the organization's g	laming licenses revoke	d suspended or termin	ated during the tax year?	. 🗌 Yes 🗌 No	

Schedu	lle G (Form 990 or 990-EZ) 2017 Page 3						
11 12	Does the organization conduct gaming activities with nonmembers? Image: Constraint of the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Image: Constraint of the organization of the organi						
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility						
	Name ►						
	Address ►						
	revenue?						
	 b If "Yes," enter the amount of gaming revenue received by the organization ► \$and the amount of gaming revenue retained by the third party ► \$ c 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 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to 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							

Schedule G (Form 990 or 990-EZ) 2017