

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

BusinessName

InCareOfNm

EIN

Part I 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.

MailSolicitationsInd

Mail solicitations

SolicitationOfNonGovtGrantsInd

Solicitation of non-government grants

EmailSolicitationsInd

Internet and email solicitations

SolicitationOfGovtGrantsInd

Solicitation of government grants

PhoneSolicitationsInd

Phone solicitations

SpecialFundraisingEventsInd

Special fundraising events

InPersonSolicitationsInd

In-person solicitations

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? AgrmtProfFundraisingActyInd

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (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. Includes Total row at the bottom.

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.

LicensedStatesCd AllStatesCd

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

FundraisingEventInformationGrp		(a) Event #1 Event1Nm (event type)	(b) Event #2 Event2Nm (event type)	(c) Other events OtherEventsTotalCnt (total number)	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	GrossReceiptsEvent1Amt	GrossReceiptsEvent2Amt	GrossReceiptsOtherEventsAmt	GrossReceiptsTotalAmt	
	2	Less: Contributions	CharitableContriEvent1Amt	CharitableContriEvent2Amt	CharitableContriOtherEventsAmt	CharitableContributionsTotAmt	
	3	Gross income (line 1 minus line 2)	GrossRevenueEvent1Amt	GrossRevenueEvent2Amt	GrossRevenueOtherEventsAmt	GrossRevenueTotalEventsAmt	
Direct Expenses	4	Cash prizes	CashPrizesEvent1Amt	CashPrizesEvent2Amt	CashPrizesOtherEventsAmt	CashPrizesTotalEventsAmt	
	5	Noncash prizes	NonCashPrizesEvent1Amt	NonCashPrizesEvent2Amt	NonCashPrizesOtherEventsAmt	NonCashPrizesTotalEventsAmt	
	6	Rent/facility costs	RentFacilityCostsEvent1Amt	RentFacilityCostsEvent2Amt	RentFcltyCostsOtherEventsAmt	RentFcltyCostsTotalEventsAmt	
	7	Food and beverages	FoodAndBeverageEvent1Amt	FoodAndBeverageEvent2Amt	FoodAndBeverageOtherEventsAmt	FoodAndBeverageTotalEventsAmt	
	8	Entertainment	EntertainmentEvent1Amt	EntertainmentEvent2Amt	EntertainmentOtherEventsAmt	EntertainmentTotalEventsAmt	
	9	Other direct expenses	OtherDirectExpensesEvent1Amt	OtherDirectExpensesEvent2Amt	OthDirectExpnsOtherEventsAmt	OthDirectExpnsTotalEventsAmt	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					DirectExpenseSummaryEventsAmt
	11	Net income summary. Subtract line 10 from line 3, column (d)					NetIncomeSummaryAmt

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

GamingInformationGrp		(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	GrossRevenueBingoAmt	GrossRevenuePullTabsAmt	GrossRevenueOtherGamingAmt	GrossRevenueTotalGamingAmt	
Direct Expenses	2	Cash prizes	CashPrizesBingoAmt	CashPrizesPullTabsAmt	CashPrizesOtherGamingAmt	CashPrizesTotalGamingAmt	
	3	Noncash prizes	NonCashPrizesBingoAmt	NonCashPrizesPullTabsAmt	NonCashPrizesOtherGamingAmt	NonCashPrizesTotalGamingAmt	
	4	Rent/facility costs	RentFacilityCostsBingoAmt	RentFacilityCostsPullTabsAmt	RentFcltyCostsOtherGamingAmt	RentFcltyCostsTotalGamingAmt	
	5	Other direct expenses	OtherDirectExpensesBingoAmt	OtherDirectExpensesPullTabsAmt	OthDirectExpnsOtherGamingAmt	OthDirectExpnsTotalGamingAmt	
	6	Volunteer labor	<input type="checkbox"/> VolunteerLaborBingoInd % <input type="checkbox"/> VolunteerLaborBingoPct	<input type="checkbox"/> VolunteerLaborPullTabsInd % <input type="checkbox"/> VolunteerLaborPullTabsPct	<input type="checkbox"/> VolunteerLaborOtherGamingInd <input type="checkbox"/> VolunteerLaborOtherGamingPct		
	7	Direct expense summary. Add lines 2 through 5 in column (d)					DirectExpenseSummaryGamingAmt
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)					NetGamingIncomeSummaryAmt

9 Enter the state(s) in which the organization conducts gaming activities: StatesWhereGamingConductedCd

a Is the organization licensed to conduct gaming activities in each of these states? LicensedInd

b If "No," explain: ExplanationIfNoTxt

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? LicenseSuspendedEtclnd

b If "Yes," explain: ExplanationIfYesTxt

- 11 Does the organization conduct gaming activities with nonmembers? GamingWithNonmembersInd
- 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? MemberOfOtherEntityInd
- 13 Indicate the percentage of gaming activity conducted in:
 - a The organization's facility 13a GamingOwnFacilityPct
 - b An outside facility 13b GamingOtherFacilityPct
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name IndividualWithBooksNm PersonsWithBooksName

Address PersonsWithBooksUSAAddress PersonsWithBooksForeignAddress

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? CntrctWith3rdPrtyForGameRevInd
- b If "Yes," enter the amount of gaming revenue received by the organization \$ GamingRevenueReceivedByOrgAmt
amount of gaming revenue retained by the third party \$ GamingRevenueRtnBy3PrtyAmt
- c If "Yes," enter name and address of the third party:

Name ThirdPartyPersonNm ThirdPartyBusinessName

Address ThirdPartyUSAAddress ThirdPartyForeignAddress

16 Gaming manager information:

Name GamingManagerPersonNm GamingManagerBusinessName

Gaming manager compensation \$ GamingManagerCompensationAmt

Description of services provided GamingManagerServicesProvTxt

- GamingManagerIsDirectorOfcrlnd
- GamingManagerIsEmployeeInd
- GamingManagerIsIndCntrctInd

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? CharitableDistributionRqrlnd
- 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 \$ DistributedAmt

Part IV 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.

SupplementalInformationDetail

FormAndLineReferenceDesc ExplanationTxt