## Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

## 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

2011

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

Par	Fundraising Activities. Form 990-EZ filers are no				vered "Yes" to F	orm 990, Part IV, I	ine 17.		
1 a b	Indicate 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								
c d 2a b	☐ Phone solicitations ☐ In-person solicitations ☐ In-person solicitations ☐ Identify 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? ☐ Yes ☐ No 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.								
	compensated at least \$5,000 by	the organization	l.						
	(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		05	Yes	No					
2									
3									
4									
5									
7									
8									
0									
9									
10									
Total				▶					
3	List all states in which the orgar registration or licensing.	nization is regist	erea or lic	ensea to s	solicit contribution	s or has been notific	ed it is exempt from		

Part II		<b>Fundraising Events.</b> Complete if the organization answered "Yes" to 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.								
		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))				
Revenue			(event type)	(event type)	(total number)					
	1 2	Gross receipts Less: Charitable contributions		05						
	3	Gross income (line 1 minus line 2)	ck	0						
	4	Cash prizes		10						
	5	Noncash prizes		OIL						
Direct Expenses	6	Rent/facility costs		(2),						
	7	Food and beverages								
	8	Entertainment	(1)							
	9	Other direct expenses .								
	10 11	Direct expense summary. Ac Net income summary. Comb	oine line 3, column (d), a	nd line 10	•	( )				
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 99	0, Part IV, line 19, or r	reported 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								
≅xper	3	Noncash prizes								
Direct Expenses										
Dire	4	Rent/facility costs								
Dire	4 5	Rent/facility costs Other direct expenses .								
Dire		-	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes%					
Dire	5	Other direct expenses .	□ No	□ No	□ No	( )				
Dire	5	Other direct expenses . Volunteer labor	No No	olumn (d)	□ No	( )				
9	5 6 7 8 En	Other direct expenses .  Volunteer labor  Direct expense summary. Ac  Net gaming income summar  Inter the state(s) in which the or the organization licensed to o	No dd lines 2 through 5 in courty. Combine line 1, colur	olumn (d)	□ No					

oricadi	dule G (Form 990 or 990-EZ) 2011	Page 3
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Yes ☐ No Yes ☐ No
13	Indicate the percentage of gaming activity operated in:	
а		%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address►	
15a		Yes □ No
b	amount of gaming revenue retained by the third party ► \$	
Ü	Name ►	
	Address►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17 a		Yes □ 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, line columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp part to provide any additional information (see instructions).	