As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492231003340 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to ▶ Do not enter social security numbers on this form as it may be made public. Treasury Public Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning 05-01-2019, and ending 04-30-2020 B Check if applicable D Employer identification number C Name of organization CAPITAL CITY CHAPT OF LINKS INC ☐ Address change 52-1167430 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 7131 16TH STREET NW ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Washington, DC 20012 F Group Exemption ☐ Application pending Check ▶ ☐ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: > **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 3 118,702 4 100 4 5a Gross amount from sale of assets other than inventory h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d-43,588 7a Gross sales of inventory, less returns and allowances . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c c 8 Other revenue (describe in Schedule O) . . 8 9 75,214 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 10 10 Grants and similar amounts paid (list in Schedule O) . 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 9.402 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 1,893 16 Other expenses (describe in Schedule O) 16 25,084 17 **Total expenses.** Add lines 10 through 16 17 36.379 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 38,835 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 63,251 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 102.086 For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2019) Cat No 10642I

OIIII 990-L2	_ (2019)						Page 2
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		wastian in this	Dart II			
	Check if the organization used Schedule	O to respond to any q	uestion in this		eginning of year	• •	(B) End of year
22 Cash, sa	vings, and investments			(A) D	63,251	22	102,086
23 Land and	d buildings		[0	23	0
24 Other as	sets (describe in Schedule O)		[0	24	0
	sets				63,251	-	102,086
	ibilities (describe in Schedule O)					26	103.006
27 Net ass	ets or fund balances (line 27 of column Statement of Program Service A	<u> </u>		ns for Da	63,251	<u>27 </u> 	102,086 Expenses
rait m	Check if the organization used Schedule	•	-		🗆		equired for section 501(c)
	organization's primary exempt purpose?	· · · · · · · · · · · · · · · · · · ·				,) and 501(c)(4) ganizations, optional for
Describe the measured by	SUSTAIN CONTINE ON O SCREEN rorganization's program service accompli rexpenses In a clear and concise manne and other relevant information for each pro	r, describe the service					ners)
28	al Data Table	ogram dele					
(Grante ¢)	If this amoun	t includes foreign gran	ts shock horo		▶ □	20-	
(Grants \$) 29	II this amoun	t includes foreign gran	its, check here	• •	. P 🗆	28a 29a	
(Grants \$)	If this amoun	t includes foreign gran	ts. check here		. ▶ □		
30					<u> </u>	30a	
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ □		
	ogram services (describe in Schedule O)		· ·			+	
(Grants \$)	•	t includes foreign gran			. ▶ □	31a	
	ogram service expenses (add lines 28a					_	C
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one eve	n if not co	mpensated — see the		
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		•	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/ MISC) (if not enter -0	tion 1099- t paid,	(d) Health ben contributions to er benefit plans, deferred comper	nploy and	(e) Estimated amount of other compensation
PHYLLIS C G	REEN	10 00	5.1125.	0			0 0
PRESIDENT							
NICOLE VEN	ABLE	2 00		0			0 0
VICE PRESI	DENT						
MARILYN CH		8 00		0			0 0
TDEACUDED							
TREASURER GANESHA M	ARTIN	2 00		0			0 0
		2 00		J			°
FINANCIAL S		2.00					0 0
JEANNIE CA	KK	2 00		0			0
	SECRETARY						
STACI HART	EELL	2 00		0			0
CORRESPON	DING SECRETARY						
							+

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	<u></u> 🗆	ı		
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		No		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		NO		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	6 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36		No		
b	Did the organization file Form 1120-POL for this year?	37b		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities					
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			ĺ		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
41	List the states with which a copy of this return is filed ► The organization's books are in care of ► MARILYN G CHARITY Telephone no	 o ▶ (20	02) 427-	 7553		
42a		30045				
	Located at ► 315 UTAH AVENUE NW Washington , DC ZIP + 4 ►	20015	1	—		
		ı				
	At any time during the calendar year, did the organization have an interest in or a dignature or other authority over a		Yes	No		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No		
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
c	At any time during the calendar year, did the organization maintain an office outside the U S?	42c		No		
	If "Yes," enter the name of the foreign country ▶					
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □			
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43					
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	165	No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an					
	explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 5.12(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			N-		
	Form 990-EZ (see instructions)	45b		No		

									Page
		alle en en la la company		-16 -6				Yes	No
	nization engage, directly or indire or public office? If "Yes," complete)	46		No
	on 501(c)(3) Organization	-	47 401 1					F.0	
All sed Check	ction 501(c)(3) organizations if the organization used Schedule	must answer question of to respond to any questions.	ons 47- 49b and uestion in this Part	52, and (VI	complete th	e tables	s for lir	nes 50 E	and 5
								Yes	No
	nization engage in lobbying activi iplete Schedule C, Part II	ties or have a section 50	01(h) election in ef	fect during	the tax year	7	47		
,	zation a school as described in se	etion 170/h)/1)/A)/u)?	If "Voc " complete t	Cahadula E	· · · ·		48		
-	nization make any transfers to an		,				49a		
-	the related organization a section	·					49b		
•	s table for the organization's five	•	mployees (other th	an officers	, dırectors, tr	rustees a	nd key	employ	ees)
	eived more than \$100,000 of cor and title of each employee	npensation from the org	ganization If there (c) Reportable		nter "None " I) Health ben	efits.	(e) Es	tımated	amou
(d) Name (and the or each employee	hours per week devoted to position	compensation (Forms W-2/109 MISC)	contr 19- b	ibutions to er enefit plans, erred comper	nployee and			
(a) Name and business address of	each independent contr	actor	(b) T	ype of service	e (c)) Compe	ensation	
						<u> </u>			_
⁻ otal numb	er of other independent contracto	ors each receiving over	\$100,000			_			
	·	_		must atta	 cha	_			
Did the org	er of other independent contractors ganization complete Schedule A? Schedule A	NOTE. All section 501(c)(3) organizations			•	Ye	s 🔽 I	lo
Did the org completed enalties of p	ganization complete Schedule A? Schedule A	NOTE. All section 501(c)(3) organizations ding accompanying	schedules	and stateme	ents, and	to the	best of	my
Did the org completed enalties of p ge and belik knowledge	ganization complete Schedule A? Schedule A	NOTE. All section 501(c)(3) organizations ding accompanying	schedules	and stateme	ents, and	to the	best of	my
Did the org completed enalties of per and belie knowledge	ganization complete Schedule A? Schedule A	NOTE. All section 501(c)(3) organizations ding accompanying	schedules	and stateme	ents, and	to the	best of	my
Did the org completed enalties of p ge and belii knowledge	ganization complete Schedule A? Schedule A	NOTE. All section 501(c)(3) organizations ding accompanying	schedules	and stateme ed on all info	ents, and	to the	best of	my
Did the org completed enalties of page and belie knowledge	ganization complete Schedule A? Schedule A	NOTE. All section 501(c)(3) organizations ding accompanying rer (other than office	schedules	and statemeed on all information and statement and stateme	ents, and rmation	to the	best of	my
Did the org completed enalties of programme pr	ganization complete Schedule A? Schedule A	NOTE. All section 501(o	c)(3) organizations ding accompanying rer (other than office	schedules cer) is bas	and stateme ed on all infor	ents, and rmation	to the	best of	my
Did the org completed enalties of pge and belie knowledge ***** Signal Type T	ganization complete Schedule A? Schedule A	MOTE. All section 501(doing)	c)(3) organizations ding accompanying rer (other than office	schedules cer) is bas	and statemeed on all information all information all information and all information all information and all information all i	PTIN P0023:	to the of which	best of	my
Did the org completed	ganization complete Schedule A? Schedule A	NOTE. All section 501(c)(3) organizations						

Additional Data

Software ID:

Software Version:

EIN: 52-1167430

Name: CAPITAL CITY CHAPT OF LINKS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization services, as measured be number of persons beneated	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)			
	VICES, THIS PROGRAM SEEKS TO INTERVENE AND SERVECHILDREN WHO ARE HE GUIDANCE AND SUPPORT OF A CARING, RESPONSIBLE ADULT	28a		
(Grants \$)	If this amount includes foreign grants, check here ▶ □			

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93492231003340

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization **Employer identification number** CAPITAL CITY CHAPT OF LINKS INC

52-1167430

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV

Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes | No

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

DLN: 93492231003340 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization CAPITAL CITY CHAPT OF LINKS INC 52-1167430 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. 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 Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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? ☐ Yes ☐ No 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 (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2019

	dule G (Form 990 or 990-EZ) 2019 rt III Fundraising Events. Comple	ete if the organization	answered "Yes" on For	m 990, Part IV, line 18	Page 3, or reported more	
	than \$15,000 of fundraising e	event contributions and				
	gross receipts greater than \$	5,000. (a)Event #1	(b) Event #2	(c)Other events	(d) Total avents	
		(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						
Ver						
Re						
	1 Gross receipts					
	2 Less Contributions					
	3 Gross income (line 1 minus					
	1 (Soch prizes					
	4 Cash prizes					
e e	5 Noncash prizes					
Expenses	6 Rent/facility costs					
ă ส	7 Food and beverages					
ਹ ਹ	8 Entertainment					
Direct	9 Other direct expenses					
	10 Direct expense summary Add lines 4	through 9 in column (d)				
	11 Net income summary Subtract line 10					
Par	t III Gaming. Complete if the org			V, line 19, or reported	l d more than \$15,000	
	on Form 990-EZ, line 6a.	T	·			
e						
7		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add	
Venu		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenu	1 Cross revenue	(a) Bingo		(c) Other gaming		
s Revenue	1 Gross revenue	(a) Bingo		(c) Other gaming		
	1 Gross revenue	(a) Bingo		(c) Other gaming		
	2 Cash prizes	(a) Bingo		(c) Other gaming		
Expenses	2 Cash prizes	(a) Bingo		(c) Other gaming		
Expenses	2 Cash prizes	(a) Bingo		(c) Other gaming		
Expenses	2 Cash prizes	(a) Bingo		(c) Other gaming		
Expenses	2 Cash prizes	(a) Bingo		(c) Other gaming		
Expenses	2 Cash prizes		bingo/progressive bingo			
Expenses	2 Cash prizes	☐ Yes% ☐ No	bingo/progressive bingo	Yes		
Expenses	2 Cash prizes	☐ Yes% ☐ No	bingo/progressive bingo	Yes		
Expenses	2 Cash prizes	☐ Yes% ☐ No through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No		
Direct Expenses	2 Cash prizes	Yes% No through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No		
o Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d) tt line 7 from line 1, column	bingo/progressive bingo Yes % No nn (d)	☐ Yes % ☐ No	col (a) through col (c))	
Direct Expenses	2 Cash prizes	Yes% No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each column activities in each column activities.	bingo/progressive bingo Yes % No nn (d)	☐ Yes % ☐ No		
a Direct Expenses	2 Cash prizes	Yes% No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each column	bingo/progressive bingo Yes % No nn (d)	☐ Yes % ☐ No ▶ ▶	col (a) through col (c))	
d a b	2 Cash prizes	Yes% No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each column	bingo/progressive bingo Yes % No no (d) f these states?	Yes	Yes No	
o d a b o a	2 Cash prizes	Yes % No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each column activities in	bingo/progressive bingo Yes % No No No the first states?	Yes	Yes No	
d a b	2 Cash prizes	Yes % No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each column activities in	bingo/progressive bingo Yes % No No No the first states?	Yes	Yes No	

che	edule G (Form 990 or 990-EZ) 2019				F	age 3
.1	Does the organization conduct gaming activities with nonmembers?			□Yes	□Ne	
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or oth formed to administer charitable gaming?	er entity		Yes		
3	Indicate the percentage of gaming activity conducted in					
а	The organization's facility		13a			%
b	An outside facility	[:	13b			%
L4	Enter the name and address of the person who prepares the organization's gaming/special events	books and reco	ords			
	Name •					
	Address ▶					
5a	Does the organization have a contract with a third party from whom the organization receives gar revenue?	ning		□Yes	□No	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	and the				
c	If "Yes," enter name and address of the third party					
	Name ►					
	Address ▶					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
.6						
0	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	☐ Director/officer ☐ Employee ☐ Independent con	tractor				
7	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming pro retain the state gaming license?	ceeds to		□Yes	Пио	
b	Enter the amount of distributions required under state law distributed to other exempt organization	ns or spent			,,	
	in the organization's own exempt activities during the tax year $lacktriangle$ \$					
Par	Supplemental Information. Provide the explanations required by Part I, line III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add					5.
_	Return Reference Explanation					

Schedule G (Form 990 or 990-EZ) 2019

