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If you have any comments on this draft, you can email us at taxforms@irs.gov or submit them to us on our IRS.gov page titled Comment on Forms and Publications. Please include the form or publication number in the subject. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each suggestion. Please note that we may not be able to consider many suggestions until the subsequent revision.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public

Open to Public Inspection

Employer identification number

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I 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. e Solicitation of non-government grants Mail solicitations Internet and email solicitations ☐ Solicitation of government grants b Phone solicitations g 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 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of (or retained by) or entity (fundraiser) contributions? organization col. (i) No Yes 1 2 3 5 6 7 8 9 10 Total 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.

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		3 1 3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Revenue			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
			(Event type)	(Gvent type)	(total number)	_
	1	Gross receipts				_
	2 3	Less: Contributions Gross income (line 1 minus				
		line 2)		4	046	
Direct Expenses	4	Cash prizes	W T	4. 2		
	5	Noncash prizes				
	6	Rent/facility costs	NI/			
	7	Food and beverages				
Direct	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, c e organization answer	olumn (d)		reported more
Revenue		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
		nter the state(s) in which the or the organization licensed to o	perate gaming activities	in each of these states		🗌 Yes 🗌 No
		'No," explain:				

chedul	le G (Form 990 or 990-EZ) 2013		Pa	ge 3
11 12	Does the organization operate gaming activities with nonmembers?	☐ Yes		No
	formed to administer charitable gaming?	☐ Yes		No
13	Indicate the percentage of gaming activity operated 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►			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ 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. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informinstructions).	nd (v), a nation (nd see	