SCHEDULE G (Form 990 or 990-EZ)		Supplement Complete if	OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service		•	► A /Go to www.irs.gov		Open to Public Inspection			
Name of the organization THE WIDOW'S MITE doing business as LAS V Part I Fundraising Activities. Co Form 990-EZ filers are not			Complete if th	ne organiza	ation ansv	8	Employer identification number 88-0486834 n 990, Part IV, line 17.	
1 b c d 2a b	Indicate wheth Mail solicit: Internet an Phone solid In-person s Did the organiz or key employed If "Yes," list th	er the organizations d email solicitatio citations solicitations zation have a writ ees listed in Form	n raised funds t ns ten or oral agre 990, Part VII) or individuals or e	hrough any e ☐ f ☐ g ☑ ement with r entity in co	of the follo Solicitati Solicitati Special f any indivic	on of non-govern on of governmen fundraising events lual (including offi with professional	t grants s icers, directors, trus fundraising services	
(i) Name and addres or entity (fund			(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)	<b>(vi)</b> Amount paid to (or retained by) organization
1 N	ONE			Yes	No			
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total 3 NEVA	registration or	in which the orga	nization is regis			olicit contribution	is or has been noti	fied it is exempt from

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.

			(a) Event #1 EMPTY BOWL (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))			
Revenue	1	1 Gross receipts	46,335						
Re		<b>2</b> Less: Contributions	16,400						
	3	<b>3</b> Gross income (line 1 minus line 2)	29,935						
Direct Expenses	4	<b>4</b> Cash prizes							
	5	5 Noncash prizes							
	6	6 Rent/facility costs	738						
	7	7 Food and beverages	1,153						
	8	8 Entertainment	170						
	ç	9 Other direct expenses .	7,381						
	10	· · · · · · · · · · · · · · · · · · ·				9,442			
Pa	11 rt	,	e organization answe		► 990, Part IV, line 19,	or reported more than			
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	1 Gross revenue	NONE						
Direct Expenses	2	<b>2</b> Cash prizes							
	3	<b>3</b> Noncash prizes							
	4	4 Rent/facility costs							
	5	5 Other direct expenses .							
	6	6 Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
10a		Enter the state(s) in which the organization conducts gaming activities:							
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .  Yes No If "Yes," explain:							

Schedu	ile G (Form 990 or 990-EZ) 2018 Page <b>3</b>						
11	Does the organization conduct gaming activities with nonmembers?						
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?						
13	Indicate the percentage of gaming activity conducted 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 ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming						
	<ul> <li>b) If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$</li> </ul>						
b							
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						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
b							
	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) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.						

Schedule G (Form 990 or 990-EZ) 2018