## SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HE WIDOW'S MITE doing business as						-0486834			
Form 990-EZ filers are				vered "Yes" on I	Form 990, Part IV,	line 17.			
1 Indicate whether the organizati	on raised funds	through any	of the follo	owing activities. C	heck all that apply.				
a 🗸 Mail solicitations									
<b>b</b> Internet and email solicitation									
c Phone solicitations		g [		fundraising events	_				
		9 -		ididiaising events	•				
•									
2a Did the organization have a wr									
or key employees listed in Forr	-	=		-	=				
<b>b</b> If "Yes," list the 10 highest pai compensated at least \$5,000 b			draisers) pı	ursuant to agreem	ents under which th	ne fundraiser is to be			
(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	(vi) Amount paid to (or retained by) organization			
		Yes	No		col. (i)				
1 NONE									
2									
3									
4									
-									
5									
6									
7									
8									
9									
10									
otal	-1								
3 List all states in which the org				l solicit contribution	s or has been notifi	ed it is exempt fron			
registration or licensing.									

**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	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through			
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )			
	1	Gross receipts	13,903			13,903			
	2	Less: Contributions	7,595			7,595			
		Gross income (line 1 minus line 2)	6,308			6,308			
Direct Expenses	4	Cash prizes	0			0			
	5	Noncash prizes	0			0			
	6	Rent/facility costs	5			5			
	7	Food and beverages	477			477			
	8	Entertainment	85			85			
	9	Other direct expenses .	1,386			1,386			
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	olumn (d)		1,953			
	11	Net income summary. Subtra				4,355			
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form	990, Part IV, line 19,	or reported more than			
		\$15,000 OH FOHH 990-E2	z, iirie oa.	(In) Duill talk a financial		(-D T-t-1in /I-I			
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)			
eve									
<u>ш</u>	1	Gross revenue	NONE						
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses .							
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)					
	<b>a</b> Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states					
10		/ere any of the organization's g	=	l, suspended, or termin					

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11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
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?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		<u>%</u>
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 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 ▶ \$ 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 b	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
Part			