



Charitable Bingo Operations Division

Schedule G – Verification by Parent Organization

(Rev. 9/09)

WHO MUST SUBMIT THIS SCHEDULE

This schedule should be submitted by an organization applying for a license to conduct charitable bingo in Texas that is a subordinate organization to a parent organization. The schedule will verify that the subordinate organization is in good standing with the parent organization and whether the subordinate organization is covered under the 501(c) group exemption letter issued by the Internal Revenue Service (IRS) to the parent organization.

FORM SUBMISSION

By mail: Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630

Via Fax: (512) 344-5142

FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our Web site at www.txbingo.org.

GENERAL INFORMATION

- Please type or print legibly.
All fields must be completed. If not applicable, enter N/A in the field.
The Applicant Organization Information section (Items 1-5) should be completed by the organization applying for the license.
The Parent Organization Information section (Items 6-16) should be completed by the parent organization.
This form must be signed by an authorized representative of the parent organization.
A copy of the parent organization's group exemption letter or letter of determination issued by the IRS should be attached, if applicable.

Name of Organization Taxpayer Number

APPLICANT ORGANIZATION INFORMATION

1. Name of the subordinate organization applying for the license
2. Subordinate organization's Employer Identification Number (if applicable)
3.
4. Mailing Address (Street address, PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)
5. City State Zip Code County
Bingo Chairperson Name (LAST, FIRST, MIDDLE INITIAL) Social Security Number

PARENT ORGANIZATION INFORMATION

6. Name of parent organization
7. Mailing Address (Street address, PO Box or Rural Route. Do not give directions, i.e., 5 miles north of I-20.)
8. City State Zip Code County
9. Individual responsible for the completion of this form Phone Number (Area Code & Number)
10. Is the subordinate organization referenced above in good standing with the parent organization? YES NO
11. Is this organization authorized to conduct bingo? YES NO
12. Number of members in the above referenced subordinate organization:
13. Subordinate organization charter date:
14. Is the subordinate organization referenced above covered under the parent organization's 501c group exemption letter or letter of determination issued by the IRS? YES (go to item 15) NO (go to item 16) Explain:
15. Submit a copy of the central or parent organization's group exemption letter or letter of determination issued by the IRS. Attached
State National
16. Parent organization Employer Identification Number

DECLARATION BY PARENT ORGANIZATION

I the undersigned, declare that: (1) all information provided is true and correct to the best of my knowledge and belief, (2) my organization will update all records timely with the IRS to reflect the subordinate organization's coverage by the group ruling and (3) I am authorized to make these declarations on behalf of the parent organization referenced above.



Representative for the Parent Organization Print Name and Position Date