**SCHEDULE G**
**(Form 990 or 990-EZ)**
Department of the Treasury
Internal Revenue Service

# 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. ▶ See separate instructions.**

OMB No. 1545-0047
**2012**
**Open to Public Inspection**

Name of the organization: The Human Potential Center

**Employer identification number:** 74-2992354

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

**2a** 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**

**b** 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.

| | **(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 col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|---|
| | | | **Yes** | **No** | | | |
| **1** | | | ☐ | ☐ | | | |
| **2** | | | ☐ | ☐ | | | |
| **3** | | | ☐ | ☐ | | | |
| **4** | | | ☐ | ☐ | | | |
| **5** | | | ☐ | ☐ | | | |
| **6** | | | ☐ | ☐ | | | |
| **7** | | | ☐ | ☐ | | | |
| **8** | | | ☐ | ☐ | | | |
| **9** | | | ☐ | ☐ | | | |
| **10** | | | ☐ | ☐ | | | |
| **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.

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to 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 (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | ( ) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | 390,152.99 | 272,496.12 | 0.00 | 662,649.11 |
| Direct Expenses | 2 Cash prizes | 340,570.80 | 201,538.80 | 0.00 | 542,109.60 |
| | 3 Noncash prizes | 0.00 | 0.00 | 0.00 | 0.00 |
| | 4 Rent/facility costs | 8,550.56 | 12,238.55 | 0.00 | 20,789.11 |
| | 5 Other direct expenses | 38,985.65 | 55,800.77 | 0.00 | 94,786.42 |
| | 6 Volunteer labor | ☐ Yes ☐ No % | ☐ Yes ☐ No % | ☐ Yes ☐ No % | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | ( 657,685.13 ) |
| | 8 Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | 4,963.98 |

9 Enter the state(s) in which the organization operates gaming activities: Texas

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain:

11 Does the organization operate 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 operated in:

| | | |
|---|---|---|
| a The organization's facility . . . . . | 13a | 0 % |
| b An outside facility . . . . . | 13b | 100 % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ David Heater

Address ▶ 12909 FM 969, Manor, TX 78724

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 ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ Sonny Hinojosa

Gaming manager compensation ▶ $ 180/day

Description of services provided ▶ General manager of all bingo operations at Capitol Bingo in Austin

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions:

a 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 ▶ $ 0.00

**Part IV** **Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).