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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing 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 6s.

Department of the Treasury infamal Revenue Service

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. Name of the organization Employer Identification number

OMB No 1545-0047

Virgu	nia Nurses Foundation Inc					54-178	
Pa		on answered "Yes" to Form 990, Part IV, line 17.					
	Form 990-EV mers are no	at required to co	omplete th	is part.			
1_	Indicate whether the organization Mail solicitations	raised funds thro					
8	Internet and email solicitations				f non-government g		
þ		i	===		government grants	•	
C	Phone solicitations		g [X] S	peciai tunor	alsing events		
d	In-person solicitations						
2a	Did the organization have a writte key employees listed in Form 990						Yes X No
b	If "Yes," list the ten highest paid in					-	
•	to be compensated at least \$5,00			o.o, paroa	on to agreements a		3. 3.001 70
		, ,					
	(i) Name and address of individual or entity (fundraiser)	(H) Activity	(III) Did fundraiser have custody or control of contributions?		(Iv) Gross receipts from activity	(v) Amount paid to (or reteined by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization
	·····	- 	Yes	No			
1		1					•
2		+	- 	 		01	
					0	0	0
^ 3					0	0	
,4					0	0	0
5			1				
6				 -	0	0	0
7					0		0
					0	0	0
8					o	0	
9					0	0	0
10					0	0	0
				<u></u>	V		
Tota		 		<u> </u>	0	0	0
3	List all states in which the organiz	tation is registere	d or license	d to solicit	contributions of has	been notified it is e	exempt from
	registration or licensing.						
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		·		🖪	ECEIV	EU	
			•••••		1110 0 5 0	,	
	12200000 1200000 1100 11000000000000000				MAR 272	H19	
		***************		,,,		 <u> - - </u>	
		18		IR	SOGDEN	HAH	
				,			-4
Descri	nearly Madeopting Ant Matter and the last	tions for Form 664 -	. 990.E7			Repodula C /E:	orm 890 or 890-EZ) 2013
HTA	work Reduction Act Notice, see the Instruc	COUR IOL LOW AND O	7 プラ ひ-ピム.			ovintônia o (r.	Aut 620 NI 890-25/ 7017

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			irginia Nurses Foundation		····	54-1788059 Page 2			
Pá	irt II	Fundraising Events.	Complete if the organize	ration answered "Yes"	to Form 990, Part IV,	line 18, or reported			
		more than \$15,000 of	fundraising event contr	ibutions and gross inc	come on Form 990-EZ	, lines 1 and 6b. List			
		events with gross rece	ipts greater than \$5,00						
ı			(a) Event#1 Formal Gala	(b) Event #2	(a) Other events	(d) Total events			
			(event type)	(event type)	NONE (total number)	(add col (a) through			
9			(4/4/4/4/4/2/	(aron type)	too union)				
Revenue	1	Gross receipts	69,297		o	69,297			
æ [
ı	2	Less: Contributions .			0				
1	3	Gross income (line 1 minus line 2)	60.007		_				
		minus inte 2)	69,297		0	69,297			
-	4	Cash prizes			o	σ			
- 1									
- 1	5	Noncash prizes			0				
ŝ	_	mande the same							
5	6	Rent/facility costs			0				
81	7	Food and beverages .			o	q			
Direct Expenses	·	, and all a strong ou				<u> </u>			
ă۱	8	Entertainment ,			o	0			
_									
j	3	Other direct expenses	42,243		0	42,243			
- }	10	Direct expense summary Add	l liana d through Our police	nn (d)	_ 1				
ļ	11	Net income summary Subtra				(42,243) 27,054			
Рa	rt III		the organization answe		0, Part IV, line 19, or re				
		than \$15,000 on Form	990-EZ, line 6a.	<u></u>					
2			(a) Bingo	(b) Pull tabe/instant	(c) Other gaming	(d) Total gaming (add			
Revenue				prudo/brođusenne prudo		col (a) through col. (c))			
2	1	Gross revenue				C			
7		5.444.444.44							
8	2	Cash prizes							
8									
ន្ទា	3	Noncash prizes	ļ						
Direct Expenses	4	Rent/facility costs				,			
ăl	7	reministrative Coats				<u>_</u>			
	5	Other direct expenses				_ 0			
T			Yes %	Yes %	Yes %				
- 1	6	Volunteer labor , ,	No	No	No				
}			<u></u>	_ 	h				
- 1	7	Direct expense summary. Add	▶ !						
ì	•	minant multanes aminimally a con-							
		•	-			0			
	8	Net gaming income summary	-	1, column (d)					
	8_	Net gaming income summary	Subtract line 7 from line						
9	8 Er	Net gaming income summary	Subtract line 7 from line	ng activities					
	8 Er	Net gaming income summary nter the state(s) in which the or the organization licensed to op	Subtract line 7 from line ganization operates gaminerate gaming activities in	ng activities each of these states?					
	8 Er	Net gaming income summary nter the state(s) in which the or the organization licensed to op "No," explain:	Subtract line 7 from line ganization operates gaminerate gaming activities in	ng activities each of these states?		. Yes No			
	Er Is	Net gaming income summary nter the state(s) in which the on the organization licensed to op "No," explain:	Subtract line 7 from line genization operates gami erate gamling activities in	ng activities each of these states?		. Yes No			
10:	Er Is If'	Net gaming income summary inter the state(s) in which the on the organization licensed to on "No," explain:	Subtract line 7 from line genization operates gaminerate gamling activities in aming licenses revoked, s	ng activities each of these states? uspended or terminated	during the tax year?	Yes No			
t	Er Is If'	Net gaming income summary inter the state(s) in which the or- the organization licensed to op "No," explain: //ere any of the organization's go "Yes," explain:	Subtract line 7 from line ganization operates gamin perate gaming activities in aming licenses revoked, s	ng activities each of these states? uspended or terminated	during the tax year?	Yes No			
10:	Er Is If'	Net gaming income summary inter the state(s) in which the on the organization licensed to on "No," explain:	Subtract line 7 from line ganization operates gamin perate gaming activities in aming licenses revoked, s	ng activities each of these states? uspended or terminated	during the tax year?	Yes No			
10:	Er Is If'	Net gaming income summary inter the state(s) in which the or- the organization licensed to op "No," explain: //ere any of the organization's go "Yes," explain:	Subtract line 7 from line ganization operates gamin perate gaming activities in aming licenses revoked, s	ng activities each of these states? uspended or terminated	during the tax year?	Yes No			

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11	Does the organization operate gaming activities with nonmembers?		Yes X	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 X	
13	Indicate the percentage of gaming activity operated in	(
a	The organization's facility	13a		%
b	An outside facility	13b		%
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 X	No
	revenue? . If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the amount of gaming revenue retained by the third party \$ 0			
c	If "Yes," enter name and address of the third party			
	Name ▶			******
	Address •	-	***********	
16	Gaming manager information			
•	Name •	*****		
•1	Gaming manager compensation > \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17 a b	or spent in the organization's own exempt activities during the tax year		Yes	No O
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to additional information (see instructions).			
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