SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

ame of the organization QUINCY PUBLIC SCHO		Employer identification number 37-1251029					
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	if the organizati	ion an	swere	ed "Yes" on Form	990, Part IV, line	17.	
Indicate whether the organization raised funds through				neck all that apply.			
a Mail solicitations				rnment grants			
b Internet and email solicitations	f Solicitatio	n of go	vernme	ent grants			
c Phone solicitations	g Special fundraising events						
d In-person solicitations	5 —		•				
Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	with any individual	(includi	ng offic sional f	ers, directors, trustees undraising services?	,	Yes No	
b If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization.	fundraisers) pursua	ent to a	greeme	ents under which the fu	ndraiser is to be		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo	d fund- r have ody or rol of outions?	(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							
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7							
8							
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List all states in which the organization is registered o registration or licensing.	r licensed to solicit	contrib	utions	or has been notified it is	s exempt from		
			3 (1 6 1 6 1 3 (1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			40444444444444444444444444444444444444	
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Schedule G (Form 990) 2023

QUINCY PUBLIC SCHOOLS FOUNDATION 37-1251029

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 (b) Event #2 (c) Other events (d) Total events NIGHT TO DREAM COLOR RUN None (add col. (a) through col. (c)) (event type) (total number) (event type) 252,354 36,269 216,085 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 252,354 216,085 36,269 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 120,974 15,700 136,674 9 Other direct expenses 136,674 10 Direct expense summary. Add lines 4 through 9 in column (d) 115,680 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor 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) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990) 2023	QUINCY	PUBLIC	SCHOOLS	FOUNDATION	37-1251029			Page 3
11	Does the organization cond					A KANAMA KAMAMA KAMAMA KAMAMAMAMA	none i provonana	Ye	s No
12	Is the organization a granto			ust, or a membe	er of a partnership or other	entity			
	formed to administer charit	able gaming?			ettiti.	* 12.51.51 T 150.61 TELEVIS TECHNOLOGI		Ye	s No
13	Indicate the percentage of	A					î î		
а	The organization's facility				ELITATA LULUTURU ELEKTRISTA ELEKTRISTA	* PARE I * I PORTO 1.50 E.C. 1.50 E.C. 1.50 E.C.	13a		<u>%</u>
b	An outside facility		e e e e e e e e e e e e e e e e e e e	KANDERSKIERSKE KRONDERSKE	4. P. 40. N. H. K. A. OK. 40. N. H. A. OK. 40. N. H. B. P. OK. A. OK. 40. N. A. OK. 40. N. A. OK. 40. N. A. OK.				%_
14	Enter the name and address records:	ss of the person	who prepares	the organization	n's gaming/special events t	pooks and			
	Name	nesne er rane entigy				.			
	Address			DESCRIBERATION DE	*****************	************	*******	6.X.6.K.A.J	
15a	Does the organization have revenue?		0.0			g		Ye	s No
b	If "Yes," enter the amount of	of gaming reven	ue received by	the organizatio	n \$	and the			
	amount of gaming revenue		77 77 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\$					
С	If "Yes," enter name and ac	ddress of the thi	rd party:						
	Name		C 85000000 10500000 1550	каска кускуна кускаса к	*******************	** ****** ***** ***** *****	6-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	0.000	
	Address	misuramen.	(K3+14 E1 K3 K4 E1 K3			KI KRISTY KWAYO KWAYO KANTO KAK	Kara School Kara	6042606104	
16	Gaming manager informati	on:							
	Name	E1008 100000 E0000		KOOKON NOKONONON NOKONONON K	NEKEN KANGA LERBESTANDAT LERE		12.11.11		
	Gaming manager compens	sation \$		erri kroko					
	Description of services pro	vided			allien poeto en fieros (an esta apoeto		C21000		
	Director/officer	Employ	yee	Independe	nt contractor				
17	Mandatory distributions:								
а	Is the organization required	d under state lav	w to make cha	ritable distributio	ns from the gaming procee	eds to		p	
	retain the state gaming lice	ense?			GAGG KKRAPA KASARA KERANCEN UPUS	**************************************	ad taken	Ye	s No
b	Enter the amount of distrib	utions required	under state lav	w to be distribute	ed to other exempt organiza	ations or			
	spent in the organization's	own exempt ac	tivities during t	he tax year	\$	L line 2h columns (iii)	and (v): and	
Pa	rt IV Supplement Part III, lines See instruction	9, 9b, 10b, 1	on. Provide 5b, 15c, 16	, and 17b, as	applicable. Also prov	I, line 2b, columns (iii) vide any additional info	rmation), and 1.	
	oce mondett	JIIO.				10 0 10 10 10 10 10 10 10 10 10 10 10 10	This is when action is a few	soprope generation	01000,000,000
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Schedule G (Form 990) 2023