

Note: The draft you are looking for begins on the next page.

## Caution: DRAFT—NOT FOR FILING

This is an early release draft of a new form, the 2022 IRS Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, which the IRS is providing for your information, review, and feedback. The 2022 Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments, has been split into two forms, Form W-4P for periodic pensions and annuities, and the new Form W-4R. A 2022 draft Form W-4P will be posted separately.

See IRS.gov/W4P for the latest information on Form W-4P.

**Do not** rely on draft forms, instructions, and publications for filing. We generally do not release drafts of forms until we believe we have incorporated all changes. However, in this case **we anticipate it is likely that this form will change before being released as final.** Whether this draft changes or not, we will post a new draft with our standard coversheet indicating we do not expect that draft of the form to change.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or publications at <a href="IRS.gov/FormComments">IRS.gov/FormComments</a>. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product.

Draft forms are generally subject to OMB approval before they can be officially released. Early release drafts are at <a href="IRS.gov/DraftForms">IRS.gov/DraftForms</a>, and may remain there even after the final, official release is posted at <a href="IRS.gov/LatestForms">IRS.gov/LatestForms</a>. All information about all forms, instructions, and publications is at <a href="IRS.gov/Forms">IRS.gov/Forms</a>.

## **SCHEDULE G** (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Par	Form 990-EZ filers are no	ot required to c	omplete	this part.			line 17.			
1	Indicate whether the organization	raised funds th								
a	☐ Mail solicitations  e ☐ Solicitation of nongovernment grants  ☐ Solicitation of nongovernment grants									
b	<ul> <li>☐ Internet and email solicitations</li> <li>☐ Phone solicitations</li> <li>☐ Special fundraising events</li> </ul>									
d	☐ Phone solicitations g☐ ☐ Special fundraising events ☐ In-person solicitations									
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?									
b										
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contrib	control of	(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			
1	UIN		Yes	No	n/					
2	Ma		11		20	94				
3	IVIC	LV		J,	4	4				
4										
5 	<b>DO</b>									
6 										
8										
9										
10										
Total										
3	List all states in which the organ registration or licensing.	nization is registe	ered or lice	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from			
	·			<b></b>						

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraisingross receipts greater that	ng event contributions								
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events					
Revenue			(event type)	(event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )					
		Cross respirts	1 / (								
	'	Gross receipts			Y//						
	2	Less: Contributions Gross income (line 1									
		minus line 2)									
0	4	Cash prizes		$\mathbf{N}\mathbf{A}\mathbf{D}$							
	5	Noncash prizes									
		·									
euse	6	Rent/facility costs									
Exp	7	Food and beverages									
Direct Expenses	8	Entertainment									
	9	Other direct expenses .									
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	olumn (d)	11) 5224	L					
В	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)							
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-Ea		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than					
en		BO	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Revenue					-11 1						
	1	Gross revenue				_					
ses	2	Cash prizes									
xper	3	Noncash prizes									
Direct Expenses	4	Rent/facility costs									
ā	_	Other direct evenence									
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %						
	6	Volunteer labor	☐ No	☐ No	☐ No						
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)							
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)							
_											
9		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:									
10		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .									

chedu	ile G (Form 990) (Rev. 1-2025)		Page 3
11		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		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1	
	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 \$		
С	If "Yes," enter the 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	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		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		
Part			
			<b>-</b>