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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open to Public

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. Inspection Department of the Treasury Internal Revenue Service Name of the organization **Employer Identification number** District Three, Ohio Nurses Association, Inc.

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. 34-0434120 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants 2 Mail solicitations e f Solicitation of government grants b Internet and email solicitations Special fundraising events Phone solicitations c In-person solicitations 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. (1) Name and address of individual (II) Activity (III) Did fundraiser (Iv) Gross receipts (vi) Amount paid to (v) Amount paid to have custody or control of contributions? (or retained by) fundraiser listed in or entity (fundraiser) from activity (or retained by) organization column (1) Yes No 1 2 3 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.

		List events with gross receipts gre	(a) Event #1 Various Fundraising	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
REVENU			(event type)	(event type)	(total number)	
Ĕ N	1	Gross receipts	36,143.			36,143.
	2	Less: Charitable contributions				•
	3	Gross income (line 1 minus line 2)	36,143.			36,143.
D-RECT	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	9	Other direct expenses				44 041
	7	•				44,041.
	10					
î	gni.	Net income summary. Combine line 3, col Gaming. Complete if the organiza	umn (a), and line IU . tion answered 'Ye	s' to Form 990. Par	t IV. line 19. or re	ported more than
		\$15,000 on Form 990-EZ, line 6a.				-
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(d) Total gaming (add column (a)
				bingo		i (add coldini (a)
				Diligo		through column (c))
				Dirigo		through column (c))
	1	Gross revenue		Ungo		through column (c))
	<u>1</u> 2			Jingo		through column (c))
		Cash prizes		Jingo		through column (c))
						through column (c))
	3	Cash prizes				through column (c))
	3	Cash prizes				through column (c))
	3	Cash prizes			Yes	through column (c))
	3 4 5	Cash prizes			Yes*	through column (c))
	3 4 5	Cash prizes	Yes*	Yes	No	through column (c))
EXPENSE	3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes*	Yes	No	through column (c))
EXPENSE	3 4 5 6 7	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro	Yes & No ough 5 in column (d)	Yes *	No No	
EXPENSE	3 4 5 6 7	Cash prizes	Yes & No ough 5 in column (d)	Yes *	No No	
EXPENSES	3 4 5 6 7 8 Entr	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine li	Yes & No ough 5 in column (d)	Yes \$ No	No P	
EXPENSES - 9	3 4 5 6 7 8 Enture 1s the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine li er the state(s) in which the organization opense organization licensed to operate gaming	Yes & No ough 5 in column (d) nes 1, column (d) and erates gaming activities activities in each of the	Yes \$ No line 7	No.	Yes No
EXPENSES	3 4 5 6 7 8 Enture 1s the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine li er the state(s) in which the organization opense organization licensed to operate gaming No,' explain:	Yes No ough 5 in column (d) nes 1, column (d) and erates gaming activities activities in each of the	Yes \$ No line 7	No.	Yes No
EXPENSES	3 4 5 6 7 8 Entire is the ist in the interval is the interval in the interval is the interval in the interval is the interval interval in the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine li er the state(s) in which the organization ophe organization licensed to operate gaming lo,' explain:	Yes & No ough 5 in column (d) nes 1, column (d) and erates gaming activities activities activities in each of the	Yes \$ No line 7s: ese states?	No P	Yes No
EXPENSES 9	3 4 5 5 6 7 8 Entitle 1 is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Combine li er the state(s) in which the organization open the organization licensed to operate gaming No,' explain:	Yes No ough 5 in column (d) nes 1, column (d) and erates gaming activities activities in each of the	Yes \$ No line 7	No lax year?	Yes No
EXPENSES 0	3 4 5 5 6 7 8 Entitle 1 is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Combine lines the state(s) in which the organization opense organization licensed to operate gaming No,' explain: Te any of the organization's gaming licenses (ses,' explain:	Yes & No ough 5 in column (d) nes 1, column (d) and erates gaming activities activities in each of the	Yes \$ No line 7	No la	Yes No
9 4	3 4 5 6 7 8 Entitle is the interval of the int	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Combine lines the state(s) in which the organization opense organization licensed to operate gaming No,' explain: Te any of the organization's gaming licenses (ses,' explain:	Yes & No ough 5 in column (d) nes 1, column (d) and erates gaming activities activities in each of the	Yes \$ No line 7	No tax year?	Yes No

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11·	Does the organization operate gaming activities with nonmembers?	☐ 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?	No
	Indicate the percentage of gaming activity operated in:	
	The organization's facility	
	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name >	
	Address >	
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue? 🔲 Yes	☐ No
	of 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 >	1
	Address >	i
16	Garning manager information:	
	Name >	
	Gaming manager compensation > \$	
	Description of services provided >	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions	
1	s Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
T TOTAL	organization's own exempt activities during the tax year > \$	<u> </u>
History	Supplemental Information. Complete this part to provide the explanations required by Part I, line 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).	zo, olete
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44,041.

Supporting Statement of:

Sch. G, page 2/Event 1 Gross Receipts

Description	Amount
Continuing Education Fees	6,356.
Fundraising Activities	25,008.
Flu Sales	3,289.
Miscellaneous	1,490.

Supporting Statement of:

Total

Sch. G, page 2/Event 1 Other Direct Exp.

Description	Amount
Flu Sales Costs	2,187.
Other Fundraising Costs	1,337
Pees	22,563.
Supplies	804.
Travel	6,027.
Conference, Convention, Meetings	10,724.
Miscellaneous	399.