INSTRUCTIONS: Complete this schedule if your of Attach to the Gross Receipts Report, Form CG-2	organization made charitable 1 or CG-22. Attach additiona	contra shee	ibutions of gaming pets if necessary.	proc	ceeds to other organ	nizati	ons and/or individuals.	
Organization name (please type or print)	Е	Email address						
Address (number and street)	Federal Identification number (FID)							
City	State	ZIP code			County			
Name of Organization or Individual to Whom Contribution Was Made	Organization's Federal I.I Number		I.D. Check (√) If They A a Qualified Organization 1		Are Distribution Date (month, day, year)		Amount Contributed to Organization or Individual	
						1		
						2		
						3		
						4		
						5		
						6		
						7		
						8		
						9		
						10		
						11		
						12		
						13		
						14		
						15		
						16		
						17		
						18		
						19		
						20		
						21		
						22		
						23		
						24		

Name of Organization or Individual to Who Contribution Was Made	om Organization's Nun		Check (√) If They Are a Qualified Organization	Distribution Date (month, day, year)	Amount Contributed to Organization or Individual	
					25	
					26	
					27	
					28	
					29	
					30	
					31	
					32	
					33	
					34	
					35	
					36	
					37	
					38	
					39	
					40	
					41	
					42	
					43	
					44	
	Total amount distributed for charitable purposes. Add Lines 1 through 44TOTAL					
¹ For gaming purposes, a <i>qualified organiza</i> that is exempt from taxation under Section affiliated with an Indiana parent organization Indiana that produces exempt function incomplete the penalty of perjury, I have examined	ttion: 1) is a bona fide re 501 of the Internal Revon that has been in exist me; or 4) may be a hospit this schedule and, to the	eligious, education enue Code; 2) mu ence for at least f al, health facility, best of my knowl	nal, senior citizens, ve ist have been continuo ive (5) years; 3) may t or psychiatric facility, edge, it is true, comple	terans, or civic org usly in existence f be a bona fide poli licensed under IC 1 ete and correct.	or at	least five (5) years or be organization operating it -2, 16-28-2, respectively
Signature of schedule preparer Pr	inted name	Title		Daytime telephone number		Date (month, day, year)
Signature of presiding officer Pr	inted name	Title		Daytime telephone number		Date (month, day, year)