



CG-DIST, CHARITABLE CONTRIBUTION DISTRIBUTION LIST

State Form 48681 (R8 / 6-19)
INDIANA GAMING COMMISSION

For office use only
Reviewed by _____
Date Reviewed _____

INSTRUCTIONS: Complete this schedule if your organization made charitable contributions of gaming proceeds to other organizations and/or individuals. Attach to your annual financial reports. Attach additional sheets if necessary.

1. Organization legal name <i>(Please type or print.)</i>		2. Organization's E-mail address		
3. Address <i>(number and street)</i>				
4. City	5. State	6. ZIP Code	7. County	
8. Federal Identification Number (FID)				

Name of Organization or Individual to Whom Contribution/Donation Was Made	Recipient's Federal Identification Number	Check (✓) If They Are a Qualified Recipient	Distribution Date <i>(month, day, year)</i>	Amount Contributed to Organization or Individual
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
<i>(Add Lines) Total</i>				11.

For gaming purposes, a qualified recipient: 1) is a bona fide charitable, veterans or civic organization operating in Indiana that is exempt from taxation under Section 501 of the Internal Revenue Code; 2) may be a bona fide political organization operating in Indiana that produced exempt function income; or 3) may be a hospital, health facility, or psychiatric facility, licensed under IC 16-21-2, 16-28-2, respectively.

We certify under penalty of perjury, that we have examined this report and to the best of our knowledge and belief, it is complete and correct.

Signature of schedule preparer	Printed name	Title	Telephone number	Date <i>(month, day, year)</i>
Signature of presiding officer	Printed name	Title	Telephone number	Date <i>(month, day, year)</i>