



CG-DIST, CHARITABLE CONTRIBUTION DISTRIBUTION LIST

State Form 48681 (R9 / 10-22)

INDIANA GAMING COMMISSION

For office use only

Reviewed by _____

Date Reviewed _____

Date Completed _____

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

1. Organization legal name		2. Doing Business As (DBA)		
3. Federal Identification Number (FID/EIN)		4. Charity Gaming (CG) license number		
5. Address of principal office (number & street required)	6. City	7. State	8. Zip Code	9. County
10. Mailing address (if different)	11. City	12. State	13. Zip Code	14. County
15. Organization daytime phone number ()	16. Fax number ()	17. Organization e-mail address		
18. Contact person's name	19. Contact person's telephone number ()	20. Contact person's e-mail address		

Certification: We certify under the penalties of perjury that all of the information submitted in this form and any attachment is true and understand that providing false information may lead to the revocation of or denial of charitable gaming license(s), termination of qualification status, a civil penalty, or other sanction as determined by the Commission through an administrative process.

Signature of Presiding Officer		Signature of Secretary	
Printed name and title		Printed name	
Daytime telephone number ()	Date (month, day, year)	Daytime telephone number ()	Date (month, day, year)
Signature of Preparer	Printed name of preparer	Daytime telephone number of preparer ()	

Name of organization or individual to whom contribution/donation was made	Recipient's Federal Identification Number (FID/EIN)	Distribution date (month, day, year)	Amount contributed to organization or individual
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
Subtotal, Add lines 1 through 12			13

Organization legal name	Federal Identification Number (FID/EIN)	CG license number	CG reference number	
Name of organization or individual to whom contribution/donation was made	Recipient's Federal Identification Number (FID/EIN)	Distribution date (month, day, year)	Amount contributed to organization or individual	
			14	
			15	
			16	
			17	
			18	
			19	
			20	
			21	
			22	
			23	
			24	
			25	
			26	
			27	
			28	
			29	
			30	
			31	
			32	
			33	
			34	
			35	
			36	
Total of Lines 14 through 36			37	
Subtotal from Box 13 on Page 1			38	
Add Lines 37 and 38 to obtain the Total				