



**Alcohol and Gaming
Commission of Ontario
Gaming Registration & Lotteries**
90 Sheppard Avenue East
Suite 200
Toronto, ON M2N 0A4
416 326-8700 1 800 522-2876 toll free in Ontario / sans frais en Ontario

**Commission des alcools
et des jeux de l'Ontario
Inscription pour les jeux et loteries**
90, avenue Sheppard Est
Bureau 200
Toronto ON M2N 0A4

Charitable Gaming Summary Report

This form must be completed by the Hall Charities Association Administrator of a pooling bingo hall and submitted to the Licensing Authorities on a monthly basis.

1. CONTACT

Last Name		First Name	E-mail Address
Position			Telephone Number () -
Street Address			Facsimile Number () -
City	Postal Code	Registration Number	

2. HALL CHARITIES ASSOCIATION

Name

3. REPORT INFORMATION

a) Report completed for the month			DD	MM	YY	DD	MM	YY
Starting:						Ending:		
b) Licence number(s)								
c) Licence period			DD	MM	YY	DD	MM	YY
From:						To:		
d) Number of events conducted for the month			e) Total attendance			f) Gross Bingo Wager		
g) Total Bingo Prize Payout for the month			h) Bingo Prize Board for the month			\$ _____		
\$			%					

4. NON-GAMING REVENUE

a) Attach a copy of the Bingo Hall Owner or Operator Report.

Attached

b) Total share of Non-Gaming Revenue received from Bingo Hall Owner or Operator:

\$

5. BINGO REVENUE

	AMOUNT (\$)
a) Bingo Win in Canadian Dollars	
b) Bingo Win in American Dollars	
c) Bank Conversion for American Dollars	
d) Bingo Win	
e) Less Marketing Fund (8-12% of of Bingo Win) Specify % _____	
f) Less portion of Bingo Win to Licensees (if Marketing Fund contribution is between 8 to 10%)	
g) LESS PROGRESSIVE BINGO CARRY OVER TO NEXT-MONTH	
h) Net Bingo Revenue	

6. BREAK OPEN TICKET REVENUE

a) Break Open Ticket Revenue
(Not including Bingo Event and Seal Card Tickets)

	AMOUNT (\$)
Break Open Ticket Win in Canadian Dollars	
Break Open Ticket Win in American Dollars	
Bank Conversion for American Dollars	
TOTAL	

b) Bingo Event and Seal Card Ticket Revenue

	AMOUNT (\$)
Bingo Event and Seal Card Ticket Win in Canadian Dollars	
Bingo Event and Seal Card Ticket Win in American Dollars	
Bank Conversion for American Dollars	
TOTAL	

c) Break Open Ticket Win

	AMOUNT (\$)
Break Open Ticket Revenue - Question 6(a)	
Bingo Event and Seal Card Ticket Revenue - Question 6(b)	
TOTAL	
Less allocation of 5% of Break Open Ticket gross wager to the Licensees	
LESS PROGRESSIVE BOT CARRY OVER TO NEXT MONTH	
Net BOT Revenue	

7. RAFFLE REVENUE

	AMOUNT (\$)
Raffle Win	
LESS RAFFLE CARRY OVER TO NEXT MONTH	
Net Raffle Revenue	

8. TOTAL HCA REVENUE

	AMOUNT (\$)
Net Bingo Revenue - Question 5	
Net BOT Revenue – Question 6(c)	
Net Raffle Revenue - Question 7	
TOTAL	
Less Bingo Hall Owner or Operator share (55% of above Total)	
Plus Non-Gaming Revenue - Question 4(b)	
Total HCA Revenue	

9. LICENCE FEE

		AMOUNT (\$)
Gross Bingo Wager		
Plus Gross Break Open Ticket Wager		
Plus Gross Raffle Wager		
TOTAL GROSS WAGER		
	Provincial Licence Fee (0.78% of above Total)	
Municipal Licence Fee		
	Total Licence Fees	

NOTE: A cheque payable to the Minister of Finance for payment of the Provincial Licence Fee must be attached to this report.

10. ADMINISTRATIVE EXPENSES

		AMOUNT (\$)
HCA Administrator Expense		
Bank Charges		
HST (applied to Hall Owner or Operator net share of gaming revenue "rent")		
Armoured Car Expense		
Other (attach written explanation)		
	Total Other Expenses	
	Total Administrative Expenses	

11. NET REVENUE DISTRIBUTION

a) Total Net Revenue to be distributed:

	AMOUNT (\$)
Total HCA Revenue - Question 8	
Licensees' portion of Bingo Win - Question 5(f)	
Licensees allocation of 5% of Break Open Ticket Wager Question 6(c)	
Subtotal	
Less Total Licence Fees - Question 9	
Less Total Administrative Expenses - Question 10	
Total Net Revenue	

b) Net Revenue Distribution:

Member Organization	Number of Events	Pro-rata Distribution (Percentage of Total Events mul- tiplied by Total Net Revenue)	Reimbursed Out of Pocket Expenses	Shortages	Amount (\$) (Pro-rata distribution less reimbursed Out of Pocket Expenses and Shortages)
Total					

NOTE: Attach a separate sheet labelled Question 11(b) if necessary.

12. TRUST ACCOUNTS

a) Canadian Consolidated Designated Lottery Trust Account:

				AMOUNT (\$)
Name of Financial Institution				
Account Number				
Opening Balance				
Deposits				
Date	Item		Amount (\$)	
Total Deposits				
Withdrawals				
Date	Cheque Number/EFT Reference Number	Payee / Purpose	Amount (\$)	
Total Withdrawals				
Interest				
Discrepancies (attach a written explanation)				
Closing Balance				

NOTE: Attach a separate sheet labelled Question 12(a) if necessary.

b) American Consolidated Designated Lottery Trust Account:

Attached

				AMOUNT (\$)
Name of Financial Institution				
Account Number				
Opening Balance				
Deposits				
Date	Item		Amount (\$)	
Total Deposits				
Withdrawals				
Date	Cheque Number/EFT Reference Number	Payee / Purpose	Amount (\$)	
Total Withdrawals				
Interest				
Discrepancies (attach a written explanation)				
Closing Balance				

NOTE: Attach a separate sheet labelled Question 12(b) if necessary.

c) Marketing Fund Trust Account:

				AMOUNT (\$)	
Name of Financial Institution					
Account Number					
Opening Balance					
Deposits					
Date	Item			Amount (\$)	
Total Deposits					
Withdrawals					
Date	Cheque Number/EFT Reference Number	Payee / Purpose			Amount (\$)
		<i>BINGO DEVELOPMENT FUND</i>			
Total Withdrawals					
Interest					
Discrepancies (attach a written explanation)					
Closing Balance					

NOTE: Attach a separate sheet labelled Question 12(c) if necessary.



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Declaration

I, the undersigned, declare that:

- I, as the Hall Charities Association Administrator, have been authorized to make this report on behalf of the member organizations of the Hall Charities Association; and
- To the best of my knowledge, all answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete.

Name	Date
Signature	