



**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
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## 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:

\$
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**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	
<b>h) Net Bingo Revenue</b>	

**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	
<b>Net BOT Revenue</b>	

7. RAFFLE REVENUE

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

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)	
<b>Total HCA Revenue</b>	

**9. LICENCE FEE**

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

**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	
<b>Total Administrative Expenses</b>		

**11. NET REVENUE DISTRIBUTION**

a) Total Net Revenue to be distributed:

	<b>AMOUNT (\$)</b>
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	
<b>Total Net Revenue</b>	

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)
<b>Total</b>					

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

**12. TRUST ACCOUNTS**

a) Canadian Consolidated Designated Lottery Trust Account:

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

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

b) American Consolidated Designated Lottery Trust Account:

Attached

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

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

c) Marketing Fund Trust Account:

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

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



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# Charitable Gaming Summary Report

## 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	