

# Gaming Account Summary Report

PLEASE PRINT CLEARLY

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Gaming Policy and Enforcement Branch – Licensing and Grants Division	L&G File#: (for your organization)
Mail: PO Box 9310, Stn Prov Govt, Victoria, BC V8W 9N1 Courier: 3rd Floor, 910 Government St., Victoria, BC V8W 1X3 Phone: (250) 387-5311   Web: www.gaming.gov.bc.ca	
BEFORE YOU START	Report completed on: (DD-MM-YYYY)
Use this form to report all deposits to, and all disbursements from, your organization's Gaming Account(s) during your fiscal year.	
<ul> <li>Organizations must submit this form within 90 days of their fiscal year-end.</li> <li>Use the latest version of this form, available at: www.gaming.gov.bc.ca/grants/forms-guidelines.htm</li> <li>Submit the completed form and any supporting documents by mail (see address above) or by email gaming.branch@gov.bc.ca.</li> </ul>	Report for your fiscal year ending on: (DD-MM-YYYY)

#### **SECTION 1 – ORGANIZATION INFORMATION**

Organization name: (as it appears on the constitution and/or certificate of incorporation if applicable)							
Organization mailing address: Unit, Street, and/or PO Box City Postal Code							

## SECTION 2 – OPENING BALANCE OF GAMING ACCOUNT

Opening balance is the amount carried forward from the previous year's report (Closing Balance). If you have not previously had any gaming funds, the amount will be zero. If your organization has more than one Gaming Account, report the total opening balances of all Gaming Accounts.

## SECTION 3 – GAMING REVENUE

-								
Gam	ing grant revenue:	(indicate the amount received une	der each of the following grant categories)					
	Community Gamin	\$	2					
	PAC / DPAC Gran	\$	3					
	Playground Grant	\$	4					
	Major Capital Pro	ject Grant revenue:			\$	5		
	Other grant reven Grants: (provide sl	hue such as Special One Time hort description)			\$	6		
(atta recei	ch an additional shee	year must be reported, regardless	nust be reported for all Class A, Class B, Clas s of gaming event start and end dates – report the period of licensed gaming activity falling	rt the total gross reven	nue during the reporting			
	Licence number:	Licence type: (Class A,B,C,D)	Reporting period: From (DD-MM-YYYY)	To (DD-MM-YYYY)	Amount:			
					\$	7		
					\$	8		
					\$	9		
					\$	10		
					\$	11		
					\$	12		
					\$	13		
Othe	r gaming revenue:	attach an additional sheet if nece	essary)					
	GST rebate, intere	\$	14					
	Gaming fund donations from other organizations: (name of organization and amount received – attach an additional sheet if necessary)							
		\$	15					
					\$	16		
					\$	17		
Tota	Total gaming revenue: (add lines 2 to 17) \$							

Retain a copy of this report for your organization's records. Keep your personal information safe by storing completed electronic or paper copies of this form in a safe and secure place.

## SECTION 4 – PRIZE COSTS AND EXPENSES FOR LICENSED GAMING EVENTS

#### Prize costs for licensed gaming events:

(indicate the prize costs in each of the following categories – prizes are all cash and merchandise paid to players during licensed gaming events – if prizes were donated the prize cost is zero)

	Independent bingo prize costs: (total cost of all independent bingo gaming event licence prizes)			19
	Ticket raffle prize costs:         (total cost of all ticket raffle gaming event licence prizes)         S		\$	20
	Other prize costs: (specify licence type)		\$	21
Tota	prize costs: (add lines 19 to 21)	>>>	\$	22

#### Expenses for licensed gaming events:

(indicate the expenses in each of the following categories – these costs include advertising and marketing, salaries and wages, facility rental, bingo paper, contract fees for gaming service providers, printing, postage and mailing, supplies and other miscellaneous costs associated with licensed gaming events)

	Independent bingo expenses: (total expenses for all independent bingo gaming event licences)		23
	Ticket raffle expenses:         (total expenses for all ticket raffle gaming event licences)         \$		24
	Other gaming event expenses: (specify licence type)	\$	25
Tota	Total gaming event expenses: (add lines 23 to 25)		26

#### SECTION 5 – NET GAMING PROCEEDS AND DISBURSEMENTS FROM GAMING ACCOUNT

Net gaming proceeds: (subtract lines 22 and 26 from line 18)	>>>	\$ 27
Total gaming revenue available for disbursement: (add lines 1 and 27)	>>>	\$ 28

#### Gaming fund disbursements:

(attach an additional sheet if necessary – itemize how gaming funds were disbursed – identify cheques, electronic fund transfer, debit card, bank charges or other reference number and include the level of detail outlined below)

Date: (DD-MM-YY)	YY) Cheque, EFT, or Reference #:	Disbursed to:	Purpose:	Amount:	
				\$	29
				\$	30
				\$	31
				\$	32
				\$	33
				\$	34
				\$	35
				\$	36
				\$	37
				\$	38
				\$	39
				\$	40
				\$	41
				\$	42
				\$	43
				\$	44
				\$	45
otal gaming fund	d disbursements: (add lin	es 29 to 45)	>>>	\$	46

#### **SECTION 6 – CLOSING BALANCE** (subtract line 46 from line 28)

\$

47

The closing balance must agree with your organization's financial records (general ledger balance or whatever other accounting record supports your organization's financial statements) and is to be carried forward as the opening balance to the next Gaming Account Summary Report.

#### SECTION 7 – GAMING ACCOUNT INFORMATION AT FISCAL YEAR END

Financial institution name: (the name of your bank, credit union, etc.)							
Financial institution address:         Unit, Street, and/or PO Box         City         Postal Code							
Acco	ount information and balances: (attach an additional sheet if necessary)						
	Account type: Account number:				Balance:		
	Gaming Account at fiscal year-end:				\$	48	
	Term deposit(s): (gaming funds only)				\$	49	
	GIC(s): (gaming funds only)				\$	50	
	Other: (short description):				\$	51	
Tota	Fotal of account balances: (add lines 48 to 51 – this total must agree with line 47)       >>> \$       52						

#### SECTION 8 – COMMUNITY SERVICE ORGANIZATIONS

Service organizations may retain up to 10 per cent of the net proceeds from their licensed gaming activities and 7 per cent of their community gaming grant; refer to the appropriate guidelines for additional information. Identify which of the above disbursements are included in the permitted percentage and the applicable gaming event licence and/or community gaming grant application number(s).

Total percentage retained: (gaming event licence)	%	Gaming event licence number:
Total percentage retained: (community gaming grant)	%	Community gaming grant application number:

## **SECTION 9 – COMMUNITY BENEFIT**

Briefly describe how the broader community benefited from your organization's gaming grant funded programs:

(Limit your description to 200 words – this box will not allow you to type more than that. Describe the community benefit for the time period covered by this report, i.e. community benefit during the fiscal year you are reporting on. Include only those programs that were funded by gaming grants – photos may be included with this report.)

#### SECTION 10 – CERTIFICATION

We, the undersigned board members, certify on behalf of the organization that all of the information stated is correct and that the board of directors has approved the submission of this report.

Tw	Two board members of the organization (officers) who are responsible for the report: (one must be the treasurer – both must sign this form)						
1	Position: (with the organization)	First na	ame:	Last name	):		
							•
	Address: Unit and Street		City			Province	Postal Code
	Business phone number: (XXX) XXX-XXXX	Ext:	Home phone number: (XXX)	XXX-XXXX	Cell pl	none numb	er: (XXX) XXX-XXXX
	E-mail address: (provide a valid e-mail address)		Signature:		Date s	igned: (DD-	-MM-YYYY)
-		Elast as	X	1 1			
2	Position: (with the organization)	First na	name: Last name:		<b>)</b> :		
	Address: Unit and Street		City			Province	Postal Code
	Address. Onit and Street		City			FIOVINCE	Postal Code
	Business phone number: (XXX) XXX-XXXX	Ext:	Home phone number: (XXX)	XXX-XXXX	Cell phone number: (XXX) XXX-XXXX		
		2.40					
	E-mail address: (provide a valid e-mail address)		Signature:		Date signed: (DD-MM-YYYY)		
			X				
Re	port prepared by: (if the report was prepared by or	ne of the p	people above, include only their na	ame below)			
3	Position: (with the organization)	First na	ame:	Last name	):		
	Address: Unit and Street		City		Province Posta		Postal Code
			Home phone number: (XXX) XXX-XXXX				
	Business phone number: (XXX) XXX-XXXX	Ext:			XXX Cell phone number: (XXX) XXX-XXXX		
	E-mail address: (provide a valid e-mail address)		Signature:		Date s	igned: (DD-	-MM-YYYY)
			X				

The information requested on this form is collected under the authority of the Gaming Policy and Enforcement Branch pursuant to the Gaming Control Act. The information provided will be used to assess compliance with the conditions of a gaming event licence and community gaming grant. Questions may be directed to the Gaming Policy and Enforcement Branch, Victoria.