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|  |  | **Year End Report to Municipality**Charity Utilization of OLG Charitable Gaming Proceeds**Completed Forms to be Submitted to Paul Musselman – City of Cambridge** |

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| **Charitable Organization Name:** |  |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Charitable Gaming Centre Supported:** | Cambridge Bingo and Charitable Gaming Centre |
| **Charitable Gaming Centre Address:** | 255 Elgin St N., Cambridge ON N1R 7G4 |
| **Reporting Period:** | Jan 01 2024 | **to** | Dec 31 2024 |

The Year End Report is simply a recap of your monthly reports (Jan to Dec) and the Executive of the Cambridge Gaming Executive **strongly** encourages that you submit the Year End Report in the month of January along with your December Monthly Report. The Year End Report does not need to be audited. The Deadline Date to submit your 2024 Year End Report is June 30th, 2025.

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| 1. **Previous Period Closing Balance from Previous Year End Report $**
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| 1. Total Revenue Received – Totals Reported on your Monthly Reports (Jan to Dec) $
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| 1. Total Administrative Expenses – Totals Reported on your Monthly Reports (Jan to Dec) $
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| 1. Total Use of Proceeds – Totals Reported on your Monthly Reports (Jan to Dec) $
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| 1. **Closing Balance as of this Report (A) + (B) – (C) – (D) $**
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If your organization conducted other types of Lotteries (Raffles, Break-Open Tickets) during the fiscal year, you are required to complete the Long Form Report to report on the financials from those events. This report form is only to be used for the funds received from cGaming (Charitable Gaming) at the Cambridge Bingo and Gaming Centre.

**Supporting Documentation** – No Supporting documentation is required to be attached to the Year End Report. All your supporting documentation should have been included with your Monthly Reports. If documentation is required, you will be contacted directly by the Licensing Officer at the City of Cambridge.

**Designated Bona Fide Member/Signing Officer Acknowledgement:**

We, as the signing officers of the above organization, certify that the above information is full and correct and that our organization has fulfilled its bona fide member obligations to the Charitable Gaming Centre Association operating at the premises listed above.

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| First Designated Bona Fide Member or Signing Officer |  | Second Designated Bona Fide Member or Signing Officer |
|  | Signature |  |
|  | Print Name in Full |  |
|  | Position |  |
|  | Business Telephone Number |  |
|  | Email Address |  |
|  | Date of Signing |  |