



RACING AND CHARITABLE GAMING

A Division of the New Hampshire Lottery Commission
14 Integra Drive, Concord, NH 03301

GAMES OF CHANCE MONTHLY FINANCIAL REPORT

Name of Organization: _____ Organization's ID #: _____ Game Month/Year: _____

		Game Date 1	Game Date 2	Game Date 3	Game Date 4	Game Date 5
1	GAME DATE					

GAMES WHERE CHIPS HAVE NO MONETARY VALUE

2	TOURNAMENTS					
3	PRIZES PAID IN CHECK					
4	PRIZES PAID IN CASH					
5	NET REVENUE (Subtract Lines 3 and 4 from Line 2)					

GAMES WHERE CHIPS HAVE MONETARY VALUE

6	GAMES WITH RAKE					
7	GAMES WITHOUT RAKE					

TOTAL REVENUE FROM ALL GAMES

8	TOTAL REVENUE (Add Lines 5, 6 and 7)					
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AMOUNTS PAYABLE TO THE STATE

9	TOURNAMENT GAMES (3% of Line 2)					
10	GAMES WITH MONETARY VALUE AND RAKE (10% of Line 6)					
11	GAMES WITH MONETARY VALUE AND NO RAKE (10% of Line 7)					
12	TOTAL REVENUE (Add lines 9, 10 and 11)					

OTHER ALLOCATIONS

13	CHARITY ALLOCATION (No Less than 35% of Line 8)					
14	OPERATOR FEES					
15	TOTAL BANK DEPOSIT FOR THIS GAME DATE					

Complete this page only if more than 5 games dates were conducted during the reporting month. If 5 or fewer games were conducted during the reporting month, submit only page 1 and the signature page. Do not include a blank second page.



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Name of Organization: _____ Organization's ID #: _____ Game Month/Year: _____

		Game Date 6	Game Date 7	Game Date 8	Game Date 9	Game Date 10
1	GAME DATE					

GAMES WHERE CHIPS HAVE NO MONETARY VALUE

2	TOURNAMENTS					
3	PRIZES PAID IN CHECK					
4	PRIZES PAID IN CASH					
5	NET REVENUE (Subtract Lines 3 and 4 from Line 2)					

GAMES WHERE CHIPS HAVE MONETARY VALUE

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TOTAL REVENUE FROM ALL GAMES

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OTHER ALLOCATIONS

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Name of Organization: _____ Organization's ID #: _____ Game Month/Year: _____

CHARITY ALLOCATION:

Has the charitable organization received payment in full for the game date or dates listed on this report? YES NO

If no, please explain:

PREPARED BY:

This report was prepared by: _____ This individual can be reached at the following phone number: _____

CERTIFICATION:

I hereby certify, under the penalty or unsworn falsification pursuant to RSA 641:3, that the above statements and all documents submitted with this report are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the above statements or answers to questions.

Printed Name and Title of Authorized Official* Signature of Authorized Official* Phone Number Date

**An Authorized Official includes the treasurer, director, duly authorized officer or other official of the charitable organization or the licensed primary game operator conducted the games on behalf of the charitable organization.*



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INSTRUCTIONS FOR COMPLETING THE GAMES OF CHANCE MONTHLY FINANCIAL REPORT

A monthly financial report must be prepared for each game date played during any given month and submitted to the NH Lottery Commission, Racing and Charitable Gaming Division no later than the fifteenth day of the following month. Only report the activities for game dates that occurred during the reported month. Game dates that occurred during a prior or subsequent month must be reported on a separate monthly financial report.

All source documents must be retained for a period of not less than two years and made available for inspection by the Commission upon request. Do not submit any source documents, summaries, or other information to the Commission with your Monthly Financial Report. If these documents are needed, the Commission will issue a formal request.

LINE BY LINE INSTRUCTIONS FOR COMPLETING THE FINANCIAL REPORT FORM

Name of Organization - Enter the name of the licensed Charitable Organization hosting the games.

Game Month/Year – Enter the month and year during which the games of chance being reported were conducted.

Organization's ID # - Enter the ID number that was issued to the charitable organization by the Commission. This number appears on the organization's license.

Organization License # - Enter the license number that was issued to the charitable organization by the Commission. This number appears on the organization's license

Location Where Games Played - List the physical street address and city/town where the games took place during the reporting month.

Primary Game Operator or Primary Game Operator Employer - If applicable, enter the name of the game operator or game operator employer that conducted the games of chance on behalf of the charitable organization.

Line 1 Game Date: Enter the day, month and year that the game of chance was conducted. Report the earliest game date played in the month as "Game Date 1", and list subsequent games consecutively.

If 5 or fewer games were conducted during the reporting month, submit only Page 1 and the signature page. Do not include a blank second page.
If more than 5 games were conducted, complete Page 2 of the report.



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GAMES WHERE CHIPS HAVE NO MONETARY VALUE

Line 2 Tournaments: Enter the total amount of buy-ins, re-buys, and add-ons (the handle) for all tournaments conducted on that game date.

Line 3 Prizes Paid In Check: Enter the total amount of prizes that were paid by check for that game date.

Copies of all checks issued must be retained for a period of two years. Do not submit a summary or list of checks issued with the monthly financial report. Maintain all source documents and have them available for examination by a Commission auditor.

Line 4 Prizes Paid in Cash: Enter the total amount of prizes paid in cash on all games played where chips have no monetary value.

Line 5 Net Revenue from Games where chips have no monetary value – Subtract Lines 3 and 4 from Line 2 and enter the total here.

GAMES WHERE CHIPS HAVE MONETARY VALUE

Line 6 Games With Rake - Enter the proceeds from games with rake where chips have monetary value.

Line 7 Games Without Rake - Enter the proceeds from games without rake where chips have monetary value.

If a net loss occurs on house banked games, a negative number is permitted. However, the game operator or game operator employer may net these losses from winnings from game dates within the same licensed period. If netting is done, adequate backup documentation must be maintained and be available for inspection.

Game Operators will be allowed to offset net losses from house backed games on any game date against net income from such games on other game dates within the 10-day licensing period.

Game Operators shall not offset a net loss from house backed games on any game date against raked or tournament games.

If after combining all the income and losses from house backed games for the 10-day license period, the result is a net loss, the operator will bear the full loss and shall not offset such losses against raked or tournament games.

Line 8 Total Revenue - Add lines 5, 6, and 7, and enter the total here.

Line 9 Tournament Games (Games Where Chips Have No Monetary Value) – Multiply the amount of Line 2 by 3% and enter that amount.



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INSTRUCTIONS FOR COMPLETING THE GAMES OF CHANCE MONTHLY FINANCIAL REPORT

- Line 10 Games Where Chips Have Monetary Value and Rake** - Multiply the amount of Line 6 by 10% and enter that amount here.
- Line 11 Games where chips have monetary value and no rake** - Multiply the amount of Line 7 by 10% and enter that amount. This amount cannot be a negative number.
- Line 12 Total State Revenue** - Add Lines 9, 10, and 11, and enter the total.
- Line 13 Charity Allocation** - Report the dollar amount paid to the charitable organization for this game date. This number must equal 35% or more of the amount in Line 8.
- Line 14 Operator Fees** - Report the dollar amount retained by the game operator for each given game date.
- Line 15 Bank Deposit** - Enter the total amount of cash and proceeds for the game date deposited into the account required by RSA 287-D:6,I(c).

Charitable Allocation: In the block provided, indicate if the organization has received full payment of the "Charity Allocation" (Line 13) for the game dates reported for this month. If the answer is no, provide a brief explanation as to why payment has not been received.

Prepared by: Provide the printed name of the individual who prepared the report. Include a phone number where the individual can be reached in the event that Commission staff has questions or concerns regarding the report.

Certification: An Authorized Official must certify to the accuracy of the report. The report submitted to the Commission must bear an original signature. Include a phone number where the "Authorized Official" can be reached in the event that Commission staff has questions or concerns regarding this report.

An "Authorized Official" may be the treasurer, duly authorized officer, director or other official of the charitable organization or the licensed primary game operator conducted the games on behalf of the charitable organization. Include the individual's title along with the individuals printed name.

Submit to: **New Hampshire Lottery, Racing and Charitable Gaming Division**
14 Integra Drive, Concord, NH 03301

Questions? Call the Racing and Charitable Gaming Division at 603-271-3391. Ask for Games of Chance Licensing