

Mail To:
 VDACS
 OCRP
 PO Box 526
 Richmond, VA 23218



FORM 101 (Rev. TBD)
 ANNUAL FINANCIAL REPORT
 FIVE PAGES
 VDACS FINANCE CODE: 988-02199

REPORT YEAR

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 OFFICE OF CHARITABLE AND REGULATORY PROGRAMS
 ANNUAL FINANCIAL REPORT FOR CALENDAR YEAR JANUARY 1st - DECEMBER 31st
 DUE DATE: MARCH 15th

ORGANIZATION INFORMATION

If this organization is either a Volunteer Fire Department or Rescue Squad enter **X** in the adjacent box

Organization Name _____ OCRP No. _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ E-Mail _____

Contact Person _____ Daytime Phone _____

PART 1 - RECEIPTS

1.	Bingo Paper Sales Before Discounts	
2.	Electronic Bingo Device Sales Before Discounts	
3.	Bingo Session Instant Bingo, Seal Cards, Pull Tab Sales	
4.	Bingo Session Treasure Chests and Raffle Sales	
5.	Bingo Session Miscellaneous Sales (<i>Daubers, Tape, etc.</i>)	
6.	TOTAL RECEIPTS FOR BINGO SESSIONS (Line 1 thru Line 5)	\$ -
7.	Discounts Given	
8.	ADJUSTED RECEIPTS FOR BINGO SESSIONS (Line 6 minus Line 7)	\$ -
9.	Raffle and other Outside Gaming Sales	
10.	Texas Hold'em Poker Tournament Sales	
11.	TOTAL RECEIPTS FOR YEAR (Line 8 plus Line 10)	-

FEE CALCULATION WORKSHEET

12.	a. Audit & Administration Fee (Line 10 X 1.375%)	\$ -
	b. Late Filing Penalty (\$25 per day after due date)	
	c. Audit & Administration Fees paid with quarterly reports.	

d. Fee Due with Report	Make check payable to: Treasurer of Virginia	(Line 11a+11b-11c)	\$	-
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PART 2 - PRIZES		
13. a. Bingo Games		
b. Bingo Session Instant Bingo, Seal Cards, Pull Tabs		
c. Bingo Session Treasure Chests and Raffles		
d. Door Prizes		
e. Raffles and other Outside Gaming		
f. Texas Hold'em Poker Tournament Prizes		
g. TOTAL PRIZES AWARDED	(Line 13a thru 13f)	\$ -

PART 3 - EXPENSES		
14. Cash Payments from Funds at Bingo Sessions		
15. Cash Shortage or Overage (If this is overage, enter as a negative figure so it will subtract)		
16. Payments to Registered Suppliers (Paper, instants, seal cards, daubers,...)		
17. Rent Paid for Electronic Bingo Devices		
18. Raffle Supplies		
19. Facility Lease Payments		
20. Texas Hold'em Poker Tournament Operator Payments		
21. Payments to Office of Charitable and Regulatory Programs		
22. All Other Gaming Expenses		
23. a. Use of Proceeds Facility Disbursements		
b. Use of Proceeds Charitable Donations		
c. Use of Proceeds Transfers to Restricted Account		
d. Use of Proceeds Texas Hold'em Poker Tournament Operator Payments		
e. TOTAL USE OF PROCEEDS	UOP % <input style="width: 50px; height: 20px;" type="text"/>	(Line 23a thru 23d) \$ -
24. Business Expenses		
25. TOTAL DISBURSEMENTS (Prizes & Expenses)	(Line 13g thru 24)	\$ -

INCLUDE THE FOLLOWING ATTACHMENTS TO THE ANNUAL REPORT:	
Use of Proceeds List	List of individual checks that equal to the amounts listed on Lines 23a, 23b, 23c and 23d. Include check date, check #, \$ amount, payee, & purpose.
Copy of ending bank statement	Copy of December 31st year end bank statements for all gaming accounts, including regular checking, savings, restricted, special funds.

PART 4 - CASH RECONCILIATION

26. Beginning Reconciled Bank Balance - as of January 1st		
27. Beginning Cash on Hand - as of January 1st		
28. Returned Checks Collected (Redeposit of bad checks)		
29. Earned Interest Income		
30. Deposits from Non-Gaming Sources		
31. Total Receipts for Year (Part 1 - Line 10)		\$ -
32. TOTAL FUNDS AVAILABLE (Lines 26 thru 31)		\$ -
33. a. Bank Statement Balance -December 31st		
b. Deposits in Transit		
c. Outstanding Checks		
d. ENDING RECONCILED BANK BALANCE (Lines 33a+33b-33c)		\$ -
34. Ending Cash on Hand		
35. Returned Checks (bad checks from players)		
36. Total Disbursements for Year (Part 3 - Line 25)		\$ -
37. TOTAL FUNDS ACCOUNTED FOR (Lines 33d thru 36)		\$ -

Line 32 must equal Line 37 for this report to be in balance

REPORT IS OUT OF BALANCE BY	\$ -
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PART 5 - REQUIRED INFORMATION

If your organization conducts bingo sessions, please complete this section.

38. Leave Blank	
39. Bingo Attendance (Customer Count)	
40. All Progressive Game Receipts	

ACKNOWLEDGEMENT

I, the undersigned, do hereby swear or affirm that the figures and statements on these pages and on the attachments are true, full, and correct to the best of my knowledge and belief.

Signature of President or Designee _____ Date: _____

Print Name: _____ Title: _____

A report is not considered complete and submitted unless it has been signed and the audit and administration fee has been paid.

Part 6A - SUPPLIES

LIST ALL SUPPLIERS PROVIDING GAMING SUPPLIES, EQUIPMENT, ELECTRONIC BINGO DEVICES

Supplier Name:	
Supplier Name:	
Supplier Name:	

PART 6B - INVENTORY OF INSTANT BINGO SUPPLIES

INSTANT BINGO SUPPLIES - INSTANT BINGO/SEAL CARDS/COIN BOARDS

DEALS	DEAL NAME	Form Number	Number of Deals on Hand	Number of Tickets Per Deal	Price Per Ticket	Number of Free Tickets	Cash Payout Per Deal
	(each type of deal should be listed)						
Ending Inventory On Hand As Of December 31st							

PART 6C - INVENTORY OF BINGO PAPER SUPPLIES

BINGO PAPER - SINGLE SHEETS AND PACKS

PAPER	TYPE OF PAPER (Description for all types and color if a single sheet)	Unit of Issue	ON	UP	Quantity on Hand
Ending Inventory On Hand As Of December 31st					

NOTE: ADDITIONAL PAGES MAY BE ADDED, IF NECESSARY.

REPORT YEAR _____

OCRP# _____

ORG NAME _____

PART 7- RESTRICTED ACCOUNT TRANSACTIONS

Name of Bank: _____ Account No. _____
 Purpose of Fund: _____

1. Beginning Restricted Bank Account Balance			
Deposits and Other Credits:			
2. Interest income			
3. Deposits from Gaming Account	Must equal the amount from Part 3 - Line 23c	\$	-
4. Other Deposits			
5. Total Credits for Period		(Lines 2 + 3 + 4)	\$ -
6. Total Funds Available		(Line 1 + Line 5)	\$ -
Checks and Other Debits:			
7. Bank Charges			
8. Checks: Disbursements	Provide Details Below		
9. Other Debits			
10. Total Debits for Period		(Lines 7 + 8 + 9)	\$ -
11. Ending Restricted Bank Account Balance		(Lines 6 minus Line 10)	\$ -

ITEMIZATION OF CHECKS DISBURSED (Must equal the amount from Line 8 above from Restricted Account)

Date of Check	Check #	Payee	Purpose	Amount of Check
			Total	\$ -