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

" X " the Reported Quarter



Form 102 (Rev. 05/2024)
QUARTERLY FINANCIAL REPORT
Must be filed by any organization realizing any
charitable gaming receipts in the quarter.
FIVE PAGES - COMPLETE ALL

VDACS FINANCE CODE: 988-02199

Year

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

Select the Quarter that is being reported

 1st
 2nd
 3rd
 4th

 1/1 thru 3/31
 4/1 thru 6/30
 7/1 thru 9/30
 10/1 thru 12/31

 June 1st
 Sept. 1st
 Dec. 1st
 March 1st

	ORGANIZATION INFORMATIO	N				
If this organization is eithe	r a Volunteer Fire Department or Rescue Squad enter $old X$ in the $a$	adjacent box				
Organization Name						
Mailing Address						
City						
Business Phone						
Business Phone E-Mail Daytime Phone						
PART 1 - RECEIPTS - Electronic Devices are reported in Part 6A						
Bingo Paper Sales Be	,					
Electronic Bingo Device Sales Before Discounts     Bingo Session Instant Bingo, Seal Cards, Pull Tab Sales						
Bingo Session Treasure Chests and Raffle Sales      Bingo Session Missellaneous Sales (Reuters Tree etc.)						
5. Bingo Session Miscellaneous Sales (Daubers, Tape, etc.)						
6. TOTAL RECEIPTS FOR BINGO SESSIONS (Line 1 thru Line 5)						
	7. Bingo Session Discounts Given					
8. ADJUSTED RECEIPT	'S FOR BINGO SESSIONS	(Line 6 - Line 7)				
9. a. Raffles Conducted						
b. Paper Instant Bingo Outside Bingo Sess						
c. Texas Hold'em Pok						
d. Total Line 9a + Lin						
10. TOTAL RECEIPTS FO						
PART 7 - FEES - Bingo Sessions, Raffles, Texas Hold'em and Paper Pull-Tabs						
	ve Fee Based on Gross Receipts - Fire and Rescue					
b. Late Fees	\$25 per day past due date					
c. TOTAL FEES DUE W						
	ied Forward - Enter a Credit as a Negative Amount					
e. TOTAL AMOUNT DUI						
f. Amount Remitted with						

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Quarter	Year	OCRP#	ORG NAME		
PART 2 - PRIZES - Electronic Device Prizes are Reported in Part 6A					
11. a. Bingo Ga	mes				
b. Bingo Se	ssion Instant Bingo, Seal Cards, Pull-Tabs				
c. Bingo Se	ssion Treasure Chests and Raffles				
d. Bingo Se	ssion Door Prizes				
e. Raffles C	onducted Outside of Bingo Sessions				
	tant Bingo, Seal Cards, Pull Tabs Sold ingo Sessions				
g. Texas Ho	ld'em Poker Tournaments				
h. TOTAL P	PRIZES AWARDED		(Lines 11a thru 11h)		
	PART 3 - EXPENSES- Bingo Ses	sions, Raffles, Te	exas Hold'em and Paper Pull	Гabs	
Part 3A - Bin	go Session Expenses - If no Bingo Ses	ssion Expenses, skip to P	art 3B		
12. a. Cash Pay	ments from Funds at Bingo Sessions				
b. Cash Sho	rtage or Overage (If this is overage, enter a	as a negative amount)			
	s to Registered Suppliers				
d. Bingo Ha	II Lease Payments				
e. All Other I	Bingo Session Expenses				
f. TOTAL BI	NGO SESSION EXPENSES		(Lines 12a thru 12e)		
Part 3B - Gar skip to Part 3C	ming Conducted Outside of Bingo	Sessions- If no expe	enses for raffles or paper pull tabs sold ou	tside of bingo sessions,	
13. a. Cash Sho	rtage or Overage (If this is overage, enter a	s a negative amount)			
b. Payments	to Registered Suppliers for Supplies Outside	de of Bingo Sessions			
c. Raffle Sup	pplies				
d. Lease Pa	yments Made for Gaming Activities Outside	of Bingo Sessions			
e. Payments t	o Registered Operator to Administer Texas Hold	'em Poker Tournament			
f. All Other C	Outside Bingo Gaming Expenses				
g. TOTAL O	UTSIDE BINGO SESSION EXPENSES		(Lines 13a thru 13f)		
Part 3C - Ger	neral Disbursements- Electronic Device	Expenses are Reported	in Part 6A		
14. a. Use of Pr	roceeds Internal Disbursements				
b. Use of Pr	oceeds External Donations				
c. Use of Pr	oceeds Transfers to Restricted Account				
d. TOTAL U	SE OF PROCEEDS- (UOP)		(Lines 14a thru 14c)		
	al purposes, this quarter's UOP requiren December 31st based on reported recei		hat	(Line 10 * .10)	
15. Payments to	Office of Charitable and Regulatory Progra	ams			
16. Business Dis	sbursements				
17. TOTAL DISE	BURSEMENTS (Prizes & Expenses)		(Lines 11h+12f+13g+14d+15+16)		

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Quarter	Year	OCRP#	ORG NAME			
P	ART 4 - CASH RECO	NCILIATION - Electronic Device Cash R	econciliation is Reported in Part 6	6B		
18. Beginning Reconcil	ed Bank Balance (Ending l	Reconciled Bank Balance from Previous	s Report)			
19. a. Beginning Bingo Session Cash on Hand						
b. Beginning Other						
c. Total Beginning						
20. Returned Checks C	c. Total Beginning Cash on Hand (Lines 19a + 19b)  20. Returned Checks Collected - (Redeposit of Bad Checks)					
21. Earned Interest Inc	21. Earned Interest Income					
22. Deposits from Non-	Gaming Sources					
23. Total Receipts for	Quarter		(Part 1, Line 10)			
24. TOTAL FUNDS AV	AILABLE		(Lines 18+19c+20+21+22+23)			
ENDING BANK B	AL ANCE					
	Balance -End of Quarter					
b. Add Deposits in	Transit					
c. Outstanding Che	cks					
d. ENDING RECO	d. ENDING RECONCILED BANK BALANCE (Line 25a+25b-25c)					
26. a. Ending Bingo Se	ssion Cash on Hand					
b. Ending Other Ca						
c. Total Ending Ca						
27. Returned Checks from Players						
28. Bank Charges						
29. Total Disbursemen						
30. TOTAL FUNDS AC						
Line 24 must equal Line 30 for this report to be in balance						
31. REPORT I	S OUT OF BALANCE BY					
PART 5 - BINGO SESSION REQUIRED INFORMATION						
32. a. Bingo Player Co	ount					
b. All Progressive	Bingo Game Receipts					

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Quarter Year OCRP# ORG NAME
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PART 6 - ELECTRONIC DEVICE RECEIPTS AND EXPENSES				
Part 6A - Electronic Device Receipts and Expenses				
33. Electronic Device Instant Bingo, Seal Cards, Pull Tab Ticket Sales				
34. Electronic Device Instant Bingo, Seal Cards, Pull Tab Prizes Paid				
35. Cash Shortage or Overage (If this is overage, enter as a negative amount)				
36. Payments to Registered Manufacturers for Electronic Device Rentals				
37. All Other Electronic Device Expenses				
38. a. Use of Proceeds Internal Disbursements				
b. Use of Proceeds External Donations				
c. Use of Proceeds Transfers to Restricted Account				
d. TOTAL USE OF PROCEEDS (UOP)	(Lines 38a thru 38c)			
For informational purposes, this quarter's UOP requirement for this portion that must be met by December 31st based on reported receipts is:		(Line 33-34) * .20		
39. Payments to Office of Charitable and Regulatory Programs				
40. Business Disbursements				
41. TOTAL DISBURSEMENTS (Prizes & Expenses) (L				
Part 6B- Electronic Device Cash Reconciliation				
42. Beginning Reconciled Bank Balance (Ending Reconciled Bank Balance from Previou	s Report)			
43. Beginning Electronic Devices Cash on Hand (Pull Tabs)				
44. Returned Checks Collected - (Redeposit of bad checks)				
45. Earned Interest Income				
46. Deposits from Non-Gaming Sources				
47. Total Receipts				
48. TOTAL FUNDS AVAILABLE	(Lines 42 thru 47)			
49. a. Bank Statement Balance - End Of Quarter				
b. Deposits in Transit				
c. Outstanding Checks				
d. ENDING RECONCILED BANK BALANCE	(Line 49a+49b-49c)			
50. Ending Electronic Devices Cash on Hand				
51. Returned Checks From Players				
52. Bank Charges				
53 TOTAL DISBURSEMENTS	(Part 6A, Line 41)			
54. TOTAL FUNDS ACCOUNTED FOR				
Line 48 must equal Line 54 for this report to be in balance				
REPORT IS OUT OF BALANCE BY				

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	Quarter		Year	OCRP#		ORG NAME	
	rt 6C - Ele	ctronic Dev	ice Informat	ion			
56	Indicate below any manufacturer providing Electronic Devices for the quarter:						
	Arrow I	nternational, In	C.	☐ Powerhouse VA			eTabs, Inc.
	☐ Grover	Gaming, Inc.		☐ Creative Game Tech	nologies, LLC		TicTabs, LLC
	Other (	Please Specify	)				
57.	Electronic Device Calculated Fees: This information is provided based on information reported on lines 33 and 34. Typically the manufacturer will assum responsibility to remit these fees on your behalf. If your agreement with the manufacturer requires you to remit these fees, do not remit with this report. Remit separately with a "Form 102V, Electronic Device Fee Voucher". The voucher may be found on the VDACS website.						
	a. Electronic Device Fees if Paid by Manufacturer					(Line 33-34) * 0.75%	
	b. Electronic	Device Fees if P	aid by Organizatio	on			(((Line 33-34) * .5%) +(Line 33*.25%))
							-
	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	of President or Des	signee			Date:
	Print Name	e:			Title:		

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