

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

Form 102 (Rev. Pending)
 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

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

Select the Quarter that is being reported

	1st 1/1 thru 3/31 June 1st	2nd 4/1 thru 6/30 Sept. 1st	3rd 7/1 thru 9/30 Dec. 1st	4th 10/1 thru 12/31 March 1st	Year
" X " the Reported Quarter					

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 - *Electronic Devices are reported in Part 6A*

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. Bingo Session Discounts Given		
8. GROSS RECEIPTS FOR BINGO SESSIONS	(Line 6 - Line 7)	
9. a. Raffles Conducted Outside of Bingo Sessions		
b. Paper Instant Bingo, Seal Cards, Pull Tabs Sold Outside Bingo Sessions		
c. Texas Hold'em Poker Tournaments		
d. Total Line 9a + Line 9b + Line 9c	(Line 9a + 9b + 9c)	
10. TOTAL RECEIPTS FOR QUARTER	(Line 8 + 9d)	

PART 7 - FEES - Bingo Sessions Raffles and Paper Pull-Tabs

a. Audit and Administrative Fee Based on Gross Receipts - <i>Fire and Rescue Organizations are exempt from these fees</i>	(Line 10 * 0.75%)	
b. Late Fees	\$25 per day past due date	
c. TOTAL FEES DUE WITH REPORT	(Line 58a + 58b)	
d. Account Balance Carried Forward - <i>Enter a Credit as a Negative Amount</i>		
e. TOTAL AMOUNT DUE	(Line 58c + 58d)	
f. Amount Remitted with Report		

Quarter _____ Year _____ OCRP# _____ ORG NAME _____

PART 2 - PRIZES - <i>Electronic Device Prizes are Reported in Part 6A</i>		
11. a. Bingo Games		
b. Bingo Session Instant Bingo, Seal Cards, Pull-Tabs		
c. Bingo Session Treasure Chests and Raffles		
d. Bingo Session Door Prizes		
e. Raffles Conducted Outside of Bingo Sessions		
f. Paper Instant Bingo, Seal Cards, Pull Tabs Sold Outside Bingo Sessions		
g. TOTAL PRIZES AWARDED		(Lines 11a thru 11f)

PART 3 - EXPENSES- Bingo Sessions, Raffles and Paper Pull Tabs		
Part 3A - Bingo Session Expenses - <i>If no Bingo Session Expenses, skip to Part 3B</i>		
12. a. Cash Payments from Funds at Bingo Sessions		
b. Cash Shortage or Overage (If this is overage, enter as a negative amount)		
c. Payments to Registered Suppliers		
d. Bingo Hall Lease Payments		
e. All Other Bingo Session Expenses		
f. TOTAL BINGO SESSION EXPENSES		(Lines 12a thru 12e)

Part 3B - Gaming Conducted Outside of Bingo Sessions- <i>If no expenses for raffles or paper pull tabs sold outside of bingo sessions, skip to Part 3C</i>		
13. a. Cash Shortage or Overage (If this is overage, enter as a negative amount)		
b. Payments to Registered Suppliers for Supplies Outside of Bingo Sessions		
c. Raffle Supplies		
d. Lease Payments Made for Gaming Activities Outside of Bingo Sessions		
e. Payments to Registered Operator to Administer Texas Hold'em Poker Tournament		
f. All Other Outside Bingo Gaming Expenses		
g. TOTAL OUTSIDE BINGO SESSION EXPENSES		(Lines 13a thru 13f)

Part 3C - General Disbursements- <i>Electronic Device Expenses are Reported in Part 6A</i>		
14. 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 14a thru 14c)
For informational purposes, this quarter's UOP requirement for this portion that must be met by December 31st based on reported receipts is:		(Line 10 * .10)
15. Payments to Office of Charitable and Regulatory Programs		
16. Business Disbursements		
17. TOTAL DISBURSEMENTS (Prizes & Expenses)		(Lines 11g+12f+13f+14d+15+16)

Quarter _____ Year _____ OCRP# _____ ORG NAME _____

PART 4 - CASH RECONCILIATION- <i>Electronic Device Cash Reconciliation is Reported in Part 6B</i>		
18. Beginning Reconciled Bank Balance (Ending Reconciled Bank Balance from Previous Report)		
19. a. Beginning Bingo Session Cash on Hand		
b. Beginning Other Cash on Hand		
c. Total Beginning Cash on Hand	(Lines 19a + 19b)	
20. Returned Checks Collected - (Redeposit of Bad Checks)		
21. Earned Interest Income		
22. Deposits from Non-Gaming Sources		
23. Total Receipts for Quarter	(Part 1, Line 10)	
24. TOTAL FUNDS AVAILABLE	(Lines 18+19c+20+21+22+23)	
ENDING BANK BALANCE		
25. a. Bank Statement Balance -End of Quarter		
b. Add Deposits in Transit		
c. Outstanding Checks		
d. ENDING RECONCILED BANK BALANCE	(Line 25a+25b-25c)	
26. a. Ending Bingo Session Cash on Hand		
b. Ending Other Cash on Hand		
c. Total Ending Cash on Hand	(Lines 26a + 26b)	
27. Returned Checks from Players		
28. Bank Charges		
29. Total Disbursements for Quarter	(Part 3C, Line 17)	
30. TOTAL FUNDS ACCOUNTED FOR	(Lines 25d+26c+27+28+29)	
Line 24 must equal Line 30 for this report to be in balance		
31. REPORT IS OUT OF BALANCE BY		

PART 5 - BINGO SESSION REQUIRED INFORMATION		
32. a. Bingo Player Count		
b. All Progressive Bingo Game Receipts		

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: This information will not display until regulations are published determining the UOP requirement for electronic devices.		(Line 33-34) * .TBD
39. Payments to Office of Charitable and Regulatory Programs		
40. Business Disbursements		
41. TOTAL DISBURSEMENTS (Prizes & Expenses)	(Lines 34+35+36+37+38d+39+40)	
Part 6B- Electronic Device Cash Reconciliation		
42. Beginning Reconciled Bank Balance (Ending Reconciled Bank Balance from Previous 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	(Part 6A, Line 33)	
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 49d+50+51+52+53)	
Line 48 must equal Line 54 for this report to be in balance		
55. REPORT IS OUT OF BALANCE BY		

Part 6C - Electronic Device Informational

56. Indicate below any manufacturer providing Electronic Devices for the quarter:

Arrow International, Inc.	Powerhouse VA	eTabs, Inc.
Grover Gaming, Inc.	Creative Game Technologies, 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 assume 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 Paid by Organization		((((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 President or Designee _____ Date: _____
 Print Name: _____ Title: _____

