

DEPARTMENT OF JUSTICE

APPLICATION FOR CLASS A OR B LICENSE TO OPERATE BINGO GAMES

Instructions

This form is to be filed by organizations applying for a class A or B license to operate bingo games in Oregon. Bingo licenses are available only to qualifying nonprofit organizations, public schools, and government agencies. Only nonprofit organizations that meet the following requirements qualify for a license:

1. **The organization must be exempt from the payment of federal income tax, and**
2. **The organization must have held tax exempt status for a period of at least 1 year, and**
3. **During this period, the organization must have been engaged primarily in its charitable, fraternal, or religious purpose.**

This application must be typewritten or clearly printed in ink. All questions must be answered completely and accurately and are subject to verification by the Department. If the space provided is inadequate, add a supplemental sheet to the back of this form and identify any answers by the question number. Parts of the application may call for an original signature by a responsible official. **If the application is not fully completed or not accompanied by original signatures, it may be rejected or delayed in processing.** Once a *complete* application is filed, the Department has 60 days to approve or deny the application. You will be notified in writing if your application is rejected or denied.

PROOF OF TAX EXEMPT STATUS MUST BE PROVIDED WITH APPLICATION. (Public schools or government agencies do not need to provide proof of tax exemption.) The following items will be accepted by the Department as proof of tax exemption: (1) A determination letter from the Internal Revenue Service stating that your organization is tax exempt; (2) A copy of the IRS group exemption letter, if you are claiming to be tax exempt under a group exemption (you must provide documentation that shows the applicant organization is a subordinate organization covered by the group exemption); or (3) If the applicant organization is claiming tax exempt status other than pursuant to the provisions of the Internal Revenue Code section 501(c), a signed opinion letter from an attorney or certified public accountant that states the organization is tax exempt and which cites the relevant provisions of the Internal Revenue Code which support the claim for tax exempt status. For tax exempt political organizations, a copy of the completed, signed Form 1120 POL filed with the IRS will be accepted in lieu of the signed opinion letter. The following items will NOT be accepted as proof of tax exempt status: (1) IRS form assignment of employer or taxpayer identification number; and (2) Any articles of association or incorporation, or corporation listings which indicate solely that the organization is registered as a nonprofit entity.

Additional Documents Required. In addition to the tax exempt documentation, the following additional information and documents are required and must be submitted with the application **before** it will be processed:

- A copy of a current or proposed lease agreement for the location of the bingo games (unless applicant owns premises where games will be held).
- An authorization of inspection and waiver of liability, signed by a responsible official of the organization and notarized.
- A form certifying whether or not the organization has conducted bingo operations during the preceding 12 months prior to submitting the application for a license and providing a financial summary of such operations.
- A release form, authorizing disclosure of financial records associated with the organization's bingo operating account to the Department.
- You must list any and all persons who are proposed key persons of the proposed bingo gaming operation on this application, including the designated primary bingo game manager.
- Articles of Incorporation and Bylaws.
- Most recent payroll report or summary and operator list.
- Minutes of board of directors' meetings.
- Most recent financial or treasurer's report and copies of bank statements.
- Copies of any notes for any loans used to finance the bingo operation start-up.
- Copies of any contracts or agreements relating to the bingo operation.

License Fees. The application must be accompanied by the proper license fee. All fees are non-refundable. The fee for a Class A license is \$200. The fee for a Class B license is \$100. The authorized handle limit for a Class B licensee is \$250,000. There is no handle limit for a Class A license.

Bingo Manager. Class A & B licensees are required to have licensed managers and to have a manager on site at least 50 percent of the time bingo sessions are conducted. Bingo game manager applications may be obtained from the Department. Applicants for bingo game manager permits are required to undergo a background investigation, including criminal, civil and credit histories, to be conducted by the Department. A personal interview with the Department will be conducted before a permit is issued. The annual non-refundable fee for a bingo game manager permit is normally \$40.

Questions and Assistance. If you have questions or need assistance with the application, contact the Department at (971) 673-1880. Ask for the Charitable Activities Section, Gaming Registrar or a Gaming Investigator.

Submit the completed application and appropriate fee to:

**Oregon Department of Justice
Gaming Unit
1515 SW Fifth Avenue, Suite 410
Portland, OR 97201**

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OREGON DEPARTMENT OF JUSTICE

Class A & B Bingo Gaming License Application

Class A - \$200

Class B - \$100

Office Use Only
License #:

Organization Information	
1	Full name of organization applying for bingo gaming license:
2	Mailing address: _____ City: _____ State: _____ ZIP: _____
3	Daytime telephone: _____ Night telephone: _____ Facility telephone: _____
4	Street address where bingo games will be held: _____ City: _____ State: _____ ZIP: _____ County: _____
5	Incorporation date: _____ State of incorporation: _____ Bingo Contact person: _____ (Attach copies of Articles of Incorporation and Bylaws) Contact phone: _____
6	Does the organization own the facility where bingo games will be conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY NAME: _____
7a	Will the organization rent/lease the facility? If YES, attach copy of lease or rental agreement. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter amount of rent or lease to be paid: \$ _____ per month; or \$ _____ per hour.
7b	Name of person/entity to be paid rent/lease:
7c	Mailing address: _____ City: _____ State: _____ ZIP: _____
7d	Is the person/entity receiving rent/lease payments for the facility a related taxpayer? Related taxpayers include spouses, family members, business partners of the organization's officers, directors, bingo game managers and any corporations owned by them. <input type="checkbox"/> YES <input type="checkbox"/> NO
7e	Are you renting/leasing from another organization conducting bingo at the facility? <input type="checkbox"/> YES If YES, enter their Bingo License #: B- _____ <input type="checkbox"/> NO
8	Are there other organizations playing bingo at the facility? <input type="checkbox"/> YES How many? _____ <input type="checkbox"/> NO
9	Type of organization of applicant: <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Scientific <input type="checkbox"/> Fraternal <input type="checkbox"/> Labor <input type="checkbox"/> School/College <input type="checkbox"/> Government <input type="checkbox"/> Other _____
Tax Exempt Status Attach copy of your Tax Exempt Determination Letter from the IRS, or letter from Attorney or CPA stating organization is exempt, citing relevant provision of the Internal Revenue Code.	
10	Has your organization held TAX EXEMPT status for at least one year? <input type="checkbox"/> YES <input type="checkbox"/> NO
11	Is the application organization a chapter or division of a larger or parent organization? <input type="checkbox"/> YES <input type="checkbox"/> NO
12	If #11 is YES, are you claiming Tax Exempt status under a group exemption letter issued to the larger or parent organization? <input type="checkbox"/> YES <input type="checkbox"/> NO
13	If #11 is YES, does the applicant organization file an IRS Form 990 each year, separately from the larger or parent organization? <input type="checkbox"/> YES <input type="checkbox"/> NO

Organization Information (continued)

14	Does application organization have a membership? If YES, how many current, active members? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
15	Does the organization have paid employees? If YES, attach copy of the most recent payroll report or summary.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
16	How often does the organization's governing board meet? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify) _____					
17	List the dates of the last three formal board meetings held by the organization. Attach copies of the minutes of all meetings at which bingo games were proposed, discussed and approved by the board. If none, provide detailed statements explaining how the decision was made. <table border="1" style="width:100%; height:20px; margin-top:5px;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>					
18	State the purposes for which your organization intends to use proceeds from bingo. Attach copy of most recent financial/treasurer's report. 					
19	Has the organization been inactive for a period exceeding 90 days, involuntarily dissolved, or had its tax exempt status suspended or revoked at any time since it was formed? If YES, attach a written explanation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
20 a	Has the organization entered into ANY loan or other financing arrangement connected to the bingo game operation? If YES, complete the following information on the lender(s): Total Borrowed Funds: \$ _____ Attach copies of all notes.	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
20 b	Lender name: _____ Organization member? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	Address: _____ City: _____ State: _____ ZIP: _____					
	Daytime telephone: _____ Night telephone: _____ Other telephone (specify): _____					
	Amount loaned: _____ Rate: _____ Term: _____ Payment guaranteed by organization? \$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
20 c	Lender name: _____ Organization member? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	Address: _____ City: _____ State: _____ ZIP: _____					
	Daytime telephone: _____ Night telephone: _____ Other telephone (specify): _____					
	Amount loaned: _____ Rate: _____ Term: _____ Payment guaranteed by organization? \$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

Attach additional sheet(s) if necessary.

Principal Titled Agents: List the organization's Pres./Exec. Dir./CEO, V.P., Treas./CFO, Sec'y., and Exec. Board Officers (titled agents authorized for day-to-day decisionmaking).

21	Name: (Last, First, MI)	Title: <input type="checkbox"/> Pres. / <input type="checkbox"/> Exec. Dir. / <input type="checkbox"/> CEO	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
22	Name: (Last, First, MI)	Title: <input type="checkbox"/> Vice Pres.	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
23	Name: (Last, First, MI)	Title: <input type="checkbox"/> Treas. / <input type="checkbox"/> CFO	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
24	Name: (Last, First, MI)	Title: <input type="checkbox"/> Sec'y.	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
25	Name: (Last, First, MI)	Title: <input type="checkbox"/> Chairman of Exec. Board	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
26	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
27	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
28	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)
29	Name: (Last, First, MI)	Title:	Date of Birth:
	Home Address:	City:	State: ZIP:
	Home Telephone:	Work Telephone:	Other Telephone: (specify)

Attach additional sheet(s) if necessary.

Key Gaming Personnel

List the organization's proposed key gaming personnel. A key gaming person is an officer, executive, employee, agent, representative, volunteer, or any other person with the authority to exercise significant influence over the proposed gaming operation. Key gaming personnel include those persons who: (a) will earn more than \$12,000 annually in wages and/or compensation from your gaming operation; (b) can hire or fire employees; (c) act in a supervisory capacity; (d) count game revenue; (e) perform or supervise bookkeeping or accounting functions for the operation; (f) are involved in formulating management policy; or (g) have been represented to the Department as being important to the proposed bingo operation. **THE FIRST NAME MUST BE THE PERSON TO WHOM THE BINGO MANAGER REPORTS.**

30	Name (Last, First, MI) of person to whom Bingo Manager reports: Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
31	Name (Last, First, MI) of Designated PRIMARY Bingo Manager: Bingo Mgr. Permit #: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
32	Name (Last, First, MI) of ALTERNATE Bingo Game Manager: Bingo Mgr. Permit #: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
33	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
34	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
35	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
36	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____
37	Name: (Last, First, MI) _____ Title: _____ Date of Birth: _____
	Home Address: _____ City: _____ State: _____ ZIP: _____
	Home Telephone: _____ Work Telephone: _____ Other Telephone: (specify) _____

Attach additional sheet(s) if necessary.

Legal History

38	<p>Has the organization ever been denied a bingo, raffle, lottery, or other gaming license/permit or has any government agency, in this state or any other state, ever revoked or taken any action against a bingo, raffle, lottery or other gaming license/permit issued to the organization?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide the name the organization was using at the time the above action was taken, plus the date of the action, and the name of the agency that took the action. </p> <p>Organization name (if different):</p>
<p>Action taken: _____ Date of action: _____</p>	
<p>Agency name: _____ City: _____ State: _____</p>	
39	<p>Has any official action ever been taken against the organization or any of its officers or key gaming personnel for any violation involving illegal gambling, filing false reports to a government agency, or bribing or unlawfully influencing a public official or government employee?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide the name the organization or person was using at the time the above action was taken plus the date of the action, and the name of the agency that took the action. </p> <p>Name of individual (if any):</p>
<p>Action taken: _____ Date of action: _____</p>	
<p>Agency name: _____ City: _____ State: _____</p>	
40	<p>Has the organization ever been licensed by this state or any other state to sell or operate lottery games?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the type of lottery sales conducted, the name under which the organization was/is licensed, and the name of the issuing agency. </p> <p style="text-align: center;"> <input type="checkbox"/> Scratch Tickets <input type="checkbox"/> Keno <input type="checkbox"/> Other (specify) </p> <p style="text-align: center;"> <input type="checkbox"/> Pull-Tab/Break-Open <input type="checkbox"/> Video Poker </p> <p>Organization name (if different):</p>
<p>Issuing agency: _____ City: _____ State: _____</p>	
<p>Date first licensed: _____ Date terminated (if any): _____</p>	
41	<p>Has the organization ever been licensed by this state or any other state to sell alcoholic beverages?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the name under which the organization was/is licensed and the name of the issuing agency. </p> <p>Organization name (if different):</p>
<p>Issuing agency: _____ City: _____ State: _____</p>	
<p>Date first licensed: _____ Date terminated (if any): _____</p>	
42	<p>Does the organization currently conduct social gaming and/or has it ever done so in the past?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the name of the issuing authority and license or permit number (if any). </p> <p>Issued by: _____ License/Permit # (if any): _____</p>
<p>Issuing authority: _____ City: _____ County: _____ State: _____</p>	

Bingo Operation

	<p>Check the proposed day(s) of the week and list the proposed times you intend to conduct bingo.</p>	
43	<p>Day: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/></p>	<p>Time: From: <input type="checkbox"/> AM <input type="checkbox"/> PM To: <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
	<p>Day: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/></p>	<p>Time: From: <input type="checkbox"/> AM <input type="checkbox"/> PM To: <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
	<p>Day: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/></p>	<p>Time: From: <input type="checkbox"/> AM <input type="checkbox"/> PM To: <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
44	<p>Will paid employees be used to conduct bingo? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
	<p>If YES, enter the number of paid employees. _____ (Attach copy of Operator List)</p>	
45	<p>Financial institution where general account will be maintained: _____ (Attach copies of the last 3 statements, if available.)</p>	
	<p>Street Address: _____</p>	<p>City: _____ State: _____ ZIP: _____</p>
	<p>Account number(s): _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:</p>	
46	<p>Financial institution where bingo account will be maintained: _____ (Attach copies of at least 3 statements.)</p>	
	<p>Street Address: _____</p>	<p>City: _____ State: _____ ZIP: _____</p>
	<p>Account number(s): _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:</p>	
47	<p>Does the organization have any contracts or agreements (written or verbal) with any person(s) or entities relating to the bingo operation? These may include agreements relating to consulting or management services.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach copies of contracts and agreements or summaries of any verbal agreements.</p>	

Certification Must be signed by *authorized agent of organization as listed on page 5 (preferably Pres./Exec. Dir./CEO)*

48	<p>I certify the information contained herein is true and complete to the best of my knowledge. I further certify that the bingo license applicant holds necessary city, county and/or state permits or licenses required to conduct bingo, lotto, raffles, or gaming in their geographical location. I acknowledge that giving false information is grounds for denial, suspension, or revocation of a bingo gaming license. I am a responsible official of the applicant organization and authorized to sign this application on its behalf.</p> <p>Print name: _____</p> <p>Signature: _____ Title: _____ Date: _____</p>
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**OREGON DEPARTMENT OF JUSTICE
Waiver and Consent**

To be completed by an *Authorized Agent* of the Organization

State of _____

County of _____

Pursuant to ORS 464.280 as a condition for application and/or retention of a bingo, raffle and/or Monte Carlo event license,

(name of applicant organization)

and its officers and directors agree to: (1) Inspections as provided under ORS 464.510, and (2) Waive any liability claims, now and in the future, against the State of Oregon, its agencies, employees and agents for any damages resulting from any disclosure or publication of any information acquired by the Oregon Department of Justice during any investigations, inquiries, or hearings related to bingo, raffle, or Monte Carlo event operations or other organizational activities.

Full Name (printed or typed):	Title:

Signature: _____ Date: _____
(Must be listed as *Principal Officer* or *Director* of organization on application)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____

The **original** of this form (signed in ink by an individual listed on Page 5, *Principal Titled Agents*) must be submitted to the Department of Justice.
(Note: Dates of both signatures must be identical.)

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OREGON DEPARTMENT OF JUSTICE
Financial Institution Account
Authorization of Disclosure

To be completed by an *Authorized Agent* of the Organization

State of _____

County of _____

_____ hereby authorizes
(Name of Organization)

_____ to immediately make available to the
(Name of Financial Institution)

OREGON DEPARTMENT OF JUSTICE all records, photocopies of checks, transactions, loan records, deposits, and all original documents and applications pertaining to account openings, closings, deposits, and withdrawals on accounts, loans, credit cards, or any other accounts. The organization acknowledges that this authorization may be revoked at any time by submitting written revocation to the above-named financial institution. However, the organization also acknowledges that an active Authorization of Disclosure is a condition of a gaming license. This waiver of advance notice shall constitute a consent to early disclosure, pursuant to ORS 192.565(5), which shall permit the Department of Justice to obtain the organization's financial institution records, both without notice and without delay with a subpoena, in the event the circumstances require one.

Full name (printed or typed):	Title:
<i>Individual signing must be designated on page 5 and hold signing privileges on financial accounts.</i>	

Signature: _____ Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

This form is to be submitted by all applicants for *each* financial institution with which the applicant has any financial dealings. Reproduce the *blank* form as necessary to provide additional copies.

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OREGON DEPARTMENT OF JUSTICE

Statement of Ongoing Bingo Operations and Financial Summary

Name of Applicant Organization:

This form is to be completed by an authorized agent of the applicant organization. Complete either Section A or Section B – *not both*. If completing Section B, also complete Financial Summary.

A	<p>I certify that this organization has NOT conducted bingo operations during the previous 12 months.</p> <p>Authorized Agent's Sig.: _____ Title: _____ Date: _____</p>
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B	<p>I certify that this organization HAS conducted bingo operations during the previous 12 months. A also certify that the following financial summary of bingo operations is true and correct to the best of my knowledge and belief:</p> <p>Authorized Agent's Sig.: _____ Title: _____ Date: _____</p>
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Financial Summary

1	<p>This financial summary should include all available information from the immediately previous 12 month period:</p> <p>Indicate summary period: From: _____, 20____ To: _____, 20____</p>			
2	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Total number of sessions conducted:</td> <td style="border: none; width: 100px;"></td> </tr> </table>	Total number of sessions conducted:		
Total number of sessions conducted:				
3	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Total bingo handle (gross sales):</td> <td style="border: none; width: 100px;"></td> <td style="border: none; text-align: center;">\$</td> </tr> </table>	Total bingo handle (gross sales):		\$
Total bingo handle (gross sales):		\$		
4	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Total value of prizes awarded to players (cash and/or non-cash):</td> <td style="border: none; width: 100px;"></td> <td style="border: none; text-align: center;">\$</td> </tr> </table>	Total value of prizes awarded to players (cash and/or non-cash):		\$
Total value of prizes awarded to players (cash and/or non-cash):		\$		
5	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Total expenses of operation per ORS 167.117(14):</td> <td style="border: none; width: 100px;"></td> <td style="border: none; text-align: center;">\$</td> </tr> </table>	Total expenses of operation per ORS 167.117(14):		\$
Total expenses of operation per ORS 167.117(14):		\$		
6	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Total net income to organization from bingo operation (item 3, less items 4 and 5):</td> <td style="border: none; width: 100px;"></td> <td style="border: none; text-align: center;">\$</td> </tr> </table>	Total net income to organization from bingo operation (item 3, less items 4 and 5):		\$
Total net income to organization from bingo operation (item 3, less items 4 and 5):		\$		

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