



Accounting Unit or Trust Request for Waiver

FORMID 120

WHO MUST SUBMIT THIS FORM

This form must be completed by a designated agent or unit manager to request the commission to waive the requirement that the Unit's or Trust's bingo operations result in net proceeds over the last four quarters or that the Unit or Trust disburse the required amount of net proceeds for charitable purposes. Please note that the required supplemental information attachments must accompany this form and all prize fees, penalties and/or interest paid before the request may be processed.

FORM SUBMISSION

By mail: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at **txbingo.org**.

- Use black or blue ink.

UNIT OR TRUST INFORMATION

1. <input type="text"/>	2. <input type="text"/>
Unit or Trust Number	Name of Unit or Trust
3. <input type="text"/>	
Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)	
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	<input type="text"/>
ZIP Code	County
<input type="text"/>	<input type="text"/>
Individual's Name to Contact	Phone Number (Area Code & Number)
<input type="text"/>	<input type="text"/>
Alternate Phone Number (Area Code & Number)	E-mail Address

UNIT MEMBERS

List all organization's that were unit members of the Unit or Trust during the last quarter under review.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Trustee or Organization Name	Taxpayer Number	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Name	Taxpayer Number	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Name	Taxpayer Number	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Name	Taxpayer Number	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Name	Taxpayer Number	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Name	Taxpayer Number	License Number

WAIVER INFORMATION

4. Select the type of waiver being requested:

- ☐ Exempt from disbursing the required amount of net proceeds for charitable purposes for a specific calendar quarter.

Quarter: of

Quarter Number

Year

5. List the specific reason(s) the waiver is needed. *Attach additional sheets if necessary.*

- ☐ Additional sheets attached

6. Provide an explanation of how compliance with the requirement requesting to be waived is detrimental to the organization's existing or planned charitable purposes. *Attach additional sheets if necessary.*

☐ Additional sheets attached

REQUIRED SUPPLEMENTAL INFORMATION ATTACHMENTS

If the waiver request is due to force majeure or circumstances beyond the control of the organization, submit:

- ☐ Documentation from outside sources supporting force majeure or evidence of circumstances beyond the control of the organization. Examples of acceptable documents include newspaper articles, copies of local ordinance changes, police or fire department reports, notification of road construction, or photographs.

If the waiver request is based on a credible business plan for the conduct of bingo or for the organization's existing or planned charitable purposes, submit:

- ☐ A credible business plan.*

A credible business plan should include the following:

1. the stated project goal of the organization as it applies to the application for waiver,
2. a detailed description of the charitable activities of the organization for the four quarters immediately preceding the request,
3. a detailed description of the proposed charitable activities for the time period of the request,
4. a current balance sheet and income statement for the four quarter period immediately preceding the request,
5. projected cash flow from the conduct of bingo and from sources other than bingo that may be used to supplement the bingo proceeds towards the accomplishment of the project for the time period of the request,
6. a cash flow analysis for the organization's bingo account for the four quarter period immediately preceding the request,
7. a market analysis for the local economy, in general, and the local bingo industry, specifically, conducted within six months of the date of the request,
8. a cost analysis for project goal,
9. the reduced charitable distribution amount, as applicable,
10. the period of time required to accomplish the project goal, and
11. documentation from outside sources supporting the reason for the request, the total project cost, and any additional resources that will be used towards the accomplishment of the project.

* Please note, a credible business plan should present the commission with enough information to justify the waiver.

SIGNATURES (REQUIRED FOR UNIT MEMBER OF UNIT OR TRUST)

The information and documentation provided is true and complete to the best of our knowledge and belief.

sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Trustee or Organization	Bingo Chairperson	Date
sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Organization	Bingo Chairperson	Date
sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Organization	Bingo Chairperson	Date
sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Organization	Bingo Chairperson	Date
sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Organization	Bingo Chairperson	Date
sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Organization	Bingo Chairperson	Date
sign here ▶	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Organization	Bingo Chairperson	Date