

DOJ Use Only
Fee Paid

OREGON DEPARTMENT OF JUSTICE

CHARITABLE ACTIVITIES SECTION

DOJ Use Only
Date Received

Class B Bingo Annual Report

This report must be filed no later than 60 days after the end of the license year.

Licensee
Licensee: _____ License #: B- _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, date of change: _____

Reporting Period
1. This report is for the period from _____ through _____ 2. Did the expiration date of your license change during the reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Number of bingo sessions held during the reporting period: _____ 4. Total number of persons who attended bingo games for the reporting period: _____

Financial Information		
5. Total (Gross Income) Bingo Handle for the Reporting Period:	\$	
6. Total Amount of CASH Prizes Awarded: Were any cash prize payouts in excess of \$5,000? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, attach <i>copy</i> of winner's record.	\$	
7. Total Amount of NONCASH Prizes Awarded:	\$	
8. Total Amount of ALL Prizes Awarded (total of lines 6 and 7):	\$	
9. Total Amount of NONPRIZE Operating Expenses (from line 13p):	\$	
10. Total Prize Payouts and Expenses (total of lines 8 and 9):		
11. Net Income for Reporting Period (total of line 5 minus line 10):		
12. Total Expense Percentage (line 9 divided by line 5): [Round to Second Decimal - i.e., 18.85%]	%	

Nonprize Expenses

List ALL nonprize expenses related to bingo operations. **DO NOT INCLUDE FEES PAID TO DOJ.**

13. a) Salaries and Employee Benefits (Gross):	\$	
b) Worker's Compensation Coverage (Employer Portion):	\$	
c) State/Federal Employee Taxes (Employer Portion):	\$	
d) Security and Janitorial Services and Supplies:	\$	
e) Legal and Accounting Services:	\$	
f) Bingo Paper (for other bingo supplies see item g below):	\$	
g) Bingo Supplies (other than bingo paper):	\$	
h) Utilities (Electric/Sewer/Water/Phone/Garbage):	\$	
i) Rent/Lease *(see 14) Check box if you pro-rated rent: <input type="checkbox"/>	\$	
j) Leasehold Improvements:	\$	
k) Insurance:	\$	
l) Equipment: (To Include Electronic Machines)	\$	
m) Printing/Promotions/Postage/Shipping:	\$	
n) Repairs		
o) Other (explain below or attach additional sheets):	\$	

p) TOTAL EXPENSES (total of lines a thru o; enter here and on page 1, line 9):	\$	

Allocation or Pro-Rate of Expenses

14. a) If you allocated or pro-rated expenses, you must explain the method you used here. If you checked line 13i, you must explain how you pro-rated rent/mortgage expenses:

b) Was your organization the master lessee in a facility with more than one licensee? Yes* No

*If YES, enter amount you pay quarterly for rent/lease: \$ _____

*If YES, enter amount of rent receipts paid by sub-licensees: \$ _____

Volunteers

15. Did the organization use any volunteers to operate bingo games during the year? Yes No
If YES, how many per session? _____ If NO, go on to page 3.

Did the volunteers receive food/drink, free cards, mileage or expense reimbursements? Yes No
If YES, what was the average reimbursement per volunteer per session? \$ _____

Employee List

16. List all paid employees who received compensation during the license year. List the hours worked by each person according to the type of duties they performed during the license year (i.e., [S] *supervisory*, [N] *nonsupervisory* and [O] *other*) together with the compensation the person received for each type of duty. Reports that do not contain complete information will be rejected and returned for completion, and could incur delinquency charges. See sample entry below. Use gross (pre-tax and deductions) pay NOT net. [O] *other* is for payments made for time worked that is TOTALLY UNRELATED to the bingo operation (describe the [O] *other* payments). Facility Management IS bingo-related. Total of all bingo wages should equal amount shown in 13a. **YOU MAY ATTACH A LIST SUPPLYING THE REQUIRED INFORMATION.**

Full Name (Last, First, M.I.): WORKER, John Q.					DOB:		Title: Floorworker	
Address: 1234 Main Street			City: Anytown		State: OR		Zip: 97001	
Phone: (xxx) xxx-xxxx				Email: xxxxxx@xxxxx.xxx				
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe: Lottery Wages	\$
			120	\$8.00	\$960.00	10		\$50.00

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:				Email:				
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:				Email:				
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:				Email:				
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:				Email:				
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:				Email:				
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:				Email:				
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:				Email:				
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Full Name (Last, First, M.I.):					DOB:		Title:	
Address:			City:		State:		Zip:	
Phone:			Email:					
[S]	Rate: \$	\$	[N]	Rate: \$	\$	[O]	Describe:	\$

Oregon Department of Justice Class B Annual Report Fee Computation

Enter Total Bingo Handle
(From page 1, line 5)

\$

If Annual Handle is \$75,000 or less, complete this section. If Annual Handle is greater than \$75,000, make NO entries here, but complete the section below.			
1	Multiply the Total Bingo Handle by .005 and enter result here::	\$	
2	DELINQUENCY FEE: If this report is not filed within 60 days of the end of the license year, add a delinquency fee of \$20 or 1% of the amount on line 1 [.01 × line 1], whichever is greater. <i>The minimum delinquency fee increases to \$50 after 60 days from the due date of the report.</i>	\$	
3	TOTAL FEES DUE. Line 1 plus line 2. Enter result here: Send this amount with the report to DOJ. Please send in exact fees. DO NOT ROUND.	\$	

If Annual Handle is GREATER THAN \$75,000, complete this section. If Annual Handle is less than \$75,000, make NO entries here, but complete the section above.			
4	Fee on FIRST \$75,000 of Bingo Handle:	\$	375 .00
5	Total Bingo Handle, LESS \$75,000: \$		
6	FEE ON BALANCE. Multiply line 5 by .01:	\$	
7	TOTAL FEES DUE ON HANDLE. Add line 4 and line 6:	\$	
8	DELINQUENCY FEE: If this report is not filed within 60 days of the end of the license year, add a delinquency fee of \$20 or 1% of the amount on line 7 [.01 × line 7], whichever is greater. <i>The minimum delinquency fee increases to \$50 after 60 days from the due date of the report.</i>	\$	
9	TOTAL FEES DUE. Line 7 plus line 8. Enter result here: Send this amount with the report to DOJ. Please send in exact fees. DO NOT ROUND.	\$	

Report Certification

TO BE COMPLETED BY THE BINGO GAME MANAGER:

I certify that I have reviewed the information contained in this report and, where necessary, any source documents and records used in its preparation. I have discussed the information contained in this report with one or more responsible officials of the organization. I further certify that the information contained in this report is true and correct to the best of my knowledge.

I did prepare this report

I did NOT prepare this report

Print name of Bingo Game Manager: _____ Manager's Permit # M- _____

Phone#: _____ Email: _____

Signature: _____ Date: _____

TO BE COMPLETED BY A RESPONSIBLE OFFICIAL OF THE ORGANIZATION OTHER THAN THE BINGO GAME MANAGER

I certify that I am a responsible official of the organization and that I have personally reviewed the information contained in this report with the bingo game manager whose name appears above. I further certify that the information contained in this report is true and correct to the best of my knowledge.

I did prepare this report

I did NOT prepare this report

Print name of Responsible official: _____ Title: _____

Phone#: _____ Email: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE PERSON WHO PREPARED THIS REPORT, IF OTHER THAN THE BINGO GAME MANAGER OR RESPONSIBLE OFFICIAL:

I certify that I prepared this report and that I have personally reviewed the information contained in this report with the bingo game manager whose name appears above. The information contained in this report was obtained from source documents provided to me by the organization and is true and correct to the best of my knowledge.

I received compensation for preparing this report

I did NOT receive compensation for preparing this report

The source documents for this report are: maintained at my office

maintained by the licensed organization

Other: _____

Print Name of Preparer: _____

Business Name, if any: _____

Address: _____

Phone#: _____ Email: _____

Signature: _____ Date: _____

Keep a copy of this report for your records.

Mail the completed report with fees to:

**Oregon Department of Justice
100 SW Market Street
Portland, OR 97201-5702**

**Phone: (971) 673-1880
Fax: (971) 673-1882
TTY: (800)735-2900**