

| DOJ USE ONLY |
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| Fee Paid |

OREGON DEPARTMENT OF JUSTICE CHARITABLE ACTIVITIES SECTION

| DOJ USE ONLY |
|---------------|
| Date Received |

Bingo Class C & D Bingo Annual Report

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

| Licensee |
|---|
| Licensee: _____ License #: _____ 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: _____ |

| Financial Information | | |
|---|----|---|
| 4. Total (Gross Income) Bingo Handle for the Reporting Period: | \$ | |
| 5. Total Amount of CASH Prizes Awarded: | \$ | |
| 6. Total Amount of NONCASH Prizes Awarded: | \$ | |
| 7. Total Amount of ALL Prizes Awarded (total of lines 5 and 6): | \$ | |
| 8. Total Amount of NONPRIZE Operating Expenses (from line 12p): | \$ | |
| 9. Total Prize Payouts and Expenses (total of lines 7 and 8): | \$ | |
| 10. Net Income for Reporting Period (total of line 4 minus line 9): | \$ | |
| 11. Total Expense Percentage (line 8 divided by line 4: [Round to the second decimal– i.e., 18.85%] | | % |

Nonprize Expenses

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

| | | |
|--|----|--|
| 12. 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 13) 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 8): | \$ | |

Allocation or Pro-Rate of Expenses

13. a) If you allocated or pro-rated expenses, you must explain the method you used here. If you checked line 12i, 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? \$ _____

Oregon Department of Justice Class C & D Annual Report Fee Computation

Enter Total Bingo Handle
(From page 1, line 4)

| |
|----|
| \$ |
|----|

| CLASS C LICENSEES , complete this section. Class D Licensees, make NO entries here, but complete the section below. | | | |
|--|---|----|--------|
| 1 | Fee on FIRST \$20,000 of Bingo Handle: | \$ | 20 .00 |
| 2 | Total Bingo Handle, LESS \$20,000 (if ZERO or less, enter \$0 on this line): | \$ | |
| 3 | FEE ON BALANCE. Multiply line 2 by .005 and enter result here: | \$ | |
| 4 | TOTAL FEES DUE ON HANDLE. Add line 1 and line 3: | \$ | |
| 5 | 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 4 [.01 × line 4], whichever is greater. <i>The minimum delinquency fee increases to \$50 after 60 days from the due date of the report.</i> | \$ | |
| 6 | TOTAL FEES DUE. Line 4 plus line 5. Enter result here: Send this amount with the report to DOJ. Please send in exact fees. DO NOT ROUND. | \$ | |

| CLASS D LICENSEES , complete this section. Class C Licensees, make NO entries here, but complete the section above. | | | |
|--|--|----|--------|
| 7 | FEE ON HANDLE: | \$ | 20 .00 |
| 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. <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 A RESPONSIBLE OFFICIAL OF THE ORGANIZATION:

I certify that I am a responsible official of the organization and that I have personally reviewed the information contained in this report. 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 RESPONSIBLE OFFICIAL:

I certify that I prepared this report and that I have personally reviewed the information contained in this report with the responsible official 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**