

# FORMS

Report of Shrine Clubs and Shrine Units

Fund Raising Activity Permit

Parade Vehicle Insurance Certification

Application for Use of Rajah Shrine Facilities

Annual Driver Certification Form

Philadelphia Hospital Trip Form

# REPORT OF SHRINE CLUBS AND TEMPLE UNITS

(File with Temple Office)

Name of Shrine Club or Unit	Employer Identification Number (Shrine Clubs only)
Address	Temple Having Jurisdiction
Place of Meetings	Charter or Organization Date
Membership End of Year	Dates Regular Meetings Held

## FINANCIAL STATEMENTS

**Statement of Activities**  
Year Ended December 31,

**REVENUES**

Code

D Contributions, Gifts, & Donations . . . . . \_\_\_\_\_

E Social Activities & Meals . . . . . \_\_\_\_\_

F Fraternal Meetings & Visitations . . . . . \_\_\_\_\_

G Dues, Initiation Fees & Assessments . . . . . \_\_\_\_\_

H Investment Income\* . . . . . \_\_\_\_\_

I Fund Raising\* (Gross) - Fraternal . . . . . \_\_\_\_\_

J Fund Raising\* (Gross)-Charitable . . . . . \_\_\_\_\_

K Sales Tax Collected . . . . . \_\_\_\_\_

L Other Revenues\* . . . . . \_\_\_\_\_

TOTAL REVENUES @ (D through L) \_\_\_\_\_

**EXPENDITURES**

1 Administrative Costs:

1a Telephone and Utilities . . . . . \_\_\_\_\_

1b Office Supplies and Expenses . . . . . \_\_\_\_\_

1c Taxes, Licenses & Professional Fees . . . . . \_\_\_\_\_

1d Interest Expense on Indebtedness . . . . . \_\_\_\_\_

2 Building Operations & Maintenance # . . . . . \_\_\_\_\_

3 Social Activities & Meals . . . . . \_\_\_\_\_

4 Fraternal Meetings & Visitations . . . . . \_\_\_\_\_

5 Dues Paid . . . . . \_\_\_\_\_

6 Promotion & Publicity . . . . . \_\_\_\_\_

7 Charitable Contributions\* . . . . . \_\_\_\_\_

8 Fund Raising\* (Gross) - Fraternal . . . . . \_\_\_\_\_

9 Fund Raising\* (Gross) - Charitable . . . . . \_\_\_\_\_

10 Member's Relations . . . . . \_\_\_\_\_

11 Transfer to Temple . . . . . \_\_\_\_\_

12 Other Expenditures\* . . . . . \_\_\_\_\_

TOTAL EXPENDITURES . . . . . \_\_\_\_\_

(1 through 12) . . . . . \_\_\_\_\_

Excess of Revenues/(Expenditures) . . . . . \_\_\_\_\_

13 Depreciation . . . . . \_\_\_\_\_

14 Surplus (Deficit) . . . . . \_\_\_\_\_

#Exclude depreciation; Provision reported on line 13

@If amount is greater than \$25,000, the temple's accountant must include this financial report with the annual 990 group return for this year.

**Financial Position**  
Year Ended December 31,

**ASSETS**

Cash - on Hand . . . . . \_\_\_\_\_

Cash - on checking\* . . . . . \_\_\_\_\_

Cash - savings flex account\* . . . . . \_\_\_\_\_

Certificates of Deposit . . . . . \_\_\_\_\_

Accounts receivable\* . . . . . \_\_\_\_\_

Inventories for sale or use . . . . . \_\_\_\_\_

Prepaid expenses\* . . . . . \_\_\_\_\_

Investments\* . . . . . \_\_\_\_\_

Land, buildings & equipment @ cost . . . . . \_\_\_\_\_  
(attach schedule of property)

Minus accumulated depreciation . . . . . ( \_\_\_\_\_ )

Other assets\* . . . . . \_\_\_\_\_

Total Assets . . . . . \_\_\_\_\_

**LIABILITIES**

Accounts payable & accrued expenses . . . . . \_\_\_\_\_

Mortgages & other notes payable\* . . . . . \_\_\_\_\_

Other liabilities\* . . . . . \_\_\_\_\_

Total liabilities . . . . . \_\_\_\_\_

**MEMBERS' EQUITY**

Balance, beginning of the year . . . . . \_\_\_\_\_

Surplus (Deficit) - Same as line 14 . . . . . \_\_\_\_\_

Balance, end of year . . . . . \_\_\_\_\_

Total Liabilities & Yearend Balance

Members' Equity . . . . . \_\_\_\_\_

\*Attach detailed list of activity.

## INSTRUCTIONS FOR PREPARING REPORT

1. All information on this form complies with the Internal Revenue Service requirements and must be **TYPEWRITTEN** in duplicate. The original should be mailed to the Temple Office sponsoring the Club or Unit by February 10th. Keep the duplicate for your records.
2. The financial statements should be prepared on a modified accrual basis. See "Temple Financial Manual" (B.A.T.S.), Section 2, Pages 38-41, for additional instructions.
3. Check the following items:
  - a) Be sure additions and subtractions are correct and are in agreement with the underlying records.
  - b) The amount entered for "Balance, beginning of year" in Members' Equity section, **must agree** with the amount reported for "Balance, end of year" in the prior year's Financial Statements.
  - c) When the surplus (deficit) in the Statement of Activities is added to or deducted from the Members' Equity "Balance, beginning of year," the result represents the Members' Equity, end of year. Total Assets must equal Total Liabilities & Members' Equity.
4. Revenue accounts:
  - a) There are two types of Shrine fund raisers: Charitable and Fraternal. Fund raising gross revenues must be identified by type. Include on the line "Fund raising (Gross) - Charitable (Code J)" the total of all revenues reported on the Shrine Charity Activity Form completed during the year. Total revenues from fund raisers for the benefit of the club or unit should be reported on the line "Fund raising (Gross) - Fraternal (Code I)." The associated expenditures to sponsor the fund raiser are to be reported on the appropriate lines in the EXPENDITURES section (Codes 8 and 9).
  - b) Social activities and visitation (Codes E and F) reimbursements include the gross receipts from sale of tickets for trips, dances, etc., not held for fund raising purposes.
  - c) Investment income (Code H) should include dividends and interest actually received during the year plus the amount of interest credited to the account as of December 31. Should there be any interest received on monies held for the benefit of Shriners Hospitals, the interest income must be reported separately from interest income earned on fraternal invested funds.
5. Expense accounts:
  - a) Fund raising (Codes 8 and 9) expenses include the cost of holding activities listed under 4 (a).
  - b) Social activities and visitation (Codes 3 and 4) expenses include all costs of entertainment, transportation, lodging, meals, etc., incurred in connection with the activity.
  - c) Member's relations (Code 10) includes gifts to Nobles such as flowers.
  - d) Transfer to temple (Code 11) represents donations to Temple's operating and designated funds.
6. An itemized list of amounts should be attached for the accounts requested. For each checking and savings accounts, attach a copy of December 31 year end and following January 31 bank statements. Any other unusual amounts should be supported by detailed list or explanation.
7. The General Order No. 1 does not allow net proceeds from charitable fund raisers to be held by a club or unit. After a charitable fund raising event and upon written request to, and written authorization by, the Imperial Potentate and Chairman of the Board of Trustees of S.H.C. up to 1/2 of the net proceeds may be held by a temple to be used exclusively for hospital patient transportation expenditures. The results of the charitable fund raising activity must be reported to the Temple Potentate on the Charity Activity Form and submitted to the Executive Vice President - Imperial Council within sixty days of the activity. A club is not permitted to maintain a separate hospital patient transportation fund.
8. Underlying accounting records, bank statements, receipt books and invoices should be kept available for inspection and audit for at least four (4) years.

I hereby declare under the penalties of perjury that this authorization (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete and made in good faith.

Sign

Here:

Signature of Officer Preparing Form	Date	Title	Phone Number
Chairman of Audit Committee	Date	Phone Number	

FUND RAISING ACTIVITY PERMIT

Event Date: \_\_\_\_\_ Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Sponsoring Unit, Club or Committee : \_\_\_\_\_

If responsibility for this event will be shared by a sponsor or group outside the Shrine, enter the name of the sponsor, group, company or business with whom responsibility will be shared:

\_\_\_\_\_

Provide a brief description of responsibility arrangement:

\_\_\_\_\_

There are two types of fund raising activities i.e. fraternal and charitable. Under Imperial Code, printed material and advertisements pertaining to Shrine fund-raising events must include factual information regarding the use of the proceeds. Printed material includes billboards, posters, fliers, tickets, programs, etc. EXAMPLES: "PROCEEDS ARE FOR THE BENEFIT OF RAJAH SHRINE OR (UNIT/CLUB)" or, "PROCEEDS ARE FOR THE BENEFIT OF SHRINERS HOSPITALS FOR CHILDREN."

Every fund raising activity which is NOT ENTIRELY for the benefit of Shriners Hospitals for Children shall prominently state on promotional material, tickets and documents that:

"PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS"

By my signature I acknowledge the foregoing and that I understated that all fund-raising events under the sponsorship of any entity of a Shrine organization must be conducted in compliance with the Revenue Act of 1987. In this connection, I hereby declare that the fund raising event for which THIS APPLICATION IS BEING SUBMITTED TO (check one):

- ] raise funds for fraternal purposes
- ] raise -funds for charitable purposes

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Signature of Shrine Potentate)

- ]Approved
- ]Rejected

PARADE VEHICLE INSURANCE CERTIFICATION

As presiding officer of the \_\_\_\_\_ unit/club Rajah Shrine, A.A.O.N.M.S. I request permission for the vehicle described below to be operated by this unit/club in public appearances and parades conducted under the sponsorship of Rajah Shrine A.A.O.N.M.S.

I understand that such permission is granted on condition that proper insurance be in force at the time operation in any parade or public appearance and I agree to give immediate notice if the policy now in force shall expire, be canceled for nonpayment of fees or otherwise discontinued.

This vehicle is currently insured against liability in amounts equal to or greater than the minimums required by the state in which it is licensed and registered.

Vehicle Description:

\_\_\_\_\_  
(Year, make, model, etc.)

Vehicle Identification No.

\_\_\_\_\_

Registered Owner:

\_\_\_\_\_

(name, address, city, state, zip)

License Tag: \_\_\_\_\_ Expires: \_\_\_\_\_  
(state & number)

Insured by:

\_\_\_\_\_

(Agency Name and address)

Policy number: \_\_\_\_\_

Expires: \_\_\_\_\_

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name & Title)

# APPLICATION FOR USE OF RAJAH SHRINE FACILITIES

1. Date of Application: \_\_\_\_\_

2. Unit/Club: \_\_\_\_\_

3. Name of Person Responsible & Title \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

4. Date & Time of Desired Activity \_\_\_\_\_

5. Intended use of facility \_\_\_\_\_

6. Is this a Fund Raising Event? \_\_\_yes \_\_\_no

If "yes" check \_\_\_Fraternal \_\_\_Charitable

*If event is a fundraiser, please attach "permission granted" letter from Potentate & Governing Board .*

7. Facilities requested:

\_\_\_Pavilion

\_\_\_Multipurpose

\_\_\_Banquet Hall

\_\_\_*Kitchen Facilities*

*Person Responsible for Kitchen* \_\_\_\_\_

\_\_\_\_\_  
Signature of person filing application.

01/07

# ANNUAL DRIVER CERTIFICATION

Shrine: \_\_\_\_\_

Noble: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify:

1. I offer my services to \_\_\_\_\_ Shrine as a volunteer driver for patients, parents and guardians of children who require transportation to and from a Shriners, Hospital and other related Shriners' hospital transportation.

2. I am the holder of a valid driver's license, number issued by the state of \_\_\_\_\_ which expires on \_\_\_\_\_. I have motor vehicle liability insurance coverage in the amount of \_\_\_\_\_ with \_\_\_\_\_ Company, policy number \_\_\_\_\_

3. I am in good health, possess good hearing, and have correct vision of at least 20/40. My last medical examination was with \_\_\_\_\_, MD. on \_\_\_\_\_.

4. I have not been convicted on any motor vehicle violation for the past 12 months other than \_\_\_\_\_

5. I have not been involved in any motor vehicle accident for the past 12 months other than \_\_\_\_\_

6. I will obey the law and rules of the road; and I will use a safety harness when transporting children and will make certain that all adult occupants use safety harnesses and children use safety devices required by the law or appropriate to their physical condition.

7. If requested by the Potentate, I am willing to participate in any Shrine sponsored defensive driver program for hospital vehicle drivers and any Shrine sponsored medical examination for hospital vehicle drivers.

8. I authorize the recorder of this Shrine to verify my driving record with appropriate state and local authorities.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

# PHILADELPHIA HOSPITAL TRIP

Patient's Name & age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Pickup Time: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Car Rental (billed to Temple): \_\_\_\_\_

ENDING MILEAGE \_\_\_\_\_

Total Mileage \_\_\_\_\_

BEGINNING MILEAGE \_\_\_\_\_

Total TOLLS \_\_\_\_\_

Fuel Expense: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

Meal Expense for Patient and Parents:  
No. and Cost (billed to Temple)  
\_\_\_\_\_

Total Expenses: \_\_\_\_\_

Date and Time of Next Appointment: \_\_\_\_\_

Assistant Driver's Name: \_\_\_\_\_

Driver's Name: \_\_\_\_\_