

SHRINE CHARITY ACTIVITY FORM

Event No. _____ Issued _____ Whereby, 100 Percent of
 Net Proceeds to be Distributed to Shriners Hospitals for Children

Activity Sponsored by _____
 (Temple/Association) (Unit/Shrine Club)

Type of Activity _____ If athletic event # spectators? _____

Date(s) of Activity _____ through _____

Permission to engage in this charitable fundraising activity and to use the name, 'Shriners Hospitals for Children' is authorized by:

Chairman, Board of Directors _____

Chairman, Board of Trustees _____

FINANCIAL REPORT

- | | | |
|--|----------|----------|
| 1. Prior Year Activity Number _____ and Reserve Amount | | \$ _____ |
| RECEIPTS: | | |
| 2. Cash Collected | \$ _____ | |
| 3. Checks Sent Directly to Hospital/General Office | \$ _____ | |
| 4. Other receipts (See Note): _____ | \$ _____ | |
| | \$ _____ | |
| 5. Interest of Activity Cash Reserve Balance | \$ _____ | |
| 6. TOTAL GROSS RECEIPTS (Total items 2 thru 5) | | \$ _____ |
| EXPENSES: | | |
| 7. Direct Fundraising Expenditures (See Note): | | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| Total Direct Expenses | \$ _____ | |
| 8. Indirect Fundraising Expenditures (See Note): | | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| Total Indirect Expenses | \$ _____ | |
| 9. TOTAL EXPENSES (Total of items 7 and 8) | | \$ _____ |
| 10. NET PROFIT* (Line 6 less line 9) | | \$ _____ |
| 11. TOTAL AVAILABLE FOR DISTRIBUTION (Line 1 plus line 10) | | \$ _____ |

*Any loss must be absorbed as a Temple expense.

HOW DISTRIBUTED

- | | | |
|--|--|----------|
| DISTRIBUTION TO: | | |
| 12. Shriners Hospitals for Children/Burns Institute | | \$ _____ |
| 13. Checks Sent Directly to Hospital/General Office (same as line 3) | | \$ _____ |
| 14. Request to be Retained for Hospital Transportation Fund | | \$ _____ |
| 15. Cost of Van Purchased for Hospital Transportation | | \$ _____ |
| 16. Current Reserve (may not exceed amount on line 9) | | \$ _____ |
| 17. TOTAL DISTRIBUTION (must equal amount on line 11) | | \$ _____ |

Financial Report Prepared by: _____, _____
 _____ Title _____ Date _____

Note: Attach detailed list if additional space is needed.

Instructions for the completion of Shrine Charity Activity Form (CAF) are as follows:

The use by any Temple or individual member thereof or anyone of the name "Shriners Hospitals for Children", or any part of said title in any promotion or activity, is strictly prohibited without first obtaining permission from the chairmen of the board of directors and trustees, P. O. Box 31356, Tampa, Florida 33631-3356. The attached form must be submitted to the Office of Temple Accounting in Tampa within 60 days of the activity to avoid being assessed interest on the net proceeds in accordance with General Order No. 1, Charitable Fundraising section.

1. If this event is held annually, enter the activity number from the prior year's reporting CAF and carryover reserve amount, if any.
2. Cash collected and deposited in a temple account.
3. Check sent directly to Shriners Hospitals or Burns Institutes or to the Office of Temple Accounting.
4. Enter total of other receipts and attach a supporting schedule.
5. Include the interest income earned on the activity cash balance.
6. Total gross receipts (*) from this activity.
7. Identify the ordinary and necessary actual cost of the product (direct expense). **Attach** summary list of expenses.
8. Identify the ordinary and necessary actual indirect expenses which are allowable under the Charitable Fundraising - Approval And Reporting provisions of General Order No. 1. **Attach** summary of list of expenses.
9. Combined total of direct and indirect fundraising expenses.
10. Net profit from the activity. A loss must be reported as a temple's expense.
11. Combined total of net profit and prior year's reserve amount.
12. Distribution to Shriners Hospitals or Burns Institutes. **Attach** the check or proof of distribution to this form. (**Note** the CAF number on face of check.)
13. Represents checks received that were forwarded directly to Shriners Hospitals or Burns Institutes or Central Office prior to the final completion of this activity form. Amount must equal receipts on line 3.
14. Request to retain a portion of the net proceeds for the temple's Hospital Transportation Fund in accordance with General Order No. 1. Consent to retain requested amount is subject to review of the auditor's statement of activities for the transportation fund for the past three years and statement of financial position as of the date of the last audit. Should the percentage retained exceed 50%, attach to this form a summary of the total receipts and disbursements for each month since last audited statement and a current month end cash balance.
15. Enter the purchase price of the van to be used exclusively to transport patient/guardians to and from our hospitals. Please **attach** a copy of the dealer's invoice. Note: Prior approval from Shriners International must be obtained before monies can be withheld from the total available for distribution. Please **attach** a copy of the dealer's invoice that discloses trade-in value or copy of bill of sale from third party purchaser.
16. Represents current reserve to be used to finance next year's activity. This amount may not exceed total expenses on line 9.
17. Represents total amount distributed which must equal total amount available for distribution on line 11.
 - Gross receipts of \$200,000 or more must be audited by an independent public accountant and the report submitted within 60 days of the activity.