

SHRINERS INTERNATIONAL

SHRINERS

TEMPLE ANNUAL BUDGET AND COMPARISON REPORTS

(Instructions for completion of reverse side)

ANNUAL OPERATING BUDGET

Account Number	REVENUES	Year End 12/31/14		Year End 12/31/15
		Budget	Actual *	Estimated
4000	Initiation Fees	.....	.....	.....
4010	Membership dues & PCT	.....	.....	.....
4100 & 4110	Less: Dues writeoffs	(.....)	(.....)	(.....)
4030	Rental income	.....	.....	.....
4040-4050	Investment income	.....	.....	.....
4070	Realized gains/losses	.....	.....	.....
4060 & 4080	Miscellaneous income	.....	.....	.....
4090	Donations	.....	.....	.....
4400-4599	Charitable fundraising - net proceeds	.....	.....	.....
7970	Less: Distribution to S.H.C.	(.....)	(.....)	(.....)
7980	Less: Retained for Hospital Patient Transportation Fund	(.....)	(.....)	(.....)
4600-4799	Fraternal fundraising gross revenues	.....	.....	.....
6400-6459	Less: Direct fundraising costs	(.....)	(.....)	(.....)
	Fraternal fundraising revenues	0.00	0.00	0.00
4800-4999	Other revenues - net	.....	.....	.....
	TOTAL REVENUES	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
	EXPENSES			
6000-6099	Shriners Intl. (\$15 per capita & \$2.50 diploma fee) (Do not include \$5/Noble Hosp. Assessment)	.....	.....	.....
6100-6399	Administrative	.....	.....	.....
6500-6699	Building operations	.....	.....	.....
6700-6999	Business sessions/Ceremonials	.....	.....	.....
7000-7199	Social activities/Entertainment	.....	.....	.....
7200-7399	Visitations & Pilgrimages	.....	.....	.....
7400-7599	Promotion & Publicity	.....	.....	.....
7600-7899	Unit & Club expenses	.....	.....	.....
7900-7949	Donations to fraternal groups	.....	.....	.....
7950-7969	Members' relations	.....	.....	.....
7970-7999	Donations to charities	.....	.....	.....
	TOTAL EXPENSES	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
	NET SURPLUS (DEFICIT)	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3750-3760	Transfer In/(To) Designated Funds	.....	.....	.....
	OPERATING SURPLUS (DEFICIT)	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
4079	Unrealized gain(losses) from investments - net	.....	.....	.....
	CHANGE IN EQUITY	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
CAPITAL BUDGET				
1500-1590	Fixed asset additions	.....	.....	.....

I hereby certify that the 2015 Temple Budgets were adopted on

Potentate

Chief Rabban

Assistant Rabban

Treasurer

High Priest and Prophet

Recorder

Oriental Guide

*Pre-audited balances are acceptable for this comparison report. NOTE: Mail budget comparison reports to Director of Temple Accounting by March 2, 2015.

REPORT OF SHRINE CLUBS AND TEMPLE UNITS

(File with Temple Office)

Name of Shrine Club or Unit
Address
Place of Meetings
Membership End of Year

Employer Identification Number(Shrine Clubs only)
Temple Having Jurisdiction
Charter or Organization Date
Dates Regular Meetings Held

FINANCIAL STATEMENTS

Statement of Activities

Year Ended December 31, 2014

(line # on Part VIII, pg 9, Form 990)

REVENUES

Line	Code		
1b	D	Contribution, Gifts & Donations	_____
2	E	Social Activities & Meals	_____
2	F	Fraternal Meetings & Visitations	_____
2	G	Dues, Initiation Fees & Assessments	_____
3	H	Investment Income*	_____
8a	I	Fundraising* (Gross) - Fraternal	_____
2	J	Fundraising* (Gross) - Charitable	_____
11	K	Sales Tax Collected	_____
11	L	Other Revenues*	_____
	**	TOTAL REVENUES	0.00

(line # on Part IX, pg 10, Form 990)

EXPENSES

Line			
	1	<u>Administrative Cost:</u>	
24f	1a	Telephone and Utilities	_____
24f	1b	Office Supplies and Expenses	_____
24f	1c	Taxes, Licenses & Professional Fees	_____
24f	1d	Interest Expense on Indebtedness	_____
		Building Operations & Maintenance (excludes depreciation reported below)	_____
24f	2	Social Activities & Meals	_____
24f	3	Fraternal Meetings & Visitations	_____
21	5	Dues Paid (pymts to affiliates)	_____
24f	6	Promotion & Publicity	_____
24f	7	Charitable Contributions*	_____
8b, Part VIII, pg 9)	8	Fundraising* (Gross) - Fraternal	_____
24f	9	Fundraising* (Gross) - Charitable	_____
24f	10	Member's Relations	_____
24f	11	Transfer to Temple	_____
24f	12	Other Expenses*	_____
		TOTAL EXPENSES	0.00
		(1 through 12)	_____
		Excess of Revenues/(Expenses)	0.00
24f	13	Depreciation	_____
	14	Surplus (Deficit)	0.00

** If amount is greater than **\$50,000** (in 2009 it was \$25,000) for a club, the temple's accountant must include this financial report with annual 990 group return for this year. All unit information must be included on the temple return regardless of the amount.

Statement of Financial Position

Year Ended December 31, 2014

(Part X, pg 11, Form 990)

ASSETS

Cash: on hand	_____
Cash: in checking*	_____
Cash: savings flex account*	_____
Certificates of Deposits	_____
Accounts receivable*	_____
Inventories for sale or use	_____
Prepaid expenses*	_____
Investments*	_____
Land, buildings & equipment @ cost (attach schedule of property)	_____

Minus accumulated depreciation (_____)

Other assets* _____

a Total Assets **0.00**

LIABILITIES

Accounts payable & accrued expenses	_____
Mortgages & other notes payable*	_____
Other liabilities*	_____
b Total Liabilities	0.00

NET ASSETS

Balance, beginning of the year	_____
Surplus (Deficit)	0.00
c Balance, end of year	0.00
Total Liabilities & Yearend Balance	_____
d Net Assets	0.00

NOTE: $b+c=d$ and d must = a

*Attach detailed list of activity.

**INSTRUCTIONS FOR PREPARING U.S. TAX FORM SS-4,
“APPLICATION FOR EMPLOYER IDENTIFICATION NUMBER”**

U.S. Tax Form SS-4, “Application for Employer Identification Number”, is to be completed whenever the Potentate approves formation of a new Shrine Club. Sample form on Page 3-54b is to be completed as follows:

<u>Line Number</u>	<u>Instructions</u>
1, 8a, 9a, 10, 12, 16-18	Have been completed
2	Enter Name of Shrine Club
3	Enter c/o Temple Name
4a & 4b	Use Temple Mailing Address
5a & 5b	Leave Blank
6	Enter County and State of Shrine Club
7a, 7b,	Enter the Temple’s name and EIN number
9b	Not Applicable
11, 13-15	Complete based on the individual club information

HOW TO APPLY:

You may only apply for an EIN number via Fax. You cannot use the on-line system because of the way we are set up under our group exemption.

You should circle the “applicant’s fax number” at the bottom of the application; which indicates to the IRS that you want the new EIN number faxed back to you. Also include this request in the cover fax to them. If you do not receive the EIN number faxed back to you within 4-5 business days, then you should call **1-800-829-4933**.

If you prefer, you may mail the application to: Internal Revenue Center, Attn: EIN Operation, Cincinnati, OH 45999; however, it can take up to 4 weeks to receive the new EIN number.

Upon receipt of the assigned EIN, please send an email to Deb Domini, ddomini@shrinenet.org with the new EIN number OR Fax a copy to 813-281-8460.

Temple located in:

Fax-TIN

All 50 States or the
District of Columbia

859-669-5760

EIN Operation
Cincinnati, OH

Application for Employer Identification Number

OMB No. 1545-0003

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Shriners International	
	2 Trade name of business (if different from name on line 1) d/b/a XYZ Shrine club	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) c/o XYZ Shriners	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) XYZ Shriners' City, State & Zip	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located	
	7a Name of responsible party XYZ Shriners	7b SSN, ITIN, or EIN XYZ Shriners EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ 501(c)(10) <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ 0229		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ New Club <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year December	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		
Agricultural	Household	Other
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Fraternal Entity <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. N/A		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ()
Signature ▶		Date ▶

Temple's Report of Hospital Patient Transportation Fund for Year Ending December 31, 2013

Date _____

_____ Shriners

Temple HPTF balance (including NBV of vans) per auditor's report as of December 31, 2012 \$ _____

Receipts - 2013

Memorials.....	_____
Donations.....	_____
Interest and dividends.....	_____
Authorized retention from an approved charitable fundraiser.....	_____
Bequests.....	_____
Unrealized gain / loss.....	_____
Realized gain on sale of investments.....	_____
Gain on sale of fixed assets.....	_____
Other (Explain).....	_____
Total Receipts for 2013.....	-

Expenditures - 2013

Transportation - air fare, bus fare, train fare, taxi fare and rental costs.....	_____
Tolls.....	_____
Lodging (driver, parent or guardian and patient only).....	_____
Meals (driver, parent or guardian and patient only).....	_____
Self transport - mileage (calculated using an on-line map program and the IRS medical rate).....	_____
Office telephone long distance (exclusively for hospital transportation use).....	_____
Mobile phone (exclusively for hospital transportation use).....	_____
Clerical wages (actual time devoted to transportation arrangements substantiated with time records).....	_____
Postage (exclusively for hospital transportation use).....	_____
Office supplies (exclusively for hospital transportation use).....	_____
Garage rent (exclusively for hospital transportation use).....	_____
Garage utilities (exclusively for hospital transportation use).....	_____
Garage insurance (exclusively for hospital transportation use).....	_____
Van fuel (exclusively for hospital transportation use).....	_____
Van signage (exclusively for hospital transportation use).....	_____
Van maintenance (exclusively for hospital transportation use).....	_____
Van improvements (exclusively for hospital transportation use).....	_____
Van insurance (exclusively for hospital transportation use).....	_____
Van taxes and tags (exclusively for hospital transportation use).....	_____
Van depreciation.....	_____
Realized loss on sale of investments.....	_____
Bank charges (HPTF account only).....	_____
Loss on sale of fixed assets.....	_____
Off-premise clinics.....	_____
Telemedicine off-premise clinics.....	_____
Donations to SHC.....	_____
Transfer to other funds (Hospital Patient Transportation Fund of another temple).....	_____
Other - Approved by the chairmen of the boards of directors and trustees (Ex. HPTF van purchase).....	_____
Total Expenditures for 2013.....	-

Unaudited HPTF balance per temple as of December 31, 2013 \$ _____

NOTE: CONTEMPORANEOUS RECORDS OR VOUCHERS MUST BE KEPT OF EACH ITEM.

Temple's Report of Hospital Patient Transportation Fund for Year Ending December 31, 2014

Date _____

_____ Shriners

Temple HPTF balance (including NBV of vans) per auditor's report as of December 31, 2013 \$ _____

Receipts - 2014

Memorials.....	_____
Donations.....	_____
Interest and dividends.....	_____
Authorized retention from an approved charitable fundraiser.....	_____
Bequests.....	_____
Unrealized gain / loss.....	_____
Realized gain on sale of investments.....	_____
Gain on sale of fixed assets.....	_____
Other (Explain).....	_____
Total Receipts for 2014.....	-

Expenditures - 2014

Transportation - air fare, bus fare, train fare, taxi fare and rental costs.....	_____
Tolls.....	_____
Lodging (driver, parent or guardian and patient only).....	_____
Meals (driver, parent or guardian and patient only).....	_____
Self transport - mileage (calculated using an on-line map program and the IRS medical rate).....	_____
Office telephone long distance (exclusively for hospital transportation use).....	_____
Mobile phone (exclusively for hospital transportation use).....	_____
Clerical wages (actual time devoted to transportation arrangements substantiated with time records).....	_____
Postage (exclusively for hospital transportation use).....	_____
Office supplies (exclusively for hospital transportation use).....	_____
Garage rent (exclusively for hospital transportation use).....	_____
Garage utilities (exclusively for hospital transportation use).....	_____
Garage insurance (exclusively for hospital transportation use).....	_____
Van fuel (exclusively for hospital transportation use).....	_____
Van signage (exclusively for hospital transportation use).....	_____
Van maintenance (exclusively for hospital transportation use).....	_____
Van improvements (exclusively for hospital transportation use).....	_____
Van insurance (exclusively for hospital transportation use).....	_____
Van taxes and tags (exclusively for hospital transportation use).....	_____
Van depreciation.....	_____
Realized loss on sale of investments.....	_____
Bank charges (HPTF account only).....	_____
Loss on sale of fixed assets.....	_____
Off-premise clinics.....	_____
Telemedicine off-premise clinics.....	_____
Donations to SHC.....	_____
Transfer to other funds (Hospital Patient Transportation Fund of another temple).....	_____
Other - Approved by the chairmen of the boards of directors and trustees (Ex. HPTF van purchase).....	_____
Total Expenditures for 2014.....	-

Unaudited HPTF balance per temple as of December 31, 2014 \$ _____

NOTE: CONTEMPORANEOUS RECORDS OR VOUCHERS MUST BE KEPT OF EACH ITEM.