

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 – Approval and Reporting 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. Record the cash collected and deposited into a temple or shrine club account.
3. Record the check(s) sent directly to Shriners Hospitals for Children or to the Office of Temple Accounting.
4. Enter the total of other receipts and attach a supporting schedule.
5. Include the interest income earned on the activity cash balance.
6. Record total gross receipts from this activity. **Note:** 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.
7. Record the direct expenses. **Attach** a list of these expenses.
8. Record the indirect expenses. **Attach** a list of these expenses.
9. Combine the total of direct and indirect fundraising expenses and record it on this line.
10. Calculate the net profit from the activity. Any loss must be absorbed by the temple or the shrine club.
11. Add total of net profit and prior year's reserve amount and record it on this line.
12. Record the distribution (if any) to Shriners Hospitals for Children. **Attach** the check or proof of distribution to this form; include the CAF number in the memo field on the check.
13. Represents checks received that were forwarded directly to Shriners Hospitals for Children or the Office of Temple Accounting prior to the final completion of this activity form. **Amount must equal receipts on line 3.**
14. If applicable, record the amount requested to retain 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 by the Executive Vice President and Director of Temple Accounting. Should the percentage retained request exceed 50%, complete Form on page 7 of this section and attach the form to this CAF when submitted.
15. If applicable, enter the purchase price of the van to be used exclusively to transport patients/guardians to and from our hospitals. **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.**