

REPORT OF SHRINE CLUBS
Supplementary Fundraising Report

Year Ended December 31, 2019

Print name of Club

Federal EIN

CHARITABLE FUNDRAISING

1 Gross Revenues _____

2 Gross Expenditures _____

3 Amount to Shriners Hospitals* _____

4 Amount retained for Transportation Fund** _____

* Must equal net of line 1 and 2 unless and amount was approved for transportation

** Requires prior approval

FRATERNAL FUNDRAISING

5 Gross Revenues _____

6 Gross Expenditures _____

7 Amount transferred to your general fund _____
(Equals the net of lines 5 and 6 and must be included in **line F** of your primary report)

Preparer's signature