

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, 2024

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

REVENUES

Line		Amount
1h	Contribution, Gifts & Donations	_____
2	Social Activities & Meals	_____
2	Fraternal Meetings & Visitations	_____
2	Dues, Initiation Fees & Assessments	_____
2	Fundraising Charitable (gross)	_____
3, 4, 7d	Investment Income & Net gain(loss)-Sale of Securities	_____
6d	Net Rental Income/(loss)	_____
8a	Fundraising Fraternal (gross)	_____
11	Sales Tax Collected	_____
11	Other Revenues*	_____
** TOTAL REVENUES		0.00

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

EXPENSES

Line		Amount
5-10	Salaries, Benefits and other Compensation	_____
11e	Professional Fundraising	_____
24	Telephone and Utilities	_____
24	Office Supplies and Expenses	_____
24	Taxes, Licenses & Professional Fees	_____
24	Interest Expense	_____
24	Bldg Ops & Maint. (excludes depreciation-see below)	_____
24	Social Activities & Meals	_____
24	Fraternal Meetings & Visitations	_____
21	Dues Paid to the Temple (pymts to affiliates)	_____
24	Promotion & Publicity	_____
24	Charitable Contributions	_____
8b,Part VIII, pg 9)	Fundraising (direct expenses) - Fraternal	_____
24	Fundraising (indirect expenses) - Fraternal	_____
24	Fundraising (direct & indirect expenses) - Charitable	_____
24	Members' Relations	_____
24	Transfer to Temple	_____
24e	Other Expenses*	_____
TOTAL EXPENSES		0.00
Excess of Revenues/(Expenses)		0.00
24	Depreciation	_____
Surplus (Deficit)		0.00

**** If amount is greater than or equal to \$50,000 for a club, the temple's accountant must include this financial information on the annual 990 group return for this year. All unit information must be included on the temple return regardless of the amount of total revenue for the year.**

Statement of Financial Position

Year Ended December 31, 2024

(Line # on Part X, pg 11, Form 990)

ASSETS

Line		Amount
1	Cash: on hand	_____
1	Cash: in checking*	_____
2	Cash: in savings*	_____
2	Certificates of Deposits	_____
4	Accounts receivable	_____
8	Inventories for sale or use	_____
9	Prepaid expenses	_____
11-13	Investments*	_____
10a	Land, buildings & equipment @ cost (attach schedule of property)	_____
10b	Minus accumulated depreciation	_____
		0.00
15	Other assets*	_____
a	Total Assets	0.00

LIABILITIES

17	Accounts payable & accrued expenses	_____
19	Deferred Revenue	_____
23-24	Mortgages & other notes payable*	_____
25	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
Plus Total Liabilities		0.00
d	Total Liabilities and Net Assets Yearend	0.00

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

*Attach backup detail.