## **D17 LOCAL LODGE FINANCIAL STATEMENT**



Lodge Name:	Number:	For Period Ending:	
Income Staten	nont	BALANCE SH	EET
income states	lielli	Assets	EEI
1. Receipts		6. Cash on hand and in bank	Ś
a. Dues and initiation fees	\$	7. Investments	\$
b. Fundraising	\$	8. Furniture and equipment	\$
c. Interest and dividends	\$	9. Other	\$
d. Other	\$		
		10. Total Assets	\$
2. Total Receipts	\$	LIABILITIES	•
3. Disbursements		11. Loans, if any	
a. Community service	¢	12. Other	\$
b. Fraternal support	\$	12. 00101	
c. Capital investment	S	13. Total Liabilities	Ś
d. other	\$	14. Net Worth line 10 minus line 13	\$
	······································	<b>15</b> . <b>Total</b> line 13 plus line 14	\$
4. Total Disbursements	\$		· ————
		16. Net Worth as of Report Date item 14 abo	ove \$
5. Net Gain (Loss) line 2 minus line 4	\$	17. Net Worth Prior Year-end	\$
		18. Net Increase (Decrease) line 16 minus lii	ne 17. \$
President's Name and Member Number (please	print)	Treasurer's or Financial Secretary's Name and Mi	ember Number (please print
President's Signature	date	Treasurer's or Financial Secretary's Signature	date
	e Chair, along with the Audit Com bove and find them correct. The	nmittee, have audited the books of the Treasurer of our information recorded above is also correct and agree the remarks on the attached sheet.	
Audit Committee Chair's Name and Member Number (please print)  All signatures are required for		Audit Committee Chair's Signature date	
	For Office Use Only: Date	Received	

Lodges: Upon completion of this form, print a copy, obtain the required signatures, retain a copy for your records and send a copy to **Headquarters** at taxinfo@sofn.com.

Lodge Deadline: March 15

Form may be accessed online at www.sofn.com/local\_lodge