

AUDITOR'S REPORT

PART I

ASSETS

1. CASH BALANCES:
(a) Benefit Fund
(b) General Fund
(c) Social Fund
(d) B.M. Fund
(e) Other
2. TOTAL CASH BALANCES
3. INVESTMENTS:
(a) Benefit Fund
(b) General Fund
(c) Social Fund
(d) B.M. Fund
(e) Other
4. TOTAL INVESTMENTS
5. TOTAL (Lines 2 & 4)
6. GAINS (+) OR LOSS (-) SINCE LAST REPORT
7. (a) Value of Real Estate
(b) Insurance Value Real Estate
8. (a) Furniture & Fixtures
(b) Value of Insurance on Furniture & Fixtures
9. (a) Liability Insurance?
(b) Liquor Liability Insurance?
(c) Employees/Officers Bonded?
(d) Auxiliary Bonded w/Aerie?
10. Petty Cash
11. Buffet Merchandise
12. Office Supplies
13. TOTAL ASSETS (Lines 5,7a,8a,10,11 & 12)
14. LIABILITIES:
(a) Indebtedness on Real Estate
(b) Indebtedness on Furniture
(c) Other Indebtedness
15. TOTAL LIABILITIES
16. NET ASSETS (Line 13 less Line 15)
17. DUES Collected year to date:
18. EARMARKED MONEY IN BENEFIT FUND FOR EMPLOYEE TAXES

PART II

ANALYSIS OF BUFFET SALES

1. Total Sales (Year to Date)
LESS
2. Cost of goods sold
3. GROSS PROFIT
4. Percentage of Total Sales
5. Total Direct Expenses (Items 3,4,5,6,7 Trustees Weekly)
6. NET PROFIT
7. Percentage of Total Sales

ANALYSIS OF SOCIAL ROOM OPERATIONS

8. Other Social Room Receipts (Do not include Sales, Item 1)
9. Social Room Expenses
10. Total Social Room Receipts (Deduct item 9 from item 8)
11. TOTAL GROSS RECEIPTS FROM ALL SOURCES (Year to Date)

Please provide the following information:

Fundraising Activities:

Total Raised year to date \$

Total Distributed year to date

Local: \$

State: \$

Grand Aerie: \$

Date of last 990 Filed with IRS

Is the Grand Aerie named as Additional Insured?

Yes No

Any paid employees? Yes No

All Federal/State/Local taxes paid? Yes No

Please provide explanation for any NO answers:

Blank lines for explanation of NO answers.

Auditor Signature

Worthy President's Signature

Return original and send IRS 990 with report