

## Auditor's Report Instruction Sheet Part 1

1. Checking account balances as of last meeting in May (or November, depending on per capita tax billing period) for each fund. Please identify "other" if used. This fund must be approved by the Grand Aerie Financial Advisor and be in your Aerie/Auxiliary By-Laws.
3. Total investments other than checking for the Aerie/Auxiliary. Include Bonds, saving accounts, CD's, Treasury notes, etc. Investments should be distributed on the report by the fund monies where used to purchase the investment.
7. (a) Value of all Real Estate and buildings owned by the Aerie/Auxiliary including Aerie home, rental property, picnic grounds, etc.  
(b) Value of insurance on all properties owned by the Aerie/Auxiliary. This should be at least 85% of 7(a).
8. (a) Value of furniture and equipment in the social hall, offices and meeting room. This would also include furniture and equipment at other Aerie properties such as a picnic area.  
(b) Value of Insurance on above items. This should be at least 85% of 8(a).
9. Indicates whether Aerie has proper Liability Insurance and Liquor Liability Insurance. The premiums are based on square footage and annual sales. The Grand Aerie must be listed as "Additional Insured" on these policies. **The liability amount should be not less than \$1,000,000.**
10. This would include any operating cash on hand including bar, secretary, bingo, etc.
11. This is the inventory of all items purchased for resale such as beer, liquor, food, etc.
17. Total dues collected from members year to date for the June 1-May 31 Fiscal Year. (Six months for the November 30 reporting period, 12 months for the May 31 reporting period.)

**Part II**  
Analysis of Operations

1. This figure is for all sales of merchandise in the Social Room. It includes beer, liquor, soda, food, candy, cigarettes, etc. for the year to date for the June 1-May 31 Fiscal Year. (Six months for the November 30 reporting period, 12 months for the May 31 reporting period.)
2. Cost of purchasing the items on Line 1.
3. Gross Profit (Line 1 less Line 2)
4. Percentage of Gross Profit is figured by dividing Line 3 by Line 1. This figure should be 60% - 70%.
5. Direct expenses are any expenses directly associated to the operation of the Social Room. Some of these are: wages, mortgage/rent, utilities, janitorial, custodial supplies, taxes, bands/music, repairs, insurance and license fees.
6. Net profit is figured by subtracting Line 5 from Line 3.
7. Percentage of Net Profit is figured by dividing Line 6 by Line 1. This should be over 10%.
8. Other Social Room Receipts would include jukebox, video games, pool tables, bingo, bowling, games, donations, etc.
9. Other Social Room expenses would include purchase of new equipment, remodeling, alterations, conventions, advertising, etc.
10. Line 8 less Line 9.
11. Provide TOTAL GROSS RECIEPTS for the Year to Date for ALL activities (before any expenses)

**PLEASE BE SURE THE AUDITOR AND WORTHY/MADAM PRESIDENT SIGN THIS REPORT**  
**RETURN TO:**  
**GRAND AERIE**  
**ATTENTION: GENERAL AUDITOR**  
**1623 GATEWAY CIRCLE S.**  
**GROVE CITY, OH 43123**

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