

TREASURER'S REPORT (Page 1 of 2)

To the Worshipful Master, Officers and Members of _____ Lodge # _____

My report as Treasurer, for the year ended _____, 20____, is as follows:

INCOME

- Item 1. Receipts from Dues _____
- Item 2. Receipts from Assessments _____
- Item 3. Receipts from Rent _____
- Item 4. Receipts from Suppers, Lunches, Refreshments, etc. _____
- Item 5. Fees received from Degrees _____
- Item 6. Income from Invested Funds (Interest on CD's, Savings, Checking, etc.) _____

Do NOT include Charity Fund

- Item 7. Funds received from Grand Lodge _____
- Item 8. Contributions received from members _____
- Item 9. Transfers from Charity Fund _____
- Item 10. Funds received for Scholarships _____
- Item 11. Funds received from Estates and Trusts _____
- Item 12. Receipts from Loans _____
- Item 13. Sales to Members _____
- Item 14. Funds received for Relief _____
- Item 15. Sale of Stock _____
- Item 16. Reimbursements from Affiliated Bodies _____
- Item 17. Memorials _____
- Item 18. _____
- Item 19. _____
- Item 20. _____
- Item 21. _____
- Item 22. _____
- Item 23. _____
- Item 24. **TOTAL INCOME (Sum of items 1 through 23)** _____

EXPENDITURES

- Item 25. Grand Lodge Per Capita Tax _____
- Item 26. Dues Refund _____
- Item 27. Rent Paid _____
- Item 28. Salaries _____
- Item 29. Suppers _____
- Item 30. Utilities (heat + elec. + water, etc.) _____
- Item 31. Telephone _____
- Item 32. Interest & Loan Repayments (including mortgage) _____
- Item 33. Printing and Supplies _____
- Item 34. Office Supplies & Bank Service Charges _____
- Item 35. Transfers to Charity Fund _____
- Item 36. Charities and Flowers (paid out of General Fund) _____
- Item 37. Christmas Dinners _____
- Item 38. DeMolay / Rainbow _____
- Item 39. Postage & Bulk Mailings _____
- Item 40. Grand Lodge Scholarship _____
- Item 41. Grand Lodge Drug & Alcohol Abuse _____
- Item 42. Relief Payments from General Funds (**NOT Charity Fund payments**) _____
- Item 43. _____
- Item 44. _____
- Item 45. **TOTAL EXPENDITURES (Sum of items 25 through 44)** _____

Item 46. **NET INCOME** (Item 24 minus Item 45) **NET LOSS** (Item 45 minus Item 24) _____

Item 47. Cash Balance at Beginning of Year _____

Item 48. Cash Balance at End of Year (Sum of Items 46 and 47) _____

(NOTE / PROOF: Item 24 plus Item 47 should equal Item 45 plus Item 48)

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TREASURER'S REPORT (Page 2 of 2)

_____ Lodge # _____, Annual Mtg. held _____, 20_____

CHARITY FUND

- Item 1. Grand Total of Charity Fund at Beginning of Year (including investments) _____
 - Item 2. Cash available at beginning of year for Charitable purposes _____
 - Item 3. Income available for Investments, CD's, Savings _____
 - Item 4. Income from Donations _____
 - Item 5. Other Income (indicate source _____) _____
 - Item 6. **TOTAL AVAILABLE FOR DISTRIBUTION** (Sum of Items 2 through 5) _____
- EXPENSES**
- Item 7. Burial of the Dead _____
 - Item 8. Relief _____
 - Item 9. Other _____
 - Item 10. **TOTAL DISTRIBUTIONS** (Sum of Items 7 through 9) _____
 - Item 11. Cash available for distribution at end of year _____
 - Item 12. **GRAND TOTAL OF CHARITY FUND / End of year** (Item1 PLUS Item 11) _____

**BALANCE SHEET
ASSETS**

Current Assets

- Item 1. Cash (Funds deposited in bank(s) / including Savings and CD's) _____
 - Item 2. Investments (Stocks and Bonds) _____
 - Item 3. Dues owed to the Lodge for two or more years _____
 - Item 4. Dues owed to the Lodge for one year _____
 - Item 5. Funds invested in Masonic Building Corporation _____
 - Item 6. Other (_____) _____
 - Item 7. **Total Current Assets** (Sum of items 1 through 6) _____
- Furniture & Equipment**
- Item 8. Regalia _____
 - Item 9. Furniture _____
 - Item 10. Library _____
 - Item 11. Other (_____) _____
 - Item 12. **Total Furniture & Equipment** (Sum of items 8 through 11) _____
- TOTAL ASSETS** (Item 7 PLUS item 12) _____

LIABILITIES AND CAPITAL

- Item 13. Notes or Debt Payable – (incurred with the acquisition of property) _____
 - Item 14. Accounts Payable (Unpaid Bills) _____
 - Item 15. Surplus (Deficit) _____
- TOTAL LIABILITIES AND CAPITAL** (Sum of items 13 through 15) _____

- *Amount of fire insurance coverage on Lodge regalia, furniture and other property _____
- *Amount of Bond furnished by Treasurer _____
- *Amount of Bond furnished by Secretary _____
- *Amount of Bond furnished by Trustees _____

SUPPLEMENTAL INFORMATION

The Internal Revenue Service periodically requests us, as the parent organization, to verify each Lodge's Employer Identification Number or Numbers (EIN). (Some Lodges have two numbers.) In order to comply with their request, PLEASE indicate the Number(s) below as well as the Lodge name, Lodge # and District #.

Employer Identification Number _____
Lodge _____ # _____ District # _____

Submitted by _____, Treas. **Telephone** _____

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