

# D18 Building Association Financial Statement



Lodge Name: \_\_\_\_\_ Number: \_\_\_\_\_ For Period Ending: \_\_\_\_\_

## Income Statement

- 1. Receipts**
- a. Sales..... \$ \_\_\_\_\_
  - b. Rental Income..... \$ \_\_\_\_\_
  - c. Interest and dividends..... \$ \_\_\_\_\_
  - d. Other..... \$ \_\_\_\_\_
- 2. Total Receipts**..... \$ \_\_\_\_\_
- 3. Disbursements**
- a. Utilities/Taxes..... \$ \_\_\_\_\_
  - b. Maintenance Expenses..... \$ \_\_\_\_\_
  - c. Salary Expenses..... \$ \_\_\_\_\_
  - d. Other..... \$ \_\_\_\_\_
- 4. Total Disbursements**..... \$ \_\_\_\_\_
- 5. Net Gain (Loss) line 2 minus line 4**..... \$ \_\_\_\_\_

## BALANCE SHEET

Assets

- 6. Cash on hand and in bank**..... \$ \_\_\_\_\_
  - 7. Investments**..... \$ \_\_\_\_\_
  - 8. Real Estate**..... \$ \_\_\_\_\_
  - 9. Furniture and equipment**..... \$ \_\_\_\_\_
  - 10. Other**..... \$ \_\_\_\_\_
- 11. Total Assets**..... \$ \_\_\_\_\_

## LIABILITIES

- 12. Mortgage or loan, if any**..... \$ \_\_\_\_\_
  - 13. Depreciation**..... \$ \_\_\_\_\_
  - 14. Other**..... \$ \_\_\_\_\_
- 15. Total Liabilities**..... \$ \_\_\_\_\_
- 16. Net Worth line 11 minus line 15**..... \$ \_\_\_\_\_
- 17. Net Worth Prior Year-end**..... \$ \_\_\_\_\_
- 18. Net Increase (Decrease) line 16 minus line 17.** \$ \_\_\_\_\_

\_\_\_\_\_  
President's Name and Member Number (please print)

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Treasurer's or Financial Secretary's Name and Member Number (please print)

\_\_\_\_\_  
Treasurer's or Financial Secretary's Signature

## REPORT OF AUDITING COMMITTEE

I, as the Audit Committee Chair, along with the Audit Committee, have audited the books of the Treasurer of our lodge for the period shown above and find them correct. The information recorded above is also correct and agrees with the books except as stated in the remarks on the attached sheet.

\_\_\_\_\_  
Audit Committee Chair's Name and Member Number (please print)

\_\_\_\_\_  
Audit Committee Chair's Signature

For Office Use Only:  
Review completed by:

Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_

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](mailto:taxinfo@sofn.com) or by mail.

Building Association Deadline: May 15.