

# **LUSO-AMERICAN FINANCIAL**

*A Fraternal Benefit Society*

## **Annual Reporting Booklet**

**For year: \_\_\_\_\_**

### **4<sup>th</sup> Quarter**

(October, November, December)

**Submit 4<sup>th</sup> Quarter Packet by: January 15<sup>th</sup>**

**Council/Lodge #: \_\_\_\_\_**

**Council/Lodge City& State: \_\_\_\_\_**

***\*\*\*This booklet must be completed by every Council/Lodge to maintain active status\*\*\****



**Return Booklet to:**

**Luso-American Financial**

**(West Coast Councils) 7080 Donlon Way, Suite 200, Dublin, CA 94568**

**(East Coast Lodges) 128 Union Street, Suite 100, New Bedford, MA 02746**

**or fill out forms online at [www.luso-american.org](http://www.luso-american.org)**



# LUSO-AMERICAN FINANCIAL

## Quarterly Council/Lodge Report

1. To maintain active status, each council/lodge must complete this form and return it to the Home Office at the end of each quarter, regardless of activity level.

2. Return it by:

First Quarter (Jan./Feb./Mar.)	Due by April 15 <sup>th</sup>
Second Quarter (Apr./May/June)	Due by July 15 <sup>th</sup>
Third Quarter (July/Aug./Sept.)	Due by October 15 <sup>th</sup>
Fourth Quarter (Oct./Nov./Dec.)	Due by January 15 <sup>th</sup>

3. To qualify for the 5 Star program, completed forms must be received by the applicable deadline.

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Reporting Period: \_\_\_\_\_ 1<sup>st</sup> Quarter \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter

☐ Adult ☐ Youth ☐ 20-30's Council/Lodge No.: \_\_\_\_\_

Council/Lodge City & State: \_\_\_\_\_

Quarterly Report Submitted by: \_\_\_\_\_

Secretary or Youth Directors Name

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### MEETINGS

Report council/lodge meetings only (time spent addressing council/lodge business; exclude time spent for social activity, etc.) Social time should be included on the following page). Council/Lodge should have at least two meetings per quarter. To include your meeting minutes, please include on a separate sheet of paper and submit with packet. **20 pts. per meeting (max 80 points per quarter)**

Date of Meeting	Location of Meeting City and State	No. of Attendees	Length of Meeting Time Started & End	Meeting Minutes Included w/ Report
				Submit minutes for each meeting on a separate sheet of paper
				Submit minutes for each meeting on a separate sheet of paper
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# LUSO-AMERICAN FINANCIAL

## Quarterly Council/Lodge Report

### COUNCIL/LODGE ACTIVITIES

Only report events completed by your Council/Lodge (Social, Fundraisers, etc...).

**10 pts. per event (max 30 points per quarter)**

Date of Event	Total No. of Attendees	Type of Event	Description of Event
	_____ Adults _____ Youth _____ 20-30's	<input type="checkbox"/> Pizza Party <input type="checkbox"/> Dance <input type="checkbox"/> Fundraiser <input type="checkbox"/> BBQ/Picnic <input type="checkbox"/> Parade <input type="checkbox"/> Camping <input type="checkbox"/> Other _____	
	_____ Adults _____ Youth _____ 20-30's	<input type="checkbox"/> Pizza Party <input type="checkbox"/> Dance <input type="checkbox"/> Fundraiser <input type="checkbox"/> BBQ/Picnic <input type="checkbox"/> Parade <input type="checkbox"/> Camping <input type="checkbox"/> Other _____	
	_____ Adults _____ Youth _____ 20-30's	<input type="checkbox"/> Pizza Party <input type="checkbox"/> Dance <input type="checkbox"/> Fundraiser <input type="checkbox"/> BBQ/Picnic <input type="checkbox"/> Parade <input type="checkbox"/> Camping <input type="checkbox"/> Other _____	
	_____ Adults _____ Youth _____ 20-30's	<input type="checkbox"/> Pizza Party <input type="checkbox"/> Dance <input type="checkbox"/> Fundraiser <input type="checkbox"/> BBQ/Picnic <input type="checkbox"/> Parade <input type="checkbox"/> Camping <input type="checkbox"/> Other _____	



# LUSO-AMERICAN FINANCIAL

## Quarterly Council/Lodge Report

### COUNCIL/LODGE COMMUNITY SERVICE LOG

(Religious, Charitable and Other Organizations)

Only report Community Service completed by your Council/Lodge.

**20 pts. per event (max 60 points per quarter)**

Date of Event	Total No. of Volunteers	Total No. of Volunteer Hours	Description of Event
	_____ Adults _____ Youth _____ 20-30's		<input type="checkbox"/> Visit Nursing Home <input type="checkbox"/> Food For the Needy <input type="checkbox"/> Meal Delivery <input type="checkbox"/> Helped at Charitable Fundraiser <input type="checkbox"/> Worked on Fundraiser for Fraternal Cause <input type="checkbox"/> Other _____
	_____ Adults _____ Youth _____ 20-30's		<input type="checkbox"/> Visit Nursing Home <input type="checkbox"/> Food For the Needy <input type="checkbox"/> Meal Delivery <input type="checkbox"/> Helped at Charitable Fundraiser <input type="checkbox"/> Worked on Fundraiser for Fraternal Cause <input type="checkbox"/> Other _____
	_____ Adults _____ Youth _____ 20-30's		<input type="checkbox"/> Visit Nursing Home <input type="checkbox"/> Food For the Needy <input type="checkbox"/> Meal Delivery <input type="checkbox"/> Helped at Charitable Fundraiser <input type="checkbox"/> Worked on Fundraiser for Fraternal Cause <input type="checkbox"/> Other _____
	_____ Adults _____ Youth _____ 20-30's		<input type="checkbox"/> Visit Nursing Home <input type="checkbox"/> Food For the Needy <input type="checkbox"/> Meal Delivery <input type="checkbox"/> Helped at Charitable Fundraiser <input type="checkbox"/> Worked on Fundraiser for Fraternal Cause <input type="checkbox"/> Other _____



# LUSO-AMERICAN FINANCIAL

## Quarterly Council/Lodge Report

### DONATION TO OTHERS:

Funds donated to charity, community agencies, religious organizations, youth organizations, scholarships, etc. Include approximate value of food baskets, clothing, supplies, etc. If you wish to do a matching funds donation, please get form located the forms section. The matching funds form must be filled out and submitted to the home office along with copy of check donation.

Date of Donation	Donation to	Value of Donation	Describe your donation
			<input type="checkbox"/> Monetary <input type="checkbox"/> Food Basket <input type="checkbox"/> Other _____
			<input type="checkbox"/> Monetary <input type="checkbox"/> Food Basket <input type="checkbox"/> Other _____
			<input type="checkbox"/> Monetary <input type="checkbox"/> Food Basket <input type="checkbox"/> Other _____
			<input type="checkbox"/> Monetary <input type="checkbox"/> Food Basket <input type="checkbox"/> Other _____

### PRESIDENTS VISIT

*Only fill out if you had your president's visit during this quarter.*

*200 points for a free visit – 100 points for a paid visit*

*400 points if you do a joint president's visit with another Adult council/lodge. A Council/Lodge who doesn't have another council or lodge within 50 miles from them will receive an additional 100 points.*

Date of Visit: \_\_\_\_\_ Location of Visit: \_\_\_\_\_

Mark one with an X: Free Visit: \_\_\_\_\_ Paid Visit: \_\_\_\_\_ Joint Visit w/ other council/lodge: \_\_\_\_\_  
List council/lodge: \_\_\_\_\_

How many in attendance: \_\_\_\_\_ Adults \_\_\_\_\_ Youth \_\_\_\_\_ 20-30's

Details: \_\_\_\_\_

### FOR HOME OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Total Points Received for Quarter: \_\_\_\_\_

Meeting Points: \_\_\_\_\_ Activity Points: \_\_\_\_\_ Community Service Points: \_\_\_\_\_



# LUSO-AMERICAN FINANCIAL

## Quarterly Council/Lodge Report

### Fraternal Planning Worksheet

*100 points for submitting Financial Statement with 1<sup>st</sup> Quarter packet. 100 points will be deducted if you do not submit this form filled out with your 1<sup>st</sup> Quarter packet.*

(For the period of January 1<sup>st</sup> to December 31<sup>st</sup> of the following year) YEAR: \_\_\_\_\_

☐ Adult    ☐ Youth    ☐ 20-30's    Council/Lodge No.: \_\_\_\_\_

Council/Lodge City & State: \_\_\_\_\_

#### Goals/Objectives for the Year

1. Number of Council/Lodge Meetings per year: \_\_\_\_\_

Location/Address of Meetings: \_\_\_\_\_

Day of the Month: \_\_\_\_\_ Time: \_\_\_\_\_

2. Presidents Official Visit:

Will Visit be free or paid?    ☐ FREE    ☐ PAID    Date of Official Visit: \_\_\_\_\_

☐ No Host Cocktails    ☐ Hosted Cocktails: Time \_\_\_\_\_    ☐ Lunch    ☐ Dinner: Time \_\_\_\_\_

Location: \_\_\_\_\_

3. Activities Planned for Councils:

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4. Fraternal/Charitable Activities Planned for Others in the Community:

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5. Any other Goals or Objectives for the Year:

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Quarterly Report Submitted by: \_\_\_\_\_

Secretary or Youth Directors Name



# LUSO-AMERICAN FINANCIAL

## Adult Council/Lodge Roster

Council/Lodge #: \_\_\_\_\_ Council/Lodge City: \_\_\_\_\_

*A Council/Lodge must have at least 7 individual members holding an officer position to qualify as an active Council/Lodge, in which only the Secretary can hold two positions (Secretary & Treasurer).*

### PRESIDENT

Name:

Address:

City, State, Zip

Home Phone: (       )

Cell Phone: (       )

Email Address:

### VICE PRESIDENT

Name:

Address:

City, State, Zip

Home Phone: (       )

Cell Phone: (       )

Email Address:

### SECRETARY

Name:

Address:

City, State, Zip

Home Phone: (       )

Cell Phone: (       )

Email Address:

### TREASURER

Name:

Address:

City, State, Zip

Home Phone: (       )

Cell Phone: (       )

Email Address:

MASTER OF CEREMONIES	
Name:	
Address:	
City, State, Zip	
Home Phone: (      )	Cell Phone: (      )
Email Address:	

MARSHAL	
Name:	
Address:	
City, State, Zip	
Home Phone: (      )	Cell Phone: (      )
Email Address:	

INNER GUARD	
Name:	
Address:	
City, State, Zip	
Home Phone: (      )	Cell Phone: (      )
Email Address:	

TRUSTEE	
Name:	
Address:	
Home Phone: (      )	Cell Phone: (      )
Email Address:	

TRUSTEE	
Name:	
Address:	
Home Phone: (      )	Cell Phone: (      )
Email Address:	