



**DISABLED AMERICAN VETERANS
ANNUAL FINANCIAL REPORT**



CHAPTER _____ STATE DEPARTMENT OF _____
NAME & NUMBER

LOCATED AT _____ ACCOUNTING PERIOD FROM July 1, _____ to June 30, _____
CITY STATE

CASH (LIQUID ASSETS) REPORT

BEGINNING BALANCE *(Ending Amount of Liquid Assets from Last Year's Report)* _____

THIS YEAR'S INCOME OR RECEIPTS:

- 1. DUES (PER CAPITA FROM NATIONAL HQ) \$ _____
- 2. FORGET-ME-NOT DRIVE _____
- 3. BINGO (GROSS RECEIPTS) _____
- 4. THRIFT STORE (GROSS RECEIPTS) _____
- 5. BAR/LOUNGE (GROSS RECEIPTS) _____
- 6. INTEREST & DIVIDEND INCOME (CHECKING, SAVINGS, C.D.'S ONLY) _____
- 7. NATIONAL FUNDRAISING PROGRAM (DEPARTMENTS ONLY) _____
- 8. INCREASE IN MARKET VALUE OF INVESTMENTS ON LINE 26 DURING ACCOUNTING PERIOD _____
- 9. OTHER INCOME (ATTACH SCHEDULE) _____
- 10. INCOME (LINES 1 THRU 9) \$ _____

IF THE TOTAL OF LINES 2 THRU 9 EXCEEDS \$300,000 THE REPORT MUST BE AUDITED BY A CERTIFIED PUBLIC ACCOUNTANT.

THIS YEAR'S EXPENSES OR DISBURSEMENTS:

- 11. SALARIES, PAYROLL TAXES & EMPLOYEE BENEFITS FOR ADMINISTRATIVE PERSONNEL ONLY (ATTACH SCHEDULE) \$ _____
- 12. CONVENTIONS/CONFERENCES/SEMINARS (ATTACH LIST SHOWING NAMES, EVENTS AND AMOUNTS) _____
- 13. POSTAGE & OFFICE SUPPLIES _____
- 14. SERVICE/CHARITABLE (COMPLETE AND ATTACH REQUIRED SERVICE/CHARITABLE EXPENSES SCHEDULE) _____
- 15. FORGET-ME-NOT EXPENSES (COST OF DRIVE ONLY) _____
- 16. BINGO EXPENSES, INCLUDING BINGO SALARIES & PAYROLL TAXES (ATTACH SCHEDULE) _____
- 17. THRIFT STORE EXPENSES, INCLUDING THRIFT STORE SALARIES & PAYROLL TAXES (ATTACH SCHEDULE) _____
- 18. BAR/LOUNGE EXPENSES, INCLUDING BAR/LOUNGE SALARIES & PAYROLL TAXES (ATTACH SCHEDULE) _____
- 19. CHAPTER HOME/DEPARTMENT HQ. EXPENSES (ATTACH SCHEDULE) _____
- 20. DECREASE IN MARKET VALUE OF INVESTMENTS ON LINE 26 DURING ACCOUNTING PERIOD _____
- 21. OTHER (ATTACH SCHEDULE) _____
- 22. EXPENSES (LINES 11 THRU 21) \$ _____

ENDING BALANCE *(Beginning Balance Plus Line 10 minus line 22)* _____

STATEMENT OF LIQUID ASSETS: (*See definition below)

- 23. CHECKING ACCOUNTS/CASH ON HAND (Attach copy of bank statement) \$ _____
- 24. SAVINGS ACCOUNTS (Attach copy of bank statement) _____
- 25. CD'S _____
- 26. MARKET VALUE OF INVESTMENTS AS OF END OF ACCOUNTING PERIOD (Attach itemized list of stocks, bonds, etc.) _____
- 27. TOTAL LIQUID ASSETS (Lines 23 thru 26) *(Should Equal Amount on Ending Balance Line)* \$ _____

**Liquid assets are those assets which are readily convertible to cash, and do not include real or physical property such as real estate or furniture and fixtures. If applicable, complete and attach Other Assets Schedule to this report.*

NAME OF BANK(S) AND LOCATION _____

NAMES OF AUTHORIZED SIGNERS ON BANK ACCOUNTS _____

SIGNED BY AUDIT COMMITTEE: (THREE MEMBERS)
(MUST NOT INCLUDE, COMM., SR. VICE, TREAS., ADJ., OR FINANCE CHMN.)

SIGNED AND SUBMITTED BY: (AN AUTHORIZED DEPARTMENT/
CHAPTER OFFICER)

MEMBER _____

MEMBER _____

DATE _____ TITLE _____

MEMBER _____

DATE _____

THIS FORM IS REQUIRED TO BE FILED ANNUALLY BY THE NATIONAL CONSTITUTION AND BYLAWS ARTICLE 8, SECTION 8.4, ARTICLE 9, SECTION 9.3 AND ARTICLE 10 SECTION 10.2. IF GROSS RECEIPTS OF CHAPTER, EXCLUDING DUES, ARE LESS THAN \$10,000, SUBMIT REPORT TO STATE DEPARTMENT ONLY.



**SERVICE/CHARITABLE EXPENSES SCHEDULE
(FOR LINE 14)**



IMPORTANT NOTICE TO: ALL DEPARTMENTS AND CHAPTERS

When completing your Annual Financial Report, you are required to complete this form as an itemized schedule for **Line 14** under the "Expenses/Disbursements" part of the report. **It should be attached as an addendum to the financial report.** Please be prepared to substantiate all reported amounts with receipts, canceled checks, or other supporting documentation.

	<u>AMOUNT</u>
VA Medical Center donations (indicate name of VAMC and specific amount donated to each VAMC):	\$ _____
VAVS Programs:	_____
National Transportation Van Grant Program:	_____
Service Program: (attach explanation)	_____
Service Officer expenses:	_____
Service Officer salaries and benefits:	_____
Costs to attend service schools:	_____
Hospital Service Coordinators:	_____
Donations to the Colorado Trust:	_____
National Service Foundation donations:	_____
OVAP programs:	_____
Donations to State Veterans Homes:	_____
Housing Programs:	_____
Meal Programs:	_____
Publication of newsletters/periodicals (devoted to providing Service/VA benefits/Membership info.)	_____
Grants to homeless or needy veterans:	_____
Other Service/Charitable expenses: (attach explanation)	_____

TOTAL AMOUNT OF LINE 14 EXPENSES	\$ _____
(This figure must equal the amount on Line 14 of Annual Financial Report)	



OTHER ASSETS SCHEDULE - ANNUAL FINANCIAL REPORT
(List Market Values as of End of Accounting Period – June 30th)



REAL ESTATE:

(If more than one property, attach list showing the required information for **each** property.)

Address/location of property:

Date of acquisition/purchase of property:

Current market value, including land, buildings and improvements:
 (end of accounting period)

\$ _____

Current balance of any loan indebtedness on property, including name and address of lending institution:

\$ _____
 Loan Balance (end of accounting period)

Lender's Name and Address

FURNITURE/EQUIPMENT:

_____	\$ _____
(Provide brief description)	Estimated Market Value (end of accounting period)

VEHICLES (Automobiles, Trucks, Vans):

_____	\$ _____
(Provide brief description)	Estimated Market Value (end of accounting period)

INVENTORY/MISCELLANEOUS:

_____	\$ _____
(Provide brief description)	Estimated Market Value (end of accounting period)

PLEASE BE PREPARED TO SUBSTANTIATE THE REPORTED ASSETS WITH SUPPORTING DOCUMENTATION. DO NOT INCLUDE ANY LIQUID ASSETS ON THIS SCHEDULE.

REVISED ANNUAL FINANCIAL REPORT INSTRUCTIONS

GENERAL INFORMATION:

Form: All Departments and Chapters are required to use the revised Annual Financial Report form commencing with reports filed for the July 1, 2006 – June 30, 2007 accounting year. Please keep in mind that the National Bylaws require a uniform accounting year of July 1 – June 30 for all Departments and Chapters.

Due Date: Within ninety (90) days after the close of the Department/Chapter accounting year ending June 30th. This means Departments and Chapters who have not filed their annual financial report by September 30th will be considered in a delinquent status and may subject the Department/Chapter to suspension or revocation of the charter.

Income Filing Requirements: If a Chapter has gross income, *excluding per capita dues*, in excess of \$10,000, for the accounting year, the Chapter is required to file an annual financial report with both National Headquarters and its state department. If the gross income, *excluding per capita dues*, is below \$10,000, the Chapter is required to file an annual financial report with only its state department. All Departments are required to file an annual financial report with National Headquarters regardless of the amount of gross income including per capita dues. The Department and Chapter financial statements must be audited by a certified public accountant if the gross annual income, *excluding per capita dues*, exceeds \$300,000. The complete CPA audit report must be accompanied by a completed and signed Annual Financial Report form along with any required schedules. Keep in mind the financial report is to be completed using a cash basis form of accounting not an accrual basis.

Report Completion/Mailing: This Annual Financial Report is a three (3) part carbonless form. Although typing of the report and schedules is preferred, please be sure all copies are legible if they are handwritten. Mail the completed financial report along with all supporting schedules and any other required documentation to National Headquarters and/or to the Department. Please be sure to retain the green copy of the report and a copy of all schedules and any other required documentation for your records! Refer to the bottom of each form for mailing instructions. In lieu of the three (3) part carbonless form, the Annual Financial Report may be completed online by the Department/Chapter Commander, Adjutant or Treasurer. To access the DAV Membership System log onto www.davmembers.org. From the "Maintain Information" menu, select Department/Chapter Financial Report and then click on the Financial Report Instructions button for complete online submission instructions.

CASH (LIQUID ASSETS) REPORT:

This form is to be used to report only cash/liquid assets of a Department/Chapter. Any fixed assets, such as real estate, furniture/equipment, vehicles and inventory/miscellaneous must be reported separately on the attached form "Other Assets Schedule". The following information and guidelines correspond to the lines of the Cash (Liquid/Assets) Report. Some lines may not be applicable and, therefore, should be left blank. Please make entries on the correct lines only.

Beginning Balance For This Year's Report: Must be the total liquid assets (line 27) from last

year's report. This includes checking and savings accounts, cash on hand, certificates of deposit, market value of investments at end of last accounting period, and any other assets readily convertible to cash. **Do not include any fixed assets such as real estate, furniture/equipment, vehicles or inventory in the Beginning Balance figure. Only include cash/liquid assets from last year's report! Fixed assets are no longer combined on the financial report with liquid assets. Instead, they must be reported on the attached form "Other Assets Schedule".**

THIS YEAR'S INCOME OR RECEIPTS:

Line 1 (Dues) - All per capita dues received from National Headquarters during the accounting period. Departments and Chapters receive two per capita dues distributions which are directly deposited each year. The first deposit of the accounting period is received in the month of July and the second is received the following January.

Line 2 (Forget-Me-Not Drive) – Total gross receipts from Forget-Me-Not drive during the accounting period.

Line 3 (Bingo Gross Receipts) – Total gross receipts from Bingo operation during the accounting period.

Line 4 (Thrift Store Gross Receipts) – Total gross receipts from thrift store operation during the accounting period.

Line 5 (Bar/Lounge Gross Receipts) – Total gross receipts from bar/lounge operation during the accounting period.

Line 6 (Interest & Dividend Income) – From Checking Accounts, Savings Accounts, and Certificates of Deposit during the accounting period. Interest and dividend income received from the investments reflected on line 26 should be reported on line 9 as investment income.

Line 7 (National Fundraising Program) – For Department use ONLY. All distributions received by Departments under this fundraising program which is conducted by the National Organization must be reported on this line. These direct deposits are normally received in the months of November, December and June. This income should **not** be reported on line 1 or line 9 of this financial report.

Line 8 (Increase in Market Value of Investments reported on Line 26) – Any increase in the market value of these investments, as of the end of the accounting period, must be reported on this line.

Line 9 (Other Income) – All income and monies received from any other source must be reported on this line. Attach a schedule indicating all sources of any such income, as well as the specific amount received from each source. Note: The transfer of funds from one account to another (including buying a CD) is not income earned during the accounting period; it is a change in the makeup of the Department/Chapter liquid assets and, therefore, should be reflected on the Statement of Liquid Assets portion of the financial report. Only income actually *earned* during this accounting period should be listed.

Line 10 (Income) – Total of all income reported on lines 1 thru 9. Be sure **not** to include the Beginning Balance figure.

THIS YEAR'S EXPENSES OR DISBURSEMENTS:

Line 11 (Total of all salaries, payroll taxes and employee benefits for administrative personnel only) - A schedule **must** be attached providing names of all administrative personnel, their duties and the amount of each individual's compensation. This schedule should **not** include any salaries, taxes or benefits for Department Service Officers or Hospital Service Coordinator personnel. These should be listed on the required Service/Charitable Expenses Schedule for line 14. Also, the schedule for line 11 should **not** include salaries or payroll taxes for any bingo or bar/lounge managers or employees, which should be listed on a separate schedule for lines 16 or 18 respectively.

Line 12 (Conventions/Conferences/Seminars) – Total amount spent for State and National conventions, conferences, schools of instruction, seminars and District meetings. A schedule **must** be attached listing name of each person, specific event attended, and amount paid to each individual. Also, list any other event expenses such as Convention ads, hospitality room, etc.

Line 13 (Postage and Office Supplies) – Total amount spent for administrative and non-service related postage, plus the cost of all office supplies.

Line 14 (Service/Charitable) – Total amount expended for such programs and activities that provide a **direct and substantial** benefit to disabled veterans and their families. The **attached Service/Charitable Expenses Schedule** for line 14 **must be completed** whenever **any** expenditures are claimed on this line. Please review this schedule carefully to ensure the proper category is used to report any such service expenditures and all additional requested attachments are provided. You should be prepared to substantiate the reported expenditures with receipts, canceled checks, or other supporting documentation.

Line 15 (Forget-Me-Not Expenses) – Total amount of Forget-Me-Not drive expenses (flowers, cans, materials purchased from National Headquarters). Costs associated with volunteer related expenses (i.e. meals) are **not** considered Forget-Me-Not expenses.

Line 16 (Bingo Expenses) – Total amount of expenses for any Bingo operation, which **must** include the **payout** to players, any Bingo salaries, payroll taxes, related supplies and any other expenses that are attributable to the operation of Bingo. Please bear in mind there are some States, which prohibit the payment of any compensation to Bingo workers by a charity/nonprofit. A schedule **must** be provided detailing all such expenses.

Line 17 (Thrift Store Expenses) – Total amount of expenses for any thrift store operation to include salaries, management fees, payroll taxes, rent, utilities and any other expenses that are attributable to the operation of the thrift store. A schedule **must** be provided detailing all such expenses.

Line 18 (Bar/Lounge Expenses) – Total amount of expenses for any bar/lounge operation to include bar/lounge salaries, payroll taxes, costs of all beverages, food, related supplies, equipment and any other expenses that are attributable to the operation of the bar/lounge. A schedule **must** be provided detailing all such expenses, to include the names, duties and amount of each bar/lounge manager/employee's salary or other compensation.

Line 19 (Chapter Home/Department Headquarters Expenses) – Rent, mortgage payments, utilities, insurance, repairs and maintenance, office furniture, computers, meeting supplies and any

other expenses directly related to the Chapter meetings and meeting place or Department Headquarters facility. A schedule must be provided detailing these expenses.

Line 20 (Decrease in Market Value of Investments reported on Line 26) – Any decrease in the market value of these investments, as of the end of the accounting period.

Line 21 (Other) – Total of all other expenditures, which do not fit into any of the above categories. Examples include: awards, gifts and pins to officers, members and guests; dinners and picnics for the members; installation, supplies (non-Forget-Me-Not) purchased from National Headquarters, and any other miscellaneous expenses. A schedule must be attached which clearly identifies the reason for the disbursement with the total amount stated for each. Do not list any depreciation of fixed assets (real estate, equipment, etc.) as an expense or disbursement on this financial report. Do not list any transfers of funds from one account to another. Only money actually *spent* during this accounting period should be listed.

Line 22 (Expenses) – Total of all expenses reported on lines 11 thru 21.

Ending Balance- This figure will be the **Beginning Balance** plus the **Total Income (line 10)** and minus the **Total Expenses (line 22)** which must agree with the Total Liquid Assets listed on line 27.

STATEMENT OF LIQUID ASSETS:

Please keep in mind that **lines 23 thru 27** on this form are to be used to report only **liquid assets** which, for DAV's financial reporting purposes, are assets which are in **cash form** or are readily convertible to cash. Please remember that this does **not include fixed assets** such as real estate, furniture/equipment, vehicles and inventory/miscellaneous which **must** be reported on the attached form "Other Assets Schedule".

Line 23 (Checking Accounts/Cash on Hand) – Report **total** of amounts in **all** checking accounts on last day of accounting period (June 30th). Also report all cash on hand at that time. Attach a copy of the bank statement closest to the ending date of the accounting period for each checking account.

Line 24 (Savings Accounts) – Report **total** of amounts in **all** savings accounts on last day of accounting period (June 30th). Attach a copy of the bank statement closest to the ending date of the accounting period for each savings account.

Line 25 (C.D.'s) – Report **total value** of **all** Certificates of Deposit on last day of accounting period (June 30th).

Line 26 (Market Value of Investments As of End of Accounting Period) – A schedule must be attached listing **all** stocks, bonds, mutual funds and any other securities owned by Department or Chapter on the last day of accounting period (June 30th). This itemized schedule should also indicate the **market value** for each investment listed, as of the last day of the accounting period.

Line 27 (Total Liquid Assets) – Total amount of Liquid Assets reported on lines 23 thru 26. **In all cases**, this figure must **equal** the amount reported on the **Ending Balance line**. Otherwise, the report will not balance and, therefore, will **NOT** be acceptable to either National Headquarters and/or the Department.

IMPORTANT REMINDERS:

Be sure to complete **all** computations on the financial report and required schedules to ensure the report is mathematically correct **before** it is submitted to National Headquarters. **Also, make sure the report balances.** Start with the *Beginning Balance* of this year's report which is the *total amount of liquid assets (line 27) from last year's report.* Then, **add** the total income (*line 10*) to the *Beginning Balance* figure. Next, from that computation, **subtract** the total expenses/disbursements (*line 22*). The amount should be the Ending Balance which must agree with the *total liquid assets* reported on *line 27 of this year's report.*

Extra care should be given when adding the figures to ensure the financial report entries and the corresponding schedule totals agree.

Simple schedules are required in the proper format for acceptance of the Annual Financial Report. Please refer to the attached schedule example page.

Negative figures do not belong on the financial report.

Depreciation is not a cash disbursement and should not be included on the financial report.

The transfer of funds from one account to another (including buying a CD) is not income earned during the accounting period; it is a change in the makeup of the Department/Chapter liquid assets and, therefore, should be reflected on the Statement of Liquid Assets portion of the financial report. Only income earned and money spent during this accounting period should be listed.

OTHER ASSETS SCHEDULE: Real Estate: Provide the complete address, date of acquisition/purchase and the current market value of each property titled in the Department/Chapter name. Rented or *leased* property should not be listed. Furniture/Equipment, Vehicles and Inventory/Miscellaneous must be listed at their current estimated market value, not their purchase price.

.....

NAME OF BANK(S) AND LOCATION(S): Provide names and addresses of **all** financial institutions (banks, savings & loans, etc.) holding **any** funds of Department/Chapter.

NAMES OF AUTHORIZED SIGNERS ON BANK ACCOUNTS: These should be only those individuals specifically authorized as signatories on these accounts by your Constitution/Bylaws. The **name** and **title** of each such individual should be provided on this line.

The annual financial report **must** be signed and dated by **three** members of Department/Chapter Audit Committee (lower left-hand corner). As provided in the National Bylaws, **excluded** from the Audit Committee are the Commander, Senior Vice-Commander, Treasurer, Adjutant and Finance Committee Chairman.

The financial report **must** also be **signed, dated, and submitted** by an *authorized Department/Chapter Officer*, preferably the Commander, Adjutant, or Treasurer (lower right hand corner).

SCHEDULE EXAMPLE

Departments and Chapters are required to provide simple schedules which clearly identify the source of income and/or the reason for the disbursement with the **total amount** of each. **Combine all like income or all like like disbursements with the total amount stated**; for example: member donations and the **total amount** received from member donations; utilities and the **total amount** paid for utilities.

SCHEDULE FOR LINE 9:

Member Donations	\$1,200.00
Business Donations	\$5,000.00
Fundraising Income	\$1,690.00
Refunds	\$525.00
Rental Income	\$800.00
	<u>\$9,215.00</u>

SCHEDULE FOR LINE 11:

J. Adams-Secretary	\$9,000.00
J. Smith-Adjutant	\$13,200.00
Payroll Taxes	\$2,900.00
	<u>\$25,100.00</u>

SCHEDULE FOR LINE 12:

Tom Jones-Mid-Winter	\$500.00
John Doe-National Convention	\$200.00
Bob Smith-Department Convention	\$600.00
Hospitality Room	\$100.00
	<u>\$1,400.00</u>

LINE 14 SCHEDULE ATTACHMENTS:**VA Medical Center Donations:**

Name of VAMC	\$100.00
Name of VAMC	\$250.00
	<u>\$350.00</u>

Service Program:

Name of Service Program	\$200.00
Name of Service Program	\$500.00
	<u>\$700.00</u>

THE "Other Service/Charitable Expenses" line:

Flags for graves	\$100.00
Flowers for Funeral	\$125.00
Bibles for Widows	\$100.00
	<u>\$325.00</u>

SCHEDULE FOR LINE 16:

Bingo Payouts/Prizes	\$8,700.00
Bingo Payroll	\$500.00
Bingo Payroll Taxes	\$100.00
Bingo License	\$50.00
Bingo Supplies	\$400.00
	<u>\$9,750.00</u>

SCHEDULE FOR LINE 17:

Utilities	\$265.00
Trash Removal	\$200.00
Vehicle Expense	\$135.00
Rent	\$500.00
Payroll	\$800.00
Payroll Taxes	\$200.00
Management Fees	\$500.00
	<u>\$2,600.00</u>

SCHEDULE FOR LINE 18:

License and Permits	\$450.00
Beverages	\$4,500.00
Food and Bar Supplies	\$2,250.00
Payroll	\$3,500.00
Payroll Taxes	\$800.00
Sales Tax	\$1,000.00
	<u>\$12,500.00</u>

SCHEDULE FOR LINE 19:

Utilities	\$500.00
Trash Removal	\$40.00
Repairs and Maintenance	\$660.00
Insurance	\$400.00
Bank Charges	\$25.00
Meeting Supplies/Expenses	\$450.00
Mortgage Payments/Rent	\$200.00
Office Furniture	\$500.00
Computer	\$600.00
	<u>\$3,375.00</u>

SCHEDULE FOR LINE 21:

Fundraiser Expenses	\$500.00
Orders from National	\$110.00
Installation Dinner	\$275.00
Picnics and Parties	\$500.00
	<u>\$1,385.00</u>

Annual Financial Report Checklist

(Provided for your convenience)

- Are the Annual Financial Report forms current (Rev. 04/07)? Outdated forms will not be accepted.
- Are you using the required accounting period of July 1 to June 30?
- Are you reporting on a cash/liquid asset basis?
- If your gross annual income, excluding per capita dues, exceeds \$300,000, has an audit by a certified public accountant been performed? Be sure to enclose the complete CPA audit report.
- Is the beginning balance figure the Total Liquid Assets (Line 27) from last year's report?
- Are all computations on the Annual Financial Report completed?
- Does the beginning balance plus Total Income (line 10) minus Total Expenses (line 22) agree with Total Liquid Assets listed on line 27?
- Are all the names and addresses of the Department/Chapter financial institutions included?
- Are all names of the authorized signers on all Department/Chapter bank accounts included?
- Did three members of the Audit Committee sign and date the Annual Financial Report? (Excluded from the Audit Committee are the Commander, Treasurer, Adjutant and the Finance Committee Chairperson)
- Is the Annual Financial Report signed, dated and submitted by an authorized officer? (Preferably the Commander, Adjutant or Treasurer)

Are the following applicable schedules and attachments: A) Equal to the amount listed on the corresponding lines of the Annual Financial Report, B) In the proper format-refer to the revised Annual Financial Report Instructions Schedule Example sheet, and C) Enclosed?

- Line 9 - Other Income
- Line 11-Salaries, Payroll Taxes & Employee Benefits for **Administrative Personnel Only**
- Line 12-Conventions/Conferences/Seminars
- Line 14-Service/Charitable Expenses Schedule-Is the **provided form** (Rev 04/07) properly completed showing the total amount expended for such programs and activities that provide a direct and substantial benefit to disabled veterans and their families?
 ***Provide additional detailed attachments for:
 - VA Medical Center Donations
 - Service Program
 - Other/Service Charitable expenses
- Line 16-Bingo
- Line 17-Thrift Store
- Line 18-Bar/Lounge
- Line 19-Chapter Home/Department HQ. Expenses
- Line 21-Other
- Line 23-Checking Account/Cash on Hand
- Line 24-Savings Account
- Line 26-Market Value of Investments as of End of Accounting Period
- Other Assets Schedule**-Is the **provided form** (Rev 04/07) properly completed to include the full address, date of acquisition/purchase and the current market value of each property owned as well as furniture/equipment, vehicles and inventory listed at their current estimated market value?
- Mail the report along with copies of all supporting schedules and attachments as indicated at the bottom of each copy of the Annual Financial Report form.
- Be sure to retain copies for your records.