



**DISABLED AMERICAN VETERANS
ANNUAL FINANCIAL REPORT**



CHAPTER _____ NAME & NUMBER _____ STATE DEPARTMENT OF _____
 LOCATED AT _____ CITY _____ STATE _____ ACCOUNTING PERIOD FROM July 1, _____ to June 30, _____

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 REVIEWED 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 (ADMINISTRATIVE & NON-SERVICE RELATED 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 EXPENSES (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. C.D.'S (Attach copy of bank statement) _____
26. MARKET VALUE OF INVESTMENTS AS OF END OF ACCOUNTING PERIOD (Attach copy of Investment statement) _____
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) _____ SIGNED AND SUBMITTED BY: (AN AUTHORIZED DEPARTMENT OFFICER)
 (MUST NOT INCLUDE COMM. SR. VICE, TREAS., ADL, OR FINANCE CHMN.) _____ (CHAPTER OFFICER)

MEMBER _____ MEMBER _____
 MEMBER _____ MEMBER _____
 DATE _____ DATE _____
 TITLE _____

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.