



Chapter #:
Located at :

Chapter Name:

Department: ()
Accounting Period From: to

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 (Complete 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 (Complete Schedule)
12. Conventions/Conferences/Seminars (Complete Schedule)
13. Postage & Office Supplies
14. Service/Charitable (Complete Schedule)
15. Forget-Me-Not Expenses (Cost of Drive Only)
16. Bingo Expenses, Including Bingo Salaries & Payroll Taxes (Complete Schedule)
17. Thrift Store Expenses, Including Thrift Store Salaries & Payroll Taxes (Complete Schedule)
18. Bar/Lounge Expenses, Including Bar/Lounge Salaries & Payroll Taxes (Complete Schedule)
19. Chapter Home/Department Hq. Expenses (Complete Schedule)
20. Decrease in Market Value of Investments on Line 26 During Accounting Period
21. Other (Complete 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
24. Savings Accounts
25. CD's
26. Market Value of Investments AS END OF ACCOUNTING PERIOD (Complete Schedule)
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.



Disabled American Veterans

Annual Financial Report

Chapter #:

Chapter Name:

Department: ()

Located at: ,

Accounting Period From: to

Name of Bank(s) and Location _____

Name of Authorized Signers on Bank Accounts _____

Signed by Audit Committee: *(Three different members)*

Submitted By:

(Must not include, Comm., Sr. Vice, Treas., Adj., or Finance Chmn.)

Title

Date _____

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.



Chapter #:
Located at: ,

Chapter Name:

Department: ()
Accounting Period From: to

Schedules



Chapter #:
Located at: ,

Chapter Name:

Department: ()
Accounting Period From: to