



DISABLED AMERICAN VETERANS ANNUAL FINANCIAL REPORT



UNIT	<input style="width: 95%;" type="text"/>	STATE DEPT. OF	<input style="width: 95%;" type="text"/>
	NAME & NUMBER		
LOCATED AT	<input style="width: 95%;" type="text"/>	ACCOUNTING PERIOD	<input style="width: 45%;" type="text"/>
	CITY & STATE	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 Headquarters) | <input style="width: 95%;" type="text"/> | |
| 2. FORGET-ME-NOT DRIVES | <input style="width: 95%;" type="text"/> | |
| 3. BINGO (GROSS RECEIPTS) | <input style="width: 95%;" type="text"/> | |
| 4. THRIFT STORE INCOME (Gross Receipts) | <input style="width: 95%;" type="text"/> | |
| 5. BAR / LOUNGE (Gross Receipts) | <input style="width: 95%;" type="text"/> | |
| 6. INTEREST & DIVIDEND INCOME (Checking, Savings, & CDs Only) | <input style="width: 95%;" type="text"/> | |
| 7. NATIONAL FUNDRAISING PROGRAM (Departments Only) | <input style="width: 95%;" type="text"/> | |
| 8. INCREASE IN MARKET VALUE OF INVESTMENTS ON LINE 26 DURING ACCOUNTING PERIOD | <input style="width: 95%;" type="text"/> | |
| 9. OTHER INCOME (Attach Schedule)
(Example: Donations, refunds, money received from Chapter) | <input style="width: 95%;" type="text"/> | |
| 10. TOTAL INCOME (Lines 1 through 9) | <input style="width: 95%;" type="text"/> | \$0.00 |

If the totals of Lines 2 through 9 exceed \$300,000, the report must be audited by a Certified Public Accountant.

THIS YEARS EXPENSES OR DISBURSEMENTS:

- | | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------|
| 11. SALARIES, PAYROLL TAXES & EMPLOYEE BENEFITS FOR ADMINISTRATIVE PERSONNEL ONLY (Attach Schedule) | <input style="width: 95%;" type="text"/> |
| 12. CONVENTION/CONFERENCE/SEMINARS (Attach list showing Names and Amounts) | <input style="width: 95%;" type="text"/> |
| 13. POSTAGE AND OFFICE SUPPLIES (Administrative & Non-Serv Related Postage & Office Supplies) | <input style="width: 95%;" type="text"/> |
| 14. SERVICE/CHARITABLE (Complete and Attach Required Service/Charitable Expense Schedule) | <input style="width: 95%;" type="text"/> |
| 15. FORGET-ME-NOT EXPENSE (Cost of Drive Only) | <input style="width: 95%;" type="text"/> |
| 16. BINGO EXPENSE, INCLUDING BINGO SALARIES & PAYROLL TAXES (Attach Schedule) | <input style="width: 95%;" type="text"/> |
| 17. THRIFT STORE EXPENSE, INCLUDING THRIFT STORE SALARIES & PAYROLL TAXES (Attach Schedule) | <input style="width: 95%;" type="text"/> |
| 18. BAR/LOUNGE EXPENSES, INCLUDING BAR/LOUNGE SALAR & PAYROLL TAXES (Attach Schedule) | <input style="width: 95%;" type="text"/> |
| 19. CHAPTER HOME/DEPARTMENT HQ EXPENSES (Attach Sche | <input style="width: 95%;" type="text"/> |
| 20. DECREASE IN MARKET VALUE OF INVESTMENTS ON LINE 26 | |

DURING ACCOUNTING PERIOD	_____	
21. OTHER EXPENSES (Attach Schedule)	_____	
22. EXPENSES (Lines 11 thru 21)		\$0.00
ENDING BALANCE (Beginning balance plus Line 10 Minus Line 22)		\$0.00

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 (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 the amount shown on Ending Balance Line)		\$0.00

* 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 or fixtures. If applicable, complete and attach Other Assets Schedule

NAME OF BANK(S) AND LOCATION: _____

NAMES OF ALL AUTHORIZED SIGNATURES: _____

SIGNED BY AUDIT COMMITTEE (THREE MEMBERS)
(Must not include Comdr., Sr. Vice Comdr., Treasurer, Adjutant, or Finance Committee)

Member

Member

Member

Date

SUBMITTED BY:

_____ Title

_____ 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 excluding dues are less than \$10,000, submit report to Department only.