



**FULFILLING OUR PROMISES**  
TO THE MEN AND WOMEN WHO SERVED

Chapter \_\_\_\_\_ Department of \_\_\_\_\_  
Name & Number Name of State  
 Located at \_\_\_\_\_ Accounting Period from **July 1,** \_\_\_\_\_ to **June 30,** \_\_\_\_\_  
City State

**Cash (Liquid Assets) Report**

**Beginning Balance** \$ \_\_\_\_\_  
 (Total Liquid Assets from line 27 of last year's report)

**This Year's Gross Income/Receipts (net values are not permitted):**

- 1. Dues Per Capita from National Headquarters \$ \_\_\_\_\_
- 2. Forget-Me-Not Drive Receipts \_\_\_\_\_
- 3. Bingo Gross Receipts \_\_\_\_\_
- 4. Thrift Store Gross Receipts \_\_\_\_\_
- 5. Bar/Lounge Gross Receipts \_\_\_\_\_
- 6. Interest & Dividend Income from Checking, Savings & C.D.s \_\_\_\_\_
- 7. All Funding From the National Organization (*Department use only*) \_\_\_\_\_
- 8. Increase in Market Value of Investments on Line 26 during Accounting Period \_\_\_\_\_
- 9. Other Income (*Attach required schedule*) \_\_\_\_\_
- 10. **Total Income (Sum of Lines 1 thru 9) (Do not include Beginning Balance amount)** \$ \_\_\_\_\_

**\*\*\* Chapters: The report must be reviewed by a certified public accountant if the total of Lines 2 thru 9 exceeds \$300,000. \*\*\***  
**\*\*\* Departments: The report must be reviewed by a certified public accountant if the amount shown on line 10 minus the amounts shown on lines 1 and 7 exceeds \$300,000. \*\*\***

**This Year's Expenses/Disbursements (net values are not permitted):**

- 11. Salaries, Payroll Taxes & Employee Benefits for Administrative Personnel Only (*Attach required schedule*) \$ \_\_\_\_\_
- 12. Conventions/Conferences/Seminars (*Attach required schedule listing specific events and amounts*) \_\_\_\_\_
- 13. Postage & Office Supplies (*Administrative and non-service related postage & office supplies*) \_\_\_\_\_
- 14. Service/Charitable (*Complete and attach required Service/Charitable Expenses Schedule form*) \_\_\_\_\_
- 15. Forget-Me-Not Expenses (*Cost of drive only*) \_\_\_\_\_
- 16. Bingo Expenses, including bingo salaries & payroll taxes (*Attach required schedule*) \_\_\_\_\_
- 17. Thrift Store Expenses, including thrift store salaries & payroll taxes (*Attach required schedule*) \_\_\_\_\_
- 18. Bar/Lounge Expenses, including bar/lounge salaries & payroll taxes (*Attach required schedule*) \_\_\_\_\_
- 19. Chapter Home/Department HQ Expenses (*Attach required schedule*) \_\_\_\_\_
- 20. Decrease in Market Value of Investments on Line 26 during Accounting Period \_\_\_\_\_
- 21. Other Expenses (*Attach required schedule*) \_\_\_\_\_
- 22. **Total Expenses (Sum of Lines 11 thru 21)** \$ \_\_\_\_\_

**Ending Balance** \$ \_\_\_\_\_  
 (Beginning Balance plus Line 10 minus Line 22)

**Statement of Liquid Assets:**

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 form (901332 - Rev. 5/17) to this report.

- 23. Checking Accounts (*Attach copy of bank statement*) \$ \_\_\_\_\_ + Cash on Hand \$ \_\_\_\_\_ = \$ \_\_\_\_\_
- 24. Savings Accounts (*Attach copy of bank statement*) \_\_\_\_\_
- 25. Certificates of Deposit (*Attach copy of bank statement or letter from financial institution verifying value*) \_\_\_\_\_
- 26. Market Value of Investments as of End of Accounting Period (*Attach copy of investment statement*) \_\_\_\_\_
- 27. **Total Liquid Assets (Sum of Lines 23 thru 26) (Must equal amount on Ending Balance Line)** \$ \_\_\_\_\_

**Name of Bank(s) and Branch Location(s)** \_\_\_\_\_

**Names of Authorized Signers on Bank Account(s)** \_\_\_\_\_

**SIGNED** by audit committee (three members)  
 (Must not include commander, sr. vice commander, treasurer, adjutant or finance chairperson)

**SIGNED & SUBMITTED** by authorized department/chapter officer  
 (preferably the commander, adjutant or treasurer)

\_\_\_\_\_  
 Audit Committee Member Signature & Membership Number

\_\_\_\_\_  
 Audit Committee Member Signature & Membership Number

\_\_\_\_\_  
 Audit Committee Member Signature & Membership Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Officer Signature & Membership Number

\_\_\_\_\_  
 Authorized Officer 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 of chapter, excluding dues per capita, are less than \$10,000, submit report to state department only.