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Annual Financial Report

Chapter _____ Department of _____
 Name & Number _____ Name of State _____
 Located at _____ City _____ State _____ Accounting Period from July 1, _____ to June 30, _____
 Ensure correct years are indicated

Cash (Liquid Assets) Report

Beginning Balance \$ _____ **MUST BE THE SAME AS LAST YEARS ENDING BALANCE**
 (Total Liquid Assets from line 27 of last year's report)

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

1. All Funding from National Headquarters **Amount directly deposited from National on July 1** \$ _____
2. Forget-Me-Not Drive Gross Receipts _____
3. Bingo Gross Receipts _____
4. Thrift Store Gross Receipts _____
5. Bar/Lounge Gross Receipts _____
6. Interest and Dividend Income, from Checking, Savings and C.D.s only _____
7. In-kind Donations during Accounting Period **(Attach required schedule)** _____
8. Increase in Market Value of Investments on Line 26 during Accounting Period _____
9. Other Income **(Attach required schedule and legal gifting documents for bequests/trusts)** _____
10. Total Income (Sum of Lines 1 thru 9) (Do not include Beginning Balance amount) \$ 0.00

*** 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. Administrative Personnel Salaries, Benefits, Payroll Taxes and Payroll Processing Fees **(Attach required schedule)** \$ _____
12. Conventions/Conferences/Seminars/Meetings **(Attach required schedule listing specific events and amounts)** _____
13. Postage and Office Supplies **(Administrative and non-service related postage & office supplies)** _____
14. Service Expenses **(Complete and attach required Service Expenses Schedule form)** **Per capita on this schedule** _____
15. Forget-Me-Not Expenses **(All costs associated with drive)** _____
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 Operational Expenses **(Attach required schedule)** _____
20. Decrease in Market Value of Investments on Line 26 during Accounting Period _____
21. Other Expenses **(Attach required schedule)** **Examples: awards, gifts/pins, dinners, picnics, misc. expenses** _____
22. Total Expenses (Sum of Lines 11 thru 21) \$ 0.00

Ending Balance \$ 0.00
 (Beginning Balance plus Line 10 minus Line 22)

Statement of Liquid Assets: Attach June 30 bank statements only

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. 8/21) to this report.

23. Checking Accounts **(Attach copy of bank statement)** \$ _____ + Cash on Hand \$ _____ = \$ 0.00
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)** \$ 0.00

Name of Bank(s) and Local Branch Location(s) _____

Names of Authorized Signers on Bank Account(s) _____

AUDIT COMMITTEE CANNOT INCLUDE OFFICERS

SIGNED by audit committee (three members)

(Must not include commander, sr. vice commander, treasurer, adjutant or finance chairperson)

SIGNED & SUBMITTED by department/chapter treasurer

 Audit Committee Member Signature & Membership Number

 Treasurer Signature

 Audit Committee Member Signature & Membership Number

Treasurer
 Title

 Audit Committee Member Signature & Membership Number

 Date

 Date

****BE SURE TO LIST MEMBERSHIP # FOR EACH AUDIT COMMITTEE MEMBER THAT SIGNS**

This form is required to be submitted annually by the National Constitution and Bylaws Article 8, Section 8.4, Article 9, Section 9.3 and Article 10, Section 10.1. If gross receipts of chapter, excluding dues per capita, are less than \$25,000, submit report to state department only.



Service Expenses Schedule (for Line 14)

Important Notice to all Departments and Chapters:

This form must be completed as an itemized schedule for **Line 14** under the "Expenses/Disbursements" section of the financial report and **attached as an addendum to the report**. Alterations and/or grouping of these lines are not acceptable. Please group supporting documentation by category, staple and clearly label with title of corresponding line.

	<u>Amount</u>
Donations to VA Medical Centers (attach schedule listing name of VAMC, reason for expense/donation, and amount and copy of recognition letter from VAMC):	\$ _____
Donations to State Veterans Homes and Patients (attach schedule listing name of facility, reason for expense/donation, and amount and copy of recognition letter from facility):	_____
Donations to the Columbia Trust (attach copy of recognition letter from Trust, which may be requested at NSF@dav.org, or copy of canceled check):	_____
Donations to the National Service Foundation (attach copy of recognition letter from Trust, which may be requested at NSF@dav.org, or copy of canceled check):	_____
DAV Transportation Network Vehicle Grant Program (payments made directly to DAV National Headquarters for Program):	_____
VAVS Programs (attach schedule of each program by facility and total program expense for each. If service was in form of donation, attach a copy of recognition letter from facility):	_____
Service Programs (attach schedule listing name of organization, name of program and total program expense for each and a copy of recognition letter from organization. If department/chapter-operated program, list program name and total program expense and attach copies of receipts substantiating total expense): per capita amount goes here	_____
Service Office/Officer Expenses (attach schedule listing reasons for expenses with total amount stated for each category):	_____
Service Officer Salaries and Benefits (attach schedule listing name and total salary and benefits for each):	_____
Hospital Service Coordinators Salaries, Benefits & Expenses (attach schedule listing name and total salary and benefits of each, and all other related expenses):	_____
Direct Assistance to Needy Veterans & Families (attach schedule listing veteran name, reason for grant/assistance, and amount and copy of Financial Assistance Form, if using):	_____
Publication of Newsletters/Periodicals (devoted to providing service/VA benefits/membership information):	_____
In-kind Donations (attach schedule listing recipient's first and last name, item donated and estimated value of each):	_____
Other Service Expenses (attach schedule listing the reasons for expenses/disbursements with the total amount stated for each category. If service was in form of donation, attach copy of recognition letter from recipient):	_____
Total Amount of Line 14 Expenses (this figure must equal the amount reported on Line 14 of Annual Financial Report):	\$ 0.00

Email to National Headquarters: AFRInfo@dav.org | Send a copy to your DAV state department (see instructions).