

DISABLED AMERICAN VETERANS AUXILIARY

ANNUAL FINANCIAL REPORT



UNIT		STATE D	EPT. OF			
	NAME & NUMBER	ACCOUNTING				
LOCATED AT	CITY & STATE	PERIOD _		FROM	ТО	
	BEGINNING BALANCE (Line 26 of	Previous Ye	ar's Repo	ort)		
	ar's Gross Income/Receipts:		·	,		
1. DUES (P	er Capita from National Headquarters)					
2. FORGET-ME-NOT DRIVES						
3. BINGO GROSS RECEIPTS						
4. THRIFT	STORE GROSS RECEIPTS		,			
5. KITCHEN	5. KITCHEN OPERATIONS GROSS RECEIPTS					
6. INTERES	ST & DIVIDEND INCOME FROM CHECKING	SAVINGS,	CD's			
7. NATION	7. NATIONAL FUNDRAISING (Department Use Only)					
	8. OTHER INCOME (Attach Required Schedule) (Example: Donations, refunds, money received from Chapter)					
9.	TOTAL INCOME (Sum of Lines 1 through 8) (Do	not include be	ginning bal	lance amount)		
* * * If the totals of Line 2 thru 8 exceed \$300,000 the report must be audited by a Certified Public Accountant * * *						
* * * If the t	totals of Line 2 thru 8 exceed \$300,000 the rep	oort must be	audited l	oy a Certified Ρι	ublic Accountant * * *	
			audited l	oy a Certified Pu	ublic Accountant * * *	
This Ye	ar's Expenses/Disbursements IES FOR ADMIN. PERSONNEL (Attach Requi			oy a Certified Ρι	ublic Accountant * * *	
This Ye 10. SALARI 11. CONVE	ar's Expenses/Disbursements	red Schedul	e)	oy a Certified Pι	ublic Accountant * * *	
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Statement of Assets:	^
21. CHECKING ACCOUNTS (Attach copy of closing month bank statement)	ent)
22. SAVINGS ACCOUNTS (Attach copy of closing month bank statement	t)
23. CERTIFICATES OF DEPOSIT (Attach statement to verify value)	
24. MARKET VALUE OF INVESTMENTS AS OF END OF PERIOD	
25. OTHER (Attach Schedule and copy of verified statement)	
26. TOTAL ASSETS (Lines 21 through 25) (Must equal amount on Ending Balance line)	
ALL INFORMATION BELOW IS REQUIRED.	PLEASE PRINT LEGIBLY.
NAME OF BANK(S) AND BRANCH LOCATION(S):	
NAMES OF CURRENT SIGNERS ON BANK ACCOUNT(S):	
Commander:	
Sr. Vice Commander:	
	COMPLETED BY:
Sr. Vice Commander: Treasurer: AUDIT COMMITTEE (THREE AUXILIARY MEMBERS) (Must not include Commander, Sr. Vice Commmander, Treasurer,	COMPLETED BY:
Sr. Vice Commander: Treasurer: AUDIT COMMITTEE (THREE AUXILIARY MEMBERS) (Must not include Commander, Sr. Vice Commmander, Treasurer,	COMPLETED BY: Signature and Member Number
Sr. Vice Commander: Treasurer: AUDIT COMMITTEE (THREE AUXILIARY MEMBERS) (Must not include Commander, Sr. Vice Commmander, Treasurer, Finance Committee, or non-DAVA members) Audit Committee Member Signature and Member Number	Signature and Member Number
Sr. Vice Commander: Treasurer: AUDIT COMMITTEE (THREE AUXILIARY MEMBERS) (Must not include Commander, Sr. Vice Commmander, Treasurer, Finance Committee, or non-DAVA members)	
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Sr. Vice Commander: Treasurer: AUDIT COMMITTEE (THREE AUXILIARY MEMBERS) (Must not include Commander, Sr. Vice Commmander, Treasurer, Finance Committee, or non-DAVA members) Audit Committee Member Signature and Member Number	Signature and Member Number Title

The completed Financial Report Form, with required schedule(s), must be submitted no later than September 30 in accordance with the National Constitution and Bylaws of the Disabled American Vetrans Auxiliary.

Print Four (4) Copies. Distribute as follows:

DAVA National Headquarters, DAVA State Headquarters, DAV State Headquarters, and Unit Copy