



# DISABLED AMERICAN VETERANS AUXILIARY

## ANNUAL FINANCIAL REPORT



UNIT  STATE DEPT. OF   
NAME & NUMBER

LOCATED AT  ACCOUNTING PERIOD    
CITY & STATE FROM TO

BEGINNING BALANCE (Line 26 of Previous Year's Report)

### This Year's Gross Income/Receipts:

- |   |   |   |
|---|---|---|
| 1. DUES (Per Capita from National Headquarters)   | <input style="width: 100%;" type="text"/> |   |
| 2. FORGET-ME-NOT DRIVES   | <input style="width: 100%;" type="text"/> |   |
| 3. BINGO GROSS RECEIPTS   | <input style="width: 100%;" type="text"/> |   |
| 4. THRIFT STORE GROSS RECEIPTS  | <input style="width: 100%;" type="text"/> |   |
| 5. KITCHEN OPERATIONS GROSS RECEIPTS  | <input style="width: 100%;" type="text"/> |   |
| 6. INTEREST & DIVIDEND INCOME FROM CHECKING, SAVINGS, CD's  | <input style="width: 100%;" type="text"/> |   |
| 7. NATIONAL FUNDRAISING (Department Use Only)   | <input style="width: 100%;" type="text"/> |   |
| 8. OTHER INCOME (Attach Required Schedule)<br><small>(Example: Donations, refunds, money received from Chapter)</small> | <input style="width: 100%;" type="text"/> |   |
| <b>9. TOTAL INCOME (Sum of Lines 1 through 8) (Do not include beginning balance amount)</b>                             |   | <input style="width: 100%;" type="text"/> |

\*\*\* If the totals of Line 2 thru 8 exceed \$300,000 the report must be audited by a Certified Public Accountant \*\*\*

### This Year's Expenses/Disbursements:

- |  |   |   |
|--|---|---|
| 10. SALARIES FOR ADMIN. PERSONNEL (Attach Required Schedule)   | <input style="width: 100%;" type="text"/> |   |
| 11. CONVENTIONS/CONFERENCE/SEMINARS<br>(Attach Required Schedule listing event and amount by attendee) | <input style="width: 100%;" type="text"/> |   |
| 12. POSTAGE AND OFFICE SUPPLIES  | <input style="width: 100%;" type="text"/> |   |
| 13. SERVICE/CHARITABLE DONATIONS (Attach Required Schedule)  | <input style="width: 100%;" type="text"/> |   |
| 14. FORGET-ME-NOT EXPENSES   | <input style="width: 100%;" type="text"/> |   |
| 15. BINGO EXPENSES (Attach Required Schedule)  | <input style="width: 100%;" type="text"/> |   |
| 16. THRIFT STORE EXPENSES (Attach Required Schedule)   | <input style="width: 100%;" type="text"/> |   |
| 17. KITCHEN OPERATION EXPENSES (Attach Required Schedule)  | <input style="width: 100%;" type="text"/> |   |
| 18. STATE MANDATE  | <input style="width: 100%;" type="text"/> |   |
| 19. OTHER EXPENSES (Attach Required Schedule)  | <input style="width: 100%;" type="text"/> |   |
| <b>20. TOTAL EXPENSES (Sum of Lines 10 through 19)</b>   |   | <input style="width: 100%;" type="text"/> |

**ENDING BALANCE (Beginning balance, plus Line 9, Minus Line 20)**

## Statement of Assets:

21. CHECKING ACCOUNTS (Attach copy of closing month bank statement) \_\_\_\_\_
22. SAVINGS ACCOUNTS (Attach copy of closing month bank statement) \_\_\_\_\_
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:** \_\_\_\_\_  
**Treasurer:** \_\_\_\_\_

**AUDIT COMMITTEE (THREE AUXILIARY MEMBERS)**  
(Must not include Commander, Sr. Vice Commander, Treasurer,  
Finance Committee, or non-DAVA members)

\_\_\_\_\_  
Audit Committee Member Signature and Member Number

\_\_\_\_\_  
Audit Committee Member Signature and Member Number

\_\_\_\_\_  
Audit Committee Member Signature and Member Number

Date \_\_\_\_\_

**COMPLETED BY:**

\_\_\_\_\_  
Signature and Member Number

\_\_\_\_\_  
Title

Date \_\_\_\_\_

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 Veterans Auxiliary.

**Print Four (4) Copies. Distribute as follows:**  
**DAVA National Headquarters, DAVA State Headquarters, DAV State Headquarters, and Unit Copy**