



DISABLED AMERICAN VETERANS AUXILIARY ANNUAL FINANCIAL REPORT



UNIT _____ STATE DEPARTMENT OF _____
NAME & NUMBER

LOCATED AT _____ ACCOUNTING PERIOD FROM _____ TO _____
CITY STATE

BEGINNING BALANCE (LINE 25 OF PREVIOUS YEARS REPORT) \$ _____

INCOME:

- | | | |
|--|----|-------|
| 1. DUES (PER CAPITA FROM NATIONAL HDQ) | \$ | _____ |
| 1A. DUES RECEIVED FROM JR. MEMBERS (MINUS NATIONAL & STATE PER CAPITA) | . | _____ |
| 2. FORGET-ME-NOT DRIVES | . | _____ |
| 3. BINGO (GROSS RECEIPTS) (INCOME FROM BINGO ONLY) | . | _____ |
| 4. THRIFT STORE INCOME (EXPLAIN ON ATTACHED SCHEDULE) | . | _____ |
| 5. KITCHEN OPERATIONS (GROSS RECEIPTS) | . | _____ |
| 6. INTEREST INCOME | . | _____ |
| 7. OTHER INCOME (ATTACH SCHEDULE) <small>(EXAMPLE: DONATIONS, REFUNDS, MONEY REC'D FROM CHAPTER, ETC.)</small> | . | _____ |
| 8. TOTAL INCOME (LINES 1 THRU 7) | \$ | _____ |

IF THE TOTALS OF LINE 2 THRU 7 EXCEED \$100,000 THE REPORT MUST BE AUDITED BY A CERTIFIED PUBLIC ACCOUNTANT

DISBURSEMENTS:

- | | | |
|--|----|-------|
| 9. SALARIES/ALLOWANCES (ATTACH LIST SHOWING NAMES AND AMOUNTS) | \$ | _____ |
| 10. CONVENTION/CONFERENCES/SEMINARS (ATTACH LIST SHOWING NAMES AND AMOUNTS) | . | _____ |
| 11. POSTAGE & OFFICE SUPPLIES | . | _____ |
| 12. VAVS PROGRAM (LIST MEDICAL CENTER AND AMOUNT) | . | _____ |
| 13. DONATIONS TO NATIONAL AUXILIARY SERVICE PROGRAM | . | _____ |
| 13A. DONATIONS TO SERVICE, RELIEF & COMMUNITY SERVICE | . | _____ |
| 14. FORGET-ME-NOT EXPENSES | . | _____ |
| 15. BINGO EXPENSES (ATTACH SCHEDULE) (EXAMPLE: PAYOUTS, WORKERS, ETC.) | . | _____ |
| 16. THRIFT STORE EXPENSES (ATTACH SCHEDULE) | . | _____ |
| 17. KITCHEN OPERATION EXPENSES AND/OR OTHER UNIT EXPENSES (EX: BYLAWS, JEWELRY, GIFTS, ETC.) | . | _____ |
| 17A. STATE MANDATE | . | _____ |
| 18. OTHER (ATTACH SCHEDULE) | . | _____ |
| 19. TOTAL DISBURSEMENTS (LINES 9 THRU 18) | \$ | _____ |

BALANCE (BEGINNING BALANCE PLUS LINE 8 MINUS LINE 19) \$ _____

ASSETS: (AS OF THE END OF THE ACCOUNTING PERIOD)

- | | | |
|---|----|-------|
| 20. CHECKING ACCOUNTS | \$ | _____ |
| 21. SAVINGS ACCOUNTS | . | _____ |
| 22. CD'S (FACE VALUE AT MATURITY) | . | _____ |
| 23. REAL ESTATE (PURCHASE VALUE) _____ (MARKET VALUE) | . | _____ |
| 24. OTHER (ATTACH SCHEDULE) | . | _____ |
| 25. TOTAL ASSETS (LINES 20 THRU 24) <small>(SHOULD EQUAL THE AMOUNT SHOWN ON BALANCE LINE AFTER LINE 19.)</small> | \$ | _____ |

NAME OF BANK AND LOCATION _____

EMPLOYER IDENTIFICATION NUMBER (EIN) # _____

NAMES OF ALL AUTHORIZED SIGNATURES _____

SIGNED BY AUDIT COMMITTEE: (THREE MEMBERS)
(MUST NOT INCLUDE, COMM., SR. VICE, TREAS., ADJ., OR FINANCE COMM.)

SUBMITTED BY:

MEMBER _____

MEMBER _____ TITLE _____

MEMBER _____ DATE _____

DATE _____

This form must be completed and returned to National Headquarters within ten days following completion of the audit in accordance with the National Constitution and Bylaws of the Disabled American Veterans Auxiliary.

MAIL TO DAV/DAVA NATIONAL HEADQUARTERS