



**GENERAL INFORMATION:**

**Annual Financial Report Kit (Rev. 6/23):** All departments and chapters are required to use the revised kit (Rev. 6/23) provided by National Headquarters (National). This kit is available on [www.dav.org](http://www.dav.org) by navigating to: Member Resources → Quick Links → Elected Officer Resources → Annual Financial Report Kit.

**Accounting Year:** July 1 – June 30 for all departments and chapters as provided in the National Bylaws.

**Due Date: By September 30.** Any department or chapter that has not submitted an annual financial report by September 30 will be considered in a delinquent status, which may subject the department/chapter to suspension or revocation of its charter.

**Income Filing Requirements:**

Departments            **All** departments are required to file with National regardless of the amount of gross income.

Chapters                **Gross income above \$25,000**, excluding all funding received from National: If the sum of the amounts listed on lines 2 thru 9 of the completed Annual Financial Report (AFR) form is more than \$25,000, submit complete report to **both** National and your DAV state department.  
  
**Gross income of \$25,000 or below**, excluding all funding received from National: If the sum of the amounts listed on lines 2 thru 9 of the completed AFR form is \$25,000 or less, submit complete report to your state department only. **However**, if your gross income was above the \$25,000 filing requirement for the immediate prior year, we request that a copy of the completed AFR form for the current year be submitted to National.

Departments and Chapters    **Gross income exceeding \$300,000**, excluding all funding received from National: Requires a review by a certified public accountant (CPA). The complete CPA review report to include the basic supporting backup documentation: Statement of Revenues, Expenditures, Assets and Statement of Cash Flows; the actual **review** must be accompanied by a completed financial report and all additional required information.

**Report Submission:**

Only digital submissions of the AFR will be accepted by National. AFRs, including all required supporting documentation, are to be submitted to National digitally (PDF preferred) via email to [AFRInfo@dav.org](mailto:AFRInfo@dav.org). Departments and chapters should keep a copy of the completed AFR and supporting documents for your records, and all chapters must send a copy to your DAV state department. The contact information for your state department can be found at [www.dav.org](http://www.dav.org) by navigating to Find a DAV Location → Local Chapter → Click on “here” link in blue → Click on Departments & Chapters → Click on link for your Department.

**Additional Filing Requirements & Information:**

Do not include depreciation, Cost of Goods Sold, net values, negative figures or transfers of funds (including cashing in and/or buying a CD) on the financial report.

Fixed assets such as real estate, furniture/equipment, vehicles and inventory/miscellaneous must be reported separately on the provided Other Assets Schedule form (901332–Rev. 6/23).

Copies of recognition letters from all organizations and individuals, excluding needy veterans/families of veterans, having received a donation(s) from the department/chapter during the accounting period are required. If recognition letters are not available, copies of cancelled checks clearly showing the recipient and reason for the donation for each may be provided.

## **CASH (LIQUID ASSETS) REPORT (AFR form 901308–Rev. 6/23):**

This form is to be used to report *only cash/liquid assets* of a department/chapter. For DAV's financial reporting purposes, cash/liquid assets are assets that are in **cash form** or are **readily convertible to cash**. This includes checking and savings accounts, cash on hand, certificates of deposit, market value of investments at end of the accounting period, and any other assets readily convertible to cash (i.e. stocks, bonds, mutual funds and any other securities). The following information and guidelines correspond to the lines of the *Cash (Liquid/Assets) Report*. Some lines may not be applicable and, therefore, should be left blank. Please make entries on the correct lines only. **Alterations of these lines are not acceptable.** This means that you cannot use the category listed for a specific line (e.g. Line 3 Bingo Income) to report a different category (e.g. Raffle Income). In addition, a properly formatted schedule that clearly identifies the source of income or the reasons for the disbursements with the **total** amount stated for each category is required for any line on the financial report indicating "Attach Required Schedule" on which you have entered an amount. **Refer to pages 7 and 8 for schedule examples and proper format.**

### **BEGINNING BALANCE FOR THIS YEAR'S REPORT:**

**Beginning Balance:** Must be the **total liquid assets** reported on line 27 of last year's financial report. Do not include fixed assets such as real estate, furniture/equipment, vehicles or inventory/miscellaneous in the Beginning Balance figure. Keep in mind that this figure must not be adjusted for any reason. If there was a reporting error on last year's report that changes the amount of the total liquid assets reported on line 27 of that report, the adjustment must be reported in the income or expenses section of this year's financial report accordingly. An explanation for the adjustment must be provided as well.

### **THIS YEAR'S INCOME/RECEIPTS (Net values are not permitted):**

**Line 1. All Funding from National Headquarters:** Report all funds, including per capita dues, received from National during the accounting period. Funding includes, but is not limited to, per capita dues distributions from National and grants from the Columbia Trust and, for departments, distributions from the Department Fundraising and Department Revenue Sharing Programs.

**Line 2. Forget-Me-Not Drive Receipts:** Report **total gross receipts** from Forget-Me-Not drive during the accounting period.

**Line 3. Bingo Gross Receipts:** Report **total gross receipts** from bingo operation during the accounting period. Total gross receipts from voluntary bingo sessions held for disabled veterans at a VAMC and/or nursing home for veterans should be reported on line 9.

**Line 4. Thrift Store Gross Receipts:** Report **total gross receipts** from thrift store operation during the accounting period.

**Line 5. Bar/Lounge Gross Receipts:** Report **total gross receipts** from bar/lounge operation to include all gross receipts received from all gaming activities (e.g. video gaming machines, pull tabs, lottery tickets) conducted in the bar/lounge during the accounting period.

**Line 6. Interest and Dividend Income:** Report interest and dividends received from checking accounts, savings accounts, and certificates of deposit during the accounting period. Interest and dividend income received from investments listed on line 26 should be reported on line 9 as investment income.

**Line 7. In-kind Donations During Accounting Period:** Report the total value of in-kind donations that were redistributed during the accounting period. Attach required schedule listing the donor's name and item donated.

**Line 8. Increase in Market Value of Investments on Line 26:** Report any **increase** in the market value of investments reported on line 26 **as of the end of the accounting period (June 30)**.

**Line 9. Other Income:** Report all income and monies received that do not fall into any of the above categories. **Attach required schedule** indicating all sources of any such income and the specific amount received from each source, as well as a copy of all legal gifting documents for any bequests/trusts received. **NOTE:** Transfers of funds (including cashing in and/or buying a CD) must **not** be listed on the financial report. A transfer of funds is just moving money the department/chapter already had from one bank account to another bank account. The actual transfer is not income earned as the department/chapter already had the money as an asset, nor is it an expense as the money was not spent/disbursed. Only income actually **earned/received** and money actually **spent/disbursed** during the accounting period should be reported.

**Line 10. Total Income:** The sum of lines 1 thru 9. Do **NOT** include the Beginning Balance amount.

**THIS YEAR'S EXPENSES/DISBURSEMENTS (Net values are not permitted):**

**Line 11. Administrative Personnel Salaries, Benefits, Payroll Taxes and Payroll Processing Fees:** Report total amount of all salaries, employee benefits and payroll taxes for administrative personnel only and any related payroll processing fees. **Attach required schedule** providing the full names of all administrative personnel, their job title and the amount of each individual's compensation, as well as expenses related to payroll processing. Do **not** include any salaries, employee benefits, payroll taxes or related payroll processing fees for service personnel (i.e. department/chapter service officers, hospital service coordinators), bingo employees, or bar/lounge employees as these should be listed on separate schedules for lines 14, 16, and 18 respectively.

**Line 12. Conventions/Conferences/Seminars/Meetings:** Report total amount of expenses for conventions, conferences, schools of instruction, seminars and meetings, including monthly membership meetings. **Attach required schedule** listing the specific event and the total amount expended/disbursed for each event. All travel and lodging expenses, advertisements, hospitality rooms and all other expenses directly related to the event should be included in the total amount reported for each event.

**Line 13. Postage and Office Supplies:** Report total amount of expenses for administrative and non-service related postage and office supplies (pens, paper, ink cartridges). The purchase of furniture or equipment (e.g. computers, printers, desks) should not be listed on line 13, but should instead be listed on the lines for which the items were purchased. **Service related postage should be reported on line 14.**

**Line 14. Service Expenses:** Report total amount of expenses for service programs and activities that provide a **direct** and **substantial** benefit to disabled veterans and their families. The Service Expenses Schedule form (901331-Rev. 6/23), which is included with the AFR Kit, must be completed and provided with the financial report. Each line listed on the form provides a description of what is to be reported on that specific line, as well as what additional schedules and attachments are required for each. Alterations and/or grouping of the lines are not acceptable. **Please make entries on the correct lines only.** You should be prepared to substantiate the reported expenses with receipts, canceled checks, or other supporting documentation. See pages 5 and 8.

**Line 15. Forget-Me-Not Expenses:** Report total amount of Forget-Me-Not drive expenses, including flowers, cans, posters, volunteer meals and all other expenses directly related to drive.

**Line 16. Bingo Expenses:** Report total amount of expenses for any non-service related bingo operation. **Attach required schedule** to include the payout to players, all bingo salaries (list the full name, job title and amount of salary or other compensation for each bingo employee), payroll taxes, related supplies and any other expenses that are directly related to the operation of bingo. Please bear in mind there are some states which prohibit the payment of any compensation to bingo workers by a charity/nonprofit. **NOTE:** Expenses for voluntary bingo sessions held for disabled veterans at any VAMC and/or nursing home for veterans should be reported on line 14. The Cost of Goods Sold should **NOT** be included on the financial report as it is the beginning inventory plus purchases made minus the ending the inventory, which is not an actual cash disbursement. Only the actual inventory purchases made during the accounting period should be reported.

**Line 17. Thrift Store Expenses:** Report total amount of expenses for any thrift store operation. **Attach required schedule** to include rent, utilities, all thrift store salaries (list the full name, job title and amount of salary or other compensation for each thrift store employee, payroll taxes, management fees, and any other expenses that are directly related to the operation of the thrift store. **NOTE:** The Cost of Goods Sold should **NOT** be included on the financial report as it is the beginning inventory plus purchases made minus the ending the inventory, which is not an actual cash disbursement. Only the actual inventory purchases made during the accounting period should be reported.

**Line 18. Bar/Lounge Expenses:** Report total amount of expenses for any bar/lounge operation. **Attach required schedule** to include all bar/lounge salaries (list the full name, job title and amount of salary or other compensation for each bar/lounge employee), payroll taxes, beverage purchases, food purchases, related supplies, equipment and any other expenses that are directly related to the operation of the bar/lounge. **NOTE:** The Cost of Goods Sold should **NOT** be included on the financial report as it is the beginning inventory plus purchases made minus the ending the inventory, which is not an actual cash disbursement. Only the actual inventory purchases made during the accounting period should be reported.

**Line 19. Chapter Home/Department HQ Operational Expenses:** Report total amount of expenses associated with the chapter meeting place/department headquarters facility operational expenses. **Attach required schedule** to include meeting space fees, rent, mortgage payments, utilities, insurance, repairs and maintenance, banking expenses, purchases of office furniture, computers and any other expenses directly related to the chapter meeting place/department headquarters daily operations.

**Line 20. Decrease in Market Value of Investments on Line 26:** Report any **decrease** in the market value of investments reported on line 26 **as of the end of the accounting period (June 30)**.

**Line 21. Other Expenses:** Report total amount of all other expenses that do not fit into any of the above categories. Examples include: awards, gifts and pins to officers, members and quests; dinners and picnics for the members; installation, supplies (non-Forget-Me-Not) purchased from National, and any other miscellaneous expenses. **Attach required schedule** that clearly identifies the reason for the disbursement with the total amount stated for each category. **NOTE: Depreciation** of fixed assets (real estate, equipment, etc.) must **not** be listed as an expense or disbursement on the financial report. **Transfers of funds** (including cashing in and/or buying a CD) must **not** be listed on the financial report. A transfer of funds is just moving money the department/chapter already had from one bank account to another bank account. The actual transfer is not income earned as the department/chapter already had the money as an asset, nor is it an expense as the money was not spent/disbursed. Only income actually **earned/received** and money actually **spent/disbursed** during the accounting period should be reported.

**Line 22. Total Expenses:** The sum of lines 11 thru 21.

#### **ENDING BALANCE FOR THIS YEAR'S REPORT:**

**Ending Balance:** This figure will be the amount listed on the **Beginning Balance line of this current report** plus the **Total Income (line 10)** and minus the **Total Expenses (line 22)**, which must agree with the **Total Liquid Assets** listed on line 27 of this current report.

#### **STATEMENT OF LIQUID ASSETS:**

Lines 23 thru 27 on this form are to be used to report only liquid/cash assets which, for DAV's financial reporting purposes, are assets that are in cash form or are readily convertible to cash (i.e. stocks, bonds, mutual funds and any other securities). Please remember that this does not include fixed assets such as real estate, furniture/equipment, vehicles and inventory/miscellaneous which must be reported on the Other Assets Schedule form (901332-Rev. 6/23) provided with the AFR Kit.

**Line 23. Checking Accounts/Cash on Hand:** Report **total** of amounts in **all** checking accounts on last day of accounting period (June 30). Also report all cash on hand at that time. **Attach a copy of ONLY the bank statement** closest to the ending date of the accounting period for each checking account. **NOTE:** If the total amount reported on this line differs from the closing balance shown on the bank statement(s) plus all cash on hand, provide a copy of the reconciliation page for each checking account.

**Line 24. Savings Accounts:** Report **total** of amounts in **all** savings accounts on last day of accounting period (June 30). **Attach a copy of ONLY the bank statement** closest to the ending date of the accounting period for each savings account. **NOTE:** If the total amount reported on this line differs from the closing balance shown on the bank statement(s), provide a copy of the reconciliation page for each savings account.

**Line 25. Certificates of Deposit:** Report **total value** (not original purchase value) of **all** certificates of deposit (CD) on last day of accounting period (June 30). **Attach a copy of ONLY the bank statement** closest to the ending date of the accounting period or a letter from the financial institution(s) holding any CDs verifying the value as of the end of the accounting period for each CD. **NOTE:** Be sure to properly report all CD interest earned during the accounting period on line 6 and the actual total value of all CDs on the last day of the accounting period on line 25.

**Line 26. Market Value of Investments as of End of Accounting Period:** Report **total market value** of investments on the last day of accounting period (June 30). **Attach a copy of ONLY the investment statement** closest to the ending date of the accounting period for all investments (i.e. stocks, bonds, mutual funds and any other securities).

**Line 27. Total Liquid Assets:** The sum of lines 23 thru 26. **In all cases, this figure must equal** the amount reported on the **Ending Balance** line. **Reports that are not in balance will not be accepted!**

**NAME OF BANK(S) AND BRANCH LOCATION(S):**

Provide the full name and local branch location (address, city, state and ZIP code) of **all** financial institutions (banks, savings & loans, etc.) holding **any** funds of department/chapter/affiliated entity.

**NAMES OF AUTHORIZED SIGNERS ON BANK ACCOUNT(S):**

Provide the first and last names of each authorized signer on all bank accounts. These should be only those individuals specifically authorized as signatories on these accounts by your constitution/bylaws.

**REQUIRED SIGNATURES:**

**Signed by Audit Committee:** The financial report must be **signed** and dated by **three** members of the department/chapter audit committee as indicated in the lower left hand corner of the report. As provided in the National Bylaws, **excluded** from the audit committee are the commander, senior vice commander, treasurer, adjutant and finance committee chairperson.

**Signed and Submitted by Department/Chapter Treasurer:** The financial report must be **signed**, dated and submitted by the department/chapter treasurer as indicated in the lower right hand corner of the report.

**SERVICE EXPENSES SCHEDULE FORM FOR LINE 14 (901331-REV. 6/23):**

Service expenses must be accurately reported on the Service Expenses Schedule form. Each line of this form provides a description of what information should be reported on that specific line, as well as what additional attachments are required for each.

Some things to note when completing this form:

- Shares/percentages of fundraisers, assessments and donations given to a DAV department to support their service programs should be reported on the **Service Programs** line.
- All schedule attachments as indicated on the form must be provided. A single schedule attachment listing all service expenses is not permitted.
- The figures listed within each schedule attachment must total to the amounts reported on the corresponding lines of this form.
- Copies of the recognition letters from each recipient (with the exception of needy veterans/families of veteran) of any donations given by the department/chapter are required.
- The supporting documentation for each line should be stapled together and labeled for easy reference back to the corresponding schedule attachment and the information within the supporting documentation should agree with the figure listed on the corresponding line. For example, if \$2,500.00 is listed on the **Donations to State Veterans Homes** line, the figures on the schedule attachment should add up to \$2,500.00, and the figures provided within the recognition letters/receipts should also add up to \$2,500.00.
  - For department/chapter operated programs/food bank/meal programs, copies of receipts and applicable recognition letters substantiating all expenses related to the operation should be provided.
- The figures listed on lines of the Service Expenses Schedule form for line 14 must add up to the amount listed on the **Total Amount of Line 14 Expenses** line of this form, as well as agree with the amount listed on line 14 of the Annual Financial Report form.

**OTHER ASSETS SCHEDULE FORM (901332-REV. 6/23):**

This form is to be used to report all **fixed assets**. Do not include any cash/liquid assets on this form. Please be prepared to substantiate the reported assets with supporting documentation.

**Real Estate:** Provide the complete address, date of acquisition/purchase and the **current market value** (not purchase price) for **each** property **titled** in the department/chapter name and affiliated entity(ies) name (e.g. thrift store). If more

than two properties are owned, attach a list showing the required information for **each**. **Rented or leased property that is not titled in the department/chapter name or affiliated entity(ies) name should not be listed.**

**Loan Information:** Provide the loan balance as of the end of the accounting period (June 30) for any loan in the department/chapter name or affiliated entity(ies) name and the full name and address of the lending institution.

**Furniture/Equipment:** Provide a brief description (e.g. desks, chairs, computers, stove) of furniture/equipment and their total **current estimated market value**, not their purchase price, directly on this form.

**Vehicles:** Provide year, make and model of all vehicles/trailers owned by the department/chapter and affiliated entity(ies) and their total **current estimated market value**, not their purchase price. If needed, attach a list showing all required information for each.

**Inventory/Miscellaneous:** Provide a brief description (e.g. flags, office supplies) of inventory/miscellaneous and their total **current estimated market value**, not their purchase price, directly on this form.

### **ENSURE REPORT IS MATHEMATICALLY CORRECT AND IN BALANCE:**

Be sure to complete **all** computations on the financial report and required schedules.

Ensure that the amounts listed on the financial report agree with the corresponding schedule amounts.

Ensure that the report is in balance. Start with the beginning balance listed at the top of this current financial report, add the total income listed on line 10 and subtract the total expenses listed on line 22 to arrive at the ending balance. The ending balance **must** agree with the total liquid assets listed on line 27 of this current financial report. **Reports that are not in balance will not be accepted!**

### **REQUIRED SCHEDULES – ENSURE ALL REQUIRED SCHEDULES ARE IN THE PROPER FORMAT:**

Simple schedules in the proper format that clearly identify the source of income and the reasons for the disbursements are required for any line indicating an attached schedule is needed and an amount is listed on that line. Combine all like income or all like disbursements and state the total amount for each category; for example: Member Donations and the **total** amount received from all member donations would be listed on the schedule for line 9; Department Convention and the **total** amount disbursed for said Convention would be reported on the schedule for line 12; Maintenance & Repairs: Plumbing and the **total** amount disbursed for all plumbing repairs would be reported on the schedule for line 19; Chapter Christmas Party and the **total** amount disbursed for said party would be reported on the schedule for line 21. Monthly breakdowns/general ledger reports; listings of each deposit made, each check written and each withdrawal; and proper names are **not** acceptable.

Refer to pages 7 and 8 of these instructions for the proper format.

### **SUBMIT INFORMATION AS FOLLOWS:**

- Email one copy of forms and all supporting schedules and attachments to National at [AFRInfo@dav.org](mailto:AFRInfo@dav.org). As a reminder, hardcopy reports are not accepted at National.
- Send one copy of forms and all supporting schedules and attachments to your DAV state department. The contact information for your DAV state department can be found at [www.dav.org](http://www.dav.org) by navigating to Membership > Local Chapters > DAV Members Portal (click on green box above map) > Departments & Chapters (at left of page) > Click on link for your department.
- Retain copy of forms and all original supporting schedules and attachments for your records.

**SCHEDULE EXAMPLES:****Schedule for Line 7**

|                                 |             |
|---------------------------------|-------------|
| Medical Store, Power Wheelchair | \$ 700.00   |
| Jane Ross, Hospital Bed         | 900.00      |
|                                 | <hr/>       |
|                                 | \$ 1,600.00 |

**Schedule for line 9**

|                       |             |
|-----------------------|-------------|
| Donations             | \$10,310.00 |
| –Business Donations   | \$5,000.00  |
| –Bequest              | \$4,000.00  |
| –Jar Donations        | \$1,000.00  |
| –Member Donations     | \$ 310.00   |
| Fundraising           | \$ 1,690.00 |
| –Quilt Raffle         | \$1,000.00  |
| –Car Show             | \$ 690.00   |
| DAV Membership Dues   | \$ 400.00   |
| Refunds               | \$ 525.00   |
| Resale Items Proceeds | \$ 100.00   |
|                       | <hr/>       |
|                       | \$13,025.00 |

**Schedule for Line 11**

|                    |             |
|--------------------|-------------|
| Tom Jones-Adjutant | \$ 1,000.00 |
| Employee Benefits  | \$ 500.00   |
|                    | <hr/>       |
|                    | \$ 1,500.00 |

**Schedule for Line 12**

|                            |             |
|----------------------------|-------------|
| Membership Meetings        | \$ 200.00   |
| Department Fall Conference | \$ 500.00   |
| National Convention        | \$ 200.00   |
| Department Convention      | \$ 600.00   |
|                            | <hr/>       |
|                            | \$ 1,500.00 |

**Schedule for Line 16**

|                                    |             |
|------------------------------------|-------------|
| Bingo Payouts/Prizes               | \$10,603.49 |
| Bingo Supplies                     | \$ 500.00   |
| –Bingo Cards                       | \$ 250.00   |
| –Daubers                           | \$ 50.00    |
| –Pull Tabs                         | \$ 200.00   |
| Bingo License                      | \$ 100.00   |
| Total Bingo Payroll                | \$ 2,000.00 |
| –James Smith, Manager              | \$1,500.00  |
| –Mark Green, Cashier               | \$ 500.00   |
| <b>(30% of operating expenses)</b> |             |
| Mortgage Payments/Rent             | \$ 2,400.00 |
| Insurance                          | \$ 615.96   |
| Repairs & Maintenance:             | \$ 2,065.53 |
| –Roof Repairs                      | \$1,785.00  |
| –Plumbing Repairs                  | \$ 280.53   |
| Utilities                          | \$ 1,346.40 |
| Janitorial                         | \$ 600.00   |
|                                    | <hr/>       |
|                                    | \$20,231.38 |

**Schedule for line 17**

|           |             |
|-----------|-------------|
| Utilities | \$ 1,265.00 |
|-----------|-------------|

**(Schedule for line 17, continued)**

|                        |             |
|------------------------|-------------|
| Trash Removal          | \$ 800.00   |
| Vehicle Expense        | \$ 2,135.00 |
| Mortgage Payments/Rent | \$ 500.00   |
| Total Payroll          | \$ 2,800.00 |
| –Jim Smith, Cashier    | \$ 400.00   |
| –Tom Miller, Cashier   | \$ 400.00   |
| Management Fees        | \$ 3,500.00 |
|                        | <hr/>       |
|                        | \$11,200.00 |

**Schedule for Line 18**

|                                    |             |
|------------------------------------|-------------|
| Beverages                          | \$ 5,000.00 |
| Food and Supplies                  | \$ 3,000.00 |
| Total Bar/Lounge Payroll           | \$ 8,000.00 |
| –John Doe, Manager                 | \$5,000.00  |
| –Jane Smith, Bartender             | \$2,000.00  |
| –James Green, Custodian            | \$1,000.00  |
| Cooler Repairs                     | \$ 200.00   |
| Purchase of Bar Stools             | \$ 1,200.00 |
| <b>(60% of operating expenses)</b> |             |
| Mortgage Payments/Rent             | \$ 4,800.00 |
| Insurance                          | \$ 1,231.92 |
| Repairs & Maintenance:             | \$ 4,131.06 |
| –Roof Repairs                      | \$3,570.00  |
| –Plumbing Repairs                  | \$ 561.06   |
| Utilities                          | \$ 2,692.80 |
| Janitorial                         | \$ 1,200.00 |
|                                    | <hr/>       |
|                                    | \$31,455.78 |

**Schedule for Line 19**

|                                    |             |
|------------------------------------|-------------|
| Purchase of Computer               | \$ 400.00   |
| <b>(10% of operating expenses)</b> |             |
| Mortgage Payments/Rent             | \$ 800.00   |
| Insurance                          | \$ 205.32   |
| Repairs & Maintenance:             | \$ 688.51   |
| –Roof Repairs                      | \$ 595.00   |
| –Plumbing Repairs                  | \$ 93.51    |
| Utilities                          | \$ 448.80   |
| Janitorial                         | \$ 200.00   |
|                                    | <hr/>       |
|                                    | \$ 2,742.63 |

**Schedule for Line 21**

|                              |             |
|------------------------------|-------------|
| Fundraising                  | \$ 500.00   |
| –Quilt Raffle Expenses       | \$ 400.00   |
| –Car Show Expenses           | \$ 100.00   |
| DAV Membership Dues          | \$ 250.00   |
| Vehicle Maintenance          | \$ 600.00   |
| Christmas Dinner for Members | \$ 125.00   |
| Purchase of Resale Items     | \$ 75.00    |
| Orders from National HQ      | \$ 25.00    |
|                              | <hr/>       |
|                              | \$ 1,575.00 |

**LINE 14 SCHEDULE EXAMPLES:****Donations to VA Medical Center**

|                                |    |        |
|--------------------------------|----|--------|
| -Name of VAMC-General Donation | \$ | 50.00  |
| -Name of VAMC-Hygiene Items    | \$ | 100.00 |
| -Name of VAMC-TV for Rec Room  | \$ | 150.00 |
|                                | \$ | 300.00 |

**Donations to State Veterans Homes & Patients**

|                                    |    |        |
|------------------------------------|----|--------|
| -Name of Facility-General Donation | \$ | 100.00 |
| -Name of Facility-Hygiene Items    | \$ | 400.00 |
| -Name of Facility-Christmas Cards  | \$ | 100.00 |
|                                    | \$ | 600.00 |

**VAVS Programs**

|                                  |    |        |
|----------------------------------|----|--------|
| -Name of Facility & VAVS Program | \$ | 75.00  |
| -Name of Facility & VAVS Program | \$ | 100.00 |
|                                  | \$ | 175.00 |

**Service Programs**

|                                     |    |        |
|-------------------------------------|----|--------|
| -Name of Facility & Service Program | \$ | 100.00 |
| -Name of Facility & Service Program | \$ | 200.00 |
|                                     | \$ | 300.00 |

**Service Office/Officer Expenses**

|                            |    |        |
|----------------------------|----|--------|
| -Office Rent               | \$ | 100.00 |
| -Postage & Office Supplies | \$ | 100.00 |
| -Service Officer Travel    | \$ | 100.00 |
| -Donation to NSO           | \$ | 100.00 |
| -Donation to DSO           | \$ | 100.00 |
|                            | \$ | 500.00 |

**Service Officer Salaries and Benefits**

|                                   |    |           |
|-----------------------------------|----|-----------|
| -John Smith, DSO (Salary/Taxes)   | \$ | 10,000.00 |
| -John Smith, DSO (Holiday Bonus)  | \$ | 2,000.00  |
| -Mary Jones, CSO (Salary/Taxes)   | \$ | 9,000.00  |
| -Mary Jones, CSO ( Holiday Bonus) | \$ | 1,200.00  |
|                                   | \$ | 22,200.00 |

**Hospital Service Coordinators Salaries, Benefits & Expenses**

|                                   |    |           |
|-----------------------------------|----|-----------|
| -John Smith, HSC (Salary)         | \$ | 7,000.00  |
| -John Smith, HSC (Benefits/Taxes) | \$ | 1,000.00  |
| -Mary Jones, HSC (Salary)         | \$ | 8,000.00  |
| -Mary Jones, HSC (Benefits/Taxes) | \$ | 700.00    |
| -Drivers Appreciation Dinner      | \$ | 300.00    |
| -Drivers Meals                    | \$ | 100.00    |
|                                   | \$ | 17,100.00 |

**Direct Assistance to Needy Veterans & Families**

|                               |    |        |
|-------------------------------|----|--------|
| -Tom Smith-Rent Payment       | \$ | 150.00 |
| -Jack Jones-Groceries         | \$ | 45.00  |
| -Mary Rogers-Funeral Donation | \$ | 200.00 |
|                               | \$ | 395.00 |

**In-kind Donations**

|                              |    |          |
|------------------------------|----|----------|
| -Jim Burks, Power Wheelchair | \$ | 700.00   |
| -Mary Smith, Hospital Bed    | \$ | 900.00   |
|                              | \$ | 1,600.00 |

**Other Service Expenses**

|                       |    |        |
|-----------------------|----|--------|
| -Flags for Graves     | \$ | 100.00 |
| -Flowers for Funerals | \$ | 125.00 |
| -Bibles for Widows    | \$ | 100.00 |
|                       | \$ | 325.00 |



**ANNUAL FINANCIAL REPORT CHECKLIST (provided for your convenience):**

- Is the AFR form current (901308–Rev. 6/23)? Outdated forms will not be accepted.
- Are you using the required accounting period of **July 1 to June 30**?
- If your gross annual income, excluding all funding from National, exceeds \$300,000, has a review by a certified public accountant (CPA) been performed? Be sure to include the complete CPA review.
- Is the beginning balance figure the Total Liquid Assets (line 27) from last year’s report?
- Are all the computations on the AFR form completed?
- Does the Beginning Balance on the current report plus Total Income (line 10) minus Total Expenses (line 22) agree with Liquid Assets listed on line 27 of the current report?
- Are all the names and addresses of the local branch locations of the department/chapter/affiliated entity financial institutions included?
- Are the first and last names of the authorized signers on all department/chapter/affiliated entity bank accounts included? NOTE: There should be at least two authorized signers on each bank account.
- Did three members of the audit committee sign and date the AFR form? (Excluded from the audit committee are the commander, senior vice commander, treasurer, adjutant and the finance committee chairperson.)
- Is the AFR form signed, dated and submitted by the department/chapter treasurer?
- Are copies of the legal gifting documents for any bequests/trusts received enclosed?
- Are copies of the applicable recognition letters for donations made to others enclosed?

**Are the following applicable schedules and/or attachments: 1.) Equal to the amount listed on the corresponding lines of the Annual Financial Report; 2.) In the proper format (refer to pages 7 and 8); and 3.) Included with your report?**

Line 7. In-kind Donations

Line 9. Other Income

Line 11. Administrative Personnel Salaries, Benefits, Payroll Taxes & Payroll Processing Fees

Line 12. Conventions/Conferences/Seminars/Meetings

Line 14. Service Expenses Schedule—Is the provided Service Expenses Schedule **form** (901331–Rev. 6/23) properly completed showing the total amount expended for such programs and activities that provide a direct and substantial benefit to ill and injured veterans and their families?

Are the additional applicable detailed schedules and copies of required recognition letters provided for the following lines of the Service Expenses Schedule form:

- |   |  |
|---|--|
| <input type="checkbox"/> Donations to VA Medical Centers              | <input type="checkbox"/> Service Office/Officer Expenses                             |
| <input type="checkbox"/> Donations to State Veterans Homes & Patients | <input type="checkbox"/> Service Officer Salaries and Benefits                       |
| <input type="checkbox"/> Donations to the Columbia Trust              | <input type="checkbox"/> Hospital Service Coordinators Salaries, Benefits & Expenses |
| <input type="checkbox"/> Donations to the National Service Foundation | <input type="checkbox"/> Direct Assistance to Needy Veterans & Families              |
| <input type="checkbox"/> VAVS Programs                                | <input type="checkbox"/> In-kind Donations   |
| <input type="checkbox"/> Service Programs                             | <input type="checkbox"/> Other Service Expenses                                      |

- Line 16. Bingo
- Line 17. Thrift Store
- Line 18. Bar/Lounge
- Line 19. Chapter Home/Department HQ Operational Expenses
- Line 21. Other Expenses
- Line 23. Checking Account/Cash on Hand
- Line 24. Savings Account
- Line 25. Certificate(s) of Deposit
- Line 26. Market Value of Investments as of End of Accounting Period
- OTHER ASSETS SCHEDULE—Is the Other Assets Schedule **form** (901332–Rev. 6/23) properly completed to include the full address, date of acquisition/purchase and the current market value of each property titled in department/chapter/affiliated entity name as of June 30; any loan balance and full name and address of lending institution(s); and furniture/equipment, vehicles and inventory listed at their **current market value** as of June 30?



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. All Funding from National Headquarters \$ \_\_\_\_\_
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) \$ \_\_\_\_\_

\*\*\* 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) \_\_\_\_\_
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) \_\_\_\_\_
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. 8/21) 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 Local 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 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

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.

Amount

**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): \_\_\_\_\_

**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): \$ \_\_\_\_\_



# Other Assets Schedule

### Important Notice to all Departments and Chapters:

This form is to be used to report all **fixed assets**. Do **not** include any cash/liquid assets on this form. Please be prepared to substantiate the reported assets with supporting documentation.

**Real Estate:** If more than two properties are owned, attach list showing the required information for **each** additional property. **Rented or leased property that is not titled in the department/chapter name or affiliated entity (e.g. thrift store) should not be listed.**

Address/location of property:

Address/location of property:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of acquisition/purchase of property:

Date of acquisition/purchase of property:

\_\_\_\_\_

\_\_\_\_\_

Current market value as of June 30, including land, buildings and market improvements:

Current market value as of June 30, including land, buildings and market improvements:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Loan Information:** Current balance of **any** loan in the department/chapter name or affiliated entity name as of June 30, including name and address of lending institution:

\$ \_\_\_\_\_  
(Loan Balance)

\_\_\_\_\_  
(Lender's Name and Complete Address)

### Furniture/Equipment:

\_\_\_\_\_  
(Provide brief descriptions, for example, desks, chairs, computers, stove)

\$ \_\_\_\_\_  
Total Estimated Market Value as of June 30

### Vehicles (Automobiles, Trucks, Vans, Trailers):

\_\_\_\_\_  
(Provide year, make and model)

\$ \_\_\_\_\_  
Total Estimated Market Value as of June 30

### Inventory/Miscellaneous:

\_\_\_\_\_  
(Provide brief descriptions, for example, flags, office supplies)

\$ \_\_\_\_\_  
Total Estimated Market Value as of June 30