

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31ST DECEMBER, 2016**

	<b>2016</b>	<b>2015</b>
	\$	\$
<b>INCOME</b>		
Membership Subscriptions - current year	.....	.....
Membership Subscriptions - prior years	.....	.....
Associate Membership Fees	.....	.....
Donations	.....	.....
Interest and Investment Income	.....	.....
Rent Received	.....	.....
Raffles/Competitions	.....	.....
Functions	.....	.....
ANZAC Day Appeal	.....	.....
<u>Less:</u> Payment to RSL Appeals	.....	.....
Poppy Day Appeal	.....	.....
<u>Less:</u> Payment to RSL Appeals	.....	.....
Other Income	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
<b>Total Income</b>	<b>.....</b>	<b>.....</b>
<b>EXPENDITURE</b>		
Capitation Fees to State Branch	.....	.....
Affiliation Fees to District Council	.....	.....
Audit Fees	.....	.....
Depreciation (as per Asset Register)	.....	.....
Cost of Functions	.....	.....
Interest paid	.....	.....
Insurance	.....	.....
Out-Of-Pocket Expenses	.....	.....
Postage	.....	.....
Printing and Stationery	.....	.....
Rates and Taxes	.....	.....
Rent paid	.....	.....
Telephone	.....	.....
Travelling Expenses	.....	.....
Mortality Payments	.....	.....
Welfare Payments	.....	.....
Other Expenditure	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
<b>Total Expenditure</b>	<b>.....</b>	<b>.....</b>
Net Income	.....	.....
<u>Less:</u> Donations (As per SBA 2 List)	.....	.....
Surplus/(Deficit) for the year	.....	.....
<u>Add:</u> Accumulated funds - 1 January	.....	.....
Accumulated Funds - 31 December	<b>.....</b>	<b>.....</b>

Auditor Initials

**STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 31ST DECEMBER, 2016**

	<b>2016</b>	<b>2015</b>
	\$	\$
<b>CURRENT ASSETS</b>		
Cash	.....	.....
Receivables (Debtors)	.....	.....
Prepayments	.....	.....
Other	.....	.....
.....	.....	.....
.....	.....	.....
<b>Total Current Assets</b>	.....	.....
<b>NON-CURRENT ASSETS</b>		
Investments (as per attached list)	.....	.....
Land and Buildings - At Valuation	.....	.....
Furniture, Plant and Equipment (as per Asset Register)	.....	.....
<u>Less:</u> Depreciation	.....	.....
Other	.....	.....
.....	.....	.....
.....	.....	.....
<b>Total Non-Current Assets</b>	.....	.....
<b>TOTAL ASSETS</b>	.....	.....
<b>CURRENT LIABILITIES</b>		
Subscriptions in Advance	.....	.....
Payables (Creditors)	.....	.....
Other	.....	.....
.....	.....	.....
.....	.....	.....
<b>Total Current Liabilities</b>	.....	.....
<b>NON-CURRENT LIABILITIES</b>		
First Mortgage	.....	.....
Bank Loan	.....	.....
Other	.....	.....
.....	.....	.....
.....	.....	.....
<b>Total Non-Current Liabilities</b>	.....	.....
<b>TOTAL LIABILITIES</b>	.....	.....
<b>NET ASSETS</b>	.....	.....
<b>Represented By:-</b>		
Accumulated Funds	.....	.....
Reserves	.....	.....

Auditor Initials



SUB-BRANCH OF  
.....  
THE RETURNED AND SERVICES LEAGUE OF AUSTRALIA  
(NEW SOUTH WALES BRANCH)

**AUDIT CERTIFICATE**

I/We certify that I/We have examined the books of Account and financial records of the .....  
..... RSL sub-Branch for the year ended 31st December 20.....,  
and that the above Statement of Financial Position and the attached Statement of Comprehensive Income  
give a true and fair view of the sub-Branch affairs.

I/We also report that:

- (a) The financial statements show a true and fair view of the financial results of fundraising appeals conducted during the year;
- (b) The accounting and associated records have been properly kept during the year in accordance with the Charitable Fundraising Act 1991 and the Regulations;
- (c) Money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the Charitable Fundraising Act 1991 and the Regulations; and
- (d) At the date of this report, there are reasonable grounds to believe that the sub-Branch will be able to pay its debts as and when they fall due.
- (e) That the activities of the RSL sub-Branch are in accordance with the objects of the League and that the RSL sub-Branch is in compliance with the Constitution of The Returned and Services League of Australia (New South Wales Branch)

Print: ..... Auditor  
 Signed: **X** ..... Auditor ..... Date  
 Print: ..... Auditor  
 Signed: **X** ..... Auditor ..... Date

**TRUSTEES CERTIFICATE**

I/We certify that all the assets shown above are in existence, correctly valued and covered by insurance.  
The Title Deeds to the land, as above, identified by:-

Certificate - Folio Identifier..... Lot..... DP.....  
 Folio Identifier..... Lot..... DP.....  
 Folio Identifier..... Lot..... DP.....

are lodged with ..... at.....

**X**.....Trustee 1    **X**.....Trustee 2    **X**.....Trustee 3

..... SUB-BRANCH OF  
THE RETURNED AND SERVICES LEAGUE OF AUSTRALIA  
(NEW SOUTH WALES BRANCH)

**PRESIDENT’S DECLARATION UNDER THE CHARITABLE FUNDRAISING ACT**

I, ..... President of ..... RSL  
sub-Branch declare that in my opinion;

- (a) The financial statements give a true and fair view of all income and expenditure of .....  
..... RSL sub-Branch with respect to fundraising appeals; and
- (b) The Statement of Financial Position gives a true and fair view of the state of affairs with  
respect to fundraising appeals; and
- (c) The provisions of the Charitable Fundraising Act 1991, the Regulations under the Act and the  
conditions attached to the authority have been complied with; and
- (d) The internal controls exercised by ..... RSL sub-Branch  
are appropriate and effective in accounting for all income received and applied by .....  
..... RSL sub-Branch from any of its fundraising appeals.

Signed:

**X** .....President .....Date

**Print & Signed:**

Print .....

**X** ..... **sub-Branch President**

Print .....

**X** ..... **sub-Branch Secretary**

Print .....

**X** ..... **sub-Branch Treasurer**

SUB BRANCH .....

A.B.N

RETURN FOR YEAR COMMENCING 1 JANUARY, 2017, DUE AT STATE BRANCH BEFORE 31 MARCH, 2017  
(ONE COPY TO BE SENT TO DISTRICT COUNCIL SECRETARY)

AT THE ANNUAL GENERAL MEETING, THE FOLLOWING OFFICES AND POSITIONS WERE DECLARED OCCUPIED BY:-

<u>POSITION</u>	<u>GIVEN NAME</u>	<u>SURNAME</u>	<u>ADDRESS</u>
<b>PRESIDENT</b>	.....	.....	.....
PH.(H)	.....	PH.(B)/(M)	.....
Email Address	.....		

<b>SECRETARY</b>	.....	.....	.....
PH.(H)	.....	PH.(B)/(M)	.....
Email Address	.....		

<b>VICE PRESIDENT</b>	.....	.....	.....
PH.(H)	.....	PH.(B)/(M)	.....
Email Address	.....		

<b>VICE PRESIDENT</b>	.....	.....	.....
PH.(H)	.....	PH.(B)/(M)	.....
Email Address	.....		

<b>TREASURER</b>	.....	.....	.....
PH.(H)	.....	PH.(B)/(M)	.....
Email Address	.....		

<b>TRUSTEE</b>	.....	.....	.....
PH.(H)	.....	PH.(B)/(M)	.....
Email Address	.....		

<b>TRUSTEE</b>	.....	.....	.....
PH.(H)	.....	PH.(B)/(M)	.....
Email Address	.....		

<b>TRUSTEE</b>	.....	.....	.....
PH.(H)	.....	PH.(B)/(M)	.....
Email Address	.....		

**WELFARE OFFICER**

PH.(H) ..... PH.(B)/(M) .....

Email Address .....

**PENSIONS OFFICER**

PH.(H) ..... PH.(B)/(M) .....

Email Address .....

**RECRUITING/  
MEMBERSHIP  
OFFICER**

PH.(H) ..... PH.(B)/(M) .....

Email Address .....

**AUDITOR**

**DISTRICT COUNCIL**

**DELEGATES**    1 ..... 2 .....

**ALTERNATE**    3 ..... 4 .....

The sub-Branch meets on the .....of each month, commencing at

.....am/pm at (address).....

Sub-Branch mail to be addressed to:

Sub-Branch Fax Number:

Sub-Branch Telephone Number:

Sub-Branch Email Address:

**WEBSITE** –      The contact address of your sub-Branch can be included on the website

*Do you wish your contact details to be included on the **Branch Website?***

**YES / NO**

**AUTHORITY TO FUNDRAISE**

C.F.N. ....

Expiry Date .....

At the **ANNUAL GENERAL MEETING** held on .....(please complete)  
the audited Financial Statements for the following subsidiary organisations were adopted:- (please tick as appropriate)

Women's Auxiliary

Day Club

Youth Club

Other

.....(please complete)

**BANK ACCOUNT DETAILS –**

Please list all the accounts that your sub-Branch holds. Please add extra pages if there is not enough room.

**General Account Information:**

<u>Name</u>	<u>BSB</u>	<u>Account Number</u>	<u>Bank</u>
.....	.....	.....	.....

**Other Accounts (e.g Welfare)**

.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**SECRETARY DECLARATION**

I ..... Secretary of ..... RSL sub-Branch declare that:

(a) The sub-Branch is affiliated with ..... **District Council** and the affiliation fees for the **current year** have been paid.

(b) **Financial Membership Total at the Date of This Return:**

- Life Members .....
- Life Subscribers .....
- Service Members .....
- Honorary Members .....
- Affiliate Members .....
- Total Members** .....

(c) **Total Capitation Fees** of \$ ..... have been forwarded to State Branch.

(d) The sub-Branch has current **Insurance Cover** for:

- i)  Public Liability
- ii)  Trustees & Office Bearer Insurance

(e) The sub-Branch has the following:

- i)  Full Time Employees
- ii)  Part Time Employees
- iii)  Volunteers
- iv)  Total Volunteer Hours

Signed **X**..... **Secretary for 2017**