



Associates of Vietnam Veterans of America, Inc.

AVVA Annual Financial Report

*** LESS THAN \$25,000 ***

ANNUAL FINANCIAL REPORT

FY 20____ (3/1/____ Thru 2/28/____)

(Incorporated States/Chapters with gross revenue **LESS** than \$25,000 for the year reported)

Finance fax number (301) 585-5542

All filers complete the following:

State/Chapter of _____ Chapter # _____

State/Chapter name used: _____

Address: _____

Post Office Box: _____ City: _____ State: _____ Zip: _____

Official Phone: (____) _____ Fax (____) _____

Please indicate whose phones these are: _____

*****FEDERAL EMPLOYER ID NUMBER (FEIN): _____ - _____ *****

Your state/chapter must have its own FEIN. It must not use the FEIN of the national organization.

1. Total Revenue \$ _____

2. Total Expenses \$ _____

3. Excess (or deficit) for the year (line 1 less line 2) \$ _____

Beginning of Year End of Year

4. Total Assets _____

5. Total Liabilities _____

6. Net Assets Or Fund Balance (line 4 less line 5) \$ _____ \$ _____

(This figure at beginning of year plus or minus line 3
Should equal end of year).



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I. Bank Information

Name of Bank or Financial Institution: _____

City: _____ State: _____ Zip: _____

Account # _____ No. Of Signatures required _____ Type of Account _____

II. Other Information

1. Is the organization engaging in any telemarketing or other restricted activity? (If yes attach a copy of the approval documentation)
2. Does the organization carry any insurance policies? (If yes attach a copy of documentation)
3. Does your organization carry any bonding insurance? Are you insured through AVVA National? If not through AVVA National, please state the name of the carrier and you must attach a copy of the insurance declaration page.
4. Is the organization registered as a charitable organization with any state or local regulatory agency?
5. Is the organization under contract with any person, organization or agency whereby the organization either pays or receives funds or is obligated to perform services?
6. Does the organization own any automobiles? (please explain, including statement of ownership)
7. Does the organization own any real property? (please explain and provide copies of tax receipts)



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8. Does the organization receive free office or meeting space from any source? (please explain and attach any conditions & length of agreement)
9. Does the organization receive any other non-cash donations from any source? (please explain and provide how regularly this is provided)
10. Does the organization pay any salaries or commissions to any person, company or other organization? (please explain and provide name & address of recipient)
11. Did the organization borrow from or make any loans of any kind to an officer(s) or director(s) of the organization? (please explain and provide name and address of the recipient)
12. Attach a brief description of the activities of the organization during the past year; particularly emphasizing fundraising, community services, and public relations activities.

III. Verification and Certification

Note: please complete either the State or Chapter statement

The undersigned officers of Associates of Vietnam Veterans of America (State/Chapter) _____ Association, Inc. certify that we have each read the foregoing State Annual Financial Report and other information and to the best of our knowledge and belief, certify that the information contained herewith, is true, correct, and complete.

The undersigned officers of Associates of Vietnam Veterans of America (State/Chapter) _____ certify that we have each read the foregoing Chapter Annual Financial Report and other information and to the best of our knowledge and belief, certify that the information contained herewith, is true, correct, and complete.



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Additionally, we certify that the information concerning financial institutions of the state/chapter is true and accurate and all accounts have been disclosed in this document. Further, we certify that there are no other state/chapter funds in any other institution, lock boxes, safe deposit boxes, or other locations.

The books are in the care of _____ Phone # (____) _____

Located at: _____ City: _____ State: _____ Zip: _____

PRESIDENT Current ____ or Past ____

President (Signature) _____ Date _____

Member #: _____ Name (Printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work: (____) _____ Fax: (____) _____

TREASURER

Treasurer (Signature) _____ Date _____

Member #: _____ Name (Printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work: (____) _____ Fax: (____) _____

BOTH THE PRESIDENT AND THE TREASURER OF THE STATE or CHAPTER MUST SIGN THIS FORM.