



## **ANNUAL FINANCIAL REPORT**

### **INSTRUCTIONS:**

Except in a national election year, all AVVA incorporated States and Chapters must file an AVVA Financial Report with the AVVA National Office and the appropriate tax form with the Internal Revenue Service (IRS) by **July 15th**. Verification of the IRS filing **must** accompany the AVVA Financial Report. Incorporated states and chapters may have to file an annual report with their respective state; please check on your state requirements.

IRS filing requirement is:

Gross Income/Assets Less than \$50,000:	990-N E-postcard
Gross Income/Assets \$50,001- \$200,000 w/ total assets under \$500,000	990-EZ
Gross Income \$1,000 or more from a regularly continued unrelated trade or business	990-T

**IN AN ELECTION YEAR, THE FINANCIAL REPORT IS DUE 60 DAYS BEFORE THE NATIONAL CONVENTION. FAILURE TO MEET THE 60-DAY CUT-OFF MAY RESULT IN LOSING VOTING PRIVILEGES.**

**The IRS filing is due July 15<sup>TH</sup> and the IRS acceptance should be e-mailed to Eileen Mitchell at [emitchell@vva.org](mailto:emitchell@vva.org) – if not attached to the Annual Financial Report.**

This form is the only one needed or accepted for the AVVA Annual Report. The form is self-explanatory.

Complete and forward the form to: Attention: Eileen Mitchell  
VVA National Office  
8719 Colesville Rd Suite 100  
Silver Spring, MD 20910  
[emitchell@vva.org](mailto:emitchell@vva.org)

**BE SURE TO KEEP A COPY FOR YOUR RECORDS**



# ANNUAL FINANCIAL REPORT

Fiscal Year: 20 \_\_\_\_\_

(March 1, 20 \_\_\_\_\_ through February 28, \_\_\_\_\_)

State Association State of: \_\_\_\_\_

Incorporated Chapter Chapter #: \_\_\_\_\_

Official Association or Chapter Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): \_\_\_\_\_ - \_\_\_\_\_ (do not use National AVVA's FEIN)

Attached is copy of : 990-N acceptance   
990-EZ   
990-T

Complete the following section:

- 1. TOTAL REVENUE \$ \_\_\_\_\_
- 2. TOTAL EXPENSES \$ \_\_\_\_\_
- 3. EXCESS OR DEFICIT \$ \_\_\_\_\_ (Line 1 less Line 2)

	Beginning of Year	End of Year
4. TOTAL ASSETS	\$ _____	\$ _____
5. TOTAL LIABILITIES	\$ _____	\$ _____
6. NET ASSETS OR FUNDS	\$ _____	\$ _____

NOTE: Beginning of the Year total plus (or minus) Line #3 should equal the End of the Year Total



VERIFICATION AND CERTIFICATION:

The undersigned Officers of the Associates of Vietnam Veterans of America certify that we have each read the foregoing Annual Financial Report and to the best of our knowledge and belief, certify that the information contained herewith is true, correct, and complete.

PRESIDENT:

\_\_\_\_\_ (President's signature) \_\_\_\_\_ (Date)

President's Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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TREASURER:

\_\_\_\_\_ (Treasurer's signature) \_\_\_\_\_ (Date)

Treasurer's Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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The books are in the care of \_\_\_\_\_ Phone #: \_\_\_\_\_

Located at: \_\_\_\_\_ (street address)

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

***BOTH PRESIDENT AND TREASURER MUST SIGN THIS FORM.***