



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 15TH and the IRS acceptance should be e-mailed to Eileen Mitchell at: 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

BE SURE TO KEEP A COPY FOR YOUR RECORDS



ANNUAL FINANCIAL REPORT

Fiscal Year: 20 _____

(March 1, 20 _____ through February 28, 20 _____)

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:



ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

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: _____

TREASURER:

(Treasurer's signature) (Date)

Treasurer's Name: _____ Membership #: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

The books are in the care of _____ Phone #: _____

Located at: _____ (street address)

City: _____ ST: _____ Zip: _____

BOTH PRESIDENT AND TREASURER MUST SIGN THIS FORM.