



ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

## ***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.

**IN A NATIONAL 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 Charlie Corbin at: [ccorbin@vva.org](mailto:ccorbin@vva.org) if not attached to the Annual Financial Report**

### **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

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: Charlie Corbin  
VVA National Office  
8719 Colesville Rd Suite 100  
Silver Spring, MD 20910  
[ccorbin@vva.org](mailto:ccorbin@vva.org)

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



ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.

## **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: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

FEDERAL EMPLOYEE IDENTIFICATION NUMBER (EIN): \_\_\_\_ - \_\_\_\_ (Do NOT use national FEIN)

Attached is copy of: 990 Acceptance  
990-EZ  
990-T

Complete the following section:

- |                        |    |  |
|------------------------|----|--|
| 1. TOTAL REVENUE       | \$ | _____  |
| 2. TOTAL EXPENSES      | \$ | _____  |
| 3. EXCESS OR DEFICIT   | \$ | _____ (Line 1 minus Line 2)                        |
|                        |    | Beginning of Year                      End of Year |
| 4. TOTAL ASSETS        | \$ | _____ \$ _____                                     |
| 5. TOTAL LIABILITES    | \$ | _____ \$ _____                                     |
| 6. NET ASSETS OR FUNDS | \$ | _____ \$ _____                                     |

NOTE: Beginning of the year total plus or minus line #3 should equal end of year total.



**ANNUAL FINANCIAL REPORT**

**VERIFICATION AND CERTIFICATION:**

The undersigned officers of 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:

\_\_\_\_\_  
(Signature of President) (Date signed)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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TREASURER:

\_\_\_\_\_  
(Signature of Treasurer) (Date Signed)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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