

# VVA Annual Financial Report

Complete and forward this form to:  
Vietnam Veterans of America, ATTN: Membership Affairs  
8605 Cameron St., Suite 400, Silver Spring, MD 20910  
Telephone (301) 585-4000, Fax 301-585-3019

## ANNUAL FINANCIAL REPORT INSTRUCTIONS

There are two Annual Report formats, one for State Councils/Chapters whose gross revenue for the year is LESS than \$25,000, and one for those State Councils/Chapters whose gross revenue is GREATER than \$25,000.

- For State Councils/Chapters whose revenue is LESS than \$25,000:

Use the three (3) page form indicating "LESS than \$25,000", which has consolidated the reporting requirements. This form is self-explanatory and follows the general format of the prior form.

- For State Councils/Chapters whose revenue is GREATER than \$25,000:

Use the three (3) page form indicating "GREATER than \$25,000", which has consolidated the reporting requirements. Submit a copy of your IRS Form 990, 990EZ, or 990T. This will suffice to report the financial information portion of your Annual Financial Report. Follow the IRS instructions when filling out these forms. As with the above, this form is self-explanatory and follows the general format of the prior form. Please note that if your response to the questions (Other Information) on page 2 requires that documentation be submitted, then it must be submitted along with this form.

**Annual Financial Reports for State Councils and Chapters are due in the National Office no later than July 15.**

If for some reason you have filed an extension with the IRS for filing your 990, then you should send a copy of the extension to VVA to extend your time for complying with the requirement.

- Incarcerated Chapters are exempt from this requirement unless they should choose to file a report.
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**Note: State Councils or Chapters who began operations during the fiscal year being reported are exempt from filing.**

**ANNUAL FINANCIAL REPORT**

**FY 20\_\_ (3/1/\_\_ Thru 2/28/\_\_)**

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

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

Membership (301) 585-3019 fax All filers complete the following  
CHAPTER # \_\_\_\_\_ STATE COUNCIL of \_\_\_\_\_

Chapter/State Council name used: \_\_\_\_\_

Official Street Address: \_\_\_\_\_

Post Office Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Official Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Please indicate whose phones these are:

**\*\*\*FEDERAL EMPLOYER ID NUMBER (FEIN):** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **\*\*\***

Your chapter/state council must have its own FEIN. It must not use the FEIN of another organization (e.g., chapter using the state council's; state council using the national organization's).

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1. TOTAL REVENUE \$ \_\_\_\_\_

2. TOTAL EXPENSES \$ \_\_\_\_\_

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

	<u>Beginning of Year</u>	<u>End of Year</u>
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).

**I. BANK INFORMATION**

Name of Bank or Financial Institution: \_\_\_\_\_

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

Account #: \_\_\_\_\_ No. of Signatures required \_\_\_\_\_ Type of Account \_\_\_\_\_

**\*\*\*OVER\*\*\***

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

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?	
3. Does your organization carry any bonding insurance? (If yes; attach a copy. If no; attach a copy of the approved waiver. See VV A Constitution, Article IV, 1., C)	
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)	
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 & address of 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.	

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

**III. VERIFICATION and CERTIFICATION**

The undersigned officers of Vietnam Veterans of America Chapter # \_\_\_\_\_ State Council of \_\_\_\_\_ certify that we have each read the foregoing Chapter/State Council 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.

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

The books are in the care of \_\_\_\_\_ Phone No.(\_\_\_\_) \_\_\_\_\_

located at: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRESIDENT**

\_\_\_\_\_  
President (Signature) \_\_\_\_\_ Date \_\_\_\_\_ Current or Past

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 CHAPTER/STATE COUNCIL MUST SIGN THIS FORM.**