

# Vietnam Veterans of America Annual Financial Report

Complete and forward this form to:

**Vietnam Veterans of America**  
**Attn: Membership Affairs**  
**8719 Colesville Road, Suite 100**  
**Silver Spring, MD 20910**  
**301-585-4000 Fax: 301-585-3019**

## ANNUAL FINANCIAL REPORT INSTRUCTIONS

By July 15<sup>th</sup> of each year, all VVA State Councils and Chapters (including incarcerated Chapters) must file a VVA Financial Report with the VVA National Office, Membership Department. All VVA State Councils and Chapters must also file the appropriate tax form with the Internal Revenue Service. Verification of the IRS filing must accompany the VVA Financial Report for it to be considered complete. Chapters must file a copy of their VVA Financial Report with their State Council. State Councils and Chapters may need to file an annual report with their state; please check on your state requirements.

IRS filing requirements are:

<b>Gross Income/Assets</b>	<b>Form to File</b>
Less than \$50,000 Note: Organizations eligible to file the e-Postcard 990-N may choose to file a full return	990-N, 990-EZ, or 990
Less than \$200,000 and total assets less than \$500,000	990-EZ or 990
More than \$200,000 or total assets more than \$500,000	990
Gross income of \$1,000 or more from a regularly carried on unrelated trade or business	990-T

There is now only one format for the VVA Annual Report. The form is self-explanatory.

If for some reason the State Council/Chapter has filed an extension with the IRS for filing Form 990, you must send a copy of the extension request to VVA to extend your time for complying with the VVA filing deadline. Completed returns must be filed with VVA by the end of the extension period.

**FAILURE TO FILE BY JULY 15<sup>th</sup> WILL RESULT IN SUSPENSION OF THE STATE COUNCIL/CHAPTER.**

**VVA ANNUAL FINANCIAL REPORT**  
**FY 20 (3/1/\_\_\_\_ Thru 2/28/\_\_\_\_ )**  
Membership Fax: 301-585-3019

**Complete the following:**

STATE COUNCIL: \_\_\_\_\_ / CHAPTER NO: \_\_\_\_\_

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

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

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

State Council/Chapter Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate whose phones these are: \_\_\_\_\_

State Council/Chapter e-mail address: \_\_\_\_\_

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

Your State Council/Chapter 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).

**ATTACH A COPY OF THE \_\_\_ 990EZ \_\_\_ 990, \_\_\_ 990-T , or \_\_\_ THE 990-N E-MAIL CONFIRMATION LETTER  
VERIFYING SUBMISSION (check one)**

**Complete the following section only if filing a 990-N.**

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 Funds Balance (line 4 less line 5) \$ \_\_\_\_\_

(The figure at beginning of the year plus or minus line 3 should equal end of year.)

**VERIFICATION and CERTIFICATION**

The undersigned officers of Vietnam Veterans of America State Council \_\_\_\_\_ or Chapter # \_\_\_\_\_ certify that we have each read the foregoing State Council / Chapter Annual Financial Report and to the best of our knowledge and belief, certify that the information contained herewith, is true, correct, and complete.

The books are in the care of \_\_\_\_\_ Phone No: \_\_\_\_\_  
(Name/ Title)

Located at: \_\_\_\_\_

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

**PRESIDENT**

\_\_\_\_\_ Date \_\_\_\_\_ Current or Past  
(President's signature)

President's e-mail address: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Member No: \_\_\_\_\_

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

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

**TREASURER**

\_\_\_\_\_ Date \_\_\_\_\_ Current or Past  
(Treasurer's signature)

Treasurer's e-mail address \_\_\_\_\_

Name (printed): \_\_\_\_\_ Member No: \_\_\_\_\_

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

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

**BOTH THE PRESIDENT AND THE TREASURER OF THE STATE COUNCIL/CHAPTER MUST SIGN THIS FORM**

**CHAPTERS MUST SEND A COPY OF THIS REPORT TO THEIR STATE COUNCIL AS WELL**