

## 2026 UNIT DATA FORM – DIRECT BILLING

(Type or print using blue or black ink)

\*Non-legible forms will be returned\*

**TO BE FILLED OUT EVERY YEAR  
AND SUBMITTED TO DEPARTMENT BEFORE  
DUE DATE EVEN IF THERE ARE NO CHANGES !!!**

I understand that the dues amount listed below will be printed on the upcoming Membership Renewal Notices that will be mailed to each Senior member of our Unit. Below is the address to be printed on each Renewal Notice showing where our members are to mail their dues for this Unit.

It is understood that no change in the amount of dues or the address where the dues are to be sent can be made after a deadline until the next deadline for a dues reminder is to be sent out by National Headquarters.

DEPARTMENT OF INDIANA

UNIT NUMBER: \_\_\_\_\_

2026 SENIOR DUES FOR THE UNIT ARE \$: \_\_\_\_\_

2026 JUNIOR DUES FOR THE UNIT ARE \$: \_\_\_\_\_

(Even if Unit pays for Juniors, must show an amount)

\_\_\_\_\_  
Name of individual in the Unit to receive membership dues

\_\_\_\_\_  
Membership Number

\_\_\_\_\_  
Address (Street or RR & Box #)

IN

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

RETURN COMPLETED FORM TO:

DEPARTMENT SECRETARY/TREASURER  
5440 HERBERT LORD RD.  
INDIANAPOLIS, IN 46216

MUST BE RETURNED TO DEPARTMENT OFFICE BY April 15, 2025.

**American Legion Auxiliary  
District Annual Report  
Americanism  
2024-2025**

Due by **April 28, 2025** to your Department Chairman

Mail to: Michelle L Woodburn  
14880 Tiago Lane  
Fishers, IN 46040

Or Email to: MichelleLWoodburn@gmail.com

District Number: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Number of Units Reporting: \_\_\_\_\_

District Chairman: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. What were the total hours that you volunteered for all Youth Activities in the Americanism programs?
2. What were your total dollars spent on goods for all Youth Activities in the Americanism programs (i.e.: Parties, Backpacks, etc.)?
3. What was your total dollars in direct cash aid to help needy child(ren)?
4. Total number of Children/Youth served in the Americanism programs?
5. What were your total donations to other child services (Star Spangled Kids, American Legion Baseball, American Legion Oratorical Contest, American Legion Junior Shooting Sports, etc.)?
6. What were your total number of hours for any service representing ALA in the community?
7. What were your total dollars spent for any service representing ALA in the community?

\*Send photos and a short paragraph of each event to your Department Chairman for sharing with the Department and National organization.

**Please make 3 copies of this Annual Report:**

- **Send one to Department Chairman listed above**
- **Give a Copy to your District Historian**
- **Keep a Copy for your District Records**

**American Legion Auxiliary  
District Annual Report  
Chaplain  
2024-2025**

**Due By:** April 28, 2025  
(Note: refer to Unit Guide)

**Mail to: Jennifer Pickering, Department Chaplain**  
**PO Box 257**  
**Grabill, IN 46741**  
**or Email: INmemberJen@gmail.com**

**District Chairman Name:** \_\_\_\_\_ **District Number:** \_\_\_\_\_

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

**Phone Number:** ( ) \_\_\_\_\_

1. Number of Senior Members \_\_\_\_\_ Junior Members \_\_\_\_\_
2. Total Number of Deceased Members \_\_\_\_\_  
Senior \_\_\_\_\_ Junior \_\_\_\_\_ Gold Star Mothers \_\_\_\_\_  
Charter Members \_\_\_\_\_
3. How many units had a Memorial Service? \_\_\_\_\_  
How many Juniors assisted? \_\_\_\_\_  
How many units Draped their Charters? \_\_\_\_\_  
How many units had a Memorial Service? \_\_\_\_\_  
How many units held a "Four Chaplains" Program? \_\_\_\_\_
4. How many units prepared a Book of Prayers for judging? \_\_\_\_\_  
How many units sent in Prayers for the District Prayer Book? \_\_\_\_\_  
How many units sent in prayers for the Department  
President's Prayer Book? \_\_\_\_\_
5. How many Juniors submitted a Prayer Book for judging? \_\_\_\_\_
6. How many units used the prayer chain? \_\_\_\_\_

**\*\*Please attach separate piece of paper for any additional information or comments.**

**Please make 3 copies of this Annual Report:**

**Send one (1) to Department Chaplain**  
**Give one (1) to your District Historian**  
**Keep one (1) copy for your District records**

**American Legion Auxiliary  
District Annual Report  
Community Service Program  
2024-2025**

**Due by:** April 28, 2025

**Mail to Department Chairman:** Heather Elson  
3119 E 52nd St. Unit A  
Indpls, IN 46205

**Email to Department Chairman:** [heather4veterans@gmail.com](mailto:heather4veterans@gmail.com)

**District Number:** \_\_\_\_\_ **Number of Units:** \_\_\_\_\_ **Number of Units Reporting** \_\_\_\_\_

**District Chairman:** \_\_\_\_\_

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

**Phone number:** (\_\_\_\_) \_\_\_\_\_

The following should be answered only as they pertain to your District's Community Service, that is not reported on other reports:

1. Number of hours volunteered: \_\_\_\_\_
2. Amount of money spent/donated: \_\_\_\_\_
3. Number of miles driven providing community service (regular meetings excluded): \_\_\_\_\_

**Past President Award:**

**Jennie Maune Monetary Award:** Please attach your narrative of 300-500 words on your Year-Round narrative about your district's Community Service Project.

**Carolyn Cunningham Monetary Award:** Number of Unit Narratives submitting \_\_\_\_\_  
(please attach all narratives)

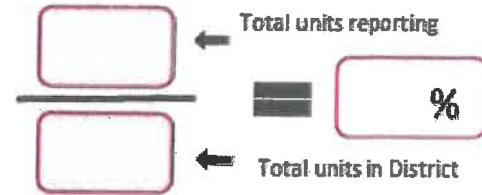
**Department Awards:**

**District Outside the Box:** Please attach your district's Narrative of 300-500 words about how your district thought outside the box in developing a service project for your communities.

**Please make 3 copies of this Year- End Report:**

Send one to your Department Chairman  
Send one to your District Historian  
Keep a copy for your District Records

**American Legion Auxiliary  
District Annual Report  
2024-2025**



**Auxiliary Emergency Fund (AEF) PROGRAM**

**Due by:** May 5, 2025

**SEND TO:** (Note: refer to your Unit Guide for Department Details)

<b>Department Chairman Name</b>	Jenny Tracy
<b>Address</b>	701 E Keenland Ct., Bloomington, IN 47401
<b>Phone Number</b>	812-320-3871
<b>Email Address</b>	jtracy@ciswired.com

**District Number -**

<b>District Chairman Name</b>	-
<b>Address</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

**Total Amount of Contributions by your District to AEF:**

Description	Amount
AEF Funds Sent to Department as "Additional Contributions" through Mandatory Fees Sheet	
AEF Funds Received By Your District	
Other AEF Funds	
<input type="checkbox"/> Directly to Nationals <input type="checkbox"/> Directly to Department <input type="checkbox"/> Both the Above	How many Unit members seeking assistance for an AEF grant approached Units?
How many times did Units promote the AEF program using the following mediums?	<input type="checkbox"/> Social Media <input type="checkbox"/> Newsletter Article <input type="checkbox"/> Meeting Report <input type="checkbox"/> Flier Hung at Post <input type="checkbox"/> Fundraiser <input type="checkbox"/> Blog/Website

**American Legion Auxiliary  
District Annual Report  
2024-2025**

How many Units reported that they were the listed AEF Chairman?		How many Units submitted a President's Award of Excellence for AEF?	
How many Units reported that they were not the Listed AEF Chairman?		Unit #'s of those that Applied	
Provide Positions Listed By Units Other than AEF Chairman and how many times it appeared on a Unit Report.		Provide Up To 3 Names for the Junior Member Award Include Unit #.	

Provide details about the Members You are Recommendations for the Junior Member Award?

Summarize how your District's Units promoted ways to contribute to the AEF for its members?

Describe the District's Units fundraising campaigns that they coordinated or participated in for AEF.

Describe how your District's Units involved junior members in the activities of the AEF program?

**American Legion Auxiliary  
District Annual Report  
2024-2025**

AEF District Report Page 3

Provide Unit members name, Unit #, and reasons why they should receive recognition for their exceptional participation in the AEF Program. This information should be extracted from the Unit Report submissions.

Provide How Your District contributed to the AEF Program by supporting members in need.

Share any recommendations to improve the Department of Indiana AEF Program. Any feedback welcomed.

**Please make 3 copies of this Annual Report:**

- **Send one (1) copy to Department Chairman listed above**
- **Give a one (1) copy to District Historian**
- **Keep one (1) copy for District Records**

**American Legion Auxiliary  
District Annual Report  
Creative Arts Program  
2024 – 2025**

**Due by:** April 21, 2025

Mail to Department Creative Arts Chairman:

Marme Potts

113 3<sup>rd</sup> Street, Newburgh, IN 47630

Or e-mail to: [marepotts1954@gmail.com](mailto:marepotts1954@gmail.com)

District \_\_\_\_\_ Creative Arts Chairman: \_\_\_\_\_

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

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

Number of Units in my District: \_\_\_\_\_

Number of Units reporting: \_\_\_\_\_

How many members attended Creative Arts Festivals:      Local \_\_\_\_\_ National \_\_\_\_\_

How many members volunteered? \_\_\_\_\_

How many hours? \_\_\_\_\_

How much money did your District raise for Creative Arts?      \$ \_\_\_\_\_

Were any veterans identified in your District that showed interest in learning more about getting involved or entering a Creative Arts Festival competition in the future?      Y      N

Please write a narrative describing how your District did fundraising for Creative Arts, include photos.

**Please make 3 copies of this Annual Report:**

- Send one (1) to Department Creative Arts Chairman
- Give one (1) to your District Historian
- Keep one (1) for your District records



**American Legion Auxiliary  
District Annual Report  
Education Program  
2024-2025**

**Due by April 28, 2025**

**Mail to: Department Chairman Brittany Schofield  
624 W. Cleveland St.  
Shelburn, IN 47879**

**Email to: [brittany.schofield@duke-energy.com](mailto:brittany.schofield@duke-energy.com)**

**District Number: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Number of Units Reporting: \_\_\_\_\_**

**District Chairman: \_\_\_\_\_**

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

**City, State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Phone Number: (\_\_\_\_\_) \_\_\_\_\_**

1. Total number of Units presented/awarded scholarships? \_\_\_\_\_
2. Total number of scholarships presented/awarded: \_\_\_\_\_
3. Total dollar amount of scholarships: \_\_\_\_\_
4. Total dollar amount donated to Department for scholarships: \_\_\_\_\_
5. Unit that presented the largest number of scholarships:
  - a. Unit Name & Number: \_\_\_\_\_
  - b. Unit Chairman Name: \_\_\_\_\_
6. Total number of Units participating in:
  - a. Give 10 to Education? \_\_\_\_\_ Total dollar amount: \_\_\_\_\_
  - b. American Education Week? \_\_\_\_\_ Total dollar amount: \_\_\_\_\_
  - c. Teacher Appreciate Week? \_\_\_\_\_ Total dollar amount: \_\_\_\_\_
  - d. Adopt a classroom or school? \_\_\_\_\_ Total dollar amount: \_\_\_\_\_
  - e. Veterans in Community Schools? \_\_\_\_\_ Total dollar amount: \_\_\_\_\_



**American Legion Auxiliary  
District Annual Report  
Historian  
2024-2025**

Due by **April 28, 2025**

Mail/Email to: Your Department Historian (See below)

**District:** \_\_\_\_\_ **# of Units Reporting:** \_\_\_\_\_

**District Historian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

1. How many Unit History books were submitted for judging? \_\_\_\_\_
2. How many Junior books were submitted for judging? \_\_\_\_\_
3. Is your District submitting a Senior History book? \_\_\_\_\_
4. Did any Units promote the Junior History patch program? \_\_\_\_\_ How many? \_\_\_\_\_
5. Did Units share ALA history with members and others? \_\_\_\_\_ How many? \_\_\_\_\_
6. Did any units conduct "Members Remember" interviews? \_\_\_\_\_ How many? \_\_\_\_\_
7. Did Juniors conduct "Members Remember" interviews? \_\_\_\_\_ How many? \_\_\_\_\_

**Please make 3 copies of this Annual Report:**

- **Send one to Department Historian**  
(Vicky Stainbrook, vjfrog@hotmail.com, 1305 California St, Columbus IN 47201)
- **Keep a copy for your District records**
- **Keep a copy for your District book**

**American Legion Auxiliary  
District Annual Report  
Leadership  
2024-2025**

**Due by April 28, 2024**

**Mail to:** Department Chairman Peggy Eagen

**Address:** 2137 Dickerson road, Apt. #202 **City, State:** Chesterton, IN **Zip:** 46304

**Or email to:** [peggy.eagen0816@gmail.com](mailto:peggy.eagen0816@gmail.com)

**District Number:** \_\_\_\_\_ **Number of Units:** \_\_\_\_\_ **Number of Units Reporting:** \_\_\_\_\_

**District Chairman:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

1. How many members attended a Unit, District, Department or National Leadership Training? \_\_\_\_\_
2. How many members participated in the ALA Academy courses? \_\_\_\_\_
3. How many units offered a mentoring program? \_\_\_\_\_
4. Of members attending trainings, what feedback did your units receive concerning what they learned, how the training will improve their ability to lead, and what trainings they would like to attend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please make 3 copies of this Annual Report:**

- **Send one to Department Chairman listed above**
- **Give a copy to your District Historian**
- **Keep a copy for your District Records**

**American Legion Auxiliary  
District Annual Report  
Legislative  
2024-2025**

**Due by April 28, 2025**

**Mail to:**

Connie Banks, Department Legislative Chairman  
8333 Carrington Drive  
Evansville, IN 47711     **Or Email:** bankscj1@gmail.com

**District #:** \_\_\_\_\_     **Total # of Units:** \_\_\_\_\_     **Total # of Units reporting** \_\_\_\_\_

**District Legislative Chairman:** \_\_\_\_\_

**Address:** \_\_\_\_\_     **City/State:** \_\_\_\_\_     **Zip:** \_\_\_\_\_

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

**1. How many times did your Units contact your officials?**

Emails: White House \_\_\_\_\_ Senators \_\_\_\_\_ Representatives \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_  
Letters: White House \_\_\_\_\_ Senators \_\_\_\_\_ Representatives \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_  
Calls: White House \_\_\_\_\_ Senators \_\_\_\_\_ Representatives \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_  
Visits: White House \_\_\_\_\_ Senators \_\_\_\_\_ Representatives \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_

**2. How many replies did your Units receive from your officials?**

Emails: White House \_\_\_\_\_ Senators \_\_\_\_\_ Representatives \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_  
Letters: White House \_\_\_\_\_ Senators \_\_\_\_\_ Representatives \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_  
Calls: White House \_\_\_\_\_ Senators \_\_\_\_\_ Representatives \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_  
Visits: White House \_\_\_\_\_ Senators \_\_\_\_\_ Representatives \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_

**3. List legislative type of events that unit members attended in their communities (Town Halls, meet the candidates, legislative meetings/hearings, phone banks, etc.) Attach additional sheets if needed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. List total hours your district members volunteered advocating for the American Legion legislative agenda supporting veterans and active-duty personnel \_\_\_\_\_ Hours**

**5. Please attach a narrative/summary of your District and Units 2024 – 2025 legislative activities. This information will be included in the departmental report to National.**

**Please make 3 copies of this Annual Report:  
Send one to District Legislative Chairman  
Give one to your Unit Historian  
Keep a copy for your Unit Records**

**American Legion Auxiliary  
District Annual Report  
National Security  
2024-2025**

**Due by:** April 28, 2025

**Mail to: Department Chairman**

**Cherril Threte**  
**2714 W 60<sup>th</sup> St**  
**Indianapolis, IN 46228**  
**Email: [cthrete@sbcglobal.net](mailto:cthrete@sbcglobal.net)**

**District Number** \_\_\_\_\_ **Number of Units** \_\_\_\_\_ **Number of Units Reporting** \_\_\_\_\_

District Chairman \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

**1. Our Service for Veterans** (Examples: Military send offs and welcome home events, assisting with veterans and families in hiring fairs, advocating for The American Legion Legislative agendas that support veterans and the military, yellow ribbon program, pass out pocket flags, USO, OCW, sending packages, writing letters to our troops)

a. Total Hours Volunteered \_\_\_\_\_

b. Total Money Spent \_\_\_\_\_

c. Total Amount of Donations \_\_\_\_\_

**2. Service to the Community** (Examples: FRMA, CERT, CPR, ROTC, JROTC, American Red Cross)

a. Total Hours Volunteered \_\_\_\_\_

b. Total Money Spent \_\_\_\_\_

c. Total Amount of Donations \_\_\_\_\_

**3. Our Service for Military Families** (Examples: Programs for our military, distributing Blue & Gold Star Banners, adopting a military family, clipping coupons for active duty military, working the Family Readiness Group, TAPS, Hiring Our Heroes Military Spouse, eMentor Program, Scholarships for military spouses, hero packs with service projects for their children, POW/MIA recognition)

a. Total Hours Volunteered \_\_\_\_\_

b. Total Money Spent \_\_\_\_\_

c. Total Amount of Donations \_\_\_\_\_

Make three (3) copies of this Annual Report

- Send one (1) Department National Security Chairman
- Give one (1) copy to your District Historian
- Keep one (1) for District Records

**American Legion Auxiliary  
District Year-End Report  
Poppy  
2024-2025**

Due by **April 28, 2025**

Mail to: Department Chairman: Tamra Everhart

Address: 1909 Ohio Blvd. Terre Haute IN 47803

Or Email to: tleverhart@comcast.net

District Number: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Number of Units Reporting: \_\_\_\_\_

District Chairman: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ District Chairman's Unit Number: \_\_\_\_\_

1. Number of Poppies ordered: \_\_\_\_\_  
Increased over last year (Y/N): \_\_\_\_\_ If yes, by how many: \_\_\_\_\_  
Decreased from last year (Y/N): \_\_\_\_\_ If yes, by how many: \_\_\_\_\_
  
2. Total dollars raised from Poppies: \$ \_\_\_\_\_  
List how Poppy money was used, amounts, and number of Veterans/family members helped:

a.	_____	\$ _____	# helped _____
b.	_____	\$ _____	# helped _____
c.	_____	\$ _____	# helped _____
d.	_____	\$ _____	# helped _____
  
3. Total number of Poppies distributed: \_\_\_\_\_
4. Total number of Poppy items distributed: \_\_\_\_\_  
List Poppy items distributed:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
5. Total number of hours members volunteered related to distributing poppies: \_\_\_\_\_
6. Total miles driven related to distributing poppies/ other poppy related activities: \_\_\_\_\_
7. List the ways Units in your District promoted the Poppy Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. List ways Units in your District educated the community on the meaning and history of the Poppy:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9. List ways Units in your District celebrated National Poppy Day:

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10. Did your District submit posters for the Poppy Poster Contest? \_\_\_\_\_  
How many Units sent in entries? \_\_\_\_\_ How many entries did you receive? \_\_\_\_\_  
How many entries did you send in? \_\_\_\_\_ How many schools were represented? \_\_\_\_\_

11. How many Units in your District promoted Little Miss Poppy? \_\_\_\_\_ How did Units promote Little Miss Poppy? \_\_\_\_\_

12. How many Junior members participated in the following:  
Little Miss Poppy \_\_\_\_\_ Poppy Corsage Contest \_\_\_\_\_  
Poppy Poster Contest \_\_\_\_\_ Poppy Collection Can Contest \_\_\_\_\_  
Miscellaneous Poppy Item Contest \_\_\_\_\_

13. How many Senior members participated in the following:  
Poppy Hat Contest \_\_\_\_\_ Poppy Corsage Contest \_\_\_\_\_  
Poppy Centerpiece Contest \_\_\_\_\_ Poppy Wreath Contest \_\_\_\_\_  
Miscellaneous Poppy Item Contest \_\_\_\_\_ Poppy Collection Can Contest \_\_\_\_\_

For the Judy Morris Monetary Award for the Best Narrative Report from a unit that best utilizes poppies throughout the year, please include only the best narrative you received. (You may attach another sheet if you need more room):

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For the Lisa Liford Monetary Award for the District Chairman with the Best Reported Year-Round use of Poppies, please include your narrative (you may attach another sheet if you need more room):

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If you send pictures with your narratives, please make sure you include the names of the people in the pictures including Unit number, what they are doing, where they are doing it, why they are doing it and when they are doing it. Digital pictures are best if possible.

Please make 3 copies of this Year-End Report:

- Send one to your District Chairman
- Give one to your Unit Historian
- Keep a copy for your Unit Records

**American Legion Auxiliary  
District Annual Report  
Public Relations  
2024-2025**

Due by **April 25, 2025**

Mail to:

Glendal Jones  
4211 Kestrel Court  
Indianapolis, IN 46254  
Or email to: [gjones@marian.edu](mailto:gjones@marian.edu)

District Number: \_\_\_\_\_ # of Units: \_\_\_\_\_ # of Units Reporting: \_\_\_\_\_

District Chairman: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Please respond to the 10 questions listed below. Your time and participation are greatly appreciated!! **You may attach additional sheets. This is your time to SHINE!!***

1. What did the Units in your District do to exhibit a positive image/perception of the ALA?

2. What did your District do to exhibit a positive image/perception of the ALA?

3. What PR materials/resources and media did your **Units** use to endorse the ALA?

Your **District**?

4. How did your **Units** build/encourage brand loyalty?

Your **District**?

5. Who is your Unit's nomination for ALA Brand Ambassador?
  - a. Name: \_\_\_\_\_ Unit # \_\_\_\_\_
  - b. Be sure to send the documented information as outline in the Program Action Plan to your District PR Chairman.
  - c. Send names and Unit Number of all members nominated for ALA Brand Ambassador to the Department PR Chairman.
  
6. Please List Unit information for all Units that launched a properly branded ALA website. Provide website addresses (URL, webmaster, administrator name, contact info)
  
7. Which Unit won the "Most Outstanding Public Relations Program Contest" in your District?
  - a. Be sure to send the documented information as outlined in the Program Action Plan to your Department PR Chairman.
  - b. Please List Units that entered this competition.
  
8. Which Unit in your District won the Department Press Competition?
  - a. Send the winning Unit Press Book to Department Press PR Chairman for judging.
  - b. Please list Units that entered this competition.
  
9. Are you submitting a District press Book for the Department Competition? \_\_\_\_\_
  
10. Please add any pertinent Public Relations information that you would like to share.

**\*Make 3 copies of this report and send to:**

**District Chairman  
Unit historian  
PR Chairman Unit Records**

**American Legion Auxiliary  
District Annual Report  
Risk & Compliance Program  
2024-2025**

**Due by: May 5, 2025**

(Note: refer to your Unit Directory)

**Department Chairman Name:** Phyllis Banks

**Address:** 2815 E. Pointe Cove Rd.

Bloomington, IN 47401

**Email to:** phylls\_banks@yahoo.com

**Phone Number:** (812)340-2321

**District Chairman:** \_\_\_\_\_ **District Number:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_ **Phone Number:** ( )

1. How many of your Units filed an IRS Form 990N prior to the deadline date of November 15, 2024 for the fiscal year that ended on June 30, 2024? \_\_\_\_\_
2. Did any of your Units report taking corrective action to their IRS (Employer Identification Number (EIN)) or Department legal name of their Unit? If yes, how many? \_\_\_\_\_
3. How many of your Units reported filing an IRS Form 8822B to correct their IRS point of contact information? \_\_\_\_\_
4. How many of your Units reported that their tax exemption is currently in a revoked status? \_\_\_\_\_
5. How many Units reported filing an IRS Form 1024 for reinstatement of their tax exemption? \_\_\_\_\_
6. How many Units with an individual tax exemption reported on whether they are incorporated with their own Articles of Incorporation and have filed their bi-annual Business Entity reports to the State of Indiana.
7. How many members in your District reported attendance of the online ALA Academy Compliance Matters training? \_\_\_\_\_ Which Unit reported the most members who attended and submitted their certificates of completion? \_\_\_\_\_

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**Please make 3 copies of this Annual Report:**

- **Send one (1) to District Risk & Compliance Chairman (mail or email)**
- **Give one (1) copy to Unit Historian**
- **Keep one (1) copy for Unit Records**

**American Legion Auxiliary  
District Annual Report  
Veterans Affairs & Rehabilitation  
2024-2025**

**Due by April 28, 2025**

**Mail to: Department Chairman Barbara Parkhurst**

**Address: 2661S 500E, Kokomo, IN 46902**

**Or Email to: bparkhurst@aol.com**

**District Number: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Number of Units Reporting: \_\_\_\_\_**

**District Chairman: \_\_\_\_\_**

**Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Phone Number: \_\_\_\_\_**

**1. Our Service for Veterans** (examples include hours volunteering at the VA, helping wounded warriors and elderly veterans at home, providing transportation, raising money for the Veteran Creative Arts Festival, assisting with veterans' job fairs, projects for homeless veterans etc.)

Hours volunteered (by members reporting): \_\_\_\_\_

Dollars we spent: \$ \_\_\_\_\_

Value of in-kind donations requested and received: \$ \_\_\_\_\_

Number of veterans assisted: \_\_\_\_\_

**2. Our Service for Activity duty military** (Include shopping for and preparing care packages, writing letters, helping with US military or National Guard send-off and welcome home events)

Hours volunteered: \_\_\_\_\_

Dollars spent: \$ \_\_\_\_\_

Number of US service members served \_\_\_\_\_

**3. Our Service for military families** (examples includes programs for military and veterans children project, providing child care for military activities, supporting adopt-a-military family, military spouse job fair, and helping Family support group)

Hours volunteered: \_\_\_\_\_

Dollars Spent: \$ \_\_\_\_\_

Number of military families served \_\_\_\_\_

Please attach a narrative describing the work your unit has done this year for the VA&R program and pictures.

**Please make 3 copies of this Annual Report:**

- **Send one to Department Chairman listed above**
- **Give a Copy to your District Historian**
- **Keep a Copy for your District Records**