LOCAL CHARTER
ANNUAL REVALIDATION/OFFICERS FORM
AMVETS NATIONAL LADIES AUXILIARY

4647 Forbes Boulevard
Lanham, MD 20706
PHONE: 301/459-6255 FAX: 301/459-5403

Mail two (2) copies to:
AMVETS Ladies Aux Dept of FL
Jerri Devoll, Exec. Sec'y.
217 Ladue Ave
Crestview, FL 32539
850-306-3258
Execsecyfl@gmail.com

INSTRUCTIONS:

1. This form must be typed or printed legibly in black ink only.
2. All mandatory entries on both pages must be completed or form **will be returned**.
3. Prepare this form in triplicate: one (1) copy for the Local files and **two (2) copies** to the Executive Secretary for distribution. Front and back must be filled out completely and signed in appropriate spaces. **Mail to Executive Secretary, in her hands on or before May 19, 2020.**

DATE:	OFFICERS FOR THE YEAR:	DEPARTMENT/STATE:	AUXILIARY #:
SEND OFFICIAL MAIL TO:			
ADDRESS:			
PHONE NUMBER:	FAX:	E-MAIL:	

TITLE	ID	NAME	MAILING ADDRESS	PHONE
PRESIDENT*				
FIRST VICE*				
SECOND VICE*				
THIRD VICE*				
SECRETARY*				
TREASURER*				
SGT. AT ARMS				
CHAPLAIN				
PRO				
PARLIAMENTARIAN				
LIAISON				
HOSPITAL				
AMERICANISM				
SCHOLARSHIP				
JR. AMVETS				
S.E.C.*				
ALT. S.E.C.				

***MANDATORY ENTRIES - Must be filled in or the Local Auxiliary will not be revalidated.**

AMVETS NATIONAL LADIES AUXILIARY
LOCAL REVALIDATION FORM

*BLOCK #1

THIS IS TO CERTIFY THAT THE OFFICERS FOR AUXILIARY # _____ OF _____ (CITY/STATE) HAVE BEEN DULY ELECTED AND INSTALLED, AND THAT THEY HAVE READ AND SUBSCRIBED TO THE AMVETS LADIES AUXILIARY OATH OF OFFICE.

SIGNATURE OF INSTALLING OFFICER: _____ DATE: _____

*BLOCK #2

"MOST SMALL TAX-EXEMPT ORGANIZATIONS WHOSE ANNUAL **GROSS RECEIPTS** ARE **NORMALLY $50,000 OR LESS** ($25,000 FOR TAX YEARS ENDING AFTER DECEMBER 31, 2007 AND BEFORE DECEMBER 31, 2010) ARE REQUIRED TO ELECTRONICALLY SUBMIT FORM 990-N, ALSO KNOWN AS THE *E-POSTCARD*, UNLESS THEY CHOOSE TO FILE A COMPLETE FORM 990 OR FORM 990-EZ INSTEAD." **(THIS IS TAKEN DIRECTLY FROM THE IRS.GOV\EO990N)**

THIS IS TO CERTIFY THAT OUR FISCAL YEAR ENDS _____ AND THE INTERNAL REVENUE FORM 990, FORM 990-EZ OR FORM 990-N (E-POSTCARD) HAS BEEN SUBMITTED TO THE DIRECTOR OF INTERNAL REVENUE, NATIONAL HEADQUARTERS AND DEPARTMENT HEADQUARTERS.(FISCAL YEAR ENDING MAY 31, FILE 990, JUNE 1 OR AS SOON AFTER AS POSSIBLE, NO LATER THAN SEPT 15).

"PLEASE MAIL TWO (2) COPIES OF THE E POSTCARD TO EXECUTIVE SECRETARY AS SOON AS YOU FILE.

FEDERAL ID # _____

IF GROSS INCOME **IS OVER $50,000, (**A CPA IS RECOMMENDED). "IF GROSS INCOME **IS LESS THAN $50,000, YOU MUST** FILE WITH THE IRS FORM 990-N (E-POSTCARD), FORM 990 OR FORM 990-EZ.

IF FEDERAL ID # IS NOT PROVIDED. THE LOCAL AUXILIARY WILL NOT BE REVALIDATED

BLOCK #3

THIS IS TO CERTIFY THAT THE BY-LAWS OF THIS AUXILIARY, ON FILE WITH THE DEPARTMENT, HAVE BEEN REVIEWED BUT HAVE NOT BEEN AMENDED OR CHANGED FROM THE ORIGINAL COPY AS SUBMITTED _____(DATE SUBMITTED). AMENDED COPY IS BEING/HAS BEEN FORWARDED TO THE DEPARTMENT PARLIAMENTARIAN.

BLOCK #4

AMOUNT OF ANNUAL DUES: _____ (Please include National, Department and Local portion of dues)

REGULAR MEETING DATE: _____ (Month/Day)

DATE NEW OFFICERS WERE ELECTED: _____

SEND MEMBERSHIP CARDS TO: _____ Name/Title)

Local Membership Processor

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

DEADLINE FOR FILING REVALIDATION FORM:

LOCAL AUXILIARIES MUST FILE ANNUAL REVALIDATION/OFFICERS FORM, WHICH MUST BE POSTMARKED ON OR BEFORE MAY 19, 2020

DATE: _____

CERTIFIED BY: _____ _____

(Signature of Local President) (Signature of Local Secretary)

***MANDATORY ENTRIES – Must be filled in or the Local Auxiliary will not be revalidated**

REVISED 9/19