



**MILITARY ORDER OF THE PURPLE HEART AUXILIARY**  
**ANNUAL INSPECTORS REPORT**  
**REPORTING YEAR 20 \_\_\_\_ - 20 \_\_\_\_**

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Unit Number & Name \_\_\_\_\_ City & State \_\_\_\_\_

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Meeting Day/Night \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

1) Did your Unit file the IRS 990N & forward copy with Finance Report to the National Treasurer? YES \_\_\_\_\_ NO \_\_\_\_\_

2) Average attendance at meetings \_\_\_\_\_ Number of members in good standing \_\_\_\_\_

3) Did your Unit take advantage of digital meetings or members phoning in? YES \_\_\_\_\_ NO \_\_\_\_\_

4) Are all Unit checks signed & countersigned? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, why? \_\_\_\_\_

5) Does the Unit have the following Chairperson? \_\_\_\_\_ Community Service \_\_\_\_\_ Membership  
\_\_\_\_\_ Viola \_\_\_\_\_ Publicity \_\_\_\_\_ Hospital \_\_\_\_\_ Americanism \_\_\_\_\_ VAVS Representative

6) Was any reporting done for VAVS or Community Service/Community Hospital Hours? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, CIRCLE one or more above.

7) Did the Unit participate in a Viola Drive? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, with the Chapter? YES \_\_\_\_\_ NO \_\_\_\_\_

8) How are funds raised for service work? \_\_\_\_\_

9) Did the Unit utilize a request of funds from the HOV (Helping Our Veterans) Program? YES \_\_\_\_\_ NO \_\_\_\_\_

10) How is the Unit reaching out to Senior Veterans? \_\_\_\_\_

11) Does the Unit present at their meetings? American Flag \_\_\_\_\_ Auxiliary Banner \_\_\_\_\_  
Bible \_\_\_\_\_ Alter Cloth \_\_\_\_\_ Unit Charter \_\_\_\_\_

12) Does the Unit have a permanent? History/Scrapbook \_\_\_\_\_ MOPHA Const. & Bylaws \_\_\_\_\_  
Procedures \_\_\_\_\_ Standing Rules of: Unit \_\_\_\_\_ Dept. \_\_\_\_\_ National \_\_\_\_\_

13) Does the Unit send notice of meeting and minutes to members via email? YES \_\_\_\_\_ NO \_\_\_\_\_ How many? \_\_\_\_\_  
How does the Unit reach members without email? \_\_\_\_\_

14) Does the Unit inform these members of Auxiliary news from Department and National? YES \_\_\_\_\_ NO \_\_\_\_\_

15) Does the Unit currently request assistance from the Department or National? YES \_\_\_\_\_ NO \_\_\_\_\_  
Please indicate need: \_\_\_\_\_

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Department President (or Inspecting Officer) \_\_\_\_\_ Date (Inspection Year) \_\_\_\_\_ Unit President \_\_\_\_\_

**INSPECTORS COMMENTS:** (Add a sheet if necessary)

**PLEASE USE BLACK INK TO COMPLETE ALL FORMS.** Make two copies of this report, one for Unit and send original to Inspecting Officer for signature. **Inspecting Officer:** once signed forward original to National Inspector (Senior Vice President, name & address is in the PH magazine) **as soon as completed.** Retain a signed copy for the Department. **Due date is May 15<sup>th</sup>, do NOT hold report, mail as soon as possible.**