

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: [X] Address change, [] Name change, [] Initial return, [] Termination, [X] Amended return, [] Application pending

C Amvets Ladies Auxiliary Department of Florida, Inc. 2826 Tamiami Trail Crestview, FL 32539

D Employer identification number 35-2231101 E Telephone number 727-321-7818 F Accounting method: [X] Cash [] Accrual [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H (a) Is this a group return for affiliates? [] Yes [X] No H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? [] Yes [] No H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

G Web site: N/A

J Organization type (check only one) [X] 501(c) 19 (insert no.) [] 4947(a)(1) or [] 527

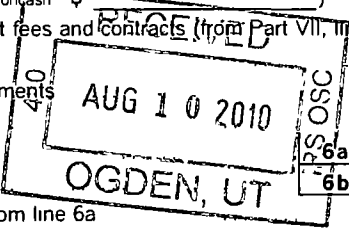
K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

I Group Exemption Number M Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 145,652.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue from contributions, program services, membership dues, and expenses for fundraising and management.



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Handwritten initials 'P 17'

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) See Stmt 4 (cash \$ 31,042. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	31,042.	31,042.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	1,388.	1,388.		
34 Telephone	34	1,001.	1,001.		
35 Postage and shipping	35	1,223.	1,223.		
36 Occupancy	36				
37 Equipment rental and maintenance	37	257.	257.		
38 Printing and publications	38	3,333.	3,333.		
39 Travel	39	12,943.	12,943.		
40 Conferences, conventions, and meetings	40	9,948.	9,948.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a See Statement 5	43a	19,876.	18,420.	1,456.	
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	81,011.	79,555.	1,456.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III: Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 6</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Freedoms Foundation - Provide educational programs to children and adults regarding the principals of freedom, democracy, citizenship, the flag and honor of Veterans. Funding provided to National Auxiliary for distribution to Foundation.</u> (Grants and allocations \$ <u>1,405.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,405.
b <u>James Parke & National Scholarships - Award scholarships to deserving students to further education. Funding provided to National Auxiliary for distribution to students.</u> (Grants and allocations \$ <u>875.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	875.
c <u>John Tracy Clinic - Benefit hearing impaired children at no cost to families. Funding provided to National Auxiliary for distribution to Clinic.</u> (Grants and allocations \$ <u>8,574.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	8,574.
d <u>Paws with a Cause - Provide service dogs at not cost to recipients. Funding provided to National Auxiliary for distribution to Organization.</u> (Grants and allocations \$ <u>8,961.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	8,961.
e Other program services <u>See Statement 7</u> (Grants and allocations \$ <u>11,227.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	59,740.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	79,555.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	104,670.	45	109,565.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable		47 a	
	b Less: allowance for doubtful accounts		47 b	47 c
	48 a Pledges receivable		48 a	
	b Less: allowance for doubtful accounts		48 b	48 c
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)		51 a	
	b Less: allowance for doubtful accounts		51 b	51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments – publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a	
	b Investments – other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 b	
	55 a Investments – land, buildings, & equipment, basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b	55 c	
	56 Investments – other (attach schedule)		56	
	57 a Land, buildings, and equipment, basis	57 a		
b Less: accumulated depreciation (attach schedule)	57 b	57 c		
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	104,670.	59	109,565.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ _____)		65	
	66 Total liabilities. Add lines 60 through 65	0.	66	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	104,670.	67	109,565.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	104,670.	73	109,565.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	104,670.	74	109,565.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	141,795.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	141,795.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	141,795.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	136,900.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	136,900.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	136,900.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 8		0.	0.	0.

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82 b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85 b	N/A
c Dues, assessments, and similar amounts from members	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87 a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88 a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>	89 a	N/A
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89 c	N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	89 d	N/A
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
90 a List the states with which a copy of this return is filed ▶ <u>None</u>		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90 b	0
91 a The books are in care of ▶ <u>Georgia Ross</u> Telephone number ▶ <u>352-475-3511</u> Located at ▶ <u>PO Box 864 Melrose FL</u> ZIP + 4 ▶ <u>32666</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
91 c

If 'Yes,' enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Committees/Meetings					879.
b Convention/Registrati					4,412.
c Officer Training					1,931.
d Other Program Income					1,362.
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					89,296.
95 Interest on savings & temporary cash invmnts			14	1,825.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			9	7,300.	
102 Gross profit or (loss) from sales of inventory			1	1,975.	
103 Other revenue. a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				11,100.	97,880.
105 Total (add line 104, columns (B), (D), and (E))					108,980.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Donna Joanne Heider Date: 8-5-2010

Type or print name and title: X Donna Joanne Heider, First Vice President

Paid Preparer's Use Only

Preparer's signature: Keith Newman Date: 8/2/10 Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): N/A

Firm's name (or yours if self employed), address, and ZIP + 4: Newman & Company, P.A.
3535 1st Ave North
St. Petersburg, FL 33713 EIN: N/A Phone no: 727-327-6608

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Bingo/Auxiliary	7,300.	0.	7,300.	0.	7,300.
Total	<u>\$ 7,300.</u>	<u>\$ 0.</u>	<u>\$ 7,300.</u>	<u>\$ 0.</u>	<u>\$ 7,300.</u>

Statement 2
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

Sale of T-Shirts, Hats, Etc.	\$ 5,832.
Gross Sales	<u>\$ 5,832.</u>
Less Returns & Allowances	<u>0.</u>
Net Sales	\$ 5,832.
Less Cost Of Goods Sold	<u>3,857.</u>
Gross Profit From Sales Of Inventory	<u>\$ 1,975.</u>

Statement 3
Form 990, Part I, Line 16
Payments to Affiliates

Name and Address	Purpose of Payment	Amount
Amvets National Ladies Auxilia 4647 Forbes Blvd. Lanham, MD 20706	Membership Dues	\$ 55,889.
Total		<u>\$ 55,889.</u>

Statement 4
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	Amvets National Ladies Auxiliary	
Donee's Address:	4647 Forbes Blvd. Lanham, MD 20706	
Relationship of Donee:	National Organization	
Amount Given:		\$ 26,223.
Donee's Name:	Fisher House	
Donee's Address:	111 Rockville Pike, Suite 420 Rockville, MD 20850	
Relationship of Donee:	Connected to VA Hospitals	
Amount Given:		2,019.

Statement 4 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Donee's Name:	University of South Florida		
Donee's Address:	4202 E. Fowler Ave.		
	Tampa, FL 33620		
Relationship of Donee:	Recipient		
Amount Given:		\$	1,400.
Donee's Name:	Syracuse University		
	Syracuse, NY 13244		
Relationship of Donee:	Scholarship Recipient		
Amount Given:			700.
Donee's Name:	Florida A&M University		
	Tallahassee, FL 32307		
Relationship of Donee:	Scholarship Recipient		
Amount Given:			700.
	Total Grants and Allocations		\$ <u>31,042.</u>

Statement 5
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Bank Fees & Charges	47.		47.	
Insurance	119.		119.	
Miscellaneous Expense	670.	49.	621.	
Office Expense	669.		669.	
Officer's Meeting Exp/Supplies	11,566.	11,566.		
Officer's Training	6,805.	6,805.		
Total	\$ <u>19,876.</u>	\$ <u>18,420.</u>	\$ <u>1,456.</u>	\$ <u>0.</u>

Statement 6
Form 990, Part III
Organization's Primary Exempt Purpose

The Amvets Ladies Auxiliary Department's purpose is to assist Veterans and their communities. From looking after our Veterans and their families to those hospitalized and in need - all related to a veteran ourselves - are committed to working for the good of our Country and the needs of its citizens.

Statement 7
Form 990, Part III, Line e
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
St. Judes Children's Research Hospital - Provide medical care to children; which care is continued throughout the child's life. Funding provided to National Auxiliary for distribution to Hospital. Includes Foreign Grants: No	6,408.	6,408.
Department Scholarships - Award scholarships to deserving students to further their education. Scholarships were provided to three state colleges for deserving students. Includes Foreign Grants: No	2,800.	2,800.
Fisher House - Provide financial assistance to allow families of hospitalized veterans to stay while their family member is hospitalized or receiving treatment. Includes Foreign Grants: No	2,019.	2,019.
Aid in the organization and provide assistance to Local Auxiliaries (to include support of fundraising efforts by Local Auxiliaries) and to carry out the policies and plans delegated by the National Auxiliary (to include support of National Auxiliary program services). All Auxiliaries help to support veterans and their families through various funding programs. Includes Foreign Grants: No		48,513.
Total	\$ <u>11,227.</u>	\$ <u>59,740.</u>

Statement 8
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Mary Lou Maslow 2826 Tamiami Trail Crestview, FL 32539	1st Vice 15.00	\$ 0.	\$ 0.	0.
Delores Baggett 2826 Tamiami Trail Crestview, FL 32539	2nd Vice 10.00	0.	0.	0.

Statement 8 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Donnajeanne Hakler 2826 Tamiami Trail Crestview, FL 32539	3rd Vice 10.00	\$ 0.	\$ 0.	0.
Estrella Young 2826 Tamiami Trail Crestview, FL 32539	President 0	0.	0.	0.
Georgia Ross 2826 Tamiami Trail Crestview, FL 32539	Treasurer 7.00	0.	0.	0.
Dolores Seals 2826 Tamiami Trail Crestview, FL 32539	Executive Sec 10.00	0.	0.	0.
Gloria Jasinski 2826 Tamiami Trail Crestview, FL 32539	Parliamentarian 5.00	0.	0.	0.
Sondra Waddell 2826 Tamiami Trail Crestview, FL 32539	Secretary 2.00	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 9
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93a	Income allows committee members and officers to meet and discuss plans to support Local and National Auxiliary program services.
93b	Allows for attendance at the annual National Auxiliary convention whereby officers and delegates meet to discuss plans to support Local and National Auxiliaries program efforts. Awards and scholarships are distributed at the convention.
93c	Provides for the training of officers on a state level regarding the various Auxiliary programs and duties of officers within the organization.
93d	Various program income which supports the fundraising efforts both on a Local and National level.
94	Membership dues and assessments are collected from the various Local Auxiliaries which help to support the function of the Organization and in turn remit membership dues to the National Auxiliary.