



ACTION REQUIRED
PLEASE EMAIL THIS
COMPLETED FORM TO:

HQ Military Order of World Wars
Chief of Staff (MOWW/CS)
435 North Lee Street | Alexandria, VA 22314-2301
mowwcs@comcast.net

⚠ SUSPENSE — 30 SEP OF EACH YEAR ⚠

Guidance: Always refer to the Internal Revenue Service (IRS) and Military Order of the World Wars (MOWW) websites for the most current information. In compliance with IRS Tax Code, and MOWW Bylaws and Policy, the undersigned officers of the MOWW Region, Department, State or Chapter named below have adequate records of all income and expenses for the fiscal year listed. Said officers certify the appropriate IRS tax forms were filed for the fiscal tax year being reported.

A. ORGANIZATIONAL INFORMATION *(REQUIRED; PLEASE PRINT)*

1. Organizational Name (e.g., Chapter, etc.): _____
(PRINT THE REGION, DEPARTMENT, STATE OR CHAPTER NAME, AS APPLICABLE)
2. Mailing Address: _____
(PRINT THE FULL REGION, DEPARTMENT, STATE OR CHAPTER MAILING ADDRESS, APPLICABLE)
3. Employer Identification Number (EIN): _____
(PRINT THE ORGANIZATION'S EIN. IF THE ORGANIZATION HAS NO EIN, INDICATE "NOT APPLICABLE")
4. MOWW Fiscal Tax Year: _____
(PRINT DAY-MONTH-YEAR TO DAY-MONTH-YEAR OF THE FISCAL TAX YEAR BEING REPORTED, E.G., 1 JUL 10 — 30 JUN 11)

B. MEMBERSHIP COMPOSITION *(REQUIRED WHETHER OR NOT THE ORGANIZATION HAS AN EIN; CIRCLE "YES" OR "NO")*

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| 1. Are at least 75 percent of its Region, Department, State or Chapter members (as appropriate) past or present members of the United States Armed Forces? | YES | NO |
| 2. Are at least 77.5 percent of its Region, Department, State or Chapter members (as appropriate): | YES | NO |
| a. Present or former members of the United States Armed forces and University Reserve Officer Training Corps (ROTC) programs or | | |
| b. Cadets (i.e., students in college or at Armed Service academies) or | | |
| c. Spouses, widows, widowers, ancestors or lineal descendants of individuals referred to in a. or b. above? | | |

C. GROSS RECEIPTS *(REQUIRED WHETHER OR NOT THE ORGANIZATION HAS AN EIN; CIRCLE "YES" OR "NO")*

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|---|-----|----|
| 1. Did the Region, Department, State or Chapter (as appropriate or applicable) gross \$25,000 or more in receipts during the tax year being reported? | YES | NO |
| 2. If the answer to question C.1. above is "NO," was IRS Form 990-N ("e-Postcard) filed? | YES | NO |
| 3. If the answer to question C.1. above is "YES," was the appropriate IRS Tax Form 990 filed? | YES | NO |

D. FINANCIAL REVIEW *(REQUIRED WHETHER OR NOT THE ORGANIZATION HAS AN EIN; CIRCLE "YES" OR "NO")*

Was an annual financial review of Region, Department, State or Chapter finances (as appropriate) completed for the last complete fiscal Operating Year in accordance with MOWW Bylaws and policy, and was a signed statement documenting this fact included in the applicable organization's financial records statement?	YES	NO
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E. OFFICER CERTIFICATION *(REQUIRED WHETHER OR NOT THE ORGANIZATION HAS AN EIN; CIRCLE "YES" OR "NO")*

Have all Region, Department, State or Chapter officers (as appropriate) been duly elected and sworn in, was the applicable Oath of Office form signed by each, and is that signed form retained in Headquarters, Region, Department, State or Chapter files (as appropriate)?	YES	NO
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F. SIGNATURE & DATE *(REQUIRED WHETHER OR NOT THE ORGANIZATION HAS AN EIN)*

COMMANDER'S (OR ADJUTANT'S) NAME, SIGNATURE AND DATE
(Print full name, rank and Service, and sign and date)

TREASURER'S NAME, SIGNATURE AND DATE
(Print full name, rank and Service, and sign and date)