

**2025 – 2026 DISTRICT PRESIDENT OF THE YEAR REPORT**

**Report must be Received by: May 5, 2026**

Elaine Taylor - Awards Chairman

District President \_\_\_\_\_ Email: \_\_\_\_\_ District No. \_\_\_\_\_  
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1. Were new District Officers elected and Installed prior to Department Convention 2025? Yes \_\_\_ No \_\_\_
2. Was your District bonded by August 31, 2025? Yes \_\_\_ No \_\_\_ Through MALTA \_\_\_ or Dept. Treasurer \_\_\_?
3. What was your District Membership percentage on April 30<sup>th</sup>, 2026? \_\_\_\_\_%
4. Did your District submit the required 990-N (e-Postcard) to IRS & Dept Treasurer by November 15, 2025? Yes \_\_\_ No \_\_\_ What is your EIN # \_\_\_\_\_
  
5. Did you visit all Auxiliaries in your District & report same to Department by April 30, 2026? Yes \_\_\_ No \_\_\_  
\*\*Did you check for current proof of bonding of auxiliary Treasurer/President & verify? Yes \_\_\_ No \_\_\_  
\*\*Were all of your Auxiliaries audits current & forwarded to the Department Treasurer? Yes \_\_\_ No \_\_\_  
\*\*Did you sign ALL Auxiliary Secretary & Treasurers books at the time of visit? Yes \_\_\_ No \_\_\_  
\*\*Did you request approval from Department President to assign someone else to visit your Auxiliary? Yes \_\_\_ No \_\_\_ Who was it? \_\_\_\_\_
  
6. Did your Auxiliaries meet 100% donation commitments for the Hospital Program? Yes \_\_\_ No \_\_\_  
The same for the National Home Health and Happiness (.25 per member)? Yes \_\_\_ No \_\_\_
7. Did you promote all National Programs at your District meetings? Yes \_\_\_ No \_\_\_  
\*\* How did you accomplish this? \_\_\_\_\_
8. Did you send ALL your visitation reports & monthly reports to the Dept. Chief of Staff and to the Dept. President as required (July 2025 through April 2026)? Yes \_\_\_ No \_\_\_
  
9. Did you or a representative attend the Department School of Instruction? Yes \_\_\_ No \_\_\_  
\*\* Representatives Name & position held \_\_\_\_\_
10. Did you or a representative attend the Department Mid-Winter Conference? Yes \_\_\_ No \_\_\_  
\*\* Representatives Name & position held \_\_\_\_\_
11. Did you or a representative attend the National President's visit? Yes \_\_\_ No \_\_\_  
\*\* Representatives Name & position held \_\_\_\_\_
12. How many Departments Council of Administration meetings did you attend? \_\_\_\_\_

**PLEASE PROVIDE THE REPORT WITH AN EXTRA PAGE SUMMARIZING HOW YOU HELPED YOUR DISTRICT THIS YEAR. AN EXTRA PAGE OF PHOTOS IS ALSO WELCOME.**  
**IF YOU NEED MORE THAN TWO EXTRA PAGES, PLEASE SEND VIA US MAIL BY THE DEADLINE.**

**Original Copy: Awards Chairman**  
**Due NO Later Than May 5, 2026**

**Elaine Taylor**  
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**Oak Harbor, WA 98277**

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**cell # 360-969-1517**

**Copy: District Records**