



# County/Area Commander's Inspection Report

## The American Legion

### Department of Maryland, Inc.

**Post:** \_\_\_\_\_ **No.:** \_\_\_\_\_ **Cty/Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **District:** \_\_\_\_\_  
 \_\_\_\_\_  
**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

*If an answer is not entered, you are to clarify under "Remarks."*

	Yes	No
<b>Post Meetings:</b>		
Was Post Meeting conducted per the Manual of Ceremonies	_____	_____
Were the National, Post, and POW/MIA flags properly displayed	_____	_____
Were the Opening & Closing Prayers used	_____	_____
Was the Pledge of Allegiance recited	_____	_____
Number of members present:	_____	_____
Are Minutes of Meetings typed	_____	_____
Are Minutes properly maintained and stored	_____	_____
Was a Financial Report made	_____	_____
Are Financial Reports available	_____	_____
Were motions made and business conducted properly	_____	_____
Copy of Post Constitution & By-Laws available	_____	_____
<b>Membership:</b>		
Previous Year's Membership:	_____	_____
Present Membership:	_____	_____
Is the Post Membership Roster kept in order	_____	_____
Are Dues' Transmittals up to date	_____	_____
Does the Post have an active Membership Committee	_____	_____
Does the Post have an active DMS/Post #297 Transfer Team	_____	_____
<b>Post Officers:</b>		
Elected Officers present?	_____	_____
Certification of Elected Officers on file in the Post	_____	_____
Post Commander's record of Military Service on file with Department	_____	_____
<b>Post Home:</b>		
Does the Post own their Building/Post Home	_____	_____
Does the Post rent/lease their Building/Post Home from others	_____	_____
Does the Post meet in other quarters	_____	_____
Locale: _____		
Address: _____		
_____		

**Participation in American Legion Programs:**

	Yes	No	
Sons of The American Legion:	_____	_____	Baseball: _____
Oratorical Contest:	_____	_____	Boys State: _____
School Awards:	_____	_____	Boys Scouts: _____
Americanism:	_____	_____	Children & Youth: _____
Legion Birthday:	_____	_____	VA&R: _____
Honor Guard:	_____	_____	Color Guard: _____

Did the Post complete and file a Consolidated Report for the previous year? \_\_\_\_\_

**Corporate and Financial Records:**

Does the Post have a Corporate Charter? \_\_\_\_\_

Do Financial Records show the location and amount of all Post accounts? \_\_\_\_\_

Are Financial Records audited? \_\_\_\_\_

Internal: \_\_\_\_\_ External: \_\_\_\_\_

Has Federal Form 990 been filed and available for the previous year? \_\_\_\_\_

Has a Federal Form 990-T been filed and available for the previous year? \_\_\_\_\_

Has Maryland State Form 1 been filed and available for the previous year? \_\_\_\_\_

Is a Federal Form 1099 issued for all payouts over \$599.00? \_\_\_\_\_

Are Federal and State Withholding Taxes and FICA reported for all employees? \_\_\_\_\_

Are all salaries, wages, and tips reported? \_\_\_\_\_

Number of employees? \_\_\_\_\_

Total Salaries, wages, and Tips: \$ \_\_\_\_\_

Does the Post have a Freedom From Sexual Harassment Policy? \_\_\_\_\_

Signed by all employees? \_\_\_\_\_

**Licenses and Stamps:**

Does the Post hold an Alcohol Beverage License? \_\_\_\_\_

Number: \_\_\_\_\_

On and Off Premises Sales? \_\_\_\_\_

On Premises only? \_\_\_\_\_

Class of License? \_\_\_\_\_

Effective Dates? \_\_\_\_\_ to \_\_\_\_\_

Is the Maryland Sales Tax License displayed? \_\_\_\_\_

Number: \_\_\_\_\_

Is the Federal ATF Tax Stamp displayed? \_\_\_\_\_

Number: \_\_\_\_\_

**Insurance:**

Building Property? Amount: \$ \_\_\_\_\_

Personal Property? Amount: \$ \_\_\_\_\_

Loss of Income? Amount: \$ \_\_\_\_\_

Comprehensive General Liability? Amount: \$ \_\_\_\_\_

Comprehensive Bond Coverage? Amount: \$ \_\_\_\_\_

Policy No.: \_\_\_\_\_ Effective: \_\_\_\_\_

Company: \_\_\_\_\_

Workmen's Compensation? \_\_\_\_\_

Policy No.: \_\_\_\_\_ Effective: \_\_\_\_\_

Company: \_\_\_\_\_

Directors & Officers Liability with Employment Practices? \_\_\_\_\_

Policy No.: \_\_\_\_\_ Effective: \_\_\_\_\_

Company: \_\_\_\_\_

**Other Property Owned by the Post:**

Type: \_\_\_\_\_ Insured: \_\_\_\_\_

Address: \_\_\_\_\_ Company: \_\_\_\_\_

Policy Amount: \$ \_\_\_\_\_

Value: \$ \_\_\_\_\_

**Remarks:** \_\_\_\_\_

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*\*Form must be submitted to the Department 3rd Vice Commander in care of Department HQ no later than February 1.*

County/Area Commander \_\_\_\_\_ Date \_\_\_\_\_ Post Commander \_\_\_\_\_ Date \_\_\_\_\_