



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, or is no, you are to clarify under "Remarks."

	Yes	No
Post Meetings:		
1. Was Post Meeting conducted per the Manual of Ceremonies	_____	_____
2. Number of members present?	_____	_____
3. Are Minutes of Meetings typed?	_____	_____
4. Are Minutes properly maintained and stored	_____	_____
5. Was a Financial Report made?	_____	_____
6. Are Financial Reports available	_____	_____
7. Copy of Post Constitution & By-Laws available	_____	_____
8. Elected Officers present?	_____	_____
Membership:		
9. Is the Post Membership Roster kept in order?	_____	_____
10. Are Dues' Transmittals per Department Constitution and By-Laws	_____	_____
11. Does the Post have an active Membership Committee	_____	_____
12. Does the Post have an active DMS/Post #297 Transfer Team	_____	_____
Post Officers:		
13. Certification of Elected Officers on file in the Post	_____	_____
14. Post Commander's record of Military Service submitted to Department	_____	_____
Post Home:		
15. Does the Post have a Post Home?	_____	_____
16. Does the Post own/rent/lease their Building/Post Home	_____	_____
If rent/lease, did Department approve contract	_____	_____
If own is there and outstanding mortgage	_____	_____
If yes, was it approved by department?	_____	_____
17. Does the Post meet in other quarters?	_____	_____
Locale: _____		
Address: _____		

18. Did the Post complete and file a Consolidated Report for the previous year?	_____	_____
Corporate and Financial Records:		
19. Does the Post have a Corporate Charter?	_____	_____
20. Does Post have subsidiary corporation(s)?	_____	_____
21. Do Financial Records show the location and amount of all Post accounts?	_____	_____
22. Are Financial Records audited?	_____	_____
Internal: _____ External: _____		
23. Has Federal Form 990 been filed and available for the previous year?	_____	_____
24. Has a Federal Form 990-T been filed and available for the previous year?	_____	_____
25. Has Maryland State Form 1 been filed and available for the previous year?	_____	_____
26. Is a Federal Form 1099 issued for all payouts over \$599.00?	_____	_____
27. Are Federal and State Withholding Taxes and FICA reported for all employees?	_____	_____
28. Are all salaries, wages, and tips reported?	_____	_____
Number of employees? _____		
Total Salaries, wages, and Tips: \$ _____		
29. Does the Post have a Freedom From Sexual Harassment Policy?	_____	_____
Signed by all employees?	_____	_____

Licenses and Stamps:

- 30. Does the Post hold an Alcohol Beverage License? _____
- Number: _____
- On and Off Premises Sales? _____
- On Premises only? _____
- Class of License? _____
- Effective Dates? _____ to _____
- 31. Is the Maryland Sales Tax License displayed? _____
- Number: _____
- 32. Is the Federal ATF Tax Stamp displayed? _____
- Number: _____
- 33. Other local, as applicable: _____
- _____
- _____
- _____

Insurance:

- 34. Building Property? Amount: \$ _____
- 35.. Personal Property? Amount: \$ _____
- 36. Loss of Income? Amount: \$ _____
- 37. Comprehensive General Liability? Amount: \$ _____
- 38. Comprehensive Bond Coverage? Amount: \$ _____
- Policy No.: _____ Effective: _____
- Company: _____
- 39. Workmen's Compensation? _____
- Policy No.: _____ Effective: _____
- Company: _____
- 40.. Directors & Officers Liability with Employment Practices? _____
- Policy No.: _____ Effective: _____
- Company: _____
- 41. Last insurance policies evaluation date _____

Other Property Owned by the Post:

Type: _____ Insured: _____

Address: _____ Company: _____

Policy Amount: \$ _____

Value: \$ _____

Remarks: _____

**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 _____