



**County/Area Commander's Post Inspection Report
The American Legion, Department of Maryland, Inc.**

Post: _____ No: _____ County: _____ District: _____

If an answer is not entered or is "NO", you MUST clarify under the remarks section

Inspection Date: _____	Yes	No
1. Was Post Meeting conducted per the Manual of Ceremonies?	_____	_____
2. Quorum present? No. of Members attending: _____	_____	_____
3. Are the minutes of the meeting recorded?	_____	_____
4. Are the minutes typed?	_____	_____
5. Are the minutes maintained and stored at the Post?	_____	_____
6. Was a financial report given?	_____	_____
7. Are the financial records maintained at the Post?	_____	_____
8. Are the Post finances audited? Internal - External (circle one)	_____	_____
9. Do financial records show location and amounts of Post accounts?	_____	_____
10. Did the Post file a 990 - 990T - 990ez for the previous year? (circle one)	_____	_____
11. Was the Post Tax Exemption Revoked by the IRS (Normal answer is NO for this question)	_____	_____
12. Is the current Maryland form 1 on file?	_____	_____
13. Is IRS form 8822-B (responsible party) form on file?	_____	_____
14. Name of resident agent - can be found at https://egov.maryland.gov/businessexpress/entitysearch Print Name: _____		
15. Does the Post issue a 1099 for payments over \$600.00?	_____	_____
16. Are State, Federal, and FICA taxes reported, and paid, for all employees?	_____	_____
17. Are all salaries, wages and tips reported?	_____	_____
18. Does the Post have a Freedom from Sexual Harrassment Policy? Is the policy signed and onfile for all employees? Is the policy signed and onfile for all elected and appointed officers?	_____ _____ _____	_____ _____ _____
19. Is a copy of the Post Constitution and By-Laws available? Date Approved: _____	_____ _____	_____ _____
20. Does the Post have Operating Standing Orders?	_____	_____
21. Is the Post Membership Roster properly maintained?	_____	_____
22. Are membership dues processed and forwarded per Department By-Laws?	_____	_____
23. Is Certificate of Elections on file and available?	_____	_____
24. Are DD-214's on file for elected officers?	_____	_____
25. Has the Post forwarded a copy of DD-214 for the Commander to Dept. HQ?	_____	_____
26. Has the Post forwarded a copy of DD-214 for the Adjutant to Dept. HQ?	_____	_____
27. Does the Post Own or Lease the Post Home? (circle one) If leased, has the contract been approved by Department? Date of most recent lease renewal: _____	_____ _____ _____	_____ _____ _____
28. Does the Post have a mortgage? If yes, was the mortgage approved by Department? Is the mortgage current?	_____ _____ _____	_____ _____ _____
29. Does the Post have a line of credit? If yes, was it approved by Department?	_____ _____	_____ _____
30. Did the Post complete a Consolidated Report for the previous year?	_____	_____
31. Does the Post have a Corporate Charter?	_____	_____
32. Does the Post have any Subsidiary Corporations?	_____	_____

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Post: _____ No: _____ County: _____ District: _____
Yes No

33. Does the Post have an Alcohol Beverage License? On Premise - Off Premise (circle one) _____

License Number : _____ Effective Date: _____ Class: _____

34. Is the Maryland State Sales Tax License displayed?

License Number : _____ Effective Date: _____

35. Are Sales Tax returns completely monthly and paid at time of submission? _____

36. Other Licenses and/or Stamps: _____

37. Date of last insurance adjustment/appraisal: _____

38. Are all Insurance premiums paid up to date? _____

39. Building Value: \$ _____ Amount Insured For: _____ Year: _____

Personal Property Value: \$ _____ Amount Insured For: _____ Year: _____

40. Building & Property Insurance Policy Number: _____ Company: _____

Policy Information

41. General Liability/Umbrella Value: \$ _____ Policy Number: _____

Company: _____ Effective Dates: _____ Current Payment: Y / N

42 Directors & Officers Liability Value: \$ _____ Policy Number: _____

Company: _____ Effective Dates: _____ Current Payment: Y / N

43. Worker.s Compensation Value: \$ _____ Policy Number: _____

Company: _____ Effective Dates: _____ Current Payment: Y / N

44. Does the Post own other property? If yes, provide details _____

Location/address: _____

Value: \$ _____ Insurance Policy Number and Dates: _____

45. Are Post Property Taxes Paid? _____

Was Post Property removed from Property Tax Exempt Roles by City or County? _____

Remarks: (attach separate page if needed)

(Print) _____

(Signature) _____

County/Area Commander Date

(Print) _____

(Signature) _____

Post Commander or Officer Date

***Form must be submitted to the Dept. 3rd Vice Commander in care of Dept. HQ, as to dates prescribed at Co. Cdr. Seminar**