



Deputy Inspector Training

Veterans of Foreign Wars
Department of California

AGENDA



Overview & Objectives

VFW Post Inspection Form

Goals

Forms and Timelines

VFW Post Inspection Form

VFW Post Inspection Form Close Out

AGENDA



Post Inspection Supplemental

Pre-Inspection Tools

OVERVIEW/OBJECTIVES



- To prepare you for conducting Post/District inspections
- VFW Bylaws, District/Post Bylaws if available
- Know the forms, tools and web sites used to validate Post/District status
- Know resources that can assist Posts in correcting issues
- Do not intimidate/harass officers or members during inspection
- Be professional - Inspect diligently, honestly, and fairly

FORMS AND TIMELINES



- VFW Post Inspection and VFWCA Supplemental Inspection forms
- Inspection period September 01, - December 31,
- Inspections are due to Department Inspector NLT 12/31
- Discrepancies to be corrected/submitted prior to June 01,
- Posts required to file CA 199 and IRS 990 taxes annually. Calendar Year taxes due 5/15, Fiscal Year taxes due 11/15.

VFW POST INSPECTION FORM



1-1a National Bylaw Sec 202 - Post Shall adopt bylaws.

2-2a-d Sec 708 provides information on incorporation:

The corporation must register with the appropriate state, usually on an annual or bi-annual basis, or the incorporation will be inoperable and void. Prior to filing with the appropriate State office, the Articles of Incorporation must be submitted through proper channels for review by the Commander-In-Chief. Secretary of State's date of signature must be dated after the Commander-In-Chief.

3 Election Reports:

Does yours match what they have? Are there unfilled positions? New elections must be held for any vacancies

SI-100
Approved



**California Secretary of State**
Business Programs Division
1500 11th Street, Sacramento, CA 95814

CATALINA ISLAND OUTPOST POST NO. 4682
VETERANS OF FOREIGN WARS OF THE UNITED STATES
P.O. BOX 2582
AVALON, CA 90704

Business Amendment Filing Approved

May 9, 2023

Entity Name: CATALINA ISLAND OUTPOST POST NO. 4682 VETERANS OF FOREIGN WARS OF THE UNITED STATES
Entity Type: Nonprofit Corporation - CA - Mutual Benefit
Entity No.: 4178751
Document Type: Statement of Information
Document No.: BA20230703956
File Date: 05/01/2023

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number in the Search module at bizfileOnline.sos.ca.gov.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.

 Thank you for using bizfileOnline.sos.ca.gov, the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

RECEIVED
May 23 2023

Anthony A. Precie
Adjutant
VFW CA District 5
VFWCA Inspector-4682

SI-100
Certified



**Secretary of State**
Statement of Information
(California Nonprofit, Credit Union and General Cooperative Corporations)

SI-100

FILED
File No.: BA20230703956
Date Filed: 5/1/2023

This form is due within 90 days of initial registration and every two years thereafter.

Filing Fee - \$20.00
Certification Fee (Optional) - \$5.00

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)
CATALINA ISLAND OUTPOST POST NO. 4682
VETERANS OF FOREIGN WARS OF THE UNITED STATES

This Space For Office Use Only
2. 7-Digit Secretary of State Entity Number
4178751

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box
205 CRESCENT AVE.
AVALON CA 90704

b. Mailing Address of Corporation, if different than item 3a
PO BOX 2582
AVALON CA 90704

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers, set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ First Name Middle Name Last Name Suffix
VICTOR M HOLGUIN
Address City (no abbreviations) State Zip Code
181 MIDDLE TERRACE ROAD AVALON CA 90704

b. Secretary/ First Name Middle Name Last Name Suffix
RONALD W MCGILL
Address City (no abbreviations) State Zip Code
PO BOX 2156 AVALON CA 90704

c. Chief Financial Officer/ First Name Middle Name Last Name Suffix
RONALD W MCGILL
Address City (no abbreviations) State Zip Code
PO BOX 2156 AVALON CA 90704

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5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Middle Name Last Name Suffix
VICTOR M HOLGUIN
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations) State Zip Code
181 MIDDLE TERRACE ROAD AVALON CA 90704

CORPORATION - Complete item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 5a or 5b

6. Common Interest Developments

☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a).

7. Email Notifications

Provide an email address to opt-in to receive entity related notifications, including Statement of Information reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by USPS mail.

Yes, I opt-in to receive entity notifications via email. Email Address: [REDACTED]

To change your option after filing, you must submit a new complete Statement of Information.

The information contained herein, including in any attachments, is true and correct.

04/26/2023 VICTOR M. HOLGUIN COMMANDERED
Date Type or Print Name Title Signature

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VFW POST INSPECTION FORM cont.



4. Delegates and alternates for the District, Departments, and National Convention shall be elected at a regular meeting in April based on post strength of members in good standing. Election reports must be filled out and sent to department and national. Copies kept in binder. Delegate count should be 1 for every 30 members.

5a Maintain books and records in a legible and uniform format?

This is a judgement call. However, if section 5 a-g takes more than 20 mins to get through, mark no with a recommendation of building an inspection binder.

VFW POST INSPECTION FORM cont.



5b Maintain a file containing a copy of the original application of every member admitted into the Post?

This one could be a hard one to hammer on. However, in the last 12 to 16 months of meeting minutes pick a name and have them find the application.

How do we know that it was voted on at a post meeting for approval? The meeting minutes should list all members voted in. (Document number three also used to answer 5c)

VFW POST INSPECTION FORM cont.



5c Meeting minutes: see at least the last year

5d-e Maintain a file of current orders or circulars issued from higher authority? Printed or digital is ok

5f Post Adjutants are required to maintain a proof of eligibility file for all Post officers

5g Current Post, District, Department, National Bylaws

VFW POST INSPECTION FORM cont.



6 Are applicants for membership reviewed, read and voted on at Post meeting for approval? How to verify:

Who reviews the membership application(s)?

Membership committee (as appointed by the Commander or as indicated in the Bylaws) Look for appointments and standing committees in the bylaws. (Document one is the committee appointment document also use to answer question 13) How do you know that it has been reviewed? On the back of the pocket application or the bottom of the 8x11 application there are three spots for members of the committee to sign and mark recommend approve or not approve (application is document number two also used to answer)

VFW POST INSPECTION FORM cont.



7 Does the Post hold at least one meeting per month with a quorum present? Unless otherwise stated in post by-laws a quorum is four members and the commander. Roll call should be taken or sign-in rosters attached.

8 Are the committees reporting to the membership at Post meetings?

9 Are Community Service/Program (Activity) reports submitted in accordance with Dept. Bylaws and guidelines? Guidelines are in training provided in School of Instruction. And must be input into the www.VFWCA.org reports to receive credit.

VFW POST INSPECTION FORM cont.



10 Does the Post observe commemorative dates as mandated in Section 223 of the National Bylaws?

Check Dashboard for reports of observing of the commemorative dates.

11a Is there proper cooperation between the Post and its Auxiliary unit?

AUX to provide VFW with last quarter audit and list of fundraisers/events they are requesting approval for the year. AUX / VFW support requested to be reported in committee and meeting min's (fix will be District Commander and President signing a memo stating that they work together) Section 1101 and 1301 of the National by-law's formations of and controls of auxiliaries.

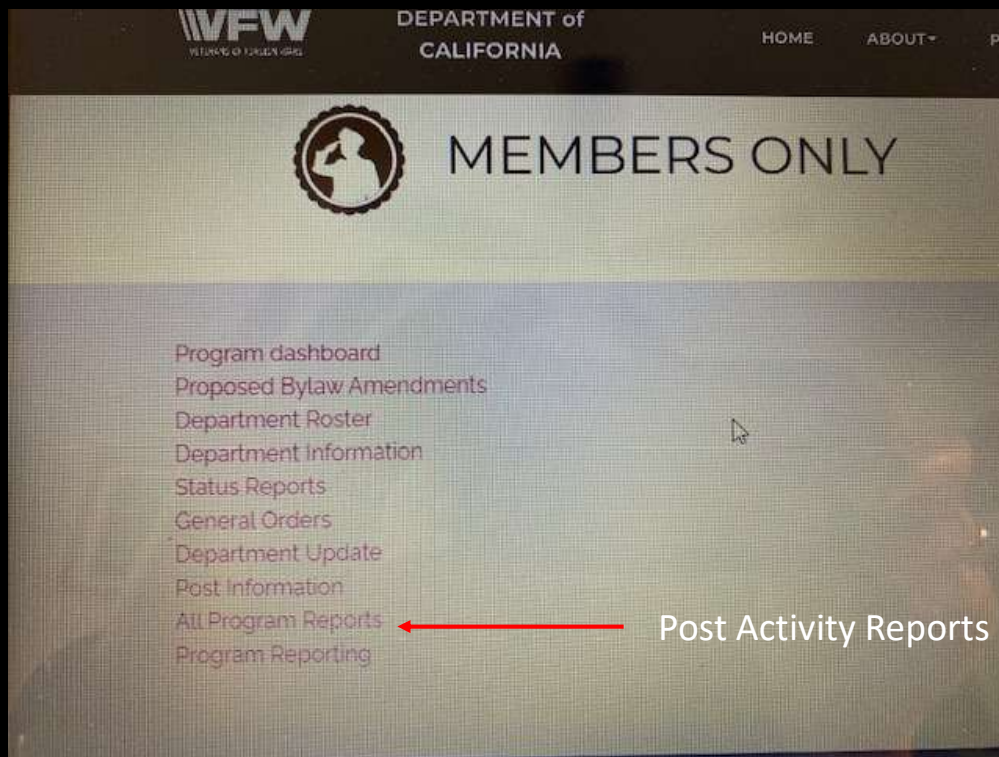
VFW POST INSPECTION FORM cont.



12-12a Does the Post distribute Buddy Poppies?
See Dashboard for dates

13 Does the Post have a membership committee?
Membership committee (appointed by Commander or as indicated in the Post Bylaws). Look for appointments and standing committees in the bylaws.

VFW POST INSPECTION FORM cont.



VFWCA Dashboard Menu

VW Locations of California <https://vfwca.org/vfw/vw2/reportsview.asp?vid=1290>

Begin Date: 7/01/2022
 End Date: 6/30/2023
 District: All District's
 Post: All Post's
 Sort report by which date?
☒ Date of Activity ☐ Reportdate

Reported Post Program Activities

Activity Text

Program Summary

PROGRAM	DATE OF ACTIVITY	ACTIVITY	HOURS	MILES	MEMBERS	DOLLARS SPENT/DONATED	DOLLAR VALUE	TOTAL DOLLARS		
POST 0	Community Service	9/2/2022	Membership Drive at a Community Event	4	22	3	0	\$299.36	CONDUCTED MEMBERSHIP DRIVE WHILE ATTENDING	
POST 0	Community Service	9/23/2022	Membership Drive at a Community Event	6	14	2	0	\$298.24	ATTENDED MEMORIAL SERVICE AND PASSED OUT A SERVICE/PUBLIC RELATIONS CHAIRMAN WHILE SHAW AFFAIRS. EVENT RESULTED IN 4 NEW APPLICATIONS	
Post 0 Total			10	36	5	0	\$597.60	\$597.60		
POST 1312	Legislative Advocacy	9/27/2022	National	2	0	1	0	\$24.89	\$24.89	Sent letter to Rep Juan Vargas to support H.R. 230, between veterans using the VA and other insured die
POST 1312	Veterans Assistance	11/21/2022	Unmet Needs/Relief	1	3	1	125	\$25.39	\$150.39	Commander personally donated a turkey and side of to make ends meet. The Marine was referred to the
POST 1312	Legislative Advocacy	12/2/2022	National	1	0	1	0	\$24.69	\$24.69	Sent letters to Sen. Feinstein and Sen. Hironaka to support
POST 1312	Community Service	10/2/2022	Citizenship/Americanism	2	19	2	0	\$150.80	\$150.80	Eliminate Mental Health Outbreak Veteran (REMOVED)
POST 1312	Youth Development	4/8/2023	Student Scholarships	1	16	2	0	\$51.62	\$51.62	The Commander and 3 comrades attended the service
POST 1312	Community Service	1/30/2023	Citizenship/Americanism	5	195	4	250	\$16.90	\$766.90	the welcome home that they did not receive when in
POST 1312	Community Service	10/28/2022	Citizenship/Americanism	4	5	4	100	\$165.74	\$495.74	Commander and Chaplain attended Easter service at the
			Military & Veterans							The Commander and 3 Comrades attended the Vet

Post Activity Report Matrix

VFW POST INSPECTION FORM cont.



Location	Election Report (June 1, 2022)	Commander	Junior Vice Commander	Senior Vice Commander	QM Bond (Aug. 30, 2022)	School of Instruction (Dec. 31)	Service Officer Trng	Post Informational (Sept. 30)	IRS 990 (Dec. 31, 2022)	FTB 199 (Dec. 31, 2022)	Inspection Status	Membership Recruiting Plan	#1 (June 2/25)	#2 (June 10/30)
7243 Clyde R. Zuver Hawaiian Gardens														
9148 La Mirada														
10166 Carson Torrance														
District 5														
2143 Barstow														
2924 Joshua Palms Hesperia														
3000 Quartz Hill														
3552 Richard K. Carlson Palmdale														
4084 Lloyd E. Frost Ship Ridgecrest														
5551 Lucerne Valley														
6313 Amargo Boron														
8036 Turner Barnes Lone Pine														
8988 Bishop														
9375 California City														
9415 Tri-Community Phelan														
9624 Rim of the World Cedarapines Park														
9857 Rosamond														
District 6														

VFWCA Dashboard Display

VFW POST INSPECTION FORM cont.



14 Do the elected Trustees - review the monthly report of receipts and expenditures?

15 Do the elected Trustees audit quarterly all books and records of the Post Quartermaster, Post Adjutant and any activity, clubroom, holding company or unit sponsored, conducted or operations by, for or on behalf of the Post?

Evidence of checking and savings account balances should be verified from the latest statements, copies of CD's, notes, etc. If the bank balances do not coincide with the books, after adjustments for outstanding checks, etc., this should be reported in detail. Discrepancies should immediately be brought to the attention of the Post Commander and Trustees. The Post Quartermaster must be bonded in a sum equal to the liquid assets for which he is accountable, and to which he has access.

VFW POST INSPECTION FORM cont.



16a-h Evidence of checking and savings account balances should be verified from the latest statements, copies of CD's, notes, etc. If the bank balances do not coincide with the books, after adjustments for outstanding checks, etc., this should be reported in detail. Discrepancies should immediately be brought to the attention of the Post Commander and Trustees. The Post Quartermaster must be bonded in a sum equal to the liquid assets for which he is accountable, and to which he has access.

17 Verify bonding company and expiration date by viewing a copy of the certificate.

VFW POST INSPECTION FORM cont.



DEPARTMENT HEADQUARTERS
Veterans of Foreign Wars of the United States
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Postmaster: Commander
Questionnaire for VFW Accountable Officers Crime Coverage August 1, 2022

One of the most important communications you will receive during the year concerns the bond of your Unit Quartermaster. Section 704 of our National By-Laws requires that each accountable officer shall be bonded with an Indemnity Company as surety and the By-Laws places the responsibility for adequate bonding upon the Commander of the post. In any business it is customary to bond any officer handling funds. **THE BOOKS AND RECORDS OF THE ACCOUNTABLE OFFICER MUST BE AUDITED AT LEAST QUARTERLY BY THE TRUSTEES. THIS IS TO COMPLY WITH SECTION 218 OF THE NATIONAL MANUAL OF PROCEDURES.**

The Department Headquarters carries a Crime Policy for the bonding of Department and Post Accountable Officers. This Policy runs for a year - from September 1 to August 31 - premium payments are made on that basis. Coverage for all accountable officers expires on August 31 and premium for the New Year is due on September 1.

Any unit may decide whether it prefers to take out a Policy with some other surety company or have its funds guaranteed by the Department Headquarters Crime Policy. But the latter should be given prompt attention because if your Accountable Officer is not previously bonded covered through the National Headquarters, a new premium payment is required by September 1, 2022 and delinquency after this date.

IF THE POLICY IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 8/1/2022, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM. AFTER 90 DAYS PRIOR COVERAGE CEASES.

COVERAGES OF THE POLICY REQUIRE THAT:

1. You agree to make such cause to be made, at least annually, an audit of your books and accounts, including prompt verification of all securities and other notices pertaining to such "employee and/or volunteer".
2. If the above is not complied with, the Indemnity Company will refuse to honor claim or missing funds which can not be proven by records. Monthly audits and reconciliation of bank statements may avoid this denial of claim.
3. The Indemnity Company will not pay for loss resulting from any unauthorized advances made by an "employee" to any member for subsequent duty and assignments.
4. "Employee" means any duly elected position, or any appointed officer as listed in the policy schedule.

THIS POLICY IS ONLY FOR THE YEAR SEPTEMBER 1, 2022 TO AUGUST 31, 2023.
The funds of your Post are protected only for that year. Premium for the following year will be due September 1, 2023. RETURN THIS QUESTIONNAIRE WITH YOUR PREMIUM CHECK PAYABLE TO YOUR DEPARTMENT HEADQUARTERS.

I hereby apply for A1. Employee/Volunteer Theft coverage in the amount of \$ 11,000.00 for the position of QM For the year from September 1, 2022 through August 31, 2023

Number of Persons Bonded: 1 Number of Locations: 1 Post Annual Income: \$ 2,000.00 Dated: 11/20/2022

Has the post had any Crime Coverage losses over the past three years? NO
If yes, provide a description with date and amount of loss on a separate sheet.

DEADLINE FOR COVERAGE IS SEPTEMBER 1, 2022 - AFTER THIS DATE YOU WILL BE DELINQUENT AND NOT IN COMPLIANCE WITH THE VFW BY-LAWS.

Victor Holman
QM or Commander or Adjutant or Sr. Vice Signature
310-560-1853
Phone Number
P.O. Box 2056, Avalon, CA
Street Address and City

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Victor Holman
QM or Commander or Adjutant or Sr. Vice Signature
310-560-1853
Phone Number
P.O. Box 2056, Avalon, CA
Street Address and City

VFW POST INSPECTION FORM cont.



18 Are additional officers accountable for funds bonded with Section 703 of the National Bylaws?

Questions to ask: Who is on the bank account? Who else can sign checks? Is there an assistant QM? Tell me about the flow of moneys through the post?

19a Maintain books and records in a legible and uniform format?

This is a judgement call. However, if section 5 a-g takes more than 20 mins to get through, mark "no" with a recommendation of building a binder.

VFW POST INSPECTION FORM cont.



19b Receive and properly transmit membership dues as required?

19c Maintain a relief fund in accordance with Section 219 of the National Bylaws?

19d Have care and custody of all committee funds?

19e Report on transactions concerning receipts and expenditures as Post meetings?

VFW POST INSPECTION FORM cont.



19f File appropriate forms as required by federal, state and local statutes?

EIN

21 Are all expenditures voted on by the Post membership and approved by the Post Commander? Expenditure of funds requires a vote on the Post floor, and approval by the Post Commander before a Quartermaster can proceed with the disbursement. In some instances, Post By-Laws may allow for certain expenditures to be paid without a vote on the floor, these are usually reoccurring bills. If a Post Commander is not approving expenditures, he is violating the trust placed in him and is not controlling the expenditure of Post monies.

VFW POST INSPECTION FORM cont.



22 Are expenditures from the relief fund in accordance with Section 219 of the National Bylaws?

Buddy Poppy distribution net receipts are to be credited to the Relief Fund only, Sec 219 of the National By-Laws, and used only as stated in Section 219 of the Manual of Procedure.

VFW POST INSPECTION FORM cont.



23 Are signature(s) authorizing the disbursement of funds done in accordance with Post Bylaws?

The National By-Laws state the Post Quartermaster will disburse funds using acceptable banking practices. The Post Quartermaster may authorize other persons, but they must be bonded in accordance with Section 703 of the National By-laws. However, if the Post by-laws require the Commander and Quartermaster signatures on checks, they must adhere to the Post By-law.

VFW POST INSPECTION FORM cont.



24 Checks shall never be "pre-signed" by any officer and is not considered an acceptable banking practice.

25a-b Last appraised value or estimated value shall be entered. Monthly payment and amount owed are necessary; mark "N/A" if the amount is zero. Title holder may be a bank or lender, if the property is totally paid for, enter location and holder of the deed. If the Post does not own real property, please note if they rent.

VFW POST INSPECTION FORM cont.



26 Does the Post carry all proper types of insurance?

Bylaws require general liability at min. If someone suffers an injury on Post property or at a Post sponsored activity, a subsequent lawsuit may subject all the assets of the Post and its members to a judgment. The Post officers should be reminded of this potential problem. Any Post owning property and/or operating any facility must maintain general liability insurance, including, if necessary or appropriate, liquor liability insurance. Such insurance must name, as additional insureds, the Veterans of Foreign Wars of the United States and the Department of California. Verify by viewing policy(s).

27 Does the Post retain documents in accordance with the Department's Document Retention Policy? Copy of retention policy is on www.VFWCA.org Pick an item and ask to see the file.

28 Does the Post operate a clubroom/canteen or other state licensed entity? Will require supplemental form. Bar/Canteen



VETERANS OF FOREIGN WARS.

California

DOCUMENT RETENTION/DESTRUCTION POLICY

The Veterans of Foreign Wars endeavors to comply with all statutory and regulatory provisions, including 29 CFR part 516, concerning record keeping and reporting requirements. The following is the recommended records retention guide.

RECORDS RETENTION GUIDELINES

Item	Retention Period
Accounts payable invoices	7 years
Accounts payable ledgers and schedules	7 years
Accounts receivable ledgers and schedules	7 years
Annual financial reports (including certified audit reports)	Permanently
Annuity & deferred payment plans	Continuing record
Audit reports, periodic	2 years
Audit work papers	5 years
Balance sheets	5 years
Bank deposit slips	5 years
Bank statements and reconciliations	5 years
Bills of Lading	2 years
Bonds - Fidelity	3 years after termination
Bonds - Surety	3 years after termination
Budgets	5 years
By-Laws	Until superseded
Cancelled checks (for important payments, i.e., taxes, purchases of property, special contracts, etc.) (checks should be filed with papers pertaining to the underlying transactions)	Permanently
Cancelled checks - other	7 years
Cash receipt records	7 years
Charts of Accounts	Permanently
Community Activity Reports	2 years
Contracts and leases	7 years following expiration
Correspondence, executive	10 years
Correspondence, general	5 years
Deeds, mortgages, and bills of sale	Permanently
Depreciation schedules	Permanently
Election Reports	5 years
Employee accident reports	30 years after settlement
Employee contracts	7 years after termination of employment
Employee insurance records	11 years after termination
Employee records	4 years following termination of employment
Employee withholding records	7 years
Employment application	7 years following termination of employment for employees; 1 year for applicants not employed

Entertainment, gift & gratuity records	3 years
Expense vouchers	7 years
Freight bills	3 years
Freight claims	2 years
Gamblings	7 years after termination of employment
General ledger	Permanently
Gifts, records of gifts	Permanently
Income statements, annual	Permanently
Incorporation papers	Permanently
Inspection reports	3 years
Insurance policies, reports and claims (current)	4 years after expiration
Inventory records	Permanently
Invoices	7 years
Journals	Permanently
Labor cost records	3 years
Lease records	3 years after termination
Legal correspondence	Permanently
Membership applications	Permanently
Membership rosters	5 years
Minute books of directors and stockholders, including by-laws and charter	Permanently
Minutes of Post meetings	5 years
Notes receivable ledger and schedules	7 years
Payroll register	Permanently
Periodic financial reports	3 years
Petty cash records	3 years
Physical inventory tags	3 years
Postal records	1 year after end of fiscal year
Property appraisals by outside appraisers	Permanently
Property records	Permanently
Purchase orders	7 years
Quartermaster reports	5 years
Retirement and pension records	Permanently
Sales records	7 years
Savings bonds registration records of employees	3 years
Shipping & Receiving documents	2 years
Stock and bond records; ledgers, transfer registers, coupons	Permanently
Subsidiary ledgers	7 years
Tax records	Permanently
Trade mark registrations	Permanently
Voucher register and schedules	7 years
Vouchers for payments to vendors, employees, etc. (including allowances and reimbursement of employees, officers, etc., for travel and entertainment expenses)	7 years

VFW POST INSPECTION FORM CLOSE OUT



- Validate all inspection items by viewing the documents
- Validate all inspection items numbers have been reviewed and marked Yes/ No/ N/A
- All deficiencies will be noted in inspector's comments, referencing item number
- Commander, Sr Vice, Jr Vice may sign, NOT the Quartermaster, and you as the inspector will sign.
- Ensure you give a copy to the Commander for their Post records
- Ensure that a copy is sent to Department Inspector, the District Commander, and Chief of Staff of the area. (scanned and email preferred)



Write Discrepancies Here
Signatures Required

[illegible]

Signatures

[illegible]

No discrepancies Noted

POST INSPECTION SUPPLEMENTAL SECTION I ADDITION STATE DOCUMENTATION



All Post will at a minimum have this section completed

ADDITION STATE DOCUMENTATION

1. Whenever there is an election of new corporate officers, or at least every two years from the date of incorporation, a Statement of Information Form (SI-100) is filed with the Secretary of State's Office. Update if CMD, QM, or ADJ change or restated every two years. Verified by www.sos.ca.gov
2. If the Post is registered as a Public Benefit Corporation and/or sales are more than \$25,000 annually, has the Form RRF-1 been filed with the Federal 990 or CT-TR-1 attached with the Registry of Charitable Trusts and is it current? Two-part question 1. is the post a public or mutual benefit? www.oag.ca.gov/ Go to Resources/Tools and click on Registry Verification Search. Use either FEIN or C-Number, numbers only, click Search. Organization name and Registry Status appears. If Public, then it will tell you if they have filed their RRF-1 or CT-TR-1 if Mutual no action is required.

VFW
VETERANS OF FOREIGN WARS.
California

CT-1

[illegible]

STATE OF CALIFORNIA DEPARTMENT OF JUSTICE PAGE 1 of 1	
INITIAL REGISTRATION FORM STATE OF CALIFORNIA OFFICE OF THE ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS (Government Code Sections 12800-12899.7)	
(For Registry Use Only)	
Part A - Identification of Organization	
Name of Organization: General William Stark Rosecrans Post No. 3261, Veterans of Foreign War of the United States	
Mailing Address: 1822 W. 102nd St. Telephone number: 818-001-0033	
City: Gardena E-mail address: chibanian@yahoo.com	
State: CA Fax number: N/A	
ZIP Code: 90247 Website: N/A	
Federal Employer Identification Number (FEIN): Corporation or Organization Number: C-0184649	
Part B - Registration Fee	
A \$30 REGISTRATION FEE must accompany this registration form. Make check payable to DEPARTMENT OF JUSTICE.	
Part C - List of Trustees, Directors and Officers	
Names and addresses of ALL trustees or directors and officers (attach a list if necessary). (SEE ATTACHED LIST)	
Name: JAMES CARDENA Position: COMMANDER/CEO	
Address: 1149 ELECTRIC ST. City: GARDENA State: CA ZIP Code: 90248	
Name: NORMAN CHISABA Position: ADJUTANT/SECRETARY	
Address: 1042 W 187TH PL. City: GARDENA State: CA ZIP Code: 90246	
Name: NORMAN CHISABA Position: QUARTERMASTER/CO	
Address: 1042 W 187TH PL. City: GARDENA State: CA ZIP Code: 90248	
Name: ELVIN CARTER Position: 1-YR TRUSTEE	
Address: 1532 W 87TH ST. City: LOS ANGELES State: CA ZIP Code: 90047	
Part D - Organization Activities	
Describe the primary activity of the organization (a copy of the material submitted with the application for federal or state tax exemption will eventually provide this information). If the organization is based outside California, comment on the nature of its activities. In addition, list all funds, property, and other assets held or expected to be held in California. Attach additional sheets if necessary.	
Expenses of Foreign Wars of the United States - nonprofit services to combat veterans and their families, to care for the infirmed, hospitalized, and disabled veterans. To provide comfort, services and aid to the community, veterans, and all citizens without exception. MUST 3261 clearly Memorial Day, Christmas, Boston Bopple, hold VFW membership drive, visit the active duty veterans at the various military bases in the area, have POW 3261 1001 2266000, 10000, and other events for veterans, families, and the community.	

POST INSPECTION SUPPLEMENTAL SECTION I ADDITION STATE DOCUMENTATION



3. Has the State FTB 199/199N been filed and is it current? Validate on Franchise Tax Board (FTB) at www.ftb.ca.gov/ Type Exempt Organizations in Search Box/ Click on Charities and non-profits/ Scroll down to Entity Status Letter/ Click on Check Status/ Select Entity Number (or Entity Name) and click on it/ Click on the Entity Number/ Review the Status: Active/Suspended, Exempt/Not Exempt/ Click on Generate Letter to receive/retain the Status Letter.

POST INSPECTION SUPPLEMENTAL SECTION II BINGO/LOTTO



1. Does post have Bingo or Lotto
2. Is manager or Bingo Chair bonded
3. are fund separate from the post operation account

POST INSPECTION SUPPLEMENTAL SECTION III CANTEEN



- License look up / make sure if you have question to call the issuing office of the license
- type 52 and 58 Not a Strick requirement but most post are.
- health permit / business license
- Manger& Bonding
- liquor liability insurance
- Servers successfully completed the Responsible Beverage Server training

POST INSPECTION SUPPLEMENTAL



VFW DEPARTMENT OF CALIFORNIA 2924-5 SUPPLEMENTAL INSPECTION REPORT FORM CONTROL OF UNITS

Post: 2924 District: 5 Date: 9/21/2022

Additional State Documentation

1. Whenever there is an election of new corporate officers or at least every two years from the date of incorporation, a Statement of Information Form (SI-100) is filed with the Secretary of State's Office? *SCS FILED 9/20/2022* YES ☒ NO ☐

2. If the Post is registered as a Public Benefit Corporation and/or sales are more than \$25,000 annually, has the Form RRF-1 been filed with the Federal 990 or CT-TR-1 attached with the Registry of Charitable Trusts and is it current? *CAUTUAL (NO ACT)* YES ☒ NO ☐

3. Has the State FTB 199/199N been filed and is it current? *FILED 1-4-2022* YES ☒ NO ☐

Bingo/Lotto

1. Does the Post have Bingo or Lotto? YES ☒ NO ☐

2. If yes, is the Chairman bonded? YES ☒ NO ☐

3. Are the funds separated from the Post operation account? YES ☒ NO ☐

Bar/Canteen

1. Does the Post have a canteen or social club? YES ☒ NO ☐

2. If yes, is the ABC Type 52 Veterans Club License current? *EXP. 3/31/2023* YES ☒ NO ☐

3. Is the health permit current? *EXP. 10/31/2022* YES ☒ NO ☐

4. If catering occurs in the club hall, is ABC Type 58 Catering License current? *EXP. 2/11/2022* YES ☒ NO ☐

5. Has the sales tax Form BOE-401 been filed and current? *9/4/2022* YES ☒ NO ☐

6. Does the club have a manager? YES ☒ NO ☐

7. If yes, is the manager bonded? YES ☒ NO ☐

8. Does the Post have liquor liability insurance? *LOCKED CANCELLED* YES ☒ NO ☐

9. Have all servers successfully completed the Responsible Beverage Server training? *LIQUOR INSURANCE NOT LOGS* YES ☒ NO ☐

Employees

1. Does the Post have paid employees? *(1-PAID)* YES ☒ NO ☐

2. Are there Form I-9s and W4s filed for each employee? YES ☒ NO ☐

3. Has EDO Form DE-9 been filed and is current? YES ☒ NO ☐

4. Has EDO Form DE-9C been filed and is current? YES ☒ NO ☐

5. Has Federal Form 940 been filed and is current? *2021* YES ☒ NO ☐

6. Has Federal Form 941 been filed and is current? *2021* YES ☒ NO ☐

7. Does the Post carry Worker's Compensation insurance? *LOCKED* YES ☒ NO ☐

8. Have all employees completed the State of California's mandatory annual sexual harassment training (Required if five (5) or more employees)? *N/A* YES ☒ NO ☐

POST COMMANDER: *ROBERT VAN LITH*

INSPECTOR: *ANTHONY A. JACOB*

The Inspector shall provide a copy of each inspection to the Post Commander, District Inspector, and Department Inspector and set forth therein any constructive criticism and recommendations. MAINTAIN IN POST FILE AS A PERMANENT RECORD.

COPY 1 - Department COPY 2 - District COPY 3 - Post

Revised 7/2022

PRINT SAVE AS CLEAR

NAUTILUS INSURANCE COMPANY

POLICY NUMBER: NN1488814 ENDORSEMENT # 1

Named Insured: VFW Post #2924 & VFW Auxiliary #2924 Agency # 0461 00

Endorsement Effective Date: 02/02/2023

GENERAL CHANGE ENDORSEMENT

The following entities are added as additional insureds via the CG 20 26 32 19

VFW National Organization
406 W. 34th Street
Kansas City, MO 64111

VFW Department of California
9136 Elk Grove Blvd. Suite 100
Elk Grove, CA 95624

Tax & Fee Schedule

State Tax	\$ 6.00	PREMIUM ☐ None ☒ AP ☐ RP \$ 200.00
Stamp Fee	.16	Total Taxes & Fees \$ 6.16
		TOTAL PREMIUM DUE \$ 206.16

All other terms and conditions remain unchanged.

Los Angeles, CA 02/06/23
5001 (07/13)

Authorized Representative

Discrepancies Corrected:
VFW/VFWCA As Added Insured

Golden Bear Insurance Company

Policy Number: 11123060332-00

Liquor Liability Declarations

Named Insured and Mailing Address	Producer
VFW Post #2924 & VFW Auxiliary #2924 10184 Hesperia Road Hesperia, CA 92345	Nettelm Wholesale Insurance Brokerage, Inc. 7442 N. Figueroa Street Los Angeles, CA 90041

Policy Period from January 7, 2023 to January 7, 2024 - 12:01 A.M. Standard Time at the mailing address

Policy Type: Occurrence

In return for the payment of the premium and subject to all the terms and conditions of this policy, we agree with you to provide the insurance as stated in this policy.

Coverage and Limits of Insurance

Liquor Liability Coverage	Limits of Insurance
Each Common Cause	\$1,000,000
Aggregate	\$1,000,000
Deductible Per Claim	\$1,500

Description of Business and Location Premises

Form of Business: Not for profit organization

Business Description: Veterans Organization

Location of Premises You Own, Rent or Occupy: 10184 Hesperia Road, Hesperia, CA 92345

Discrepancy Corrected:
Liquor Liability Insurance Issued

Policy Period

POST INSPECTION SUPPLEMENTAL SECTION IV EMPLOYEE



1. Does The Post have paid employees.
2. Are there from I-9 and W4's for each employee?
3. DE-9 for each employee
4. DE-9C will all employees

POST INSPECTION SUPPLEMENTAL



DHS Form I-9



I-9, Employment Eligibility Verification

- Form I-9 (PDF, 64 KB)
- Form I-9 Paper Version (This version is unfillable and must be printed for completion on paper only.) (PDF, 73 KB)
- Form I-9 Supplement, Section 1 Preparer and/or Translator Certification (PDF, 316 KB)
- Form I-9 Supplement, Section 1 Preparer and/or Translator Certification (PDF, 316 KB)
- Instructions for Form I-9 (PDF, 565 KB) (PDF, 565 KB)
- Form I-9 in Spanish (May be filled out by employers and employees in Puerto Rico ONLY) (PDF, 421 KB)
- Instructions for Form I-9 in Spanish (PDF, 522 KB)
- M-274, Handbook for Employers, Guidance for Completing Form I-9 (PDF, 5.36 MB)

Purpose of Form

Form I-9 is used for verifying the identity and employment authorization of individuals hired for employment in the United States. All U.S. employers must ensure proper completion of Form I-9 for each individual they hire for employment in the United States. This includes citizens and noncitizens. Both employees and employers (or authorized representatives of the employer) must complete the form. On the form, an employee must attest to his or her employment authorization. The employer must examine the document(s) reasonably appear to be genuine and to relate to the employee and record the document information on the Form I-9. The list of acceptable documents can be found on the last page of the form. Employers must retain Form I-9 for a designated period and make it available for inspection by authorized government officers. NOTE: State agencies may use Form I-9. Also, some agricultural recruiters and referees for a fee may be required to use Form I-9.

Number of Pages

Form 3; Supplement (if applicable); 1; Instructions 15

Edition Date

11/14/2016.

To verify the identity and authorization of employee to work in the United States

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/15/2018

START HERE: Read instructions carefully before completing this form. This instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) First Name (Given Name) Middle Initial Other Last Names Used (if any)

Address (Street Number and Name) Apt. Number City or Town State ZIP Code

Last 4 Digits (xxxxxx) U.S. Social Security Number Employee's Email Address Employer's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States.

☐ 2. A noncitizen national of the United States (see instructions).

☐ 3. A lawful permanent resident. (Alien Registration Number/POCIS Number)

☐ 4. An alien authorized to work. (with expiration date, if applicable, mm/yyyy)
Some aliens may wish "NA" in the expiration date field. (See instructions)

Agents authorized to work must provide only one of the following document numbers to complete Part B:
Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number

1. Alien Registration Number/USCIS Number: OR

2. Form I-94 Admission Number: OR

3. Foreign Passport Number: OR

Country of Issuance:

Signature of Employee Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer and/or translator assisted me in completing Section 1.

(Fields below must be completed and signed when preparer and/or translator assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator Today's Date (mm/dd/yyyy)

Last Name (Family Name) First Name (Given Name)

Address (Street Number and Name) City or Town State ZIP Code

Page I-9 11/14/2016 N

Employer Completes Next Page

Page 1 of 1

POST INSPECTION SUPPLEMENTAL



EDD Employment Development Department
State of California

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES

REMINDER: File your DE 9 and DE 9C together.

PLEASE TYPE THIS FORM—DO NOT ALTER PREPRINTED INFORMATION

00090112

QUARTER ENDED: _____ DUE: _____ DELINQUENT IF NOT POSTMARKED OR RECEIVED BY: _____

EMPLOYER ACCOUNT NO: _____

DO NOT ALTER THIS AREA

DEPT USE ONLY

EFFECTIVE DATE: _____

FEIN: _____

A. NO WAGES PAID THIS QUARTER ☐ **B. OUT OF BUSINESS/NO EMPLOYEES** ☐

ADDITIONAL FEINS _____

C. TOTAL SUBJECT WAGES PAID THIS QUARTER _____

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ _____ per employee per calendar year)

(D1) UI Rate % _____ (D2) UI TAXABLE WAGES FOR THE QUARTER _____ (D3) UI CONTRIBUTIONS _____

E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate % _____ (E2) ETT TAXABLE WAGES FOR THE QUARTER _____ (E3) ETT CONTRIBUTIONS _____

F. STATE DISABILITY INSURANCE (SDI) (Total Employee Wages up to \$ _____ per employee per calendar year)

(F1) SDI Rate % _____ (F2) SDI TAXABLE WAGES FOR THE QUARTER _____ (F3) SDI EMPLOYEE CONTRIBUTIONS WITHHELD _____

G. CALIFORNIA PERSONAL INCOME TAX (PIT) WITHHELD _____

H. SUBTOTAL (Add Items D3, E2, F3, and G) _____

I. LESS: CONTRIBUTIONS AND WITHHOLDINGS PAID FOR THE QUARTER (DO NOT INCLUDE PENALTY AND INTEREST PAYMENTS) _____

J. TOTAL TAXES DUE OR OVERPAID (Item H minus Item I) _____

If amount due, prepare a Payroll Tax Deposit (DE 88), include the correct payment quarter, and mail to: Employment Development Department, P.O. Box 826276, Sacramento, CA 94230-6276. **NOTE:** Do not mail payments along with the DE 9 and Quarterly Contribution Return and Report of Wages (Continuation) (DE 9C), as this may delay processing and result in erroneous penalty and interest charges. **Mandatory Electronic Funds Transfer (EFT)** filers must remit all SDI/PIT deposits by EFT to avoid a noncompliance penalty.

K. I declare that the above, to the best of my knowledge and belief, is true and correct. If a refund was claimed, a reasonable effort was made to refund any erroneous deductions to the affected employee(s).

Signature: _____ Title: _____ (Owner, Accountant, Preparer, etc.) Phone: _____ Date: _____

SIGN AND MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071

DE 9 Rev. 1 (1-12) (INTERNET) Page 1 of 2

EDD Employment Development Department
State of California

QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll, complete items C and D.

009C0111

QUARTER ENDED: _____ DUE: _____ DELINQUENT IF NOT POSTMARKED OR RECEIVED BY: _____

EMPLOYER ACCOUNT NO: _____

DO NOT ALTER THIS AREA

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. _____ 2nd Mo. _____ 3rd Mo. _____

B. Check the box if you are reporting QJ&L Voluntary Plan Disability Insurance wages on this page. ☐ **C. NO PAYROLL** ☐

D. SOCIAL SECURITY NUMBER _____ **E. EMPLOYEE NAME (FIRST NAME)** _____ **(M.I.) (LAST NAME)** _____

F. TOTAL SUBJECT WAGES _____ **G. PIT WAGES** _____ **H. PIT WITHHELD** _____

D. SOCIAL SECURITY NUMBER _____ **E. EMPLOYEE NAME (FIRST NAME)** _____ **(M.I.) (LAST NAME)** _____

F. TOTAL SUBJECT WAGES _____ **G. PIT WAGES** _____ **H. PIT WITHHELD** _____

D. SOCIAL SECURITY NUMBER _____ **E. EMPLOYEE NAME (FIRST NAME)** _____ **(M.I.) (LAST NAME)** _____

F. TOTAL SUBJECT WAGES _____ **G. PIT WAGES** _____ **H. PIT WITHHELD** _____

D. SOCIAL SECURITY NUMBER _____ **E. EMPLOYEE NAME (FIRST NAME)** _____ **(M.I.) (LAST NAME)** _____

F. TOTAL SUBJECT WAGES _____ **G. PIT WAGES** _____ **H. PIT WITHHELD** _____

D. SOCIAL SECURITY NUMBER _____ **E. EMPLOYEE NAME (FIRST NAME)** _____ **(M.I.) (LAST NAME)** _____

F. TOTAL SUBJECT WAGES _____ **G. PIT WAGES** _____ **H. PIT WITHHELD** _____

D. SOCIAL SECURITY NUMBER _____ **E. EMPLOYEE NAME (FIRST NAME)** _____ **(M.I.) (LAST NAME)** _____

F. TOTAL SUBJECT WAGES _____ **G. PIT WAGES** _____ **H. PIT WITHHELD** _____

D. SOCIAL SECURITY NUMBER _____ **E. EMPLOYEE NAME (FIRST NAME)** _____ **(M.I.) (LAST NAME)** _____

F. TOTAL SUBJECT WAGES _____ **G. PIT WAGES** _____ **H. PIT WITHHELD** _____

I. TOTAL SUBJECT WAGES THIS PAGE _____ **J. TOTAL PIT WAGES THIS PAGE** _____ **K. TOTAL PIT WITHHELD THIS PAGE** _____

L. GRAND TOTAL SUBJECT WAGES _____ **M. GRAND TOTAL PIT WAGES** _____ **N. GRAND TOTAL PIT WITHHELD** _____

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature: _____ Title: _____ (Owner, Accountant, Preparer, etc.) Phone: _____ Date: _____

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071

DE 9C Rev. 1 (1-12) (INTERNET) Page 1 of 2

POST INSPECTION SUPPLEMENTAL SECTION IV EMPLOYEE



5. Form 940 complete quarterly

6. Form 941 completed Annual

7. Workers Comp insurance

8. Have all employees completed the State of California's mandatory annual sexual training proof harassment training (Required if five (5) or more employees)?

POST INSPECTION SUPPLEMENTAL



**VFW DEPARTMENT OF CALIFORNIA
SUPPLEMENTAL INSPECTION REPORT FORM
CONTROL OF UNITS**

Post: _____ District: 1 Date: _____

Additional State Documentation

	YES	NO
1. Whenever there is an election of new corporate officers or at least every two years from the date of incorporation, a Statement of Information Form (SI-100) is filed with the Secretary of State's Office?		
2. If the Post is registered as a Public Benefit Corporation and/or sales are more than \$25,000 annually, has the form RRF-1 been filed with the Federal 990 or CT-TR-1 attached with the Registry of Charitable Trusts and is it current?		
3. Has the State FTR 399/399N been filed and is it current?		

Bingo/Lotto

	YES	NO
1. Does the Post have Bingo or Lotto?		
2. If yes, is the Chairman bonded?		
3. Are the funds separated from the Post operation account?		

Bar/Canteen

	YES	NO
1. Does the Post have a canteen or social club?		
2. If yes, is the ABC Type 52 Veterans Club License current?		
3. Is the health permit current?		
4. If catering occurs in the club hall, is ABC Type 58 Catering License current?		
5. Has the sales tax form BDE-401 been filed and is current?		
6. Does the club have a manager?		
7. If yes, is the manager bonded?		
8. Does the Post have liquor liability insurance?		
9. Have all servers successfully completed the Responsible Beverage Server training?		

Employees

	YES	NO
1. Does the Post have paid employees?		
2. Are there Form I-9s and W-9s filed for each employee?		
3. Has EDD Form DE-9 been filed and is current?		
4. Has EDD Form DE-9C been filed and is current?		
5. Has Federal Form 940 been filed and is current?		
6. Has Federal Form 941 been filed and is current?		
7. Does the Post carry Worker's Compensation Insurance?		
8. Have all employees completed the State of California's mandatory annual sexual harassment training (Required if five (5) or more employees)?		

POST COMMANDER: _____

INSPECTOR: _____

Revised 7/2022

PRINT SAVE AN CLEAR

**VFW DEPARTMENT OF CALIFORNIA
SUPPLEMENTAL INSPECTION REPORT FORM
CONTROL OF UNITS**

Post: 5394 District: 4 Date: 10-19-2022

Additional State Documentation

	YES	NO
1. Whenever there is an election of new corporate officers or at least every two years from the date of incorporation, a Statement of Information Form (SI-100) is filed with the Secretary of State's Office? FILED 8-31-2022	X	
2. If the Post is registered as a Public Benefit Corporation and/or sales are more than \$25,000 annually, has the form RRF-1 been filed with the Federal 990 or CT-TR-1 attached with the Registry of Charitable Trusts and is it current? FILED 7-12-2023	X	
3. Has the State FTR 399/399N been filed and is it current? 12-1-2021	X	

Bingo/Lotto

	YES	NO
1. Does the Post have Bingo or Lotto? NOTE: RRF-1 FOR 2019 IS BEING SUBMITTED WITH 2020 TO APT. 100 DUE TO NOT RETURNED.		X
2. If yes, is the Chairman bonded?		X
3. Are the funds separated from the Post operation account?		X

Bar/Canteen

	YES	NO
1. Does the Post have a canteen or social club?	X	
2. If yes, is the ABC Type 52 Veterans Club License current? EXP. 2/28/23	X	
3. Is the health permit current? License # C-0 540-8092	X	
4. If catering occurs in the club hall, is ABC Type 58 Catering License current? N/A	X	
5. Has the sales tax form BDE-401 been filed and is current? FILED 7/31/2022	X	
6. Does the club have a manager?	X	
7. If yes, is the manager bonded?	X	
8. Does the Post have liquor liability insurance?	X	
9. Have all servers successfully completed the Responsible Beverage Server training?	X	

Employees

	YES	NO
1. Does the Post have paid employees?		X
2. Are there Form I-9s and W-9s filed for each employee?		X
3. Has EDD Form DE-9 been filed and is current?		X
4. Has EDD Form DE-9C been filed and is current?		X
5. Has Federal Form 940 been filed and is current?		X
6. Has Federal Form 941 been filed and is current?		X
7. Does the Post carry Worker's Compensation Insurance?		X
8. Have all employees completed the State of California's mandatory annual sexual harassment training (Required if five (5) or more employees)?		X

POST COMMANDER: SHERMAN WATKINS

INSPECTOR: ANTHONY A. PIERCE

Revised 7/2022

PRINT SAVE AN CLEAR

POST INSPECTION SUPPLEMENTAL CLOSE OUT



- Validate all inspection items by viewing the documents.
- Validate all inspection items numbers have been reviewed and marked Yes/ No/ N/A. Crossing out through sections that do not apply.
- All deficiencies will be noted in inspector's comments referencing item number on VFW Inspection form comment area.
- Commander, Sr Vice, Jr Vice may sign, NOT the Quartermaster and, you as the inspector will sign.
- Ensure you give a copy to the Commander for their Post records (you will need to bring multiple copies with you to the inspection.)
- Ensure that a copy is sent to Department Inspector, the District Commander, and Chief of Staff of the area. (scanned and email preferred)

PRE-INSPECTION TOOLS



Prior to the inspections, please do your homework on a post to validate status:

- Using the Federal Employer Identification Number from the Post election report research status and to get the Post corporate number and name.
- This can be used to validate nonprofit status using the Secretary of State (SOS)
- Validate Public Trust compliance Office of the Attorney General (OAG)
- Validate the filing of State Taxes Franchise Tax Board (FTB)
- Validate the filing of Federal Taxes Internal Revenue Service (IRS)

PRE-INSPECTION TOOLS



- Secretary of State (SOS) at www.sos.ca.gov
- Click on Business, Click on More about Business Entities.
- Click on Statements of Information.
- Click on File Corporation Statement of Information.
- Click on file a Statement of Information.
- Enter the C-Number (no C) or name in the search box.
- Status provided is either Active or Suspended.
- Click on the Blue Text Box with Post's name and C-Number.
- Standing for SOS, FTB, Agent, VCFCF, is Good or Not Good.
- VCFCF is Victim of Criminal Fraud Compensation Fund.
- The due date for the SI-100 filing is listed.

Business

UCC

Login

Although every attempt has been made to ensure that the information contained in the database is accurate, the Secretary of State's office is not responsible for any loss, consequence, or damage resulting directly or indirectly from reliance on the accuracy, reliability, or timeliness of the information that is provided. All such information is provided "as is." To order certified copies or certificates of status, (1) locate an entity using the search; (2) select Request Certificate in the right-hand detail drawer; and (3) complete your request online.

0232506



Advanced ▾

Results: 1

Entity Information ▴ ▾

Initial
Filing
Date ▴ ▾

Status ▴ ▾

Entity
Type ▴ ▾

Formed
In ▴ ▾

Agent ▴ ▾

RALPH BROILES, POST NO.
6563, VETERANS OF FOREIGN
WARS OF THE UNITED STATES
(232506)

12/02/1948

Suspended
- FTB

Nonprofit
Corporation -
CA - Mutual
Benefit

CALIFORNIA

VERNON
MICHAEL
HERNANDEZ

BUSINESS SEARCH

6563-2



Entity
Number

Entity
Name

Entity
Status

Agent of
Process



Advanced Search

An Advanced search is required when searching for publicly traded disclosure information or a status other than active.

An Advanced search allows for searching by specific entity types (e.g., Nonprofit Mutual Benefit Corporation) or by entity groups (e.g., All Corporations) as well as searching by ?begins with? specific search criteria.

Disclaimer: Search results are limited to the 500 entities closest matching the entered search criteria. If your desired search result is not found within the 500 entities provided, please refine the search criteria using the Advanced search function for additional results/entities. The California Business Search is updated as documents are approved. The data provided is not a complete or certified record.

Although every attempt has been made to ensure that the information contained in the database is accurate, the Secretary of State's office is not responsible for any loss, consequence, or damage resulting directly or indirectly from reliance on the accuracy, reliability, or timeliness of the information that is provided. All such information is provided "as is." To order certified copies or certificates of status, (1) locate an entity using the search; (2) select Request Certificate in the right-hand detail drawer; and (3) complete your request online.

0232506

Advanced

Results: 1

[Skip to main content](#) State

[gov/search/business](#)

RALPH BROILES, POST NO. 6563,
VETERANS OF FOREIGN WARS OF
THE UNITED STATES (232506)



Request
Certificate

Initial Filing Date	12/02/1948
Status	Suspended - FTB
Standing - SDS	Good
Standing - FTB	Not Good
Standing - Agent	Good
Standing - VCFCF	Good
Inactive Date	04/02/2019
Formed In	CALIFORNIA
Entity Type	Nonprofit Corporation - CA - Mutual Benefit
Principal Address	9190 FONTANA AVE FONTANA, CA 92335
Mailing Address	9190 FONTANA AVE FONTANA, CA 92335-4448
Statement of Info Due Date	12/31/2022
Agent	Individual 1971119 VERNON MICHAEL HERNANDEZ 9190 FONTANA AVE FONTANA, CA 92335-4448



Entity
Name

Entity
Standings

BUSINESS STANDING

Next SI-100
Due Date

Corporate
Number

PRE-INSPECTION TOOLS



- Office of the Attorney General (OAG) at www.oag.ca.gov/
- Go to Resources/Tools and click on Registry Verification Search.
- Use either FEIN or C-Number, numbers only, click Search.
- Organization Name and Registry Status appears.
- If RCT Number is not listed, submit Initial Registry CT-1 Form.
- Post to send Initial Registry CT-1 Form with \$50.00.
- Click on the organization name and number to view the record.
- A delinquent organization cannot legally solicit/distribute any charitable assets without a current RCT.

PRE-INSPECTION TOOLS



Entity Name
RCT Delinquent

9415-5

Public Benefit Charity Trust #120762

Registrant Details

Organization Name: THE LANCASHIRE & CHESHIRE VETERANS OF FOREIGN WARS ASSOCIATION LTD. (134348)

Registrant Status: Delinquent

Renewal Due/Exp. Date: 5/15/2019

Mailing Address: 120762

Filings & Correspondence

Annual Renewal Data

Entity Name: Public Benefit Charity Trust #120762

Registrant Status: Delinquent

Renewal Due/Exp. Date: 5/15/2019

Mailing Address: 120762

Filings & Correspondence

Annual Renewal Data

Entity Name: Public Benefit Charity Trust #120762

Registrant Status: Delinquent

Renewal Due/Exp. Date: 5/15/2019

Mailing Address: 120762

Filings & Correspondence

Annual Renewal Data

9415-5

Related Registrations & Event Reports

RRF-1 Filed each year but without 990/CT-TR-1 Cause for Delinquency Letter to be Issued

PRE-INSPECTION TOOLS



- Franchise Tax Board (FTB) at www.ftb.ca.gov/
- Type Exempt Organizations in Search Box.
- Click on Charities and Non-profits.
- Scroll down to Entity Status Letter.
- Click on Check Status.
- Select Entity Number (or Entity Name) and click on it.
- Click on the Entity Number.
- Review the Status: Active/Suspended, Exempt/Not Exempt.
- Click on Generate Letter to receive/retain the Status Letter.
- Contact phone for FTB is 800-852-5711, Prompt 2, Prompt 4.

PRE-INSPECTION TOOLS



Good Standing but Not Tax Exempt

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 902867
SACRAMENTO CA 95837-0581

Entity Search Summary

Entity Status Letter

Date: 10/6/2022
ESL ID: 5030728514

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter:

Entity ID: 4178751
Entity Name: CATALINA ISLAND OUTPOST POST NO. 4682 VETERANS OF FOREIGN WARS OF THE

☒ 1. The entity is in good standing with the Franchise Tax Board.
☐ 2. The entity is not in good standing with the Franchise Tax Board.
☐ 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701.
☐ 4. We do not have current information about the entity.
☐ 5. The entity was administratively dissolved/cancelled on through the Franchise Tax Board Administrative Dissolution process.

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or validity of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revival may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web: ftb.ca.gov
Phone: 800-852-5711 from 7 a.m. to 5 p.m., weekdays, except state holidays
916-845-8500 from outside the United States

California
Relay Services: 711 or 800-735-2029 (For persons with hearing or speech impairments)
FTB 4282A Web (rev 12/2019)

Self Service Entity Status Letter

Entity Search Summary

The following Entity was found. Please click on the 'Generate Letter' button to produce the Entity Status Letter for this entity.

Entity ID: 4178751

Entity Name: CATALINA ISLAND OUTPOST POST NO. 4682 VETERANS OF FOREIGN WARS OF THE

Address: 222 METROPOLE AVE AVILON, CA 95704

Entity Status: **ACTIVE**

Exempt Status: NOT EXEMPT

Generate Letter

Back

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Active means Not Suspended

PRE-INSPECTION TOOLS



- Internal Revenue Service (IRS) at www.irs.gov.
- Type Exempt Organizations in Search Box.
- Click on Tax Exempt Organization Search.
- Click on Tax Exempt Organization Search Tool.
- Click on Search for Tax Exempt Organizations.
- Select Form 990-N, or Copies of Returns (990, 990-EZ, etc).
- Select EIN and enter the EIN (no hyphen).
- Select/Click on listed boxes (Determination Letter, 990, etc.).
- Contact phone for IRS is 877-829-5500, Prompt 1, Prompt 2.

PRE-INSPECTION TOOLS



Young & Tax Exempt Organization Search
Island Out Post No 4682 Veterans Of Foreign Wars Of The United Stat

< Back to Search Results

Island Out Post No 4682 Veterans Of Foreign Wars Of The United Stat

EIN: 36-4643081 | Avalon, CA, United States

Auto-Revocation List

Organizations whose federal tax exempt status was automatically revoked for not filing a Form 990-series return or notice for three consecutive years. Important note: Just because an organization appears on this list, it does not mean the organization is currently revoked, as they may have been reinstated.

> Posted Date: 08-13-2018

Exemption Type: 501(c)(19)
Exemption Reinstatement Date:

Revocation Date: 05-15-2018 ← Final Revocation Notice Date

Revocation Posting Date: 08-13-2018 ← Date Tax Exemption was Revoked

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> Tax Year 2014 Form 990-N (e-Postcard) ← Click on Tax Year to see Last Tax Filing Received

Tax Period:
2014 (01/01/2014 - 12/31/2014) ← Last 990 Received

EIN:
36-4643081

Legal Name (Doing Business as):
Island Out Post No 4682 Veterans Of Foreign Wars Of The United Stat

Mailing Address:
40 Pebbly Beach Rd
Avalon, CA 90704
United States

Principal Officer's Name and Address:
Victor Holquin
PO Box 2056
Avalon, CA 90704
United States

Gross receipts not greater than:
\$50,000

Revocation List

Organization has terminated:
No

Website URL:
www.islandoutpost4682.com

> Tax Year 2013 Form 990-N (e-Postcard)
> Tax Year 2012 Form 990-N (e-Postcard)

Information Posting Date: 08-13-2018
Page Last Reviewed or Updated: 20 November 2020

Share Print

Form 990-N (e-Postcard)



"Hi, I'm from the government
and I'm here to help"

QUESTIONS?

