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Commander



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## **2017-2018 Post Revalidations**

It's revalidation time again! Last year we received a lot of incomplete packages or packages with improper paperwork. I'm putting together this package to let everyone know exactly what will be required of each post. All problem areas are in **bold and underlined**. Anyone who doesn't follow the guidelines will have their revalidation package rejected and will not be revalidated. Those posts not getting an approved package to the Department on time (July 5<sup>th</sup>) **will** be suspended by the Department until all problem areas have been corrected – so please be sure to follow the procedures.

**When you fill out this checklist each item must be addressed with nothing left blank. I need to know whether an item does not apply or if you just forgot to fill it in. All of the applicable information on the checklist as well as the checklist itself must be included in your revalidation package.**

The revalidations need to be **at** the Department no later than **July 5<sup>th</sup>, 2018**. You can send them in to the Department via the postal system, fax or email.

We have had a few problems this past year with insurance "Acord 25s" not being kept up to date as well as a few organizations not filing their IRS Form 990. One or two organizations have already lost their nonprofit status for not filing an IRS 990 for 3 years. When this happens they will have to go through the whole process all over again to be reinstated. The insurance companies should be automatically sending the Acord 25 to National and another copy to the Department with the National and Department's name listed as 'Certificate Holder' each time a policy is renewed. Most will not do this automatically and it has to be requested. I know that a considerable amount of post policies did not find their way to the Department or National which has created some stern messages from National threatening suspensions if the information did not get to them in short order. Please check with your own insurance companies to make sure this will be accomplished. Just to be clear the Department is accepting the **"Acord 25" form only** – please **do not** send a copy of your insurance policy. If you are uncertain speak to your insurance company and they will know what you need.

Membership is another hot topic this year. When you fill out the dues section on the first page of the revalidation form pay particular attention to the instruction page so that you set up your dues structure properly. This upcoming membership year beginning on September 1<sup>st</sup> the National dues portion will be \$15 while the Department dues portion is \$8. That totals \$23 **that is sent to the Department** for renewals/new members and the post will keep the rest. Keep in mind that the minimum dues level for

each post has been set by National at \$30 which would leave the post with \$7 per member. You may increase the dues above this level but not below. So on the revalidation form you will enter post portion at \$7 to make the final dues amount \$30 (or more if you so desire). The Life Membership dues are still \$250. The National portion being \$125 with the Department portion at \$62.50 leaving the post with \$62.50. The \$62.50 amount is what you will include on the revalidation form.

I want to thank you all in advance for your time and effort in completing this requirement.

Regards,



Mike Kist USMC  
AMVETS Department of Indiana  
Executive Director  
ExecutiveDirector@amvets-in.org  
513-900-2152

**AMVETS**  
**Department of Indiana**  
**2017-2018 Revalidation Checklist**

1. National Post Revalidation & Officers Form \_\_\_\_\_  
**Department's Copy Dated March, 2018 only.**  
Due date is July 5, 2018 at the Department – earlier is better  
Must be filled out in entirety - if not sure contact Executive Director for assistance
  
2. Quality Post Award Application \_\_\_\_\_  
Fill this out and include in package whether you think you qualify or not
  
3. By – Laws \_\_\_\_\_  
A copy of your By-Laws must be included if they have been modified in the last year. The Department still does not have copies from some of our Posts. Before checking the box and going to the next requirement please contact Judge Advocate Ron Martin to find out if your By-Laws are required to be included or not.
  
4. Proof of Insurance - Last Renewal Date (not in the future) \_\_\_\_\_  
Every Post with a Post Home requires insurance. Those with a canteen also require liquor liability and those with employees require Workman's Comp. The paper posts will enter N/A in the space to the right. Please include a copy of your 'Acord 25' only if the Department does not have a copy. Check with the Executive Director if you are unsure. The form 'Acord 25' is the only paperwork accepted. Please **do not** include a copy of your insurance policy.
  
5. Copy of Business Entity filing report \_\_\_\_\_
  
6. Copy of most recent IRS 990/ 990E/990N proof of filing \_\_\_\_\_  
Only one page is required here. Do not send the complete form – it can run to 100 pages in length and the Department only requires the first page or proof of filing page.
  
7. Proof of Bonding for all offices handling money \_\_\_\_\_  
An insurance policy with theft protection is not a substitute. If you have any questions contact Judge Advocate Ron Martin.
  
8. Reconciliation of Bank accounts for each account of AMVETS and Subordinate organizations as of April 2018.  
The signatures below indicate that the verification process has been completed by the Commander, Adjutant & Trustees for AMVETS, Auxiliary, Sons & Riders Organizations. Please indicate if any organization is having problems financially. Please **do not** send copies of your account statements or any other financial information.

ATTEST: \_\_\_\_\_  
Post Commander

\_\_\_\_\_  
Post Adjutant

\_\_\_\_\_  
Dept HQ



## Revalidations are due at IN Department HQ by 5 July 2018

As soon as your elections are held (May 1-June 30<sup>th</sup>) fill out this three part form and either fax a copy to Dept. HQ at 317-923-4354, scan and email it to [ExecutiveDirector@amvets-in.org](mailto:ExecutiveDirector@amvets-in.org) or mail a copy.

### Page1: Revalidation

#### PRIMARY CONTACT - POST MAILING ADDRESS

**Primary Contact:** Our Web page **Nationwide Presence** has this persons phone and e-mail listed.  
**Post Mailing Address** official post mail is sent to this address, some posts use PO Boxes.

#### RENEWAL CONTACT

**Renewal Contact:** Annual members who don't renew on line will send their checks to this address. This email is used for confirmation of online transactions. Knowledge of Excel is valuable in this position.

#### POST INFORMATION

Your **meeting address** and times are listed here.

**All Posts are required to file with the IRS yearly in order to maintain tax-exempt status. Send a copy of the IRS acceptance to HQ.**

- The dues portion of the form must be filled out correctly for your members to be billed properly. The **Post Portion** of the dues is the **amount retained by the post.**

Sample: **\$10.00 Post** (Posts can vote to raise and lower Post dues, it is reported on this form)

\$ 5.00 Dept (Changes require a CBL amendment)

\$15.00 Nat.

\$30.00 total amount to Join AMVETS

Life Membership is \$250, the **Post Portion must be at least \$62.50, Posts or Depts. may vote to raise their portions. Dues changes must be accompanied by a CBL change.**

- **Insurance Requirement:** AMVETS HQ and your Department must be also insured on all policies. HQ and State require an **Acord 25** from your broker at each annual renewal. Have your broker email the National HQ Acord 25 to [hneal@amvets.org](mailto:hneal@amvets.org) & Department HQ to [ExecutiveDirector@amvets-in.org](mailto:ExecutiveDirector@amvets-in.org).

### Page 2: Officers Form

**Officers Form:** Before you can download your post management rosters we need to add the 4 leaders with special access in the database; Commander, 1<sup>st</sup> Vice, Adjutant and Renewal Contact. As soon as elections are held fax this form to HQ.

### Page3: Quality Post Form

**"Quality Post"** To be recognized as a Quality Post fill out and include this form and with your revalidation.

**\*If you revalidate online you must also send a filled out copy of this form to HQ and your Department. We will not accept a printed copy of the online revalidation alone. We need this form for our records.**

# Post Revalidation and Officers Form

**Page 1: Post Revalidation**

**Page 2: Officers Form**

**Page 3: Quality Post Form**



AMVETS National Headquarters  
 4647 Forbes Boulevard  
 Lanham, Maryland 20706-4380  
 Telephone: (301) 459-9600  
 Toll Free: (877) 726-8387  
**Fax: (301) 459-7924**

State: _____ Post # _____
County: _____

**PLEASE TYPE OR PRINT LEGIBLY** all applicable information on this form. Fax, email or send a copy to HQ and your Department. **Completed form must be received** at IN Department Headquarters **before 5 JULY 2018.**

## PRIMARY CONTACT-Post Mailing Address

**Primary Contact:** \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Post Mailing Address** \_\_\_\_\_  
 City, State and Zip: \_\_\_\_\_

## RENEWAL CONTACT

Send Renewals to: \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 E-mail Confirmation Contact: \_\_\_\_\_

## POST INFORMATION

Meeting dates and times: \_\_\_\_\_  **Meeting Address** Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ Post Web-site \_\_\_\_\_ Post E-mail: \_\_\_\_\_

**\*\*\* All Posts are required to file with the IRS yearly in order to maintain tax-exempt status. \*\*\***  
**\* Include a copy of your 990 Acceptance letter from IRS**

990 file date: _____	EIN Number (IRS) _____	Fiscal Year: 2017-2018
<b>* Dues amount must be filled in, *Post Portion of Dues only (INVOICES WILL BE CALCULATED ON POST PORTION+NTL+DEPT)</b>		
<b>* Annual Dues:</b> *Portion of Dues retained at Post * Post Portion:\$ _____	<b>* Life Dues:</b> *Portion of Dues retained at Post: * Post Portion:\$ _____	

Check one (per National Bylaws, Article VII):

- No Post home
- Facility owned or leased for meetings requires \$300,000 Liability Insurance.
- Facility with clubroom (requires Articles of Incorporation, State Certificate of Corporate Good Standing, \$500,000 liability Insurance and a Liquor liability policy with current Acord 25 on file at National Headquarters)
- Post Constitution & Bylaws** have been reviewed, but not amended.
- Post Constitution & Bylaws** have been amended within the past year and approved by the Department JA

## POST REVALIDATION CERTIFICATION

I certify that AMVETS Post # \_\_\_\_\_ complies with all local, state and federal laws and statutes in the operation of the Post and its facilities, has a minimum of 10 members in good standing, is fully paid up in all Post accounts with National Headquarters and has complied with all revalidation requirements of the National Constitution, Article X.  
 Date \_\_\_\_\_ Signature & Title of Certifying Post Official \_\_\_\_\_

## Officers Form

The 5 leaders with access to the database are Commander, Executive Director, 1st Vice, Adjutant, and Renewal Contact. After elections, email or fax revalidation forms to HQ and your Department.

Commander: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
1st Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
2nd Vice: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Adjutant: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Finance: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Judge Advocate: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Provost Marshal: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____
Public Relations Officer: _____ Member Number: _____	Address: _____ _____ Email: _____	Work: _____ Home: _____ Cell: _____

## Officers Certification

I certify that the officers of \_\_\_\_\_ have been duly installed and they have read and subscribe to the AMVETS oath of office.

Date: \_\_\_\_\_ Installing Officer: \_\_\_\_\_

**Notes:** As soon as your elections are concluded (May 1 - June 30th), fill out this form and send to Headquarters by mail (Attn.: Membership 4647 Forbes Blvd. Lanham, MD 20706), fax (to 301-459-7924), or email (to [membersupport@amvets.org](mailto:membersupport@amvets.org)). **Send a copy of all forms to your department.** Completed form must be received by July 15. If you revalidate online you must also send a filled out copy of this form to Headquarters. We will not accept a printed copy of the online revalidation alone. We need this signed form for our records.



# QUALITY POST DISTINCTION

- COLUMN (A) - ACHIEVEMENTS FOR PAST YEAR DETERMINES ELIGIBILITY
- COLUMN (B) - COMMITMENTS FOR NEXT YEAR

Post must achieve (4) of the (6) items to qualify as a National Quality Post.  
Three starred (\*) items are required, plus one additional item = (4) total.

Post No. \_\_\_\_\_ Dept. \_\_\_\_\_ Dist. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

(A) (B)

Past Coming Mark yes (Y) or no (N) in the space provided for each item.  
Year Year

- \* 1. \_\_\_\_\_ **On-Time Revalidation** - Our Post will complete its revalidation before July 15, each year.
- \* 2. \_\_\_\_\_ **Membership** –Our Post will renew with an equal or greater number of members over a year ago.  
(June to June)  
\_\_\_\_\_ Number of members paid last year. (Current year expiring.) (Annual & Life)  
\_\_\_\_\_ Total number of renewing and new members paying this year. (Annual & Life)
- \* 3. \_\_\_\_\_ **Programs Reporting Submissions/Forms** - Our Post submitted reports to our Department/National for June and December of the preceding year.
4. \_\_\_\_\_ **Community Service Programs** - We have/will conduct a minimum of **two** service programs a year. Place a date in front of each Program conducted: \_\_\_\_\_ Homeless Veterans \_\_\_\_\_ White Clover \_\_\_\_\_ Blood Donor \_\_\_\_\_ Bone Marrow and Organ & Tissue Donor Awareness \_\_\_\_\_ Special Olympics \_\_\_\_\_ Child Abuse Awareness \_\_\_\_\_ Scouting \_\_\_\_\_ Task Force DVD \_\_\_\_\_ Habitat for Humanity \_\_\_\_\_ Color Guard \_\_\_\_\_ Veterans History Project \_\_\_\_\_ Support for Our Troops/NG \_\_\_\_\_ Other \_\_\_\_\_
5. \_\_\_\_\_ **National Programs** we have/will participate in **one** or more of the following.  
Place a (Y) in front of each Program your post will participate in: \_\_\_\_\_ Americanism School Contests  
\_\_\_\_ Freedoms Foundation \_\_\_\_\_ Scholarship \_\_\_\_\_ ROTC \_\_\_\_\_ AADAA \_\_\_\_\_ VAVS
6. \_\_\_\_\_ **Submit Entry For One Or More National Awards Programs** We will enter **one** or more of the following. Place a (Y) in front of each Award submittal you have/will plan to make.  
\_\_\_\_ Americanism Awards \_\_\_\_\_ The Robert Gomulinski Community Service Award \_\_\_\_\_ ROTC Award  
\_\_\_\_ Special Olympics Award \_\_\_\_\_ AADAA Award

Achieved National Quality Post Award for the past charter year. (A) \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Post Commander