



Inspection

Binder

Template

ADOPTED BYLAWS



January 27, 2022

Thomas Levitt, Commander
General Lewis B. "Chesty" Puller Post No. 1503, VFW
14631 Minnieville Rd.
Woodbridge, VA 22193-3217

Re: Proposed Amended Bylaws

Dear Comrade Levitt:

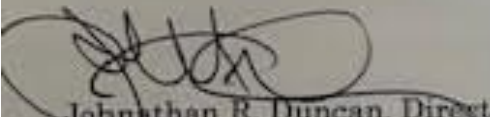
Receipt is acknowledged of the proposed revised Bylaws for Post No. 1503 submitted through channels for the review of the Commander-in-Chief in accordance with Section 202 of the Manual of Procedure.

These documents have been designated amended Bylaws to reflect their replacement of previously reviewed Bylaws.

A review of the proposed amended Bylaws discloses that they are in compliance with the Congressional Charter, Bylaws, Manual of Procedure, Ritual, and laws and usages of the Veterans of Foreign Wars of the United States.

A copy of the reviewed amended Bylaws has been retained for our files, another forwarded to your Department Headquarters, and two sets herewith returned.

Sincerely,


Johnathan R. Duncan, Director
Administrative Operations

Dated with CiC Signature

JRD: cl
Enc: Revised Bylaws (2)
cc: Department Adjutant (1)



VETERANS OF FOREIGN WARS OF THE UNITED STATES

www.vfw

December 16, 2013

James Martin, Commander
General Lewis B. "Chesty" Puller Post No. 1503
14631 Minnieville Rd
Woodbridge, VA 22193-3217

Re: Proposed Restated Articles of Incorporation

Dear Mr. Martin:

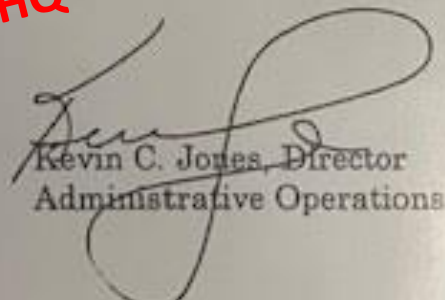
Receipt is acknowledged of the proposed Articles of Incorporation for Post No. 1503 submitted through channels for the review of the Commander-in-Chief in accordance with Section 708 of the Manual of Procedure.

These documents have been designated restated Articles of Incorporation to replace their replacement of previously reviewed articles.

A review of the proposed restated Articles of Incorporation discloses that they are in compliance with the Congressional Charter, By-Laws, Manual of Procedure, Rules and laws and usages of the Veterans of Foreign Wars of the United States.

A copy of the reviewed restated Articles of Incorporation has been retained for the files, another forwarded to your Department Headquarters, and two sets here returned.

Sincerely,


Kevin C. Jones, Director
Administrative Operations

Dated and signed by National HQ

VFW VETERANS OF FOREIGN WARS		2		DELEGATES ELECTED		REPORT		DATE OF ELECTION: 4/19/2023		
POST # 1503	DISTRICT # 10	DEPARTMENT Virginia	POST NAME General Lewis B. "Chesty" Puller Post			POST DUES AMOUNT Includes National and Department Per Capita \$40				
POST MEETING LOCATION (PHYSICAL ADDRESS)					POST MAILING ADDRESS					
GENERAL LEWIS B CHESTY PULLER POST					14631 Minnieville Rd					
14631 Minnieville Rd					ADDRESS LINE 2					
CITY Woodbridge		STATE VA	ZIP CODE 22193-3217		CITY Woodbridge		STATE VA	ZIP CODE 22193-3217		
POST E-MAIL ADDRESS qmpost1503@vfwva.org					POST MEETING DAY/TIME 3rd Wednesday 7:00 pm					
POST WEBSITE vfw1503.org			FEDERAL EMPLOYER IDENTIFICATION # (EIN)		CHECK ALL THAT APPLY:					
POST PHONE # (703) 670-4124			541135200		<input checked="" type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> NO POST HOME <input checked="" type="checkbox"/> CANTEEN/CLUBROOM					
					<input checked="" type="checkbox"/> PROVIDE HALL RENTALS <input type="checkbox"/> PROVIDE MILITARY FUNERAL HONORS					

Info REDACTED from Delegates report

COPY OF MEETING MINUTES

GENERAL LEWIS B. "CHESTY" PULLER POST 1503
Veterans of Foreign Wars of the United States
14631 Minnieville Road
Dale City, Virginia 22193

September 20th, 2023

MINUTES OF THE POST MEETING HELD ON September 20th, 2023.

OPENING CEREMONIES:

The Post Commander conducted opening ceremonies at 1900 hrs, September 20th, 2023.

ROLL CALL OF OFFICERS: CDR, SV, JV, QM, Surgeon, Chaplain, Judge Adv, 1yr, 2yr, 3yr, Past Commander, Service Officer, Adj.
Excused: Adj, Service Officer

Number of members present at meeting: 54

Visitors of Note

Draping of the Colors

READING OF THE MEMBERSHIP: 27

- A
- L
- L
- T

**Copy of the most recent meeting minutes
Note: The entire minutes should be placed inside
A document protector, for review.**

A motion was made by Ben Guinen to approve applications for membership and was duly seconded and approved by the membership present.

New Members Sworn In: 8

READING OF THE MINUTES:

A motion was made by the Acting Adjutant that the reading of the minutes be waived, and the minutes be accepted as is as they have been posted for membership review for 30 days. The motion was duly seconded and passed by the membership present.

QUARTERMASTER'S REPORT: The Quartermasters report is posted on the bulletin board in the canteen and has been audited.

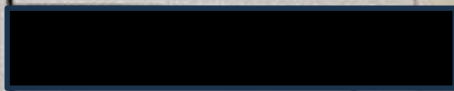
Starting Balance: \$ 1,020,049.76

PROOF OF ELIGIBILITY

AREAS RENDER FORM VOID

CERTIFICATE OF

ON ACTIVE DUTY



1. SOCIAL SECURITY NO. [REDACTED]

2. PLACE OF ENTRY INTO ACTIVE DUTY: DOLTIMORE, MO

3. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known): MANASSAS, VA 20112-0000

4. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 95TH MOUNT CO XC

5. STATION WHERE SEPARATED: FORT STEWART, GA 31314

6. RESERVE OBLIG. TERM DATE: Year 2004, Month 04, Day 04

7. COMMAND TO WHICH TRANSFERRED: USAR CON OP (PFINF) BR-PERSOOL, 9700 PAGE BLVD, ST LOUIS, MO 63132

8. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.): 35H10 TRADE MOUNT SPT SP--3 YRS-9 MOS//NOTHING FOLLOWS

10. SGLI COVERAGE		None	
Amount	\$	250,000.00	00
Year(s)	Month(s)	Day(s)	
1997	05	05	
2002	05	05	
0005	00	00	
0000	00	00	
0000	00	00	
0002	00	00	
0000	00	00	
1997	05	05	

11. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (Army Achievement Medal//Army Good Conduct Medal//Army Service Medal//Army Lapel Button//Expert Badge (Grenade)//Sharpshooter)

12. MILITARY EDUCATION (Course title, number of weeks, and month): TEST MAINTENANCE DIAGNOSTIC TEST TRAINING, 1 WEEK, OCT 1998

13. DAYS ACCRUED LEAVE PAID: NONE

14. MAILING ADDRESS AFTER SEPARATION (include Zip Code): 5435 BARRISTER PLACE, ALEXANDRIA, VA 22304-0703

15. NEAREST RELATIVE (Name and address - include Zip Code): DEBORAH K DIMAYER, 6700 HIGHPOINT CT, MANASSAS, VA 20112-0000

16. SIGNATURE OF MEMBER BEING SEPARATED: [Signature]

17. OFFICIAL AUTHORITY AND ACTION (Typed name, grade, title and signature): M. I. DOUGHERTY, BSB, CHIEF, TRANSITION POT

Proof of Eligibility of each elected and appointed officer
Each form in it's own document protector.

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

18. TYPE OF SEPARATION: RELEASE FROM ACTIVE DUTY

19. CHARACTER OF SERVICE (include upgraded): HONORABLE

20. SEPARATION AUTHORITY: BR 635-200, CHAP 4

21. SEPARATION CODE: MKK

22. REENTRY CODE: 1

23. NARRATIVE REASON FOR SEPARATION: COMPLETION OF REQUIRED ACTIVE SERVICE

24. DATES OF TIME LOST DURING THIS PERIOD: NONE

25. MEMBER PACKETS COPY 4: [Signature]

BYLAWS

GENERAL LEWIS B. "CHESTY" PULLER POST NO. 1503
VETERANS OF FOREIGN WARS OF THE UNITED STATES

ARTICLE I
NAME AND LOCATION

- Sec. 1. By virtue of charter granted, this Post shall be known as GENERAL LEWIS B. "CHESTY" PULLER Post No. 1503 Veterans of Foreign Wars of the United States.
- Sec. 2. The location of this Post shall be in the City of Dale City, County of Prince William, State of Virginia.

ARTICLE II
SUBORDINATION

- Sec. 1. The supreme power of this association is vested in the National Convention and this Post shall be at all times governed by the Congressional Charter and Bylaws of the Veterans of Foreign Wars of the United States, the Bylaws of the Department of Virginia, orders issued by authority of the National Convention, National Council of Administration, Department Commander-in-Chief, the Department Convention, Department Council of Administration, and the Commander of the Department of Virginia. Resolutions adopted by the National Convention are held to be lawful orders.

Approved Post ByLaws

ARTICLE III
MEETINGS

- Sec. 1. Place: The regular meeting place of this Post shall be at at GENERAL LEWIS B. "CHESTY" PULLER Post No. 1503, 14631 Minnieville Road, Dale City, Virginia. The Post may change its name in accordance with the provisions of Section 208 of the National Bylaws and Manual of Procedure.
- Sec. 2. Time: The regular meetings of the Post shall be held on the 3rd Wednesday of each month, to be called to order at 7p.m.
- Sec. 3. The Post may, after at least fourteen (14) days written notice to the Department Commander and the members of the Post, change its meeting place, appointed day or time upon a majority vote of the members present and voting at a regular or special meeting called for such purpose.
- Sec. 4. Special meetings may be called in accordance with the provisions of the National Bylaws.
- Sec. 5. Quorum: Five members in good standing shall constitute a quorum for the transaction of business.

ARTICLE IV
MEMBERSHIP

- Sec. 1. Membership in this Post, eligibility to, application for, acquiring and maintenance of, loss of and discipline shall be in accordance with the provisions of the National Bylaws.

DISTRICT BYLAWS



June 11, 2019

Randall Coker, District Commander
District 10, Department of Virginia, VFW
13212 Trails End Ct.
Manassas, VA 20112-5504

Approved District ByLaws

Re: Proposed Amended Bylaws

Dear Comrade Coker:

Receipt is acknowledged of the proposed revised Bylaws for District No. 10, Department of Virginia, VFW submitted through channels for the review of the Commander-in-Chief in accordance with Section 402 of the Manual of Procedure.

These documents have been designated amended Bylaws to reflect their replacement of previously reviewed Bylaws.

A review of the proposed amended Bylaws discloses that they were in substantial compliance with the Congressional Charter, Bylaws, Manual of Procedure, Ritual, and laws and usages of the Veterans of Foreign Wars of the United States; however have been modified for compliance. To preclude any misunderstanding of the additions and/or deletions, an informal document has been attached.

A copy of the reviewed amended Bylaws, with the corrections noted thereon, has been retained for our files, another forwarded to your Department Headquarters, and two sets herewith returned.

Sincerely,

Johnathan R. Duncan, Interim Director
Administrative Operations

JRD: cl
Enc: Revised Bylaws (2)

NATIONAL HEADQUARTERS

WASHINGTON OFFICE

Quarterly Audit Report

The Books and Records of the Adjutant General's Office of District 10 Post 1503
 Department of _____ 30-Jun-23

	Net Cash Balances at Beginning of Quarter	Receipts During Quarter	Expenditures During Quarter	Net Cash Balances at End of Quarter
National dues	\$	\$	\$	\$
Department Dues	\$	\$	\$	\$
Admission Fees	\$	\$	\$	\$
Post General Fund	\$	\$	\$	\$
Post Relief Fund	\$	\$	\$	\$
Service Birthdays	\$	\$	\$	\$
Life Membership Fund	\$	\$	\$	\$
District Dues	\$	\$	\$	\$
Facility	\$	\$	\$	\$
Gaming	\$	\$	\$	\$
Pull Tabs	\$	\$	\$	\$
BINGO	\$	\$	\$	\$
Progressive Payable	\$	\$	\$	\$
ATM Fund	\$	\$	\$	\$
Post Investment Fund	\$	\$	\$	\$
First Command	\$	\$	\$	\$
Post CD	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$

Information Redacted

OPERATIONS

Have required payroll deductions been made: <u>yes</u>	Checking Account Balance	\$	
Have payments been made to the proper State and Federal agencies this quarter: <u>yes</u>	Less Outstanding Checks		
Have sales taxes been collected and paid: <u>yes</u>	Actual Balance	\$	
Are club employees bonded: <u>yes</u>	Savings Account Balance	\$	
Amount of outstanding bills: <u>\$0.00</u>	Cash On Hand	\$	
Value of Real Estate: <u>\$2,450,000</u>	Total		
Amount of liability insurance: <u>\$1 \$ 1,500,000.00</u>	Bonds and Investments		
Owed on Mortgages and Loans: <u>\$ \$ -</u>	Total		
Value of Personal Property: <u>\$500 \$ 2,000,000.00</u>	TRUSTEE'S AND COMMANDERS		
Amount of Property Insurance: <u>\$2,000,000</u>	CERTIFICATE OF AUDIT		
	Date	<u>7/6/2023</u>	

This is to certify that we (or qualified accountants) have audited the books and records of the Adjutant or Quartermaster of Post 1503 for the Fiscal quarter ending 30-Jun-23 in accordance of the National By-Laws and that this report is a true and correct statement thereof to the best of our knowledge and belief. All vouchers and checks have been examined and found to be properly approved and properly countersigned:

Post Quartermaster: Carl Richardson
 Address: 14631 Minnieville Rd
Dale City, VA 22193

Signed: Jah E Dodge Trustee
 Signed: [Signature] Trustee
 Signed: [Signature] Trustee

This is to certify that the Office of the Quartermaster is bonded with the Dept. of Virginia in the amount of \$ \$1,500,000 until August 31, 2023 and that this audit is correctly made out to the best of my knowledge and belief

Signed: E. Beal Carl

Quartermasters Report

Statement of Funds	Cash Balance Last Report	Receipts for the Period	Disbursements for Period	Cash Balance This Period
National dues	\$	\$	\$	\$
Department Dues	\$	\$	\$	\$
Post General Fund	\$	\$	\$	\$
Post Relief Fund	\$	\$	\$	\$
Service Birthdays	\$	\$	\$	\$
District Dues	\$	\$	\$	\$
Facility	\$	\$	\$	\$
Gaming	\$	\$	\$	\$
Pull Tabs	\$	\$	\$	\$
BINGO	\$	\$	\$	\$
Progressive Payable	\$	\$	\$	\$
ATM Fund	\$	\$	\$	\$
First Command	\$	\$	\$	\$
Post Investment Fund	\$	\$	\$	\$
CD	\$	\$	\$	\$
Monthly Total	\$	\$	\$	\$

Information Redacted

This is to Certify that this Report has been Audited and Found Correct.

John E. Dodge 9-13-23
[Signature] 9-13-23
[Signature] 9-13-23

TRUSTEES





Wealth Management & Trust Services
P. O. Box 901075
Fort Worth, TX 76101

VFW POST 1503
ATTN: CARL A RICHARDSON QUARTERMASTER
14631 MINNIEVILLE RD
WOODBRIDGE VA 22193

**Investment report
If applicable.**

Investment Officer

CHARLENE MAY
817-689-3237
cmmay@firstcommand.com

Administrative Officer

LAURELYNN WARD
888-763-7603 OPTION 2
fcbtrustinbox@firstcommand.com

NEW FOR SEPTEMBER STATEMENTS: We have added your personal investment objective to Page 3 of the statement. Please take a moment to review your investment objective and portfolio allocation. The last page of the statement displays a chart that describes the characteristics of all of our general investment objective strategies. If your investment objective is consistent with your financial plan, there is no action required. If you would like to discuss your investment objective and portfolio allocation, please contact your Financial Advisor or your IMA Portfolio Manager directly at 888-763-7603, Option 2.

WE ARE HERE FOR YOU: Do you have questions about your account or market volatility? Your advisor and portfolio manager are available to visit with you. Contact your Advisor to make an appointment today!

SPECIAL LINE OF CREDIT FOR IMA CLIENTS: First Command Bank is offering a special unsecured line of credit to Investment Management Account (IMA) clients. Email Wealth Management at fcbtrustinbox@firstcommand.com or call us at 888-763-7603, Option 2 to find out more!

Sign up for eDelivery and access your account online, anytime! Contact your Administrative Officer above to find out how.



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

Department of Virginia VFW
403 Lee Jackson Highway
Staunton, Virginia 24401

THIS RECEIPT IS EVIDENCE THAT YOUR ACCOUNTABLE OFFICER AS LISTED BELOW IS COVERED THROUGH DEPARTMENT HEADQUARTERS. RETAIN THIS WITH YOUR RECORDS AND HAND IT OVER TO YOUR SUCCESSOR IF ANY CHANGE IS MADE IN THE POSITION BEFORE AUGUST 31, 2024.

Department of Virginia,
Veterans of Foreign Wars of the U.S.

August 15, 2023
(Date)

This Certifies that the Quartermaster of Foreign Wars
General Lewis B. [Name] [City], Virginia,
[Post Number] of Post

is carried on a crime policy of [Company Name] Headquarters in the principal sum of \$ 1,500,000.00
for the year September 1, 2023 to August 31, 2024.

Quartermaster Bond

[Signature]
Department Quartermaster

V.F.W. DEPARTMENT ACCOUNTABLE OFFICERS AN EMPLOYEE/VOLUNTEER CRIME POLICY

This policy is written in consideration of the safeguards which Section 218, Manual of Procedure, requires for the handling of funds. Section 218 provides that any negligence on the part of the Commander and Trustees shall make them individually and collectively liable with any others for any discrepancies. Every Unit should require that the Quartermaster deposit all moneys coming into their possession in the exact form in which they are received. THE ACCOUNTABLE OFFICER SHOULD WELCOME A THOROUGH AUDIT FOR HIS OWN PROTECTION.

In connection with the quarterly audit performed by the Trustees, the following minimal procedures are recommended:

1. The Trustees should obtain the bank statement directly from the bank and reconcile the account themselves.
2. Amounts shown on the audit report should be obtained from, or agree to the financial records of the Quartermaster, by the Trustees.
3. Both the audit report and the financial records should be verified mathematically by the Trustees. The beginning balances shown on the current audit report should be agreed to, the ending balances as shown on the previous report. Deposits shown on the financial records should be compared and agreed to deposits shown on the bank statement. Checks returned by the bank should be compared, as to amount and payee, with financial reports during the process of bank reconciliation.

In the event of defalcation, the exact amount of the shortage must be proven. Your Department Quartermaster should be notified immediately and furnished with a certified copy of the audit showing in detail receipts, disbursements, and the amount of the shortage. The Insurance Company requires that we handle our affairs in a businesslike way, and there is a time limit, 120 days from the first date of discovery of the loss, for both reporting a defalcation and for determining the extent thereof, after which time the liability of the Company ceases.

COVERAGES OF THE POLICY REQUIRE THAT:-

1. You agree to make/or cause to be made, at least annually, an audit of your books and accounts, including complete verification of all securities and bank balances pertaining to each "employee". Employee means any duly elected position, as listed on policy schedule. If the above is not complied with, the Surety Company will refuse to honor claim of missing funds which cannot be proven by records.
2. The Surety Company will not pay for loss resulting from any unauthorized advances made by an "employee" to any member for delinquent dues and assessments.

3. IF COVERAGE IS NOT RENEWED, TERMINATED, OR CANCELLED AT EXPIRATION DATE OF 9-1-2023, THE POST HAS ONLY 90 DAYS TO SUBMIT A PROOF OF LOSS FOR PRIOR TERM, AFTER 90 DAYS PRIOR COVERAGE CEASES.

THIS CERTIFICATE IS ONLY FOR THE YEAR SEPTEMBER 1, 2023 TO AUGUST 31, 2024.

The funds of your Post are de [Name] following year will be due September 1, 2024.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning Jul 1, 2021, and ending Jun 30, 2022.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
For 501(c)(3)
Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed.

B Exempt under section
 501(c)(13)
 408(a) 220(a)
 408A 530(a)
 529(a) 529A

C Book value of all assets at end of year

D Employer identification number
54-1135200

E Group exemption number (see instructions)

F Check box if an amended return.

G Check organization type 501(c) corporation 501(c) trust

H Check if filing only to Claim credit from Form 990

I Check if a 501(c)(3) organization filing a return

J Enter the number of attached schedules

K During the tax year, was the organization a subsidiary controlled group? Yes No

L The books are in care of Woodbridge VA 22193 Telephone number (703) 670-4124

Most recent Form 990 or an email Receipt of submission.

Part I Total Unrelated Business Income	
1 Total of unrelated business income computed from all unrelated trades or businesses (see instructions)	0.
2 Reserved	
3 Add lines 1 and 2	0.
4 Charitable contributions (see instructions for limitation rules)	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	0.
6 Deduction for net operating loss. See instructions	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	
9 Trusts. Section 199A deduction. See instructions	
10 Total deductions. Add lines 8 and 9	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	0.

Part II Tax Computation	
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
3 Proxy tax. See instructions	
4 Other tax amounts. See instructions	
5 Alternative minimum tax (trusts only)	
6 Tax on noncompliant facility income. See instructions	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	0.

For Paperwork Reduction Act Notice, see instructions.
BAA

REV 07/2021 PRO Form 990-T (2021)



14631 MINNIEVILLE RD WOODBRIDGE, VA 22193



Building Size	Year Built	Last Sold
0 sq ft	1988	Aug 01, 1985

Estimated Value	\$0
Bedrooms	beds
Bathrooms	baths
Lot	242,507

This 0 square foot property has bathrooms

REAL PROPERTY INFORMATION

Bird's Eye View



Street View



Owner

Name

Lewis, General B Chesty Puller

Address

14631 Minnieville Rd Woodbridge, VA, 22193



Tax Assessments

Taxes

\$45,280

Land

\$1,949,000

Improvements

\$1,373,800





PRINCE WILLIAM COUNTY VIRGINIA
REAL ESTATE ASSESSMENTS

rch
earch
unt Search
gh

14631 MINNIEVILLE RD
8091-55-6857
General Info Notes Map

Property Information

Account Number	089083	Property Address:	14631 MINNIEVILLE RD
Owner Name	GENERAL LEWIS B (CHESTY) FULLER POST 1503 VETERANS OF FOREIGN WARS OF US INC	WOODBRIDGE VA 22193	193
Owner Address	14631 MINNIEVILLE RD WOODBRIDGE VA 22193-3217		
Use Code	720 Civic Social Associations		

REAL PROPERTY INFORMATION

Assessment		2020 Assessment	
Neighborhood		Land - Market Value	\$1,949,000
Fire Hazard		Land - Use Value	\$0
Special District		Impr - Market Value	\$1,479,600
Zoning	Low rise office	Total - Market Value	\$3,428,600
Acres	5.5671		

<< Previous Card Card 1 of 1 Next Card >>

Building Section 001 - Occupancy 001

Year Built	1988	Year Remodel	0	Occupancy	323 Fraternal Building
Section Area	22238	Story Height	17	Number of Stories	1

Card - 1

Improvements

IMPR Type	Description	Area
Addition	XSL Concrete Slab-in-4-6in Reinforced	1776
Addition	XPV Asphalt Paving	102354
Addition	XCW Canopy-Wood Frame	3200
Addition	XCS Canopy-Steel Frame	3444
Other Improvement	SS1 Storage Shed	84
Other Improvement	SS1 Storage Shed	80
Other Improvement	SS1 Storage Shed	120

Assessment History

Reason	Year	Land	Use	IMPR	Total
General Reassessment	2019	\$1,783,100	\$0	\$1,422,700	\$3,205,800
General Reassessment	2018	\$1,691,900	\$0	\$1,460,800	\$3,152,700
General Reassessment	2017	\$1,098,600	\$0	\$1,537,300	\$2,635,900
General Reassessment	2016	\$1,034,000	\$0	\$1,595,200	\$2,629,200
General Reassessment	2015	\$984,800	\$0	\$1,691,700	\$2,676,500
General Reassessment	2014	\$984,800	\$0	\$1,732,700	\$2,717,500
General Reassessment	2013	\$989,400	\$0	\$1,734,000	\$2,723,400
General Reassessment	2012	\$989,400	\$0	\$1,724,600	\$2,714,000
General Reassessment	2011	\$963,700	\$0	\$1,530,200	\$2,493,900
General Reassessment	2010	\$963,700	\$0	\$1,530,200	\$2,493,900
General Reassessment	2009	\$1,204,600	\$0	\$1,729,400	\$2,934,000
General Reassessment	2008	\$1,417,200	\$0	\$2,034,600	\$3,451,800

Transfer History
No Transfers Found
Click here for transfer type code descriptions
Last Updated: 10/9/2020

PROPERTY INSURANCE



INSURANCE

DATE (MM/DD/YYYY)
10/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CBIZ Prince-Wood 44 Baltimore Street Cumberland, MD 21502	CONTACT NAME: Mark H. Rousseau PHONE (A/C, Res, Ext): (703)640-5581 FAX (A/C, Res): (703)580-5581 E-MAIL ADDRESS: mark.rousseau@cbiz.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: Travelers Insurance Company INSURER C: Accident Fund Insurance Company INSURER D: INSURER E: INSURER F:
INSURED General Lewis B. (Chesty) Puller Post 1503, VFW of the U.S., Inc. DBA VFW Post 1503 14631 Minnleville Road Woodbridge, VA 22193	NAC #

COVERAGES CERTIFICATE NUMBER: 00005363-774701 POLICY PERIOD: 10/29/2022 TO 10/29/2023

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR POLICY WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY OTHER POLICIES.

CLASS	TYPE OF INSURANCE	ADDL. INSUR. REQ. (Y/N)	POLICY NUMBER	START DATE	END DATE	COVERAGE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES TO: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-2021 <input type="checkbox"/> OTHER	Y	EPP0668917	10/29/2022	10/29/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Law Liab \$ 1,000,000 COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA6N979386	10/29/2022	10/29/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE CED <input checked="" type="checkbox"/> RETENTION \$ 10000		EPP0668917	10/29/2022	10/29/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	AF WCP 100067868	10/29/2022	10/29/2023	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

REAL PROPERTY INSURANCE BINDER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is named as Additional Named Insured

CERTIFICATE HOLDER VFW National 406 W 34th St Kansas City, MO 64111	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE (MHR)
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES UNDERWRITTEN HEREUNDER. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED AGENT, BROKER, REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

ICER CBIZ Prince-Wood 44 Baltimore Street Cumberland, MD 21502	CONTACT NAME: Mark H. Rousseau PHONE (A/C, No. Ext): (703)940-5581 E-MAIL: mark.rousseau@cbiz.com ADDRESS:	FAX (A/C, No.): (703)580-5581
	INSURED(S) AFFORDING COVERAGE	
ED General Lewis B. (Chesty) Puller Post 1503, VFW of the U.S., Inc. DBA VFW Post 1503 14631 Minnieville Road Woodbridge, VA 22193	INSURER A: Cincinnati Insurance Company	
	INSURER B: Travelers Insurance Company	
	INSURER C: Accident Fund Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGE CERTIFICATE NUMBER: 00005363-775601 POLICY NUMBER: 15

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER AS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR POLICY, THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW WITH RESPECT TO WHICH THIS CERTIFICATE IS ISSUED IS SUBJECT TO ALL THE TERMS, CONDITIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN EXCEEDED.

LIABILITY INSURANCE BINDER

TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	START DATE	END DATE	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	EPP0668917	10/29/2022	10/29/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Law Liab \$ 1,000,000 COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS - NON-OWNED AUTOS ONLY		BA6N979386	10/29/2022	10/29/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$
<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10000		EPP0668917	10/29/2022	10/29/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	AF WCP 100067868	10/29/2022	10/29/2023	PER STATUTE / OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYER \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is Named as Additional Named Insured

CERTIFICATE HOLDER VFW Department of VA 403 Lee Jackson Hwy Staunton, VA 22401	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE (NHR)
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NDO1075236J

Renewal Certificate Number

*** RENEWAL CERTIFICATE ***

United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

POLICY DECLARATIONS

No. NDO1075236K

NAMED INSURED AND ADDRESS:

VFW POST 1503
14631 MINNIEVILLE RD
WOODBIDGE, VA 22193

POLICY PERIOD: (MO. DAY YR.) From: 11/23/2021 To: 11/23/2022

1201 STANDARD TIME AT YOUR ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Non-Profit Directors and Officers

IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, MEMBER NDO1075236J IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTEND TO THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS, WHICH A PREMIUM IS INDICATED.

	PREMIUM
Non Profit M... Coverage Parts	\$978.00
TOTAL:	\$978.00

LIABILITY INSURANCE RENEWAL CERTIFICATE

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue
See Endorsement EOD (1/95)

Agent: CBIZ PRINCE-WOOD (2549)
13663 Office Place, Suite 101
Woodbridge, VA 22192

Issued: 10/01/2021 11:45 AM

By: *Thomas P. Kinney*
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.
UPC (08-07)

United States Liability Insurance Group

1190 Devon Park Drive, Wayne, PA 19087
Phone (688) 523-5545 Fax (610) 687-0080

Insured: VFW Post 1503
Policy #: NDO1075236J

Non Profit Professional Liability
Confirmation of Material Information Form
for Renewal Policies Only

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

- 1. Does the most recent 12-month revenue figure exceed \$2,000,000. YES NO
If yes, please advise the most recent 12-month revenue figure: \$
Please submit the most recent 12-month financial statements if this revenue amount is greater than \$2,000,000.
2. Does the insured have a negative fund balance as of the most recent 12-month financial statement? (Fund Balance = Total Assets - Total Liabilities)
If yes, please submit an explanation for the negative fund balance along with the most recent 12-month financial statement.
3. Does the total number of employees exceed 50. (Part time and seasonal employees are counted as 1/2 each.)
If yes, please provide the number of current employees:
4. Have there been any material changes in the scope of operations, including but not limited to mergers, dissolutions, change in subsidiaries, or acquisitions that have not already been reported?
5. Has there been or is there an anticipated reduction of employees greater than 10% in the past/next 12 months (if the total change is 5 employees or less, answer "No")?
6. Has your mailing or location address changed during the last year? If so, please provide your current address.

Mailing:
Location:

7. Insured Email Address: vfw1503facmgt@comcast.net

I certify the above is true and representative to the best of my knowledge.

Signature of President or Chairman

27 Sept 2021
Date

Post and District Keys to Success!

- Review last year's Inspection Report
- Conduct Pre-inspection By Post Officers (CDR, SVC, JVC, QM, ADJ, etc.)
- Be an "Inspection Ready Post" member
- Have an Outstanding Inspection Binder ready
- **Have a plan in place in the event the QM is unavailable. The Post/District needs to keep functioning even in the absence of the QM. An (Assistant QM - Suggested) should be able to log on and continue the activities to keep the post moving forward**
- *For additional information contact State Inspector:
Ken Shannon @ 757-509-3000; or kshannon@vfwva.org*

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Accessibility: Investigate

Notes

Comments



Post Inspection Tips (Post Commander/QM):

- Review the Inspection Report; create a binder, with tabs. If you already have a binder review it; make sure everything is current and remove the old stuff.
- Put a copy of the previous year Inspection report in the binder
- The tabs in your binder should coincide with the questions and in the order listed on the Inspection Checklist
- A review will help identify missing or out-of-date docs and give you time to correct them before your District Inspector arrives
- Remember that you can always reach out to your District or State Inspector if you need help with fixing a deficiency
- There is an excellent PowerPoint brief on the Dept. website on **Creating a Post Inspection Binder** with forms and Guidelines
- Contact State Inspector for an email copy of the Inspection Binder

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Accessibility: Investigate

Notes

Comments



POST & DISTRICT INSPECTIONS

Frequent Discrepancies

- **Not registered** with the Virginia State Corporation Commission for Post Incorporation (q-2b)
- **Did not have documentation** on file of all Officer's eligibility (q-5f) and **do you know if they are ELIGIBLE?**
- **Each accountable officer bonded** for all liquid assets they have access to i.e; (CDR, QM, Bar Manager)(as per the By-Laws)
- **Missing proof of having filed a 990** (q-19g)
- **Did not have proper forms of insurance**; or did not have Dept/National listed on policy as co-insured (q-26;26a)
- **Other than the QM** at least (1) one other person designated by the QM

Are you an **"INSPECTION READY"** Post/District?