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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

	For th	ne 2009 caleni	dar year,	or tax year beg	ginning		, 2009,	, and end	ing			,	
В	Check	f applicable		C Name of orga	anization					D Employ	er Iden	tification Number	
	☐ Ac	idress change	Please use IRS label	Charles	C Weybrech	nt American	Leq	ion Po	st 166	34-0	0065	588	
	Ħ	ame change	or print or type.			mail is not delivered to				E Telepho			
	Ħ	itial return	See specific	141 W. M	ain Street	<u>.</u>				(33)	0) R	21-0433	
	H	ermination	Instruc- tions.	City, town or		-	State	ZIP code +	- 4	1 (33)	-, 0		
	H	rmination nended return	uons.	Alliance	•		ОН		-2308	6	000.01-	s 346,317.	
		•	E Name	and address of prin			On	44001	-T	G Gross retur	_		_
	Ap	phication pending		•	•	277	٥.			ill affiliates incl			X No
					Sunray Cicl			1 44601		,' attach a list		structions) Yes	∐ NO
<u> </u>		-exempt statu		(c) (19)◀ (insert no)	4947(a)(1) or	527	_				
<u>J</u>		bsite: ► N/								p exemption nu			
<u>K</u>		of organization	X Corpor	ation Trust	Association	Other ►	L \	Year of Form	nation 191	L9 Mis	State of	legal domicile OH	
Ra	100	Summa	ary										
	1					gnificant activities					l_to	_veterans_	
•		and thei	r Wide	ows, prom	ote child	welfare an	d fo	ster_p	atriot	ism			
Activities & Governance													
Ĕ			<u></u>		- -								. _
Ŏ	2	Check this bo	ox ► 🗌	if the organiza	ition discontinue	d its operations o	r dispo	sed of mo	ore than 25	5% of its as			
9	3	Number of vo	ting mem	bers of the gov	verning body (Pa	art VI, line 1a)					3	408	
9	4	Number of inc	dependen	t voting memb	ers of the gover	ning body (Part V	I, line 1	lb)			4	0	
ıtte	5	Total number	of emplo	yees (Part V, I	ine 2a)						5		
差	6	Total number	of volunt	eers (estimate	If necessary)						6	0	
Ā	7a	Total gross u	nrelated b	usiness reveni	ue from Part VII	l, Icolumn (C), ine	12				7 a		0.
	Ь	Net unrelated	l business	taxable incom	ne from Form 99	0-T, line 34					7 b		
										Prior Year		Current Yea	ar
	8	Contributions	and gran	ts (Part VIII, III	ne 1h)					11,6	35.		724.
en l	9		_	ue (Part VIII, II	•						,,,,,,		
Revenue	10	_		-		and 7d)				2.8	356.		197.
Be	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d; 9c, 10c, and 11e)									76,9		129,	
	12							o 12\		91,4		144,	
						Part VIII, column ((A), III R	e 12)		51,4	LIJ.	144,	029.
	13				rt IX,-column (A								
	14	Benefits paid	to or fot	me mbers (Pari	t IX, column (A)	/ (ine 4)							
6	15 Salaries, other compensation, employee benefits (PartiX, column (A), lines 5-10)											51,	<u>460.</u>
136	16a	Professional	fundraisin	ortees (Part IX	, column (A), ilir	īe (11e)							
Expenses				1 ~ ~ \	cotumn (D) line	•				0 A 30			T A
M	1	Other	only exper	JAGG	Jines 11a-11d,	116 246					34.344.4.2	O.F.	DEC
	17						05)		-	98,5			<u>956.</u>
	18					column (A), line	25)		-	98,5		137,	
	19	Revenue less	expense	s. Subtract line	e 18 from line 12	<u> </u>				-7,1	51.	6,	<u>613.</u>
Net Assets or Fund Balancos									Beg	inning of Y	ear	End of Yea	r
\$ E	20	Total assets	(Part X, III	ne 16)						401,7	777.	344,	083.
\$ 0	21	Total liabilitie	s (Part X	, line 26)						20,4	108.		988.
35	22		-	•	t line 21 from lir	ne 20				381,3		321,	
IDa	TALL!	the same of the sa	ure Blo		t line 21 il Oth lin	16 20				301,3	,05.	J21,	093.
UCC	nom		_										
		Under penaltie true, correct, a	es of perjury, and complete	declare that that the Declaration of pre	ve examined this retu Rarer (other than off	rn, including accompan icer) is based on all info	ying sche ormation	edules and s of which pre	tatements, ar parer has an	nd to the best o y knowledge	of my kn	owledge and belief, it i	IS
٠.				$I \setminus I$	10				1	1/			
Sig				-	Lleur				<u>_</u>	11-1	0 -	<u>/0</u>	
He	re	Signature	of officer							Date			
		John/	H Wea	ver II					Fina	nce Of:	fice	r	
		Type or pa	rint name an	d title									
,				1			[Date		Check if	P	reparer's identifying nu see instructions)	ımber
Pa	id			1 1.	_ / / /	γ				self- employed		see manachons,	
Pre		Preparer's signature	► 1	rodeni	1 42	En asurale	10	11-11	0-10	opioyou			
pa	rer's	E	- CO-	nation 3	- p y -	Cor Too	=	٠, ،,	- /-				
Us	е	yours if self-			counting	ser., Inc.				_			
On	ıly	employed), address, and		S Union	Ave.					EIN -			
		ZIP + 4		iance		OH		1-293	3	Phone no	(33		<u>5</u>
May	y the i	RS discuss th	is return v	with the prepar	er shown above	? (see instruction	s)					X Yes	No
BA	A Foi	Privacy Act a	and Paper	work Reduction	on Act Notice, s	ee the separate ir	struct	ions.	R	TEEA0101	07/20	0/09 Form 990	(2009)

	990 (200							Legion Pos	st 166		34-0	065588		Page 2
Par	t w	Sta	tement of	Progr	am Se	ervice Ac	compli	shments						
1	Briefly o	descri	be the orgai	nization's	s missio	n.								
			port an											
•	and t	hei	r Widow	s, pr	omote	<u>child</u>	_welfa	are and f	oster	patriotism	<u> </u>			
				. _										
2	Did the	organ	nization unde	ertake ar	ny signif	icant progr	am servi	ces during the	year whi	ch were not listed	on the prior			
	Form 99	0 or 9	990-EZ?									_	es X	No
	If 'Yes,'	desc	ribe these n	ew servi	ces on S	Schedule O						_	_	
3	Did the	organ	nzation ceas	se condu	cting, o	r make sigi	nificant cl	hanges in how	ıt condu	cts, any program s	services?	_	'es X	No
		_	ribe these cl		-	_		_						
4	Describe and 501	e the (c)(4)	exempt puri	pose ach	ievemei section 4	nts for eacl 4947(a)(1)	trusts are	required to re	nree larg port the	jest program servic amount of grants	ces by expense and allocations	es Section s to others,	501(c)(3 the total	3) I
										<u> </u>				
4 -	(Code		\ Æ v	nancac	Ġ		ın	cluding grants	of S) (Payanua	ė		,
70	(Code.		/ (LX	penses	٧		""	cluding grants	∪	 -	_) (Revenue	٧		
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4 b	(Code:) (Ex	penses	\$		in	cluding grants	of \$) (Revenue	\$)
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40	(Code) (Ex	penses	Ş		ın	cluding grants	of \$) (Revenue	\$)
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40	Other p	rogra	m services	(Describ	e in Sch	nedule O)								
	(Expens		\$			including	grants of	; \$) (Revenu	e \$)	
40			m service ex	kpenses	•		<u> </u>	•			·			
	, otal pi	- <u>-</u>		.,								_		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>x</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	:	<u>x</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			% /%. } }
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	, ,		څ.
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	2.		, q
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			د
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			पूर्व - ्री
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48° If'Yes,' complete Schedule D, Part X	**	* 1	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	*	100 mg	1 1
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	*602 1	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	·	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			
20	complete Schedule G, Part III	19		X
Z U	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		_x_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_X_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	_	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III .	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>x</u>
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u> x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X.
AA		Form	990 (2009)

В

			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		163	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			· · · · · ·
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		γ	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country	~		,
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	* >>		*
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		_
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	, *************************************		1.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	·	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		*	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		×
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		, N
9	Sponsoring organizations maintaining donor advised funds.	4 ~		××
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter		\$7.7	, , ,
а	Initiation fees and capital contributions included on Part VIII, line 12		*8 % ' '*8 . \$	š
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			*
	Section 501(c)(12) organizations. Enter.	2	4/	3.3
	Gross income from other members or shareholders 11a	Ì		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		·	`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 408		3	
ŧ	Enter the	number of voting members that are independent	1b 0			»,
2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	tionship with any other	2		X
3	Did the or	ganization delegate control over management duties customarily performed by or units, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		x
4	Did the o	ganization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?	•			
5	Did the oi	ganization become aware during the year of a material diversion of the organization's	s assets?	5		X
6	Does the	organization have members or stockholders?		6		X
7 a	Does the	organization have members, stockholders, or other persons who may elect one or mo body?	ore members of the	7a		х
t	Are any o	lecisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b		X
8	Did the or the follow	ganization contemporaneously document the meetings held or written actions undertaing	aken during the year by	· · ·	% % 	*
	•	rning body?	,	8a	X	
ŀ	Each con	mittee with authority to act on behalf of the governing body?		8b	Х	
	organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cann ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		
		Policies (This Section B requests information about policies not i	required by the Internal			
Reve	enue Code)			-	
					Yes	No
		organization have local chapters, branches, or affiliates?		10a		X
	and brand	oes the organization have written policies and procedures governing the activities of sches to ensure their operations are consistent with those of the organization?		10Ь		
		rganization provided a copy of this Form 990 to all members of its governing body be	fore filing the form?	11		_X
		in Schedule O the process, if any, used by the organization to review this Form 990		, i	<u>.</u>	7,3
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u> _
	to conflic		•	12b		
		organization regularly and consistently monitor and enforce compliance with the polic O how this is done	ry? If 'Yes,' describe in	12 c		
		organization have a written whistleblower policy?		13		<u>X</u>
		organization have a written document retention and destruction policy?		14		X
	•	rocess for determining compensation of the following persons include a review and ap- comparability data, and contemporaneous substantiation of the deliberation and decis	pproval by independent sion?	<u> </u>		<u>;</u>
	🗸	nization's CEO, Executive Director, or top management official		15a		<u>X</u>
ŀ		cers of key employees of the organization		15b		<u> X</u> इ.स्.
		line 15a or 15b, describe the process in Schedule O (See instructions)		100		
16 a		ganization invest in, contribute assets to, or participate in a joint venture or similar a ing the year?	rrangement with a taxable	16a	2	X
		as the organization adopted a written policy or procedure requiring the organization to	avaluate its participation	· 45.7	· :	18/2
	in joint ve	enture arrangements under applicable federal tax law, and taken steps to safeguard the horspect to such arrangements?	ne organization's exempt	16b	فنشعه	
Sec	tion C.	Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed Ohio				
18	inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply website. Another's website. X Upon request.	d 990-T (501(c)(3)s only) ava	ılable	for pu	blic
10	\Box		nts conflict of interest nation	254	finana	ıal
	statemen	in Schedule O whether (and if so, how) the organization makes its governing docume its available to the public.	,			ıdı
		name, physical address, and telephone number of the person who possesses the book when the second se			<u> </u>	3 <u>68</u> 3
						-

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did no	t compens	ate ar	ту сі	urrer	nt of	ficer,	dired	ctor, or trustee		
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours		ition (k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	andividial trakee or director	anstitutional frustee	Offi-ei	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Frank_C_Webb										
Commander	2.00			х				1,200.	0.	0.
Gary L Ickes Adjutant	15.00			x				1,200.	0.	0.
John H Weaver II										
Finance Officer	20.00			Х				1,200.	0.	0.
Joseph A Peters	F 00									
Chaplin Life Control	5.00			Х				0.	0.	0.
<u>Jeffery E Hines</u> 1st V Commander	2.00			Х				0.	0.	0.
Ted V Pase Jr.	2.00			Λ					0.	<u> </u>
2nd V Commander	2.00			х				0.	0.	
John L Prislac				<u> </u>						
Exec. Board	1.00	х						0.	0.	0.
Harold D Williams										
Exec. Board	1.00	Х		<u> </u>				0.	0.	0.
Joel G Datz										
Exec. Board	1.00	Х						0.	0.	0.
Bonnie L Hines									_	_
Exec. Board	1.00	Х						0.	0.	0.
								,		
							-			
									-	
										·· ·

, (A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours			check				Reportable compensation from	Reportable	Estimated
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compeńsation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
									-,-	
	-									
										~-
	-									
	-									
	-									
1 b Total							▶	3,600.	0	.
Total number of individuals (including but not limited from the organization	to those	e list	ted a	abov	re) v	vho	rece	eived more than \$1	00,000 in reportal	yes N
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual			-	-					3
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com),000	pen)? <i>If</i>	satio 'Ye	on a s' co	nd d omp	ther lete	compensation fro Schedule J for suc	om Ch	4
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J	ation for s	fror uch	n ar <i>per</i> :	ny u s <i>on</i>	nrela	ated	organization for s	ervices	5
ection B. Independent Contractors	4.		•						#100 000	
Complete this table for your five highest compensate compensation from the organization.	d indep	ende	ent c	contr	acto	ors t	hat i	received more that	n \$100,000 of	
Name and business addres	S							Description of	of Services	(C) Compensation
		_								
	<u> </u>									

Pai	rt VIII Statement of Revenue		 ,	. ==-	
•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a				
A E	b Membership dues 1b 10,749.				
윤호	c Fundraising events 1 c				, "
Z Z	d Related organizations				*
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	ÿ				, and the second
옹동	e Government grants (contributions)				
Ĕ티	f All other contributions, gifts, grants, and		*	•	
폴티	similar amounts not included above 1f 3, 975.				
ŽΘ	g Noncash contribns included in lns 1a-1f \$		*		
	h Total. Add lines 1a-1f	14,724.	* ,		× .
필	Business Code				
Ě	2a		. =		
22	b				
5	c				
8	d				
PROGRAM SERVICE REVENUE	ρ				
¥	f All other program service revenue				
ğ				/(V %	
-	y Total. Add lines 2a-21				
	3 Investment income (including dividends, interest and other similar amounts)	197.	197.	0.	_
	, , , , , , , , , , , , , , , , , , ,	197.	197.		0.
	4 income from investment of tax-exempt bond proceeds	105	106		
	5 Royalties	186.	186.	0.	0.
	(i) Real (ii) Personal	* *		ĺ	, %, ,,
	6a Gross Rents 4,900.	* * % > 4	*	, , ¥	· · ///// ** '
	b Less rental expenses		\$ 15	, %	* 4
	c Rental income or (loss) 4,900.		·	· · · · · · · · · · · · · · · · · · ·	
	d Net rental income or (loss)	4,900.	4,900.	0.	0.
	7a Gross amount from sales of (i) Securities (ii) Other	,	₩ × ₩ -	¥ **	₹ % [*]
	assets other than inventory		49	<i>≨</i> •• ∞	5 %
	h lass and a other have		·	n 2	
	b Less cost or other basis and sales expenses	` '	ş	8 3 1	!
	c Gain or (loss)	1 .	^	₩ •••	< 5, 5
	d Net gain or (loss)				
				04.	y * ,
ᇤ	8a Gross income from fundraising events	·	*	,	' ' '
OTHER REVENU	(not including \$ 12,336.		*	\$1.	⋄
<u> </u>	of contributions reported on line 1c)				, ş«
8	See Part IV, line 18 a 12,336.			,	
Ĕ	b Less direct expenses b 4,679.	<u> </u>	<i>y</i>		
Ĭ	c Net income or (loss) from fundraising events	7,657.	7,657.	0.	0.
	9a Gross income from gaming activities	*	,		
	See Part IV, line 19 a 268, 864.				
	b Less direct expenses b 165,247.	,			
	c Net income or (loss) from gaming activities	103,617.	103,617.	0.	0.
	10a Gross sales of inventory, less returns				
	and allowances a 45,110.				
	b Less cost of goods sold b 32,362.				
	c Net income or (loss) from sales of inventory	12,748.	12,748.	0.	0.
	Miscellaneous Revenue Business Code	,	,	<u> </u>	<u> </u>
	11a				
	b				
	 				
	d All other revenue				
	.				
	e Totali Add lines Tra-Tra	144 000	100 000		
	12 Total revenue. See instructions	144,029.	129,305.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				, · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,468.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	•	992.	<u>. </u>		
	Fees for services (non-employees)				
_	Management				
	Legal	205			
	Accounting	225.			
	Lobbying			6 \$	
	Prof fundraising svcs. See Part IV, In 17			♦ ½ *	
	Investment management fees			·	
•	JOther Advertising and promotion				· _
	Office expenses	6,686.			
	Information technology	0,000.			
15					
16		26,975.			
	Travel	737.	-		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	737.			
19	Conferences, conventions, and meetings	1,560.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,070.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	\$ 4	*		
ā	Per Capita	9,031.			
	Donation-501c3	26,607.			
	:Licenses & Permits	3,523.			
	Miscellaneous	4,542.			
€					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	137,416.			
26	Joint costs. Check here if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ЗАА					Form 990 (2009)

Balance Sheet

BAA

Form 990 (2009)

(A) Beginning of year (B) End of year Cash - non-interest-bearing 13,046. 1 20,127. 143,731. 2 2 Savings and temporary cash investments 143,956. Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10a 180,000 Complete Part VI of Schedule D 10b 0 245,000. **b** Less accumulated depreciation 10 c 180,000. 11 Investments - publicly-traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 401,777 16 Total assets Add lines 1 through 15 (must equal line 34) 16 344,083. 17 Accounts payable and accrued expenses 20,408. 17 22,988. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 20,408. 26 22,988. Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here X and complete FUZD lines 30 through 34. Capital stock or trust principal, or current funds 30 BALANCE 31 Paid-in or capital surplus, or land, building, and equipment fund 31 321,095. 381,369. 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 381,369. 33 321,095. 34 Total liabilities and net assets/fund balances 401,777. 34 344,083.

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Form 990 (2009)	Charles C Weybrecht American Legion Post 166	
1 UIIII 330 (2003)	Chartes C Meantecht Whierican region tost 100	

34-0065588

Page 12

Part XI Financial Statements and Reporting			aye 12
•		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	15		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		۰ ډ	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

_ . .

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions 2009

OMB No 1545-0047

Open to Public Inspection Employer Identification number

Charles C Weybrecht American Legion Post 166 34-0065588 Randli Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete ।f the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Yes Rait III Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2Ь c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Ŝ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Rartilla Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Charl Part III Organizations Mainta				34-006	
3. Using the organization's acquisition				-	<u> </u>
items (check all that apply)	on accession an	a other records, check	any of the following tha	it are a significant use	or its conection
a Public exhibition		d Loan o	or exchange programs		
b Scholarly research		e U Other			
c Preservation for future genera					
Provide a description of the organization of the organization was did the organization.					ın
5 During the year, did the organizate assets to be sold to raise funds ra					Yes No_
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme unt on Form	nts Complete if o 990, Part X, line	rganization answer 21.	ed 'Yes' to Form 9	90, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, d	or other intermediary f	or contributions or other	assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the following	g table:		
					Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	<u> </u>
2a Did the organization include an ai		990, Part X, line 21?			∐ Yes ☐ No
b If 'Yes,' explain the arrangement Part V Endowment Funds Co		anization answer	ad 'Vac' to Form 00	0 Port IV June 10	
Fait V Elidowillent Fullus Co	(a) Current yea				(a) Four woord healt
1 a Beginning of year balance	(a) Current yea	ai (b) riioi yeai	(c) two years back	(u) Tillee years back	(e) Four years back
b Contributions					<u> </u>
·				<u> </u>	. 482
c Net Investment earnings, gains, and losses		-		**	
d Grants or scholarships					
 Other expenditures for facilities and programs 			vář.	· ;	**************************************
f Administrative expenses					
g End of year balance				18300 . 124 . 185	. <u>Å</u>
2 Provide the estimated percentage	-	balance held as			
a Board designated or quasi-endow	ment >	&			
b Permanent endowment	 %				
c Term endowment ►	 ⁸				
3a Are there endowment funds not in	the possession	of the organization th	nat are held and adminis	tered for the	Y N-
organization by:					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b					3b
4 Describe in Part XIV the intended	-	•			1 30
Part VI. Investments—Land, B				line 10.	
Description of investment) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land		30,000.			30,000.
b Buildings		120,000.			120,000.
c Leasehold improvements					
d Equipment		30,000.			30,000.
e Other					
Total. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part X, co.	lumn (B), line 10(c))	<u> </u>	180,000.
BAA				Scher	dule D (Form 990) 2009

Part VII	Investments-Other Securities See F	orm 990, Part X, III	ne 12.			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation	on	
Financial o			Cost or end	d-of-year marke	t value	
	Id equity interests					
	·					
					-	
		-				
			· 25.4000 (> c) > 25.00	3.5 0.0	99.00000 Suna 2	
	mn (b) must equal Form 990 Part X, col (B) line 12)	Form 000 Dort V	Un = 12)	\$\delta_{\delta_{\delta}}\)		
Rarcylli	Investments—Program Related (See					
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value			
				,		
		- 				
	Const.	ļ			<u></u>	
Total (Colum	nn (b) must equal Form 990. Part X. Col. (B) line 13.)					
Part IX	nn (b) must equal Form 990, Part X, Col (B) line 13) Other Assets (See Form 990, Part X,	line 15)	X 288-288.4888		* ****	
1 411 124		escription			(b) Book value	
	(-7-			-	(D) Book Value	
					·· -	
				1-		
T-4-1 (O-	hammed (h) married Service (SOC Boot V and (SOC)	15)			<u>-</u>	
	lumn (b) must equal Form 990, Part X, col (B), In Other Liabilities (See Form 990, Part			>		
FaitA	(a) Description of Liability	(b) Amount			/ (/%)	
Federal Inc	come Taxes	(b) Amount		> 0.188		
- cacrar in						
			_			
				-		
	nn (b) must equal Form 990, Part X, col (B) line 25)					
2 FIN 48 F	Footnote In Part XIV, provide the text of the footn	note to the organization's	financial statements that i	eports the oran	nization's liability	

Schedule D (Form 990) 2009 Charles C Weybrecht American Legion Post 166

2. FIN 48 Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

34-0065588

Page 3

	(Form 990) 2009 Charles C Weybrecht American Legion Post 166	34-0065588 Page 4
Part XI`	Reconciliation of Change in Net Assets from Form 990 to Financial	Statements
1 Total	revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>
2 Total	expenses (Form 990, Part IX, column (A), line 25)	
3 Exce	ss or (deficit) for the year Subtract line 2 from line 1	
4 Netu	inrealized gains (losses) on investments	
5 Dona	ted services and use of facilities	
6 Inves	tment expenses	
7 Prior	period adjustments	
	r (Describe in Part XIV)	
	adjustments (net). Add lines 4 through 8	
	ss or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
	Reconciliation of Revenue per Audited Financial Statements With R	evenue per Return
	revenue, gains, and other support per audited financial statements	<u>1</u>
	unts included on line 1 but not on Form 990, Part VIII, line 12	
	nrealized gains on investments 2a	
	ted services and use of facilities 2b	
	veries of prior year grants	
	r (Describe in Part XIV)	<u>\$c\$</u>
	ines 2a through 2d	2 e
	ract line 2e from line 1	3
	unts included on Form 990, Part VIII, line 12, but not on line 1:	
	tments expenses not included on Form 990, Part VIII, line 7b	2-10
	r (Describe in Part XIV)	
	ines 4a and 4b	4c 5
	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With I	
	expenses and losses per audited financial statements	1
	unts included on line 1 but not on Form 990, Part IX, line 25	Service .
	ted services and use of facilities	
	year adjustments 2b	
	riosses	
	r (Describe in Part XIV)	
	ines 2a through 2d	2e
	ract line 2e from line 1	3
	unts included on Form 990, Part IX, line 25, but not on line 1:	1 má
	tments expenses not included on Form 990, Part VIII, line 7b	
	r (Describe in Part XIV)	
	ines 4a and 4b	4c
5 Total	expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5
	Supplemental Information	
Complete t line 4, Par information	his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a t X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also c	and 4, Part IV, lines 1b and 2b, Part V, omplete this part to provide any additional
		·
		·
		
		· -

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D	(Form 990) 2009 Supplemental	Charles C	Weybrecht A	merican Le	gion Post 1	66	34-0065588	Page 5
Part XIV	Supplemental	Information	(continued)					
•								
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection ...

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization Employer identification number 34-0065588 Charles C Weybrecht American Legion Post 166 Pt_VI-B, Line 11A The Audit committee performed an annual review of the books