

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-EZ**

Department of the Treasury

Internal Revenue Service

# Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2012

**Open to Public** Inspection

Α	For th	e 2012 calendar year, or tax year beginning , and ending		
<u>B</u>	Check	if applicable C Name of organization	D Employe	er identification number
L	Addres	s change Charles C Weybrecht Post 166 Charities, Inc	20.0465200	
	Name	change	E Telephor	30-0165309
	Initial re		L relephor	io number
	Termin	ated 141 W Main St	(	330) 821-0433
<u> </u>	Amend	710 . 4	F Group E	
-	1	•	Number	·
<u> </u>				
G				X if the organization is
1	Websi		•	to attach Schedule B
J	Tax-exe	mpt status (check only one) — X 501(c)(3)	Form 990,	990-EZ, or 990-PF)
ĸ	Check	► X if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its	s gross rec	eipts are normally
	not mo	re than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	required (s	see instructions) But
	if the or	ganization chooses to file a return, be sure to file a complete return	, ,	•
L	Add line	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
	(Part II,	line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	11,210
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	11,210
	2	Program service revenue including government fees and contracts	2	11,210
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount-from sale-of assets other than inventory 5a	• ·	
	1 .	Less cost or other basis and sales expenses  5b		
	b	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	50	
	6	Gaming and fundraising events	30	0
	_	Gross income from gaming (attach Schedule G if greater than		
ல	а			
Revenue		\		
Š	b	Gross income from fundraising events (not including \$ of contributions		
ď		from fundraising events reported on line 1) (attach Schedule 5). The sum of such gross income and contributions exceeds \$15,000.)	'	
	_	Less direct expenses from gaming and the draining events 6c 6c	<del></del> }	
	C	Less direct expenses from garning and saudraising events		
	d	Net income or (loss) from gaming and fundraising-events (att) lines ea and 6b and subtract		
	7.	Gross sales of inventory, less returns and allowards N LIF 2 7a	6d	0
	b	<u> </u>	─-  <b>.</b> .	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
<del></del>	8	Other revenue (describe in Schedule O)	8	11.010
2013	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Grants and similar amounts paid (list in Schedule O)	9	11,210
~	10	· · ·	10	
- 	11	Benefits paid to or for members	11	<del></del>
ë	12	Salaries, other compensation, and employee benefits	12	·
⊇ຮ	13	Professional fees and other payments to independent contractors	13	
$ \mathcal{L}_{JUL} $ Expenses	14	Occupancy, rent, utilities, and maintenance	14	
J J J	15	Printing, publications, postage, and shipping	15	<del> </del>
7	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	<b>▶</b> 17	<del></del>
ζ ŧ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,972
Z SS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	,_	
ď		end-of-year figure reported on prior year's return)	19	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
		Net assets or fund balances at end of year Combine lines 18 through 20	<b>▶</b> 21	
Fo	r Paper\	work Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2012)

For Paperwork Reduction Act Notice, see the separate instructions.

Check if the organization service Accomplishments (see the instructions for Part III)		990-EZ (2012)	Charles C W	eybrecht Post 1	66 Charities, Inc			30	-016	5309	, Page <b>2</b>
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total insidities (describe in Schedule O) 27 Not assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total assets 29 Check if the organization service Accomplishments (see the instructions for Part III) 20 Check if the organization used Schedule Ot or respond to any question in this Part III 21 Check if the organization springram service accomplishments for each of its three largest program services as measured by septimes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 Autinore Usingram Service Accomplishments for each of its three largest program services, as measured by septimes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 Autinore Usingram Services (see the services provided, the number of persons benefited, and other relevant information for each program title 29 Carnation Festival Denation  (Grants \$ 5,00 ) If this amount includes foreign grants, check here  29 Carnation Festival Denation  (Grants \$ 1,00 ) If this amount includes foreign grants, check here  29 Carnation Festival Denation  (Grants \$ 1,00 ) If this amount includes foreign grants, check here  29 Carnation Festival Denation  (Grants \$ 1,00 ) If this amount includes foreign grants, check here  29 Carnation Festival Denation  (Grants \$ 1,00 ) If this amount includes foreign grants, check here  29 Carnation Festival Denation  (Grants \$ 1,00 ) If this amount includes foreign grants, check here  29 Carnation Festival Denation  (Grants \$ 1,00 ) If this amount includes foreign grants, check here  29 Carnation Festival Denation  (Grants \$ 1,00 ) If this amount includes foreign grants, check here  29 Carnation Festival Denation  (Grants \$ 1,00 ) If this amount includes foreign grants, check here  29 Carnat	Par	II Balance Shee	ts. (see the in	nstructions for	Part II)					•	
22		Check if the org	anization used	Schedule O to r	espond to any ques	tion in	n this Part II				
23 Land and buildings 24 Cher's assets (describe in Schedule O) 25 Total assets 26 Total labilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 28 Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization spring service Accomplishments (see the instructions for Part III)  Check if the organization spring service provided to the respond to any question in this Part III  What is the forganization's pringram service accomplishments for each of its three largest program as avvices, as measured by expenses. If a dear and concise manner, describe the services provided, the number of parsons benefited, and other relevant information for each program title  28 Alliance Uster Project  (Grants S 550 ) If this amount includes foreign grants, check here							(A)	Beginning of	year		(B) End of year
24   1,897   25   3,869   26   1,897   25   3,869   27   1,897   27   3,899   28   1,897   27   3,899   27   1,997   27   3,899   27   1,997   27   3,899   27   1,997   27   3,899   27   3,899   27   3,899   28   3,999   28   3,999   28   3,999   29	22	- · · · · · · · · · · · · · · · · · · ·						1	,897	-	3,869
25 Total assets 26 Total assets or fund balances (line 27 of column (8) must agree with line 21) 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 38 Check if the organization used Schedule O to respond to any question in this Part III 38 Check if the organization seed Schedule O to respond to any question in this Part III 39 Check if the organization seed Schedule O to respond to any question in this Part IV 30 Clarist S 30 Alliance Uster Project 30 Alliance School System 31 Other program services (decrease in Schedule O) 30 Alliance School System 31 Other program services (decrease in Schedule O) 31 Other program services (decrease in Schedule O) 32 Clarist S 31 Other program services (decrease in Schedule O) 32 Clarist S 31 Other program services (decrease in Schedule O) 32 Clarist S 31 Other program services (decrease in Schedule O) 33 Clarist S 31 Other program services (decrease in Schedule O) 33 Clarist S 31 Other program services (decrease in Schedule O) 34 Clarist S 35 Check if the organization used Schedule O to respond to any question in this Part IV 35 Check if the organization used Schedule O to respond to any question in this Part IV 36 Check if the organization used Schedule O to respond to any question in this Part IV 37 Check if the organization used Schedule O to respond to any question in this Part IV 38 Check if the organization used Schedule O to respond to any question in this Part IV 39 Check if the organization used Schedule O to respond to any question in this Part IV 30 Check if the organization used Schedule O to respond to any question in this Part IV 39 Check if the organization of the schedule O to respond to any question in this Part IV 30 Check if the organization of the o	23	_									
22 Net assets or fund balances (ine 27 of column (8) must agree with line 21) 1,897 27 3,869  27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 1,897 27 3,869  28 Tall Statement of Program Service Accomplishments (see the instructions for Part III )  Check the organization used Schedule O to respond to any question in this Part III )  Check the organization's primary exempt purpose? To educate and assist youth, aid veterans and support compensations program service accomplishments for each of shree largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title  28 Allances (Line Program service)  28 Carnation Festival Donation  (Grants \$ 1,105 ) If this amount includes foreign grants, check here	24	•	ribe in Schedul	le O)							
27. Net assets or tund balances (line 27 of column (E) must agree with line 21)   1,897   27   3,869	25								,897	$\overline{}$	3,869
Statement of Program Service Accomplishments (see the instructions for Part III)   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization	26						<u></u>			_	
Check if the organization used Schedule O to respond to any question in this Part III  What is the organization's primary exempt purpose? To educate and assisty youth, all veterans and support complexity of the program service accomplishments for each of tist three largest program services as measured by experies in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title  26 Alliance United Project.  (Grants \$ 550 ) If this amount includes foreign grants, check here								1	,897	27	
What is the organization's primary exempt purpose? To educate and assist youth, aid veterans and support common become the organization's program service accomplishments for each off is three largest program services, so as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  26 Aliannee Usine Project.  27 Garnation Festival Donation.  28 (Grants \$ 550 ) If this amount includes foreign grants, check here	Pa									/Dog	•
What is the organization's primary exempt purpose? To educate and assist youth, aid veterans and support com Composence the normal program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title  28 Alliance Uister Project  (Grants \$ 550 ) If this amount includes foreign grants, check here			-								
as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title  28 Alliance Uster Project  (Grants \$ 550) If this amount includes foreign grants, check here	Wha	at is the organization'	s primary exem	npt purpose? <u>T</u>	o educate and assis	st yout	th, aid veterans and	l support c	<u>omr</u>	orgai	nizations and section
as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title  [Grants \$ 550 ] if this amount includes foreign grants, check here   28a 550  29 Carnation Festival Donation   29a 725  30 Altance School System   29a 725  31 Other program service (sees the in Schedule O) (Grants \$ 1,105 ) if this amount includes foreign grants, check here   10a 1,105   11a 1,105											
28 Alliance Ulster Project   28a   550		• •				vices	provided, the numb	er of		101 0	illers )
(Grants \$ 550 ) If this amount includes foreign grants, check here				formation for ea	ch program title						<del></del>
Carants \$ 550   If this amount includes foreign grants, check here   28a   550	28	Alliance Ulster Proje	ct								
29 Carnation Festival Donation    Grants \$ 725   If this amount includes foreign grants, check here   29a   725											
29 Carnation Festival Donation    Grants \$ 725   If this amount includes foreign grants, check here   29a   725									<del></del>		
Cirants \$ 725   If this amount includes foreign grants, check here		<u> </u>		) If this amount	t includes foreign gra	ants, c	cneck nere		<u> </u>	28a	550
Alliance School System   Grants \$ 1,105   If this amount includes foreign grants, check here   30a 1,105	29	Carnation Festival D	onation								
Alliance School System   Grants \$ 1,105   If this amount includes foreign grants, check here   30a 1,105											
Alliance School System   Grants \$ 1,105   If this amount includes foreign grants, check here   30a 1,105									~~~		
Grants \$ 1,105   If this amount includes foreign grants, check here   30a		<u> </u>		) If this amount	t includes foreign gra	ants, c	check here	<u> </u>		29a	725
31 Other program services (describe in Schedule O) (Grants \$ 6,433 ) if this amount includes foreign grants, check here.    31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     32   2     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     41a	30	Alliance School Syst	tem								
31 Other program services (describe in Schedule O) (Grants \$ 6,433 ) if this amount includes foreign grants, check here.    31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     32   2     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     41a											
31 Other program services (describe in Schedule O) (Grants \$ 6,433 ) if this amount includes foreign grants, check here.    31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     32   2     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     32 Total program service expenses. (add lines 28a through 31a)     31a 6,433     41a									<del></del>		
Grants \$ 6,433   If this amount includes foreign grants, check here   31a 6,433   32 Total program service expenses. (add lines 28a through 31a)   5,433   5,433   5,433   1,435   1		`			t includes foreign gr	ants, c	check here	<u> </u>	<u>. L</u>	30a	1,105
32 Total program service expenses. (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable contributions to offither compensation (Forms W-2/1099-MISC) (iff not paid, enter -0-)  John H Weaver II.  Treasurer  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable contributions to offither compensation of their compensation of the compensation of the compensation.  (d) Health benefits contributions of other compensation of the compensation of the compensation.  (e) Estimated amount of other compensation.  (e) Estimated amount of other compensation.  (fit not paid, enter -0-)  HnWK  50  HnWK  50  HnWK  50  HnWK	31										
Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV    Check   General Part		<u> </u>				ants, c	check here .	<u> </u>		-	<del></del>
Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week decided by the second of the contributions to emphyse benefit plans, and detered compensation (forms W-2/1099-MisC) (if not paid, enter -0-)  John H Weaver II  Treasurer Hr.WK 2 00  Gary L Ickes  Secretary Hr.WK 50  Harold Williams  Trustee Hr.WK 50  Hr.WK 60  Hr		Total anaguam com	.:								
(a) Name and title  (b) Average hours per week devoted to position  (c) Reportable compensation  (Forms W-2) 1099-MISC, (if not paid, enter -0-)  John H Weaver II  Treasurer  Hr/WK 2 00  Gary L Ickes  Secretary  Hr/WK 50  Hr/WK 50  Hr/WK 50  Hr/WK	32	Total program serv	ice expenses.	. (add lines 28a	through 31a)						
(a) Name and title  (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (fr not paid, enter -0-) (Form	32 Pa	rt IV List of Office	ers, Directors,	Trustees, and	Key Employees Lis				he ins		
Name and title	Pa	rt IV List of Office	ers, Directors,	Trustees, and	Key Employees Lis		n in this Part IV	nsated (see t		tructio	
John H Weaver II	Pa	rt IV List of Office	ers, Directors,	Trustees, and	Key Employees Listo respond to any quality		n in this Part IV	nsated (see t	h benefit	tructio	ns for Part IV)
Treasurer	Pa	rt IV List of Office Check if the c	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que  (b) Average hours per week	iestion	(c) Reportable compensation	nsated (see t	h benefit	truction	ns for Part IV)  (e) Estimated amount of
Gary L Ickes   Secretary   Hr,WK   50   Harold Williams   Trustee   Hr,WK   50   Howard Blasiman   Trustee   Hr,WK   50   Hr,WK   50   Hr,WK	Pa	rt IV List of Office Check if the c	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que  (b) Average hours per week	iestion	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Secretary	Pa	Check if the c	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que  (b) Average hours per week	estion	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Harold Williams	John	Check if the company (a) No.	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position	estion	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Trustee	John Trea	Check if the company (a) Non H Weaver II	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position	estion	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Howard Blasiman  Trustee	John Trea Gan	Check if the company (a) Non H Weaver II asurer	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position	2 00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Trustee	John Trea Gan Seco	Check if the company (a) Non H. Weaver II asurer y L. Ickes retary	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position	2 00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	John Trea Garn Secon	Check if the company (a) Non H. Weaver II assurer by L. Ickes retary and Williams	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	John Trea Gan Seci Hard	check if the company (a) No. (b) Check if the company (c) No.	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus How	check if the company (a) North H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK  Hr/WK  Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) Non H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) Non H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) Non H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) Non H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Hr/WK	John Trea Gary Secon Hard Trus	check if the company (a) Non H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
	John Trea Gary Secon Hard Trus	check if the company (a) Non H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
	John Trea Gary Secon Hard Trus	check if the company (a) Non H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)  (e) Estimated amount of
Form <b>990-EZ</b> (2012)	John Trea Gary Secon Hard Trus How	check if the company (a) Non H. Weaver II assurer y L. Ickes retary cold Williams stee yard Blasiman	ers, Directors, organization us	Trustees, and	Key Employees Listo respond to any que (b) Average hours per week devoted to position Hr/WK  Hr/WK	2 00 50	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	h benefit itions to enefit pla	s ns,	ns for Part IV)

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this P	art V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Χ
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Χ
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		1	ŭ
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	if "Yes," complete Schedule L, Part II and enter the total amount involved  38b	-		,
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9		1	
	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities . 39b	f I	İ	,
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	1	
40 a	section 4911 ►, section 4912 ►, section 4955 ►			
h	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
-	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		Ì	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			•
	4955, and 4958   —		-	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1	
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		_ <u>X</u> _
41	List the states with which a copy of this return is filed ► OH			
42 a	The organization's books are in care of ► John H Weaver II Telephone no ►		23-868	33
	Located at ► 2173 Sunray Circle City Alliance ST OH ZIP + 4 ► 446			<u></u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.	42c		V
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country	420		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>-</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year	<del></del>	Vaa	Ni.
	Did the assessment as secretary and denote advised friends discover the year? If "Ven " Form 000 mint he		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a		Х
<b>h</b>	completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	444		
D	completed instead of Form 990-EZ	44b		Х
_	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	170		
u	explanation in Schedule O	44d	·	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х
		Form 9	90-EZ	(2012)

Form 9	90-EZ (2012) Charles C Weybrecht Po	ost 166 Charities, Inc			30-01653	809	Page <b>4</b>
46	Did the organization engage, directly or indirect to candidates for public office? If "Yes," complete	etly, in political campaign	activities on behalf of		46	Yes	No X
Part	VI Section 501(c)(3) organizations or All section 501(c)(3) organizations m 50 and 51.	nly nust answer questions 4		•		es	
	Check if the organization used Sche	dule O to respond to ar	ny question in this P	art VI			
		-				Yes	No
47	Did the organization engage in lobbying activit year? If "Yes," complete Schedule C, Part II				47		x
48							X
<b>4</b> 9 a	9 a Did the organization make any transfers to an exempt non-charitable related organization?						X
	If "Yes," was the related organization a section				49b	<u>L</u>	X
50	Complete this table for the organization's five h					key	
	employees) who each received more than \$10			(d) Health benefits,	T		
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estim other c	ated am ompens	
Name Title	None	Hr∧vk 00					
Name Title		Hr/WK 00					
Name							
Title		Hr/WK 00					
Name Title		Hr/WK 00			l 		
Name Title		Hr/WK 00					
f 51	Total number of other employees paid over \$1 Complete this table for the organization's five I \$100,000 of compensation from the organization	highest compensated inde	-	who each received n	nore than		
	(a) Name and address of each independent contractor pair	id more than \$100,000	(b) Type of serve	ce (d	c) Compens	ation	
Name City	None Str	ZIP			•		
Name	Str						<u>-</u> -
City	ST	ZIP					
Name	Str			}			
City		ZIP					
Name		710					
City		ZIP					
Name City	ST	ZIP			<del>.</del>		
d 52	Total number of other independent contractors Did the organization complete Schedule A? No nonexempt charitable trusts must attach a con	ote: All section 501(c)(3)		17(a)(1)	►X Y	es [	 ] No
Under (	penalties of perjury, I declare that I have examined this return, rrect, and complete. Qeclaration of preparer (other than office	including accompanying schedul	es and statements, and to the state of the s	ne best of my knowledge a		s	<del></del>
-,	11 )00,11	- B-			7/1/2013		
Sign	Signature of officer			Date			
Here	1 . 🔾			Treasurer			

Preparer's signature

SELF-PREPARED RETURN

Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name

Firm's address

**Paid** 

Preparer

**Use Only** 

PTIN

Check

Firm's EIN 🕨

Phone no

self-employed

Date

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Charles C Weybrecht Post 166 Charities, Inc.

Employer identification number 30-0165309

Par				arity Status (All org						<u>nstructio</u>	ns.		
The d	orgar			ation because it is (F									
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	$\overline{\Box}$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
		hospital's na	ime, city, and st	ate	. <b></b>								
5	$\Box$	An organizat	tion operated for	r the benefit of a colle	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	nıt desc	cribed	
	<u></u>	in section 1	70(b)(1)(A)(iv).	(Complete Part II)									
6		A federal, st	ate, or local gov	ernment or governme	ental unit d	described	ın <b>sectio</b>	n 170(b)	(1)(A)(v).				
7	$\overline{\mathbf{X}}$	An organizat	tion that normal	ly receives a substant	ial part of	its suppo	ort from a	governm	ental unit	or from t	he gen	eral pu	ıblıc
	_			(1)(A)(vi). (Complete									
8	닏		•	d in section 170(b)(1)		-							
9	Ш			ly receives (1) more t ed to its exempt functi									
				ent income and unrela									แร
				after June 30, 1975						tax, iron	, Duomic	,0000	
10	П		-	nd operated exclusive						(4).			
11	Ħ	•	-	nd operated exclusive	=	-	-				rrv out	the	
••	ш			blicly supported organ									tion
		509(a)(3). C	heck the box tha	at describes the type o	of support	ing organ	ızatıon ar	nd comple	ete lines 1	1e throug	gh 11h		
		a Type	el b 🔲 Tj	ypell 📌 🔲 Type	e III–Func	tionally in	tegrated	d 🔲 T	ype III–Ņ	ρn∹functio	onally ir	ntegrat	ed
е		By checking	this box, I certif	fy that the organization	n is not co	ontrolled o	directly or	indirectly	by one o	r more d	squalif	ed	
		•		on managers and othe	er than on	e or more	publicly	supporte	d organiza	ations de	scribed	ın sec	tion
		, , , ,	section 509(a)(	•									
f		•		a written determinatio	n from the	e IRS that	titis a Ty	pe I, Typ	e II, or Ty	pe III sup	porting		
			, check this box	the organization acce	ntod any	auft or cou	ntribution	from any	of the				Ш
g		following per		the organization acce	pieu any	giit or coi	iti ibution	iioiii aiiy	Of the				
				or indirectly controls,	either alo	ne or tog	ether with	persons	described	ın (ıı)		Yes	No
				verning body of the su				•		, ,	11g(ı)		
					escribed in (i) above?						11g(iı)		
				ty of a person describe							11g(iu)	<u> </u>	<u> </u>
<u>h</u>				ation about the suppo					(40)	a tha	/····\ A ==	ount of m	onoton:
(1)		e of supported anization	(iı) EIN	(iii) Type of organization (described on lines 1–9	1 1 1			(v) Did you notify the organization in		s the ion in col	(vii) Amount of monet support		Olicialy
ū				above or IRC section (see instructions))	governing document?				(i) organized in the				
				(See instructions))	Yes	No	Yes	No	Yes	No	1		
(A)												_	
		·									<u> </u>		
(B)													
·C\						l. <u></u>	<u> </u>				<u> </u>		
(C)			1							}			
(D)		<del></del>											<del></del>
								ļ			<b></b>		
(E)													
			Stagistics	19 0 3 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1135 321	14 3V V 2	·	3,527		2 1 - 272	+		
			Par Barana		الترازعي أبيديورا	196 × 196 ×	A	12000	1 3 3 3				^

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2008 (b) 2009 Calendar year (or fiscal year beginning in) (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 20.574 36,300 28,603 19,461 11,210 116,148 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 20,574 36,300 28,603 19,461 11,210 116,148 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 116,148 Section B. Total Support (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 Calendar year (or fiscal year beginning in) (e) 2012 (f) Total 20.574 36,300 28.603 Amounts from line 4 19.461 11,210 7. 116,148 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 116,148 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 100 00% 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 100 00% 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

Schedule A (Form 990 or 990-EZ) 2012 Charles C Weybrecht Post 166 Charities, Inc Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	the A Dublic Cumpert			, p			
	tion A. Public Support	(-) 0000	(F) 0000	(-) 2040	(4) 0044	(-) 0040	(D. T1-1
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					,	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0.	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						^
	amount on line 13 for the year	0	0	0	0	0	0
8 C	Add lines 7a and 7b  Public support (Subtract line 7c from		0		,	0	0
Coo	line 6)						
	tion B. Total Support Indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Cale	endar year (or listal year beginning iii)	(a) 2000	(b) 2009	(6) 2010	(u) 2011	(e) 2012	(1) 10tai
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans,		,			i	
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
_	·	0	0	0	0	0	0
C 11	Add lines 10a and 10b  Net income from unrelated business			<u>_</u>			
''	activities not included in line 10b, whether or not the business is regularly carried on		li li		·		0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				:		0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization organization, check this box and stop here	on's first, second	, third, fourth, or f	fifth tax year as a	section 501(c)(3)		▶ □
Sec	tion C. Computation of Public Support	Percentage	•				
15	Public support percentage for 2012 (line 8, column (f		3, column (f))	<u>,</u>		15	0 00%
16	Public support percentage from 2011 Schedule A, Pa					16	0 00%
	tion D. Computation of Investment Inc	ome Percent	age				
17	Investment income percentage for 2012 (line 10c, co			(f))		17	0 00%
18	Investment income percentage from 2011 Schedule					18	0 00%
19a	33 1/3% support tests—2012. If the organization did not more than 33 1/3%, check this box and stop her	d not check the b	ox on line 14, and			l line 17 is	▶ □
b	33 1/3% support tests—2011. If the organization did line 18 is not more than 33 1/3%, check this box and	d not check a box	on line 14 or line	19a, and line 16	is more than 33 1		<b>▶</b> □
20	Private foundation if the organization did not check						▶□

	990 or 990-EZ) 2012 Charles C	Weybrecht Post 166 Charities, Inc	30-0165309 , Page <b>4</b>
Part IV	Supplemental Information	on. Complete this part to provide the expla	anations required by Part II, line 10;
· <del>-</del>	Part II, line 17a or 17b; ar instructions).	nd Part III, line 12. Also complete this part	for any additional information. (See
<b>.</b>			
			······································
		•••••••••••••••••••••••••••••••••••••••	

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Charles C Weybrecht Post 166 Charities, Inc	30-0165309
Form 990-EZ, Part III, Line 31 Veteran Assistance Grants and allocations 415, Program	
service expenses 415	
Form 990-EZ, Part III, Line 31. American Legion Boys State Program Grants and allocations	
1,960, Program service expenses 1,960	
Form 990-EZ, Part III, Line 31 Alliance YMCA Grants and allocations 200, Program service	
expenses 200	
Form 990-EZ, Part III, Line 31 Alliance Hot Stove League Grants and allocations 350, Progra	m
service expenses 350	
Form 990-EZ, Part III, Line 31 Am Leg Scholarship Prog Grants and allocations 25, Progra	m
service expenses 25	
Form 990-EZ, Part III, Line 31 Alliance Salvation Army Grants and allocations 100, Program	
service expenses 100	
Form 990-EZ, Part III, Line 31 Am Leg 10th Dist Baseball Grants and allocations 25,	
Program service expenses 25	
Form 990-EZ, Part III, Line 31 Marlington Schools Scholarships and other donations Grants a	nd
allocations 1,025, Program service expenses 1,025	
Form 990-EZ, Part III, Line 31 The USO Grants and allocations: 125, Program service expens	ses
125	
Form 990-EZ, Part III, Line 31. National Child Safety Council Grants and allocations 50,	
Program service expenses 50	
Form 990-EZ, Part III, Line 31. Gold Star Mothers Program Grants and allocations 140, Progr	am
service expenses 140	
Form 990-EZ, Part III, Line 31 Veterans Volunteer Serv Grants and allocations 25, Program	
service expenses 25	
Form 990-EZ, Part III, Line 31 Alliance Community Hosp Grants and allocations 25, Program	n
service expenses 25	

Schedule O (Form 990 or 990-EZ) (2012)	Page <b>2</b>
Name of the organization	Employer identification number
Charles C Weybrecht Post 166 Charities, Inc	30-0165309
Form 990-EZ, Part III, Line 31 Memorial Bible Program Grants and allocations 1,068, Progra	am
service expenses 1,068	
Form 990-EZ, Part III, Line 31 Veterans Honor Guard Program Grants and allocations 900,	
Program service expenses 900	
	·
	·
	·