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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SGT WILLIAM LLOYD NELSON POST 3792 INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 185

City or town, state or country, and ZIP + 4
MIDDLETOWN, DE 19709-0185

D Employer identification number
21-7216440

E Telephone number
302-378-9619

F Group Exemption Number ►

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ►

H Check ► ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ►

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 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 ► $ 116,159

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,055
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	355
	4	Investment income		4	6225
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 71,887		
	b	Gross income from fundraising events (not including $ 1,055 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 59,222		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	12,665
	7a	Gross sales of inventory, less returns and allowances	7a 24,300		
	b	Less: cost of goods sold	7b 9,010		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	15,290
	8	Other revenue (describe in Schedule O)		8	12,337
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	47,927
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	21,476
	15	Printing, publications, postage, and shipping		15	912
	16	Other expenses (describe in Schedule O)		16	27,353
	17	**Total expenses.** Add lines 10 through 16 ►		17	49,741
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(1,814)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	303,626
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	301,812

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Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	178,967	22	163,177
23	Land and buildings	124,659	23	138,635
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	303,626	25	301,812
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	303,626	27	301,812

Part III **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 . . ☐

What is the organization's primary exempt purpose? **Veterans Fraternal Organization**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	**COMMUNITY SERVICE AND SUPPORT** (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	11,077
29	**DONATIONS AND GIFTS** (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	2,576
30	**CONVENTION AND MEETING EXP FOR EDUCATION AND TRAINING TO SUPPORT PROGRAMS** (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	750
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	14,403

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 . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HENRY IOSBAKER 3439 WOODLAND BEACH RD, SMYRNA, DE 19977	COMMANDER 20 HRS	0	0	0
WILL KIRKWOOD 199 PINE TREE ROAD, TOWNSEND, DE 19734	QUARTERMASTER 10 HRS	0	0	0
HAROLD PUGH 655 VILLAGE DR, MIDDLETOWN, DE 19709	BINGO MANAGER 12 HRS	0	0	0

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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		✓
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ MICHAEL AMBROSE Telephone no. ▶ 302-738-5984			
	Located at ▶ 3 JAYMAR BLVD, NEWARK, DE ZIP + 4 ▶ 19702			
b	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)?	42b		
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☑ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	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)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer 5/15/2011 Date

HENRY IOSBAKER, POST COMMANDER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Michael Ambrose		5/8/11		P00435056

Firm's name ▶ MICHAEL AMBROSE, POST ADJUTANT Firm's EIN ▶

Firm's address ▶ 3 JAYMAR BLVD,NEWARK, DE 19702 Phone no 302-738-5984

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
SGT WILLIAM LLOYD NELSON POST 3792 INC

Employer identification number
21-7216440

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	56,200	15,687		71,887
Direct Expenses	2 Cash prizes	43,550	1,411		44,961
	3 Noncash prizes		460		460
	4 Rent/facility costs				
	5 Other direct expenses	5,578	8,223		13,801
	6 Volunteer labor	☑ Yes 100.0 % ☐ No	☑ Yes 100.0 % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(59,222)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				12,665

9 Enter the state(s) in which the organization operates gaming activities: DELAWARE

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	100.0 %
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ HAROLD PUGH

Address ▶ 655 VILLAGE DRIVE, MIDDLETOWN, DE 19709

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ HENRY ISOBAKER, POST COMMANDER

Gaming manager compensation ▶ $ 0.00

Description of services provided ▶ OVERSEES ALL ACTIVITIES OF POST

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SGT WILLIAM LLOYD NELSON POST 3792 INC

Employer identification number
21-7216440

FORM 990EZ, LINE8 - OTHER REVENUE

HALL RENTAL	11,390
MISC	947
TOTAL	12,337

FORM 990EZ, LINE16 - OTHER EXPENSES

COMMUNITY PROJECTS	11,077
CONVENTION EXPENSE	750
DONATIONS/GIFTS	2,576
ADVERTISING	472
CLEANING & TRASH	410
POST EXPENSE	8,012
LICENSE & TAX	990
INSURANCE	3,066
TOTAL	27,353

DEPRECIATION SCHEDULE
SGT WILLIAM LLOYD NELSON POST 3792
EIN: 23-7216440
FORM 990

YEAR 2010

PROPERTY	DATE ACQUIRED	COST	PRIOR	METHOD	LIFE	CURRENT	CUMMULATIVE
BUILDING		88250	88250	S/L		0	88250
CLOSET	Feb-86	370	370	S/L	23	0	370
CAMERA	May-86	344	344	S/L		0	344
BUILDING IMPROVEMENTS	Sep-86	2600	2,600	S/L	23	0	2600
BUILDING IMPROVEMENTS	Dec-86	639	639	S/L	23	0	639
SMOKEEATERS	Jul-87	2096	2096	S/L		0	2096
COOLER CASE	Aug-87	1380	1380	S/L		0	1380
BUILDING IMPROVEMENTS	Nov-87	3570	2501	S/L	31.5	113	2614
SMOKEEATERS	Jan-88	3355	3355	S/L		0	3355
FURNACE	Feb-88	2500	1730	S/L	31.5	79	1809
TV	Feb-88	350	350	S/L		0	350
VACUMN	Mar-88	255	255	S/L		0	255
SECURITY SYSTEM	May-88	1127	1127	S/L		0	1127
AIR CONDITIONER	Jul-88	858	858	S/L		0	858
COFFEE MAKER	Dec-88	106	106	S/L		0	106
WATER CONDITIONER	Jan-89	1150	1150	S/L		0	1150
TELEPHONE SYSTEM	Aug-89	509	509	S/L		0	509
MICROWAVE	Dec-89	100	100	S/L		0	100
A/C COVER	Aug-90	124	124	S/L		0	124
2 BAR SYSTEM	Jun-91	2815	2815	S/L		0	2815
WHEELCHAIR RAMP	Oct-91	434	434	S/L	16	0	434
COPIER	Nov-91	750	750	S/L		0	750
INSULATION	Jan-92	970	556	S/L	31 5	31	587
HANDICAP DOOR	Feb-92	550	305	S/L	31 5	17	322
RETAINING WALL	May-92	2448	1374	S/L	31 5	78	1452

PARKING BLOCKS	Apr-92	176	106	S/L	30	6	112
SOD	May-92	300	175	S/L	30	10	185
SIDEWALKS	Jul-92	1492	821	S/L	31.5	47	868
PARKING LOT IMPROVE	Aug-92	1800	990	S/L	31 5	57	1047
CARPET	Nov-92	3940	2141	S/L	31.5	125	2266
OUTSIDE IMPROVEMENTS	Dec-92	377	204	S/L	31.5	12	216
BINGO TABLES	Apr-93	370	370	S/L		0	370
COFFEE URN	Apr-93	100	100	S/L		0	100
FLAGS	Oct-93	177	177	S/L		0	177
FLAGPOLE	Jan-95	378	378	S/L		0	378
FLAGPOLE/FLAGS	Mar-95	609	609	S/L		0	609
TABLE	Mar-96	272	272	S/L		0	272
AIR CONDITIONER	Sep-96	660	660	S/L	7	0	660
AIR CONDITIONER	Aug-94	2500	2500	S/L	5	0	2500
BAR STOOLS	Feb-00	1019	1011	S/L	10	8	1019
MOWER	Apr-00	1116	1116	S/L	5	0	1116
BEER MEISTER	May-00	788	788	S/L	7	0	788
PARKING LOG IMPROVEMENTS	Oct-00	3200	2960	S/L	10	240	3200
AWNINGS	Nov-00	2331	2331	S/L	10	0	2331
TV	Apr-01	400	400	S/L	5	0	400
CARPET	Jul-02	2602	1950	S/L	10	260	2210
BUILDING ADDITION	Jul-03	47520	9811	S/L	31.5	1509	11320
HVAC-ADDITION	Nov-03	950	487	S/L	12	79	566
COOLER CASE	Oct-03	1925	1206	S/L	10	193	1399
BINGO MACHINE	Nov-03	2084	2084	S/L	5	0	2084
CARPET - NEW ADDITION	Dec-03	1375	839	S/L	10	138	977
BINGO EQUIPMENT	Jan-04	6674	6674	S/L	5	0	6674
SIGN	Mar-04	1275	736	S/L	10	128	864
KITCHEN EQUIPMENT	Feb-04	2790	1627	S/L	10	279	1906
SOUND SYSTEM	Mar-04	546	546	S/L	5	0	546
MOWER	May-04	289	271	S/L	5	0	271
DOORS	May-04	360	240	S/L	10	36	276

CARPET & TILE	Dec-04	3010	1022	S/L	15	201	1223
KITCHEN & BATH REMODEL	Dec-04	8788	2979	S/L	15	586	3565
KITCHEN EQUIPMENT	Dec-04	1975	1006	S/L	10	198	1204
REMODELING	Jun-05	5,095	904	S/L	31.5	162	1066
CASH REGISTER	Dec-05	700	286	S/L	10.0	70	356
BAR EQUIPMENT	Feb-05	680	334	S/L	10.0	68	402
SAFE	Nov-05	874	363	S/L	10 0	87	450
TELEVISION	Mar-06	1,930	1,288	S/L	5 0	322	1610
FLOOR FOR BAR	Mar-06	1,223	272	S/L	15.0	68	340
HEATER	Jun-06	3,580	796	S/L	15 0	199	995
PUMP	Jul-06	1,078	144	S/L	15 0	36	180
ICE MACHINE & BEER MEISTER	Oct-06	4,839	1,210	S/L	10.0	484	1694
NEW TABLES	Jul-07	7,034	1,757	S/L	10 0	703	2,460
REPAVE PARKING LOT	Oct-07	4,000	900	S/L	10 0	400	1,300
REFINISH FLOORS	Jul-07	4,770	1,192	S/L	10.0	477	1,669
REPLACE ROOF	Aug-08	8,386	595	S/L	20 0	420	1,015
REPLACE WELL	Oct-08	8,446	528	S/L	20 0	422	950
FURNITURE & FIXTURES	Feb-08	1,015	689	S/L	5 0	203	892
CABINET	Mar-09	624	6	S/L	10.0	62	68
CONST IN PROG-BAR	Dec-10	23,497	0	S/L	31 5	746	746
AWNINGS	Jan-10	4,820	0	S/L	10 0	482	482
TABLES	Sep-10	1,462	0	S/L	10.0	15	15
REMODEL BAR AREA	Jun-10	17,833	0	S/L	31.5	283	283
TOTAL		323,703	174,929			10,139	185,068