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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, 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 19708-0185

D Employer identification number
21-7216440

E Telephone number
302-378-9619

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

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

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 . . . . . ▶ $ 116,910

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	4,834
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	86
	4	Investment income		4	2,501
	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	78,575	
	b	Gross income from fundraising events (not including $ 4,834 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	1,371	
	c	Less: direct expenses from gaming and fundraising events	6c	55,086	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	24,860
	7a	Gross sales of inventory, less returns and allowances	7a	10,658	
	b	Less: cost of goods sold	7b	6,045	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	4,613
	8	Other revenue (describe in Schedule O)		8	18,885
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	55,779
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	25,321
	15	Printing, publications, postage, and shipping		15	178
	16	Other expenses (describe in Schedule O)		16	29,497
	17	Total expenses. Add lines 10 through 16		▶ 17	54,996
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	783
	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	301,812
	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	302,595

P

13

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	163,177	22	174,183
23	Land and buildings	138,635	23	128,412
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	301,812	25	302,595
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	301,812	27	302,595

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 the organization's program service accomplishments for each of its three 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.

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

28 **COMMUNITY SERVICES AND SUPPORT**

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 12,863

29 **DONATIONS AND GIFTS**

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a 1,838

30 **CONVENTION AND MEETING EXP FOR EDUCATION AND TRAINING TO SUPPORT PROGRAMS**

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a 3,929

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

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARON LESLIE 308 N RAMUNNO DR, MIDDLETOWN, DE 19709	COMMANDER 20 HOURS	0	0	0
WILL KIRKWOOD 199 PINE TREE RD, TOWNSEND, DE 19734	QUARTMASTER 10 HOURS	0	0	0
HAROLD PUGH 655 VILLAGE DR, MIDDLETOWN, DE 19709	BINGO MANAGER 12 HOURS	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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		✓
35a	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		✓
b	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		
c	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		✓
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
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 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		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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		✓

		Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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 — Date: 4/3/2012

▶ SHARON LESLIE, 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 H AMBROSE		4/3/12		P00435056
Firm's name ▶ MICHAEL H 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
2011
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 SHRIMP FEAST (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	1,371			1,371
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	1,371			1,371
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,313			1,313
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(1,313)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				58

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	64,610	13,965		78,575
Direct Expenses	2 Cash prizes	43,550	1,250		44,800
	3 Noncash prizes		435		435
	4 Rent/facility costs				
	5 Other direct expenses	4,414	4,124		8,538
	6 Volunteer labor	☑ Yes 100 % ☐ No	☑ Yes 100 % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(53,773)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				24,802

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 %
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 DR, 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 ▶ SHARON LESLIE, POST COMMANDER

Gaming manager compensation ▶ $ 0

Description of services provided ▶ OVERSEES ALL POST ACTIVITIES

☑ 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

2011

Open to Public Inspection

Name of the organization
SGT WILLIAM LLOYD NELSON POST 3792, INC

Employer identification number
21-7216440

FORM 990EZ LINE 8-OTHER REVENUE

HALL RENTAL	6,686
POPPY SALES-NET	12,199
TOTAL	18,885

FORM 990EZ LINE 16-OTHER EXPENSES

COMMUNITY	12,863
CONVENTION/MEETING	3,929
DONATIONS/GIFTS	1,838
CLEANING/TRASH	574
POST EXPENSE	6,392
LICENSE/TAX	735
INSURANCE	3,166
TOTAL	29,497

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

YEAR 2011

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	2614	S/L	31.5	113	2727
SMOKEEATERS	Jan-88	3355	3355	S/L		0	3355
FURNACE	Feb-88	2500	1809	S/L	31.5	79	1888
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	587	S/L	31.5	31	618
HANDICAP DOOR	Feb-92	550	322	S/L	31.5	17	339
RETAINING WALL	May-92	2448	1452	S/L	31.5	78	1530

PARKING BLOCKS	Apr-92	176	112	S/L	30	6	118
SOD	May-92	300	185	S/L	30	10	195
SIDEWALKS	Jul-92	1492	868	S/L	31.5	47	915
PARKING LOT IMPROVE.	Aug-92	1800	1047	S/L	31.5	57	1104
CARPET	Nov-92	3940	2266	S/L	31.5	125	2391
OUTSIDE IMPROVEMENTS	Dec-92	377	216	S/L	31.5	12	228
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	1019	S/L	10	0	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	3200	S/L	10	0	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	2210	S/L	10	260	2470
BUILDING ADDITION	Jul-03	47520	11320	S/L	31.5	1509	12829
HVAC-ADDITION	Nov-03	950	566	S/L	12	79	645
COOLER CASE	Oct-03	1925	1399	S/L	10	193	1592
BINGO MACHINE	Nov-03	2084	2084	S/L	5	0	2084
CARPET - NEW ADDITION	Dec-03	1375	977	S/L	10	138	1115
BINGO EQUIPMENT	Jan-04	6674	6674	S/L	5	0	6674
SIGN	Mar-04	1275	864	S/L	10	128	992
KITCHEN EQUIPMENT	Feb-04	2790	1906	S/L	10	279	2185
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	276	S/L	10	36	312

CARPET & TILE	Dec-04	3010	1223	S/L	15	201	1424
KITCHEN & BATH REMODEL	Dec-04	8788	3565	S/L	15	586	4151
KITCHEN EQUIPMENT	Dec-04	1975	1204	S/L	10	198	1402
REMODELING	Jun-05	5,095	1,066	S/L	31.5	162	1228
CASH REGISTER	Dec-05	700	356	S/L	10.0	70	426
BAR EQUIPMENT	Feb-05	680	402	S/L	10.0	68	470
SAFE	Nov-05	874	450	S/L	10.0	87	537
TELEVISION	Mar-06	1,930	1,610	S/L	5.0	320	1930
FLOOR FOR BAR	Mar-06	1,223	340	S/L	15.0	68	408
HEATER	Jun-06	3,580	995	S/L	15.0	199	1194
PUMP	Jul-06	1,078	180	S/L	15.0	36	216
ICE MACHINE & BEER MEISTER	Oct-06	4,839	1,694	S/L	10.0	484	2178
NEW TABLES	Jul-07	7,034	2,460	S/L	10.0	703	3,163
REPAVE PARKING LOT	Oct-07	4,000	1,300	S/L	10.0	400	1,700
REFINISH FLOORS	Jul-07	4,770	1,669	S/L	10.0	477	2,146
REPLACE ROOF	Aug-08	8,386	1,015	S/L	20.0	420	1,435
REPLACE WELL	Oct-08	8,446	950	S/L	20.0	422	1,372
FURNITURE & FIXTURES	Feb-08	1,015	892	S/L	5.0	123	1,015
CABINET	Mar-09	624	68	S/L	10.0	62	130
CONST IN PROG-BAR	Dec-10	23,497	746	S/L	31.5	746	1,492
AWNINGS	Jan-10	4,820	482	S/L	10.0	482	964
TABLES	Sep-10	1,462	15	S/L	10.0	146	161
REMODEL BAR AREA	Jun-10	17,833	283	S/L	31.5	566	849
TOTAL		323,703	185,068			10,223	195,291