

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)

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning _____ **and ending** _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
AMERICAN LEGION POST 22

Number and street (or P O box if mail is not delivered to street address) Room/suite
22 LEGION LANE

City or town State or country ZIP + 4
COCOA FL 32922

D Employer identification number
59-0700781

E Telephone number

F Accounting method. Cash Accrual
 Other (specify) _____

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **NA**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

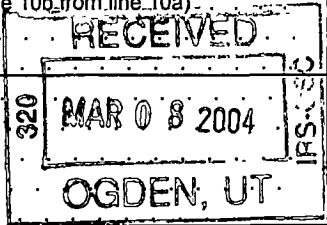
- H and I are not applicable to section 527 organizations**
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates _____
- H(c)** Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number _____

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **163,602**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	0		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d			0
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			0
3 Membership dues and assessments	3			5,163
4 Interest on savings and temporary cash investments	4			16
5 Dividends and interest from securities	5			0
6 a Gross rents	6a	2,188		
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			2,188
7 Other investment income (describe _____)	7			0
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a	0	0	
b Less: cost or other basis and sales expenses	8b	0	0	
c Gain or (loss) (attach schedule)	8c	0	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			0
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	40,432		
b Less: direct expenses other than fundraising expenses	9b	8,516		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			31,916
10 a Gross sales of inventory, less returns and allowances	10a	114,317		
b Less: cost of goods sold	10b	67,946		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			46,371
11 Other revenue (from Part VII, line 103)	11			1,486
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			87,140
13 Program services (from line 44, column (B))	13			0
14 Management and general (from line 44, column (C))	14			72,034
15 Fundraising (from line 44, column (D))	15			0
16 Payments to affiliates (attach schedule)	16			0
17 Total expenses (add lines 16 and 44, column (A))	17			72,034
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			15,106
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			229,858
20 Other changes in net assets or fund balances (attach explanation)	20			0
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			244,964



SCANNED MAR 15 '04

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23 Specific assistance to individuals (attach schedule)	0			
24 Benefits paid to or for members (attach schedule)	0			
25 Compensation of officers, directors, etc.	1,200		1,200	
26 Other salaries and wages	24,325		24,325	
27 Pension plan contributions	0			
28 Other employee benefits	0			
29 Payroll taxes	2,348		2,348	
30 Professional fundraising fees	0			
31 Accounting fees	2,400		2,400	
32 Legal fees	0			
33 Supplies	2,311		2,311	
34 Telephone	1,056		1,056	
35 Postage and shipping	1,520		1,520	
36 Occupancy	17,455		17,455	
37 Equipment rental and maintenance	6,149		6,149	
38 Printing and publications	1,094		1,094	
39 Travel	0			
40 Conferences, conventions, and meetings	1,955		1,955	
41 Interest	0			
42 Depreciation, depletion, etc. (attach schedule)	6,455		6,455	
43 Other expenses not covered above (itemize): a	0			
b OFFICE SUPPLIES & BK CHGS	742		742	
c LICENSE	1,284		1,284	
d ADVERTISING	301		301	
e COMMUNITY SUPPORT	1,439		1,439	
f	0			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	72,034	0	72,034	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others
a	
(Grants and allocations \$)	
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	0

Part IV Balance Sheets (See page 25 of the instructions.)

		(A)		(B)		
		Beginning of year		End of year		
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45 Cash—non-interest-bearing	12,225	45	25,818		
	46 Savings and temporary cash investments	5,215	46	9,302		
	47 a Accounts receivable	47a 0				
	b Less: allowance for doubtful accounts	47b 0			47c 0	
	48 a Pledges receivable	48a 0				
	b Less: allowance for doubtful accounts	48b 0			48c 0	
	49 Grants receivable		49			
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0		
	51 a Other notes and loans receivable (attach schedule)	51a 0				
	b Less: allowance for doubtful accounts	51b 0			51c 0	
	52 Inventories for sale or use		52			
	53 Prepaid expenses and deferred charges		53			
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54 0		
	55 a Investments—land, buildings, and equipment: basis	55a 0				
	b Less: accumulated depreciation (attach schedule)	55b 0			55c 0	
	56 Investments—other (attach schedule)		0	56 0		
	57 a Land, buildings, and equipment: basis	57a 278,328				
	b Less: accumulated depreciation (attach schedule)	57b 67,111			57c 211,217	
	58 Other assets (describe)		0	58 0		
59 Total assets (add lines 45 through 58) (must equal line 74)		231,010	59 246,337			
Liabilities	60 Accounts payable and accrued expenses		60			
	61 Grants payable		61			
	62 Deferred revenue		62			
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0		
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0		
	b Mortgages and other notes payable (attach schedule)	0	64b	0		
	65 Other liabilities (describe)		1,152	65 1,373		
66 Total liabilities (add lines 60 through 65)		1,152	66 1,373			
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted	12,225			67	25,818
	68 Temporarily restricted	5,215			68	9,302
	69 Permanently restricted	212,418	69	209,844		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		229,858	73	244,964		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		231,010	74	246,337		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . .	b	0
c	Line a minus line b	c	0
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . .	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . .	b	0
c	Line a minus line b	c	0
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . .	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(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
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name KERRY MOSS Str _____ City _____ ST _____ ZIP _____	Title ADJUTANT Hr/WK 40	400	0	0
Name TIM TOLL Str _____ City _____ ST _____ ZIP _____	Title COMMANDER Hr/WK 40	600	0	0
Name ART PRIOR Str _____ City _____ ST _____ ZIP _____	Title ADJUTANT Hr/WK 40	200	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

75 Did any officer, director, trustee, or key employee receive aggregate compensation from this organization and all related organizations, of which more than \$10,000 was received by any one individual, during the year? If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ----- ----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a		
b	Did the organization file Form 1120-POL for this year?	81b		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	0	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NA ; section 4912 ▶ ; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			0
90 a	List the states with which a copy of this return is filed ▶ -----			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b		5
91	The books are in care of ▶ Name AMERICAN LEGION POST 22 Telephone no ▶ () ----- Located at ▶ 22 LEGION LANE COCOA, FL City ST Zip + 4 ▶ ----- 32922			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					5,163
95 Interest on savings and temporary cash investments					16
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					2,188
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					31,916
102 Gross profit or (loss) from sales of inventory					46,371
103 Other revenue: a _____					
b VENDING MACHINES					1,284
c HATS, BANNERS, ETC					13
d SALES TAX COLLECTION ALLOW				0	189
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	87,140
105 Total (add line 104, columns (B), (D), and (E))					87,140

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: Timothy D. Toll Date: 5 March 2004

Type or print name and title: TIMOTHY D. TOLL FINANCE OFFICER

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/4/04 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: P.O. BOX 540005, MERRITT ISL, FL 32954 Preparer's SSN or PTIN (See Gen Inst W): P00071037

EIN: [Blank] Phone no: 321-452-2228

Depreciation and Amortization (Including Information on Listed Property)

2003

Department of the Treasury Internal Revenue Service

See separate instructions Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return: AMERICAN LEGION POST 22; Business or activity to which this form relates; Identifying number: 59-0700781

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election limits and 13 rows for property details (a-g), including columns for description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance (lines 14-16) and columns for description and amount.

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

Table with 2 rows for MACRS deductions (lines 17-18) and columns for description and amount.

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) 12-year, (c) 40-year, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Part IV Summary (see page 6 of the instructions)

Table with 3 rows for Summary (lines 21-23) and columns for description and amount.

For Paperwork Reduction Act Notice, see separate instructions.

Item No	Description of Property	Date Placed in Service	Asset Code	Bus Use %	Placed In Service New	Balance Sheet Location	Cost or Other Basis	Less Sec 179 Deduction	Less Special Allowance	Recovery Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum Deprec , 179, Bonus	2003 Current Deprec	2003 Accum Deprec
GDS 7 year property (Line 19c)																
58	ICE MACHINE	8/1/2003	D	100 00%	YES	B	3,639		1,820	1,819	7	200DB	HY		260	2,080
59	CASH REGISTER	10/1/2003	B	100 00%	YES	B	212		106	106	7	200DB	HY		15	121
60	CHAIRS	11/1/2003	B	100 00%	YES	B	254		127	127	7	200DB	HY		18	145
							<u>4,105</u>	<u>0</u>	<u>2,053</u>	<u>2,052</u>				<u>0</u>	<u>293</u>	<u>2,346</u>
MACRS deductions for prior years (Line 17)																
32	GLASS CABINET	2/1/1995	D	100 00%	YES	B	450		0	450	10	200DB	HY	297	30	327
34	SAFE	6/22/1995	D	100 00%	YES	B	350		0	350	10	200DB	HY	232	23	255
35	WALL MIRROR	9/1/1995	F	100 00%	YES	B	425		0	425	10	150DB	HY	303	37	340
39	PIZZA OVEN	3/1/1998	D	100 00%	YES	B	240		0	240	5	200DB	HY	227	13	240
40	LARGE SCREEN TV	1/26/2000	B	100 00%	YES	B	1,950		0	1,950	7	200DB	HY	1,098	244	1,342
41	CASH REGISTER	10/20/2000	D	100.00%	YES	B	130		0	130	7	200DB	HY	74	16	90
42	5 TABLES	1/1/2001	D	100 00%	YES	B	371		0	371	7	200DB	HY	144	65	209
44	MICROWAVE	1/1/2001	D	100 00%	YES	B	84		0	84	7	200DB	HY	33	15	48
43	USED BINGO MACHINE	1/1/2001	D	100 00%	YES	B	636		0	636	7	200DB	HY	247	111	358
45	5 TABLES	2/1/2001	D	100 00%	YES	B	329		0	329	7	200DB	HY	128	58	186
46	KITCHEN EQUIPMENT	4/1/2001	D	100 00%	YES	B	1,543		0	1,543	7	200DB	HY	598	270	868
47	CEILING	5/1/2001	F	100 00%	YES	B	4,396		0	4,396	15	150DB	HY	638	376	1,014
48	FLOOR TILE	6/1/2001	F	100 00%	YES	B	2,640		0	2,640	15	150DB	HY	383	226	609
49	KITCHEN EQUIPMENT	6/1/2001	D	100 00%	YES	B	4,504		0	4,504	7	200DB	HY	1,747	788	2,535
51	HOT WATER HEATER	9/1/2001	D	100 00%	YES	B	489		0	489	7	200DB	HY	190	86	276
50	POOL TABLE	9/1/2001	D	100 00%	YES	B	848		0	848	7	200DB	HY	329	148	477
52	KITCHEN EQUIPMENT	11/1/2001	D	100.00%	YES	B	992		0	992	7	200DB	HY	385	174	559
53	BAR SINK	3/1/2002	C	100.00%	YES	B	572		172	400	5	200DB	HY	252	128	380
54	ALARM SYSTEM	6/1/2002	D	100 00%	YES	B	1,356		407	949	7	200DB	HY	543	232	775
55	COPIER	10/1/2002	C	100 00%	YES	B	318		95	223	5	200DB	HY	140	71	211
57	CARPET	11/1/2002	F	100 00%	YES	B	2,303		691	1,612	15	200DB	HY	798	201	999
56	FLOOR TILE	11/1/2002	F	100 00%	YES	B	9,146		2,744	6,402	15	200DB	HY	3,171	797	3,968
							<u>34,072</u>	<u>0</u>	<u>4,109</u>	<u>29,963</u>				<u>11,957</u>	<u>4,109</u>	<u>16,066</u>
Totals							<u>38,177</u>		<u>6,162</u>	<u>32,015</u>				<u>11,957</u>	<u>4,402</u>	<u>18,412</u>

Line 9 (990) - Special events and activities

1 Special event name	Event A MEMBERS DONATIONS	Event B BAR BINGO	Event C STEAK SHOOT	All others BBQ	Totals
1a Number of special events					
2 Gross receipts	7,925	16,666	15,795	46	40,432
3 Less contributions				3	0
4 Gross revenue	7,925	16,666	15,795	46	40,432
5 Less direct expenses			8,516	5	8,516
6 Net income or (loss)	7,925	16,666	7,279	46	31,916

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)	Land (net of any amortization)	
	Beginning	End
1		
2		
3		
4		
5		
6 Total land (net of any amortization)	0	0

Buildings and equipment	Buildings and equipment		Accumulated depreciation	
	Beginning	End	Beginning	End
7	274,223	278,328	60,653	67,111
8				
9				
10				
11				
12				
13				
14				
15				
16				
17 Total buildings and equipment	274,223	278,328	60,653	67,111
18 Buildings and equipment (less accumulated depreciation)			213,570	211,217
19 Total land, buildings and equipment			213,570	211,217

Category or Item	Cost/Other Basis	Accumulated Depreciation	Book Value
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11 Total	0	0	0

Line 65 (990) - Other liabilities

		Beginning	End
1	PAYROLL & SALES TAX	1,152	1,373
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other liabilities	1,152	1,373

Line 10a for 990		Total:	114,317
1	LIQUOR SALES	1	58,210
2	BEER SALES	2	50,581
3	WINE SALES	3	1,998
4	SODA SALES	4	2,106
5	BAR FOOD & MIC SALES	5	1,422

Line 10b for 990		Total:	67,946
1	LIQUOR PURCHASE	1	25,636
2	BEER PURCHASE	2	30,976
3	WINE PURCHASE	3	3,175
4	SODA PURCHASE	4	3,901
5	BAR FOOD & MISC PURCHASE	5	3,394
6	MISC LABOR	6	864
7		7	