

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)

2006

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 2006 calendar year, or tax year beginning Jan 10, 2006, and ending Dec 31, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization, number and street, city, town, state, and ZIP code: AMVETS POST NO 893, INC, 218 HARDEE LANE, Cocoa FL 32922-. D Employer identification number: 59-3155051. E Telephone number: 321-639-9700. F Acctg. method: [X] 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).

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

G Website: ▶

J Organization type (check only one) ▶ [X] 501(c)(19) ◀ (insert no ) 4947(a)(1) or 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 89,748.

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 the instructions)

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Table with 21 rows and 3 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Sub-rows 1a-1d. Total 1e: 89,748. Row 2: Program service revenue including government fees and contracts (from Part VII, line 93). Total 2: 89,748. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents (6a), Less rental expenses (6b), Net rental income or (loss) (6c). Row 7: Other investment income (describe ▶). Row 8: Gross amount from sales of assets other than inventory (8a), Less cost or other basis & sales expenses (8b), Gain or (loss) (8c), Net gain or (loss) (8d). Row 9: Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ]. Sub-rows 9a-9c. Row 10: Gross sales of inventory, less returns and allowances (10a), Less cost of goods sold (10b), Gross profit or (loss) from sales of inventory (10c). Row 11: Other revenue (from Part VII, line 103). Row 12: Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. Total 12: 89,748. Row 13: Program services (from line 44, column (B)). Total 13: 137,849. Row 14: Management and general (from line 44, column (C)). Row 15: Fundraising (from line 44, column (D)). Row 16: Payments to affiliates (attach schedule). Row 17: Total expenses. Add lines 16 and 44, column (A). Total 17: 137,849. Row 18: Excess or (deficit) for the year Subtract line 17 from line 12. Total 18: (48,101.). Row 19: Net assets or fund balances at beginning of year (from line 73, column (A)). Row 20: Other changes in net assets or fund balances (attach explanation). Row 21: Net assets or fund balances at end of year Combine lines 18, 19, and 20. Total 21: (48,101.).

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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 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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a			
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	1200.	1200.	
32 Legal fees	32			
33 Supplies	33	69254.	69254.	
34 Telephone	34	799.	799.	
35 Postage and shipping	35	971.	971.	
36 Occupancy	36	21153.	21153.	
37 Equipment rental and maintenance	37	1441.	1441.	
38 Printing and publications	38	4643.	4643.	
39 Travel	39	174.	174.	
40 Conferences, conventions, and meetings	40			
41 Interest	41	5177.	5177.	
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a SEE STMT	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	137849.	137849.	

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 \$ \_\_\_\_\_, (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 the instructions.)**

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.

What is the organization's primary exempt purpose? <b>▶ SEE STATEMENT BELOW</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a PROVIDE MEMBERSHIP WITH A MEETING PLACE FOR COMARADERIE FELLOWSHIP, AND PROGRAMS OF INTEREST TO MEMBERS AND THEIR FAMILIES. ALL MEMBERS ARE PAST OR PRESENT MEMBERS OF THE VARIOUS ARMED FORCES  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	137849.
b  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
c  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
d  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b>	<b>137849.</b>

**Part IV Balance Sheets** (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	45	4,260.
	46 Savings and temporary cash investments	46	5,141.
	47a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)	50b	
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	52	
	53 Prepaid expenses and deferred charges	53	
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation (attach schedule)	55b	55c
	56 Investments - other (attach schedule)	56	
	57a Land, buildings, and equipment basis	57a	
	b Less accumulated depreciation (attach schedule)	57b	57c
58 Other assets, including program-related investments (describe <input type="checkbox"/> )	58		
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	59	9,401.	
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)	63	
	64a Tax-exempt bond liabilities (attach schedule)	64a	
	b Mortgages and other notes payable (attach schedule)	64b	(59,876.)
	65 Other liabilities (describe <input type="checkbox"/> )	65	
66 <b>Total liabilities.</b> Add lines 60 through 65	66	(59,876.)	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	67	
	68 Temporarily restricted	68	
	69 Permanently restricted	69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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	117,378.
	72 Retained earnings, endowment, accumulated income, or other funds	72	(48,101.)
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	73	69,277.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	74	9,401.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

(See the instructions)

a Total revenue, gains, and other support per audited financial statements		a	89748.
b Amounts included on line a but not on Part I, line 12		b	N/A
1 Net unrealized gains on investments .. . N/A	b1		
2 Donated services and use of facilities . . .	b2		
3 Recoveries of prior year grants .. .	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	89748.
d Amounts included on Part I, line 12, but not on line a:		d	
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12) Add lines c and d		e	89748.

**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 Part I, line 17		b	
1 Donated services and use of facilities . . . . .	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a:		d	
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17) Add lines c and d		e	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 comp plans	(E) Expense account and other allowances
EDWARD MAURER 1212 PRINCETON RD	PD	0		
FRANCISCO ODZIMOWSKI 227 FORECAST LANE	VD	0		
PAUL J THIBODEAU 41208 BARNA AVENUE	VD	0		
JOSEPH HUNT PO BOX 541276	T	0		

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

- 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships?
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations...
d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred comp plans, (E) Expense account and other allowances

Part VI Other Information (See the instructions) Yes No

- 76 Did the organization make a change in its activities or methods of conducting activities?
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81 a Enter direct and indirect political expenditures (See line 81 instructions)
81 b Did the organization file Form 1120-POL for this year?

<b>Part VI Other Information</b> (continued)		Yes	No
<b>82a</b>	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?		X
<b>b</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)	<b>82b</b> _____	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?		
<b>b</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		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b> _____	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> _____	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> _____	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> _____	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b> _____	
<b>h</b>	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?	<b>85h</b> _____	
<b>86</b>	<b>501(c)(7) orgs</b> Enter a Initiation fees and capital contributions included on line 12	<b>86a</b> _____	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> _____	
<b>87</b>	<b>501(c)(12) orgs</b> Enter a Gross income from members or shareholders	<b>87a</b> _____	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b> _____	
<b>88a</b>	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		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> 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	<b>89b</b> _____	
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	X
<b>90a</b>	List the states with which a copy of this return is filed ▶ _____		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	<b>90b</b> _____	
<b>91a</b>	The books are in care of ▶ <u>JOE HUNT</u> Telephone no ▶ <u>321-639-9700</u> Located at ▶ <u>218 HARDEE LANE</u> ZIP + 4 ▶ <u>32955-2119</u>		
<b>b</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)? If "Yes," enter the name of the foreign country ▶ _____	<b>91b</b>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

**Part VI Other Information** (continued)

	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ _____	91c	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ _____	92	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See 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 POST CANTEEN					89,748.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), & (E))					89,748.
105 Total (add line 104, columns (B), (D), and (E))					89,748.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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)
93A	PROVIDE LOCATION FOR MEMBERS TO GATHER & INTERACT

**Part IX Information Regarding Taxable Subsidiaries**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int
	%
	%
	%
	%

**Part X Information Regarding Transfers Associated**

(a) Did the organization, during the yr, receive any funds, directly or indirectly, from any individual who is a disqualified person?

(b) Did the organization, during the year, pay premiums, directly or indirectly, for any health insurance policy for any individual who is a disqualified person?

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



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code?  
 If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code?  
 If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						
b						
c						
<b>Totals</b>						

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

**Please Sign Here**  
 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

Signature of officer: *Joseph Hunt* Date: *5/18/07*  
 MR JOSEPH HUNT TREASURER  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Joseph Hunt* Date: 05/09/2007 Check if self employed:  Preparer's SSN or PTIN (See Gen Inst X): P00737404  
 Firm's name (or yours if self-employed): ACTION ACCOUNTING & TAX OF F  
 address, and ZIP + 4: 635 BREVARD AVE  
 Cocoa FL 32922-  
 EIN: 20-5705663  
 Phone no: 321-638-4744

US 990

Other Functional Expenses: Page 2, Line 43

2006

Description of the Asset	Total	Program Services	Management and General	Fundraising
PROFESSIONAL BUSINESS	501.	501.		
PETTY CASH	12.	12.		
AD-TAB BONUS	700.	700.		
AUTO& TRUCH MILEAGE	100.	100.		
INTERNET	120.	120.		
WEEKLY WINS	2,191.	2,191.		
DONATIONS	1,859.	1,859.		
DUES	4,020.	4,020.		
INSURANCE	3,686.	3,686.		
LICENSES & PERMITS	1,077.	1,077.		
PEST CONTROL	662.	662.		
ENTERTAINMENT	4,250.	4,250.		
MISCELLANEOUS	2,767.	2,767.		
GROSS PAYROLL EMPLOY	20.	20.		
BANK SERVICE CHARGE	134.	134.		
TOOLS/EQUIP	3,652.	3,652.		
SEC	1,790.	1,790.		
SALES TAX PAID	5,496.	5,496.		
	33,037.	33,037.		