

Form **990**

**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)

OMB No. 1545-0047

**2005**

**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 2005 calendar year, or tax year beginning** , 2005, and ending , 20

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

**C Name of organization**  
**POMPANO SENIOR SQUADRON FLYING CLUB, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 1762**  
 City or town, state or country, and ZIP + 4  
**POMPANO BEACH FL 33061-1762**

**D Employer identification number**  
**591416663**

**E Telephone number**  
**(954) 522-2417**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Website:** ▶ **4chalf@bellsouth.net**

**J Organization type** (check only one) ▶  501(c) ( 7 ) ◀ (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 chooses to file a return, be sure to file a complete return. **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** ▶

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

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶

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

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>			
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)			<b>1d</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	61,760
<b>3</b>	Membership dues and assessments			<b>3</b>	45,820
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	
<b>5</b>	Dividends and interest from securities			<b>5</b>	
<b>6a</b>	Gross receipts	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b>	Other income (describe ▶)			<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	107,580
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	74,871
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	43,488
<b>15</b>	Fundraising (from line 44, column (D))			<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b>	Total expenses (add lines 16 and 44, column (A))			<b>17</b>	118,359
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	(10,779)
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	228,527
<b>20</b>	Other changes in net assets or fund balances (attach explanation) INCREASE IN P/C			<b>20</b>	2,549
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	220,297

SCANNED  
MAR 14 2006

RECEIVED  
FEB 24 2006  
OGDEN, UT

**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
22	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) . . . . .	23			
24	Benefits paid to or for members (attach schedule) . . . . .	24			
25	Compensation of officers, directors, etc. . . . .	25			
26	Other salaries and wages . . . . .	26			
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28			
29	Payroll taxes . . . . .	29			
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31			
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33	30,938	30,182	756
34	Telephone . . . . .	34			
35	Postage and shipping . . . . .	35	425	425	
36	Occupancy . . . . .	36	4,786	4,786	
37	Equipment rental and maintenance . . . . .	37	36,770	36,770	
38	Printing and publications . . . . .	38			
39	Travel . . . . .	39	107	107	
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41	2,521	2,521	
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	MISCELLANEOUS	43a	6,473	2,601	3,872
b	LOSS ON SALE OF ASSET	43b	15,000		15,000
c	INSURANCE	43c	21,339		21,339
d		43d			
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	118,359	74,871	43,488

**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? ▶ <u>FLYING CLUB</u> 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> <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)</small>
<b>a</b> <u>45 MEMBERS IN THE FLYING CLUB - EACH MEMBER IS AN EQUITY SHAREHOLDER</u>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b</b> _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> _____  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> 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). . . . ▶	

**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 . . . . .	11,602	7,881
	46 Savings and temporary cash investments . . . . .		
	47a Accounts receivable . . . . .	75	-
	b Less: allowance for doubtful accounts . . . . .		
	48a Pledges receivable . . . . .		
	b Less: allowance for doubtful accounts . . . . .		
	49 Grants receivable . . . . .		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		
	51a Other notes and loans receivable (attach schedule) . . . . .		
	b Less: allowance for doubtful accounts . . . . .		
	52 Inventories for sale or use . . . . .		
	53 Prepaid expenses and deferred charges . . . . .		
	54 Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55a Investments—land, buildings, and equipment: basis . . . . .		
b Less: accumulated depreciation (attach schedule) . . . . .			
56 Investments—other (attach schedule) . . . . .			
57a Land, buildings, and equipment: basis . . . . .	3 AIRPLANES		
b Less: accumulated depreciation (attach schedule) . . . . .	-		
58 Other assets (describe ▶ . . . . .)			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	228,527	314,298	
Liabilities	60 Accounts payable and accrued expenses . . . . .		3,875
	61 Grants payable . . . . .		
	62 Deferred revenue . . . . .		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		
	b Mortgages and other notes payable (attach schedule) <b>CRYSTAL LAKE BANK BANK LOAN ON AIRCRAFT</b>		90,126
65 Other liabilities (describe ▶ . . . . .)			
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		94,001	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted . . . . .		
	68 Temporarily restricted . . . . .		
	69 Permanently restricted . . . . .		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds. . . . .		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .	52,500	55,000
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	176,027	165,297
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; column (B) must equal line 21) . . . . .	228,527	220,297	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	228,527	314,298	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

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

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

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

**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 compensation plans	(E) Expense account and other allowances
①	LAURENCE MELLGREN 5400 N. OCEAN BLVD #32 FT. LAUDERDALE, FL 33308	PRESIDENT 1HR	-0-	-0-	-0-
②	DAVID WATKINS 3240 LAKESHORE DR DEERFIELD BEACH FL 33442	V. PRESIDENT 1HR	-0-	-0-	-0-
③	JEFFREY MORRIS 1977 NW 29th AVE RO. DOCA RATON FL 33431	SECRETARY 1HR	-0-	-0-	-0-
④	JOHN FARWELL 1051 SE 7th AVE POMPANO BEACH, FL 33060	MAINTENANCE 2HRS	-0-	-0-	-0-
⑤	CHRISTOPHER D. CHALFANT 608 SW 5th TERRACE FT. LAUDERDALE, FL 33315	TREASURER 3HRS	-0-	-0-	-0-



Part VI Other Information (continued)		Yes	No
82a	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?		<input checked="" type="checkbox"/>
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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<input checked="" type="checkbox"/>
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
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.		<input checked="" type="checkbox"/>
85b			
c	Dues, assessments, and similar amounts from members	85c	45,820
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	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
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	61,760
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	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; 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	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-0-
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		-0-
90a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	-0-
91a	The books are in care of Located at		CHRISTOPHER CHALFANT 608 SW 8th TERRACE, FT. LAUDERDALE FL
	Telephone no. ZIP + 4		(954) 522-2417 33315
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	
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:

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (61,760), Membership dues and assessments (45,820), and Subtotal (107,580).

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 the instructions.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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: Christopher D. Chalfant, Date: 2-17-06, Type or print name and title: CHRISTOPHER D. CHALFANT, TREASURER

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, EIN, Phone no