SCANNED JUL 0 8 2008

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•	Q	<b>90</b> Return of Organization Exempt From Income	Tav	OMB No 1545-0047
Form		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except I		
Dopo	*******	benefit trust or private foundation)		Open to Public
		the Treasury us Service The organization may have to use a copy of this return to satisfy state reporting in	requiren	
A	For th	e 2007 calendar year, or tax year beginning , 2007, and ending	Carala	, 20 yer identification number
		applicable reasons of the organization of the second secon	59	1416663
_		s change label or Pompano Senior Squadron Flying Club, Inc.		ione number
_	lame c	nange type, DO Box 1760	( 954	
_	nitial re Termina	Specific City or town state or country, and ZIP + 4		ng method: Cash 🔽 Accrual
		tions. Pompano Beach, FL 33061-1762		her (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(a) is this a group	oup retur	
G	Nebsit	e: ► 4chalf@bellsouth.net H(b) If "Yes," en H(c) Are all affilia		Der of affiliates ►
1 (	Organia	zation type (check only one) ► 🗹 501(c) (7) ◄ (insert no) 🗌 4947(a)(1) or 🛄 527 (If "No," att	ach a lisi	t See instructions)
		here <b>b</b> if the organization is not a 509(a)(3) supporting organization and its gross <b>H(d)</b> is this a separatization	arate retui	m filed by an by a group ruling?  Yes  No
		return, be sure to file a complete return is not required, but if the organization chooses i Group Exer		
			<u> </u>	the organization is not required
				orm 990, 990-EZ, or 990-PF)
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	instru	ctions.)
	1	Contributions, gifts, grants, and similar amounts received		
	a	Contributions to donor advised funds		
	b	Direct public support (not included on line 1a)	-	
	c d	Indirect public support (not included on line 1a)       Included on line 1a)         Government contributions (grants) (not included on line 1a)       Included on line 1a)		
	e	Total (add lines 1a through 1d) (cash \$ noncash \$ ) .	1e	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	61332
	3		3	45570
	4	Interest on savings and temporary cash avestments Dividends and interest from security CEIVED	4	
	5		5	
	6a	Gross rents	**	
	b c	Less. rental expenses	6c	
'n	7	Other investment income (describe	7	
Revenue	8a			
Rev		than inventory	-	
	Ь	Less cost or other basis and sales expenses.	-	
	C	Gain or (loss) (attach schedule)		
	d 9	Net gain or (loss). Combine line 8c, columns (A) and (B)	ou	
	1	Special events and activities (attach schedule). If any amount is from gaming, check here		
		contributions reported on line 1b)		
	b	Less: direct expenses other than fundraising expenses . 9b		
		Net income or (loss) from special events. Subtract line 9b from line 9a	<u>9c</u>	
		Gross sales of inventory, less returns and allowances	-	
	b	Less cost of goods sold.	100	
	с 11	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a . Other revenue (from Part VII, line 103)	<u>10c</u>	
	12	Total revenue.         Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11         .<	12	106902
	13	Program services (from line 44, column (B))	13	85546
ses	14	Management and general (from line 44, column (C))	14	82416
Expenses	15	Fundraising (from line 44, column (D))	15	
ũ	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	167962
Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	<u>18</u> 19	(61060) 239003
Asi	19	Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation)	19 20	Change in PIC (33701)
Net	20 21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	20	144242
_		cy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y		Form 990 (2007)

Form **990** (2007)

2007

#### POMPANO SENIOR SQUADRON FLYING CLUB INC

#### Form 990 (2007)

Form 9	990 (2007)	_				Page 2
Par	LII Statement of All organizations m Functional Expenses organizations and s		nplete column (A) Colu 4947(a)(1) nonexempt o			
-	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 🕨 🗌	22a				
22b	Other grants and allocations (attach schedule)					
	(cash S noncash \$)					
	If this amount includes foreign grants, check here $\blacktriangleright$	<u>22b</u>	<u> </u>			
23	Specific assistance to individuals (attach	23			* `	
<b>.</b> .	schedule)		<u> </u>			
24	Benefits paid to or for members (attach	24			/	
05-		24			· · · · ·	
258	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	{ }			
ь	Compensation of former officers, directors,					
D	key employees, etc. listed in Part V-B	25b				
с	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)	<u>25c</u>				
26	Salaries and wages of employees not included					
	on lines 25a, b, and c	26		· · · · · · · · · · · · · · · · · · ·		
27	Pension plan contributions not included on	07				
	lines 25a, b, and c	27				
28	Employee benefits not included on lines	28				
29	25a – 27	29				
29 30	Payroll taxes	30			······	
31	Accounting fees	31				
32	Legal fees	32	8985		8985	
33	Supplies	33	38597	38125	472	
34	Telephone	34				
35	Postage and shipping	35	326	326	· · · · · ·	
36	Occupancy	36	9808	9808		
37	Equipment rental and maintenance	37	34396	34278	118	
38	Printing and publications	38				
39	Travel	39	1288	1288		
40	Conferences, conventions, and meetings	40	ļ			
41	Interest	41	3912		3912	
42	Depreciation, depletion, etc. (attach schedule)	42	<u>↓</u>	N/A		
43	Other expenses not covered above (itemize): Insurance	43a	15555		15555	
a b	Loss on Sale of Assets	43b	50265		50265	
0		43c	4830	1721	3109	
d	Miscellaneous	43d			0.00	······································
e		43e	1 1			······
f		43f				
g		43g	1			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing	1	l l			
	columns (B)-(D), carry these totals to lines		1			
	13–15)	44	167962	85546	82416	L
Join	Costs. Check > I 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 \$

Page 3

#### Form 990 (2007)

## 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?  Flying Club							
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.)							
а	30 members in the flying club. Each member owns one share of stock and has the equivalent of 1/30 (3.33%) of						
	ownership in the club.						
	(Grants and allocations \$) If this amount includes foreign grants, check here ►						
ь							
U							
	(Grants and allocations \$) If this amount includes foreign grants, check here ►						
с							
	(Grants and allocations \$) If this amount includes foreign grants, check here						
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ►						
d	•••••••••••••••••••••••••••••••••••••••						
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ►						
е	Other program services (attach schedule)	·····					
	(Grants and allocations \$) If this amount includes foreign grants, check here ►						
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).						

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# POMPANO SENIOR SQUADRON FLYING CLUB INC

Page 4

### Form 990 (2007)

Pa	rt IV	Balance Sheets (See the instructions	.)			
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		<b>(B)</b> End of year
_	45	Cash-non-interest-bearing		5854	45	1249
	46	Savings and temporary cash investments .			46	
	47-		47a			
	-	Accounts receivable	47b		47c	
	D	Less: allowance for doubtful accounts .	470		4/0	
	40-		48a			
		Pledges receivable Less: allowance for doubtful accounts	48b		48c	
	49				49	
	Joua	Receivables from current and former officers key employees (attach schedule)			50a	
	Ь	Receivables from other disqualified persons				
		4958(f)(1)) and persons described in section 495			50b	
	51a	Other notes and loans receivable (attach	1			
ets		schedule)	51a			
Assets	b	Less: allowance for doubtful accounts .	51b		51c	
4	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges .			53	
		Investments-publicly-traded securities		· ··- · · · ·	54a	
		Investments-other securities (attach sched	ule) 🕨 🗋 Cost 🗋 FMV 占		54b	
	55a	Investments-land, buildings, and	55a			
		equipment: basis				
	D	Less: accumulated depreciation (attach	55b		55c	
	56	schedule)		·· ····	56	· · · · · · · · · · · · · · · · · · ·
		Land, buildings, and equipment: basis	57a 2 Airplanes			·· ·
		Less: accumulated depreciation (attach				
	<sup>•</sup>	schedule)	57b -	317865	57c	166950
	58	Other assets, including program-related inve	estments			
		(describe ►	)		58	
	59	Total assets (must equal line 74). Add lines	45 through 58	323719	59	168199
	60	Accounts payable and accrued expenses .		1895	60	767
	61	Grants payable			61	
	62	Deferred revenue			62	
ilities	63	Loans from officers, directors, trustees, an			~	
bili		schedule)			63 64a	
Liabi		Tax-exempt bond liabilities (attach schedule	)	Bank Loan 82821	64b	· · · · · · · · · · · · · · · · · · ·
	65	Mortgages and other notes payable (attach Other liabilities (describe > Shareholder Loa	schedule)	Dank Loan 02021	65	23190
			•••••••••••••••••••••••••••••••••••••••			
	66	Total liabilities. Add lines 60 through 65	<u>.</u> <u>.</u>	84716	66	23957
	Orga	anizations that follow SFAS 117, check here I	and complete lines			
ŝ		67 through 69 and lines 73 and 74.				
З С	67	Unrestricted		· · · · · · · · · · · · · · · · · · ·	67	
alaı	68	Temporarily restricted			68	
Ő	69	Permanently restricted			69	
Fund Balances	Orga	anizations that do not follow SFAS 117, check	k here ► 🖌 and			
or F	70	complete lines 70 through 74. Capital stock, trust principal, or current fund	te		70	
2 2	70	Paid-in or capital surplus, or land, building,		65250		31550
Net Assets	72	Retained earnings, endowment, accumulate		173753	72	112692
As	73	Total net assets or fund balances. Add lin	-			
Vet		70 through 72. (Column (A) must equal line	19 and column (B) must		.	
_		equal line 21)		239003	_	144242
	74	Total liabilities and net assets/fund balance	es. Add lines 66 and 73	323719	74	168199

orm	990	(2007)

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Form	990 (2007)							Page 5
Par	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ted Financial Statem	ents With Rev	venue pe	r Retu	rn (S	See the
a b		enue, gains, and other support per audit included on line a but not on Part I, line				а		- · · -
1	Net unrea	alized gains on investments		b1				
2		services and use of facilities		b2				
3		es of prior year grants		b3				
4	•••	ecify):		b4				
		s <b>b1</b> through <b>b4</b>				b		
с			· · · · · · · · ·		· · ·	c		
ď		included on Part I, line 12, but not on lin			· · ·			
1		nt expenses not included on Part I, line		d1				
2		pecify):						
				d2				
•			· · · · · · · ·			d		
e Par	rt IV-B	venue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Au				e	turn	······
					·		um	·
a b		penses and losses per audited financial s included on line a but not on Part I, line			• •	<b></b> +		
<b>1</b>		services and use of facilities		b1				
2		r adjustments reported on Part I, line 20		b2				
3	-	eported on Part I, line 20		b3				
4		ecify):						
	<b>.</b>		•••••	b4				
		<b>b1</b> through <b>b4</b>				b		
C	-	line <b>b</b> from line <b>a</b>			•	c		
d 1		included on Part I, line 17, but not on line int expenses not included on Part I, line		d1				
2						1		
-				d2				
e		s d1 and d2		· · · · · ·		d e		
Par	rt V-A	Current Officers, Directors, Trustees or key employee at any time during the year	, and Key Employees ar even if they were not	(List each perso compensated.) (S	on who wa See the ins	s an of structio	ficer, ns)	director, trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	· benefit pla		redí	(E) Expense account and other allowances
	rence Mell		President, 1 hour					
		n Drive, Tamarac, FL 33319		ļ0	<u> </u>		0	0
	id Watkins	e Dr., Deerfield Beach, FL 33442	Vice President, 1 hour				0	0
	Wardell	C DI., Deemein Beach, TE 33442	Secretary, 1 hour	<b>`</b> `	<b>'</b>		<u> </u>	
		ace, Ft. Lauderdale, FL 33306	Secretary, Thour	0			0	0
Rob	ert Hannar		Maintenance Coordinator,					
		Terrace, Pompano Beach, FL 33064	2 hours		<u> </u>		0	0
	istopher Ch SW 8th Te	alfant rrace, Ft. Lauderdale, FL 33315	Treasurer, 3 hours		)		0	0
					:			
		······			+			
				·	+			
					1			

#### Form 990 (2007)

Form 990 (2007)         Page 100 (2007)					
Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No		
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at meetings					
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest comperent employees listed in Schedule A, Part I, or highest compensated professional and other independent of the statement of the statement of the statement of the individuals and explains the relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships?	endent siness	<u> </u>			
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or h compensated employees listed in Schedule A, Part I, or highest compensated professional and independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any organizations, whether tax exempt or taxable, that are related to the organization? See the instruction the definition of "related organization.".	other other	c			
d Does the organization have a written conflict of interest policy?	750	3	1		

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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Par	t VI Other Information (See the instructions.)	_	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		1
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		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	+	1
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		1
80a	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		1
b	If "Yes," enter the name of the organization ►			
81a b	Enter direct and indirect political expenditures. (See line 81 instructions.)	81b		1
			000	

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Èorm	Form 990 (2007) Page <b>7</b>							
Par	t 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?	82a		✓				
b	If "Yes," you may indicate the value of these items here. Do not include this			i				
	amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)							
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		<u> </u>				
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<u>83b</u>		<u> </u>				
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u> </u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		1				
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a						
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b						
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			·				
С	Dues, assessments, and similar amounts from members	4						
	Section 162(e) lobbying and political expenditures	4		ļ				
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		1				
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	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		i				
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12							
b	Gross receipts, included on line 12, for public use of club facilities	빅						
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . 87a			i N				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			1				
88a	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	88a						
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	88b		- <b>-</b>				
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			e e				
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							
	Enter: Amount of tax on line 89c, above, reimbursed by the organization .	<b>,</b>						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		<b>V</b>				
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f						
g	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?	89g	-	-				
90a	List the states with which a copy of this return is filed  None							
ь	Number of employees employed in the pay period that includes March 12, 2007 (See			0				
	The books are in care of ►       Christopher Chalfant       Telephone no. ► (	315	22-241	7				
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		Yes	No				
		91b		$\checkmark$				
	If "Yes," enter the name of the foreign country >			1				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							

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## POMPANO SENIOR SQUADRON FLYING CLUB INC

_	00 (2007)			<u>.</u>	<u> </u>		_	age 8
	VI Other Information (continued)					010	Yes	No
c	At any time during the calendar year, did the If "Yes," enter the name of the foreign count	e organization ma	aintain an office (	outside of the	United States?	910		
	Section 4947(a)(1) nonexempt charitable trust				here			
	and enter the amount of tax-exempt interest	received or accr	ued during the t	ax year	▶   92			
Part	VII Analysis of Income-Producing Ac	ctivities (See th	e instructions.)					_
Note:	Enter gross amounts unless otherwise	Unrelated t	business income	Excluded by sec	tion 512, 513, or 514		(E) elated	or
Indica	ted.	(A)	(B)	(C)	(D)	exem	npt fun	otion
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	<b>├'</b>	ncome	
a	Flying Time Charged to Members					┼───	0	51332
b			+	+		┼───		
c L		<u> </u>						
u o	······································					+		
e f	Medicare/Medicaid payments			-	·	<u>+</u>		
g	Fees and contracts from government agencie			1				
94 94	Membership dues and assessments						4	15570
95	Interest on savings and temporary cash investmen	its					_	
96	Dividends and interest from securities							
97	Net rental income or (loss) from real estate:					ļ		
а	debt-financed property							
b	not debt-financed property					–−		
98	Net rental income or (loss) from personal property				┝	┿───		
99	Other investment income					+-		
100 101	Gain or (loss) from sales of assets other than invento					+		
102	Net income or (loss) from special events . Gross profit or (loss) from sales of inventory	,				<u>+</u>		
103	Other revenue: a					<u> </u>		
b								
С								
d						<u> </u>		
е								
104	Subtotal (add columns (B), (D), and (E))			×	L			06902
105 Note:	Total (add line 104, columns (B), (D), and (E Line 105 plus line 1e, Part I, should equal th			• • •	· ·		1	06902
Part				DOSOS (Soo th	instructions)			
Line							molich	mont
		other than by prove	ding funds for suc	h purposes).	importantly to the		npiisii	ment
93								
94	The member dues are intended to cover the	fixed costs of the c	lub.					
Part	IX Information Regarding Taxable Sul (A)	bsidiaries and D (B)			instructions.)	<b></b>	(E)	
	Name, address, and EIN of corporation,	Percentage of	(C) Nature of a	activities	(D) Total income		<b>(E)</b> d-of-y	
	partnership, or disregarded entity	ownership interest				┿───	assets	3
		% %			<b>↓</b>	+		
		%				+		-
		%			<b> </b>	+	_	
Part	X Information Regarding Transfers Ass		sonal Benefit Co	ontracts (See	the instructions.)	<u> </u>		
(a)	Did the organization, during the year, receive any funds,					Ye	es 🗸	No
(b)	Did the organization, during the year, pay pr							_
Not	e: If "Yes" to (b), file Form 8870 and Form 4							

2007

Yes

No

Form 990 (2007)

...

Page 9 Information Regarding Transfers To and From Controlled Entities. Complete only if the organization Part XI is a controlling organization as defined in section 512(b)(13). No Yes

#### 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
а				
b				
с				
	Totals		and the second s	

#### 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
а				
b				
c				
	Totals			
108		unding written contract in effect o	- A	Yes N

	Did the organization have a binding written co rents, royalties, and annuities described in que	0	, 2006, coveri	ng the interest,
Please Sign Here	Under penalties of perjury, I declare that I have examined that belief, it is true, correct and complete Declaration of Signature of officer  Christopher D. Chalfant, Treasured Type or print name and title		d on all informatio	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self- employed ►	Preparer's SSN or PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN Phone	
				- 000