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POMPANO SENIOR SQUADRON FLYING CLUB INC

•		ļ		Short Form		<u> </u>	MB No 1545-1150
Form 990-EZ				Return of Organization Exempt From Income T Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	ax		2008
				(except black lung benefit trust or private foundation)			
				ponsoring organizations of donor advised funds and controlling organizations as defined in b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 a assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements the satisfy state reporting requirements and the satisfy state reporting requirements and the satisfy state reporting requirements b) and b) and b			en to Public
Intern	al Revenu		nspection				
_	heck if ap		Please	or tax year beginning , 2008, and ending C Name of organization	D Emplo	ver iden	tification number
=	ddress c	ų	use IRS label or	Pompano Senior Squadron Flying Club	59		1416663
	iame cha nitial retur	•	print or type.		E Telept		
	erminatio		See Specific	PO Box 1762	(954		522-2417
H	mended	return n pending	Instruc- tions.	City or town, state or country, and ZIP + 4 Pompano Beach, FL 33061-1762	F Group Numb	Exempt	
•	Sectio	on 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach G Account	unting me	thod	🗌 Cash 📝 Accrual
			a con		(specify)		
1 V	Vebsit	e: ►					ganization is not edule B (Form 990,
JC	rganiz	ation type (c	check or		Z, or 990		
κα	heck Þ	I if the org	ganizatio	in is not a section 509(a)(3) supporting organization and its gross receipts are norr	mally not	more tha	an \$25,000 A return is
-	· · · ·		<u> </u>	zation chooses to file a return, be sure to file a complete return the 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form	000 E7	▶ \$	· · · · · · · · · · · · · · · · · · ·
	rtl			nses, and Changes in Net Assets or Fund Balances (See the			r Part I)
	1			grants, and similar amounts received.		1	
	2			evenue including government fees and contracts		2	40122
	3		•	and assessments		3	32520
	4	Investment				4	
i	5a b			m sale of assets other than inventory			
		Gain or (los		5c			
Revenue	6	Special events		$\cdot \square$			
eve	а	Gross reve					
₩ E	ь	reported o					
				nses other than fundraising expenses		6c	
i	7a	Gross sale	es of inv	ventory, less returns and allowances			
		Less: cost					
	с 8	Other reve	•	ss) from sales of inventory (Subtract line 7b from line 7a)	•••	7c 8	
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	/	9	72642
	10	Grants and	d simila	r amounts paid (attach schedule)		10	
	11			r for members		11	
Sec	12 13			mpensation, and employee benefite	٠	<u>12</u> 13	
Expenses	14	Occupanc		14	6275		
ŵ	15					15	167
	16	Other exp	enses (ons, postage, and shipping. describe ▶ Plane coel, Maintenance, Insurance and other Add lines 10 through 6 JAN 16.2009)	16	<u> </u>
-	17				<u></u>	17 18	12032
Assets	18 19) for the year (Subtract Line 17 from line 9) 🕰 nd balances at beginning tyear 1 k m line 27, column (A)) (must agr			
As	15	end-of-yea	ar figur	e reported on prior year's return)		19	144242
Net	20	Other cha	nges in	net assets or fund balances (attach explanation) INCR GASE IN PAIDI	H CAPITA		6800
	21 rt II	Net assets	s or tun	d balances at end of year. Combine lines 18 through 20 . s. If Total assets on line 25, column (B) are \$2,500,000 or more, file For	<u> P</u> rm 990 u	21	151052 of Form 990-EZ
ГG	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 i (See the instructions for Part II) (A) Beginning of						(B) End of year
22	Cas	h, savings,	•		12	249 22	6901
23	Land	and build	inas .		4000	23	
	24 Other assets (describe ► Two Piper Aircraft) 166 158					99 25	
27	Net	assets or	fund b	alances (line 27 of column (B) must agree with line 21)	1442	242 27	
For	Privac	y Act and P	aperwo	rk Reduction Act Notice, see the Instruction for Form 990. Cat No	106421	_	Form 990-EZ (2008)

SOURCE: https://projects.propublica.org/nonprofits/organizations/591416663/

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Korm 990-EZ (2008) Page 2							
Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses							
What is the organization's primary exempt purpose? F	lying Club				ured for 501(c)(3) (4) organizations		
Describe what was achieved in carrying out the organization	ation's exempt purposes. In	a clear and conc	ise manner,	and	(4) organizations 4947(a)(1) trusts.		
describe the services provided, the number of persons benefited, or other relevant information for each program title optional for others)							
28 28 Members in the flying club. Each member ow	ns one share of stock and	has the equivale	ent of 1/28				
(3.5%) of ownership in the club.							
(Grants \$) If this amount inclu	ides foreign grants, check			28a			
29							
				1			
			·····				
(Grants \$) If this amount inclu				29a			
30							
(Grants \$) If this amount inclu				<u>30a</u>			
31 Other program services (attach schedule)							
(Grants \$	udes foreign grants, check	he <u>re .</u>	. 🕨 🗖	31a			
32 Total program service expenses (add lines 28a th	rough 31a)	<u></u>	🕨	32			
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	struction	ons for Part IV)		
	(b) Title and average	(c) Compensation	(d) Contribuțio		(e) Expense		
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances		
Laurence Mellgren							
4509 King Palm Drive, Tamarac, FL 33319	President, 1 hour	0		0	0		
David Watkins		`					
32 Lakeshore Dr., Deerfield Beach, FL 33442	Vice President, 1 hour	0		0	0		
		v					
Christopher D. Chalfant	Treasurer, 3 hours	0		0	0		
608 SW 8th Terrace, Ft. Lauderdale, FL 33315		U		<u>U</u>	U		
Robert Hannan	Maintenance						
2620 NE 10th Terrace, Pompano Beach, FL 33064	Coordinator. 2 hours	0		0	0		
Mark Miller	Secretary, Asst Maint						
8134 Thames Blvd #A, Boca Raton, FL 33433	Coordinator. 2 hours	0		0	0		
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POMPANO SENIOR SQUADRON FLYING CLUB INC

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Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		√
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	_36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	4		
	Did the organization file Form 1120-POL for this year?	<u>37b</u>		\checkmark
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	<u>38a</u>		<i>.</i>
	Section 501(c)(7) organizations. Enter:	1		
39	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1	1	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4915 ;			
ь	Section 501(c)(3) and (4) organizations. 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," complete Schedule L. Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization		1	, i
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\checkmark
41 42a	List the states with which a copy of this return is filed. ► <u>None</u> The books are in care of ► <u>Christopher Chalfant</u> Telephone no. ► (954)) 6	10-00	06
	Located at b 608 SW 8th Terrace, Ft. Lauderdale, FL ZIP + 4 b	333	15	
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
	account)?	42b		1
	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.			
с	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		•
		[Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	 	1
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	Fo	orm 99	0-EZ	(2008)

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Part VI	Section 501(c)(3)	organizations	only. All	section	501(c)(3)	organizations	must	answer	questions 4	6–49
	and complete the					-				

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	L	L
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and address of each independent contractor paid mo	pre than \$100,000	(b) Type of s	service (c) Compensation
•••••				
	· · · · · · · · · · · · · · · · · · ·			
Total numb	per of other independent contractors each receivir	ng over \$100,000 ►		
	Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and ecomplete. Declaration of p			
Sign	a halfa	Control (Mail Officer) to Base		-12-08
Here	Signature of officer		Date	
	Christopher D. Chalfant, Treasure			
	Type or print name and title			
Paid Proporaria	Preparer's signature	Date	Check if self- employed ►	Preparer s Identifying Number (See instructions)
Preparer's Use Only	Firm's name (or yours	······································	EIN	►
	if self-employed), address, and ZIP + 4	Phone	no 🕨 ()	
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions .	• •	► 🗌 Yes 🗋 No
				Form 990-EZ (2008)