Form **990-EZ**

Short Form 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)

2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning , 2011, and endir	<u>ıg</u>		, 20		
B c	heck if ap	plicable C Name of organization	D Emp	D Employer identification number			
	Address cl	dress change Pompano Senior Squadron Flying Club, Inc.			59-1416663		
\equiv	Name cha	, , , , , , , , , , , , , , , , , , , ,	e E Tele	: Telephone number 954-610-0006			
=	nıtıal retur Ferminated	IPO BOX 1702					
=	Amended	City or town, state or country, and ZIP + 4	F Gro	F Group Exemption			
=	Application	Dominana Basak El. 22061 1762	Nu	Number ►			
G A	ccount	ing Method ☐ Cash Accrual Other (specify) ▶	H Check	Check ► ☑ if the organization is no			
	Vebsit		, ,		ch Schedule B		
J Ta	ax-exem	pt status (check only one) — ☐ 501(c)(3) 📝 501(c) (7) 🕨 (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	n 990, 990-EZ, or 990-PF)			
KC	heck 🕨	If the organization is not a section 509(a)(3) supporting organization or a section 527 organ	zation and	its gross	receipts are normally		
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re	quired (s	see instructions) But it		
	-	nization chooses to file a return, be sure to file a complete return.					
		5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total a	ssets (Part II	•			
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>			
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see					
		Check if the organization used Schedule O to respond to any question in this Pa	art I	<u></u>	🗹		
	1	Contributions, gifts, grants, and similar amounts received		1			
	2	Program service revenue including government fees and contracts		2	4010		
	3	Membership dues and assessments		3	4654		
	4	Investment income		4			
:	5a	Gross amount from sale of assets other than inventory 5a					
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c			
	6	Gaming and fundraising events					
•	а	Gross income from gaming (attach Schedule G if greater than					
Ž		\$15,000)					
Revenue	b	Gross income from fundraising events (not including \$of contribu	itions				
æ	,	from fundraising events reported on line 1) (attach Schedule G if the					
		sum of such gross income and contributions exceeds \$15,000) 6b					
	С	Less: direct expenses from gaming and fundraising events 6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract				
	_	line 6c)		6d			
	7a	Gross sales of inventory, less returns and allowances		- 2			
	b	Less: cost of goods sold		9			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	* ***		
	8	Other revenue (describe in Schedule O)		8	OCC A		
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🚩	9	8664		
	10	Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members	•	10			
**	11	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11 12			
ses	12	Salaries, other compensation, and employee benefits		13			
ě	13	Professional fees and other payments to independent contractors?.		14	584		
Expenses	14	Occupancy, rent, utilities, and maintenance. Printing, publications, postage, and shipping.		15	304		
	15			16	8361		
	16 17	Other expenses (describe in Schedule O)		17	8945		
		Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(2816		
sts	18 19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a	aree with	786	(2816		
SSE	13	end-of-year figure reported on prior year's return)	g. CC WILL	19	14176		
Net Assets	20			20	680		
Š	20	Other changes in net assets or fund balances (explain in Schedule 0)		21	14574		
	21	iver assers of futio balances at end of year. Combine lines to through 20	<u> </u>	121	Form 990-EZ (201		

7.

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Pa	t II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule		ny question in this l	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[5705	22	5535
23	Land and buildings		[_		23	
24	Other assets (describe in Schedule O)			166950	24	166950
25	Total assets		[172655	25	172485
26	Total liabilities (describe in Schedule O)			(30894)	26	(26740)
27	Net assets or fund balances (line 27 of column			141761	27	145745
Par	t III Statement of Program Service Accom	•		•		Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part III	(Re	equired for section
Wha	t is the organization's primary exempt purpose?					1(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompleasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the	f its three largest preservices provided	rogram services, , the number of	49	ganizations and section 47(a)(1) trusts, optional others.)
28					ĺ	
	(Crosto C	h mali daa faraian ara	nto about hore		20	
00	(Grants \$) If this amount				28	<u>a </u>
29						
	(Grants \$) If this amount	t includes foreign ara	unte check horo	······································	29	
30					23	<u> </u>
30	•					
		t ıncludes foreign gra			30	ıa İ
31	Other program services (describe in Schedule O)				-	<u> </u>
٠.		t includes foreign gra			31	a
32	Total program service expenses (add lines 28a				32	
	List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule					🗀
		(b) Title and average	(c) Reportable	(d) Health benefits,	Т	
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MISC)		ee (4	e) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	n	
Lau	rence Meligren	President, 1 hour			T	
450	King Palm Drive, Tamarac, FL 33319		0]	0	0
Dav	d Watkins	Vice President, 1			T	
32 L	akeshore Dr., Deerfield Beach, FL 33442	hour	o		0	0
Chr	stopher D Chalfant	Treasurer, 3 hours			Τ	
608	SW 8th Terrace, Ft. Lauderdale, FL 33315		0		0	0
Rob	ert Hannan	Maint Coordinator,				
262	NE 10th Terrace, Pompano Beach, FL 33064	2 hours	0		0	0
	ian Becker	Secretary, 2 hours			1	
741	NE 4th Ave., Ft. Lauderdale, FL 33304		0		이	0
					\bot	
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	··· <u>-</u>	 	-		+	

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Part	•				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part			
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		İ		
	change on Schedule O (see instructions)	34	<u> </u>	✓	
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			١,	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	 	/	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		✓	
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	350		-	
00	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. ▶ 37a 0	<u> </u>		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
b	Did the organization file Form 1120-POL for this year?	37b	مشخص	1	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	*		<u> </u>	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1	_	5	
39	Section 501(c)(7) organizations. Enter:			4.20	
а	Initiation fees and capital contributions included on line 9	114	5 %		
b	Gross receipts, included on line 9, for public use of club facilities	~."(\$\disp\tau)			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7.32	y march		
_	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	100			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	- ***		<u> </u>	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401-	ļ Ī	l	
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b	4 x W		
C	organization managers or disqualified persons during the year under sections 4912,	128		3	
	4955, and 4958		2.	100 m ×	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		3.0	ľ í	
	reimbursed by the organization	* %	* * *	~ } ?·	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	,	4 %.	7 %	
	transaction? If "Yes," complete Form 8886-T	40e		1	
41	List the states with which a copy of this return is filed. ▶				
42a	The organization's books are in care of ▶ Christopher D Chalfant Telephone no ▶ 9				
	Located at ► 608 SW 8th Terrace, Ft. Lauderdale, FL ZIP + 4 ►	33	315		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		/	
	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	4 A C	. "	***	
	and Financial Accounts.	again A	ź.	- y **	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		7	
·	If "Yes," enter the name of the foreign country: ►	720		<u> </u>	
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			_	
	<u> </u>		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	2 >	ş		
	completed instead of Form 990-EZ	44a		✓	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ	44b		✓	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
4=	explanation in Schedule O	44d		- -	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		*	* ' <	
	Form 990-EZ (see instructions)	1EL	<u> </u>	× 6	
		45b			

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							Yes	No			
46	Did the organization engage, directly or i	ndirectly, in political of	campaign activities o	n behalf of or	ın opposi	tion 🚉	i Act	13.0			
	to candidates for public office? If "Yes,"						<u> </u>	✓			
art	VI Section 501(c)(3) organization 501(c)(3) organizations and sect							h			
	and 52, and complete the tables			rusis musi a	iiswei qu	C3110113 4	7-431	IJ			
	Check if the organization used So			this Part VI							
-	Oncok ii tilo organization acca co	module o to respond	a to any quodion in	uno i dic vi	· · ·	• • • •	Yes	No			
47	Did the organization engage in lobbying	activities or have a	section 501(h) electi	ion in effect o	during the	tax	1.00	1			
	year? If "Yes," complete Schedule C, Pa				-						
48	Is the organization a school as described	in section 170(b)(1)(A)(i	וו)ף If "Yes," complete	Schedule E		. 48					
49a	Did the organization make any transfers	to an exempt non-cha	aritable related organ	nization?		. 49a					
þ	If "Yes," was the related organization a s					. 49b					
50	Complete this table for the organization's										
	employees) who each received more tha	n \$100,000 of compe	nsation from the org			e, enter "N	lone."				
	(a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health contributions		(e) Estimate	ed amor	unt of			
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC	benefit plans,		other com	npensat	tion			
•				" compen	Jation						
		1									
		<u> </u>									
		†									
		 									
		1									
		}									
		1									
f	Total number of other employees paid ov		▶								
51	Complete this table for the organization \$100,000 of compensation from the organization	o's five highest comp	ensated independen	it contractors	who each	1 received	more	than			
	\$100,000 or compensation from the orga	amzation, il there is no	Jile, enter None.								
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of se	(b) Type of service			(c) Compensation				
											
				ļ							
			1								
					-						
			1								
					_						
			-								
	Total number of other independent contr	actors each recours	Over \$100,000								
a 52	Total number of other independent contribute Did the organization complete Schedule	-		. ► ne and 4047/a	\/1\						
JZ	nonexempt charitable trusts must attach			15 aliu 454/(d	Л ¹ 7	► ☐ Yes	. 🗀	No			
Inder r	penalties of perjury, I declare that I have examined this			ments and to the	hest of my kr						
ue, co	rrect, and complete Declaration of preparer (other tha	an officer) is based on all info	ormation of which prepare	r has any knowled	ige	iomougo an	<u> </u>	,			
	Co Charle of 12-19										
Sign	Signature of officer Date										
lere	Christopher D. Chalfant, Treasurer										
	Type or print name and title				_						
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		· <u></u>			
	arer				self-emplo	yed					
	Only Firm's name >				Firm's EIN ▶						
A	Firm's address >	mahaum ahair 20	inaturation	Pho	ne no						
ıvıav t	he IRS discuss this return with the prepare	r snown above? See	INSTRUCTIONS			► □ Yes	4 1 1 1	NΩ			

Form **990-EZ** (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization Pompano Senior Squadron Flying Club, Inc. 59-1416663 Part 1 Line 16 Other Expenses include: Plane Maintenance of \$36,244, Plane Fuel of \$26,891, Plane Insurance of \$12,336, and Other Miscellaneous of \$8,139 for a total of \$83,610. Part 1 Line 20 - Other changes in fund balances are changes in Paid in Capital due to changes in Club Membership Part II Line 24 Other Assets is the cost Value of two Piper Aircraft used by the Club. Part II Line 26 Total Liabilities includes Accounts Payable and Loans on Aircraft.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2011)