Department of the Treasury

POMPANO SENIOR SQUADRON FLYING CLUB INC **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

at the end of the year may use this form.

(except black lung benefit trust or private foundation) 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

OMB No 1545-1150

2012

2012

Open to Public Inspection

Inter	nal Rever	nue Service	▶ The organization may have to use a copy of this return to satisfy state reporting requ	irements.					
A	or the	2012 calenda	ar year, or tax year beginning , 2012, and ending			, 20			
В	Check if ap	oplicable	D Empl	oyer id	entification number				
✓ Address change			Pompano Senior Squadron Flying Club, Inc.		59-1416663				
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	hone nu	umber			
=	Initial retui		608 SW 8th Terrace	954-610-0006					
=	Terminate	City or town, state or country, and ZIP + 4			F Group Exemption				
=	Amended return Application pending Ft. Lauderdale, FL 33315					Number ▶			
_	- 	ting Method		Check I	▼ 🗸 ı	the organization is not			
	Websit	_				ach Schedule B			
			eck only one) — ☐ 501(c)(3) 📝 501(c) (7) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527	•)-EZ, or 990-PF).			
	Check ▶		organization is not a section 509(a)(3) supporting organization or a section 527 organization	on and it	s aross	receipts are normally			
	not more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) m		_	-			
			ses to file a return, be sure to file a complete return			,			
LA	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts (Part II,					
11	ne 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	97022			
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ınstruc	ctions				
			the organization used Schedule O to respond to any question in this Part			•			
	1		ons, gifts, grants, and similar amounts received		1	_			
	2		ervice revenue including government fees and contracts		2	46762			
	3	-	ip dues and assessments		3	50260			
	4	Investment	•		4				
	5a	Gross amo	ount from sale of assets other than inventory 5a		3				
	b		or other basis and sales expenses	-					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
9	6	-	d fundraising events	ļ	1				
j	а	Gross inc	ome from gaming (attach Schedule G if greater than						
3 9			6a						
Revenue	Ь	Gross inco	me from fundraising events (not including \$ of contribution)	ns					
§ §		from fundr							
yı			ch gross income and contributions exceeds \$15,000) 6b						
	C	Less: direc	et expenses from gaming and fundraising events 6c						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract	[[
		line 6c) .			6d				
	7a	Gross sale	s of inventory, less returns and allowances		1 ,				
	b	Less: cost	of goods sold						
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other reve	nue (describe in Schedule O)		8				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	97022			
	10		sımılar amounts paid (lıst ın Schedule O)		10				
	11	Benefits pa	aid to or for members	7]	11				
Expenses	12	Salaries, o	ther compensation, and employee benefits	ا ان ال	12				
	13		al fees and other payments to independent contractors	199	13				
	14	Occupanc	y, rent, utilities, and maintenance	S-0-S	14	5767			
	15	Printing, pr		15					
	16	Other expenses (describe in Schedule O) OGDEN, UT .				74274			
	17	Total expe	enses. Add lines 10 through 16	<u></u> ▶∜	17	80041			
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	16981			
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agre						
As		·=	ar figure reported on prior year's return)		19	145745			
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20 21	3400			
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20				166126			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2012)

Page **2**

Par	t II Balance Sheets (see the instructions f			_		
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			5535	_	20447
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O)			166950 172485		166950
25 26				(26740)	_	187397
20 27	Net assets or fund balances (line 27 of column			145745		(21271)
Par					21	166126
·	Check if the organization used Schedule	•		,	/ D	Expenses
What	is the organization's primary exempt purpose?	O to respond to di	iy quoodorriir and			uired for section c)(3) and 501(c)(4)
	ribe the organization's program service accomplis	hments for each of	f ite three largest r	program services	orgai	nizations and section
as m	easured by expenses. In a clear and concise m	anner, describe the	e services provide	d. the number of		(a)(1) trusts; optional thers)
	ons benefited, and other relevant information for ea		,	_,	101 0	iners ;
28					_	
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	28a	
29						
				<u></u> .		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	
30						
	<u>. </u>	includes foreign gra		▶ 📙	30a	
31	Other program services (describe in Schedule O)				04-	
22	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra	ints, check here .	🟲 🗀	31a 32	
Pan						ione for Part IVA
ı aı	Check if the organization used Schedule					_
	Chock if the organization does contouring		(c) Reportable	(d) Health benefits,	Ť	· · · · <u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe benefit plans, and		
		devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			ther compensation
Laure	ence Mellgren					
	King Palm Drive, Tamarac, FL 33319	President, 1 hour		0	اه	0
	l Watkins				1	
	keshore Dr., Deerfield Beach, FL 33442	Vice President, 1 hour	1	o	0	0
Chris	topher D. Chalfant					
608 S	W 8th Terrace, Ft. Lauderdale, FL 33315	Treasurer, 3 hours		0	0	0
Robe	rt Hannan	Maint, Coordinator				
2620	NE 10th Terrace, Pompano Beach, FL 33064	2 hours		0 (0	0
	n Becker					
<u>1630</u>	South Ocean Lane, Apt 235, Ft. Lauderdale, FL 33304	Secretary, 2 hours		0	<u> </u>	0
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	SOURCE: https://projects.propublica.org/nonprofi	its/organizations/591	416663/		Pa	ge 990-EZ (2012)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	ν.	
		_	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		\
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 change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_ ✓
c	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		<u>√</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c 36	_	<u>√</u> √
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	100	XV	
b	Did the organization file Form 1120-POL for this year?	37b		
38a	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 outstanding at the end of the tax year covered by this return?	38a	<u> </u>	· · ·
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			· 1
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			¥
b	Gross receipts, included on line 9, for public use of club facilities		**	4. A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		e **	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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	77.	ارِّن
41	List the states with which a copy of this return is filed ▶			
42a		954-61	0-0006	<u></u> -
	Located at ▶ 608 SW 8th Terrace, Ft. Lauderdale, FL ZIP + 4 ▶	333		
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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ▶		Na 03	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			2.4
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓_
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	::‱ 44a	13.25	****
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	N. 2	.Ā.,] ✓
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 explanation in Schedule O	44d	K-13:	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
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			, C -
	Form 990-EZ (see instructions)	45b		1
		ge 390	f-Ez	(2012)

Preparer

Use Only

Firm's name

Firm's address ▶

IRS FORM 990 POMPANO SENIOR SQUADRON FLYING CLUB INC 2012 Form 990-EZ (2012) Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Yes No Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? . If "Yes," was the related organization a section 527 organization? 49b 50 Complete this table for the organization's 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." (d) Health benefits, (b) Average (c) Reportable (a) Name and title of each employee contributions to employee (e) Estimated amount of compensation hours per week paid more than \$100,000 benefit plans, and deferred other compensation (Forms W-2/1099-MISC) devoted to position compensation Total number of other employees paid over \$100,000 Complete this table for the organization's 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 more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) 52 nonexempt charitable trusts must attach a completed Schedule A ► Tyes No 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 ーセゲー13 Sign Signature of officer Date Here Christopher D. Chalfant, Treasurer Type or print name and title Date Preparer's signature Print/Type preparer's name Check | if **Paid**

Form **990-EZ** (2012)

► ☐ Yes ☐ No

May the IRS discuss this return with the preparer shown above? See instructions

self-employed

Firm's EIN ▶

Phone no

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

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.

Open to Public Inspection

OMB No 1545-0047

▶ Attach to Form 990 or 990-EZ. Name of the organization Employer identification number Pompano Senior Squadron Flying Club, Inc. 59-1416663 Part 1 Line 16, Other Expenses include: Plane Maintenance of \$25,905, Plane Fuel of \$28,046, Plane Insurance of \$12,684, and Other Miscellaneous of \$7,639 for a total of \$74,274 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) (2012)