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 private foundations)

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Interr		ue Service	► Information about Form 990-EZ and its instructions is at www	v.irs.gov/for	m990.				
A F	or the	he 2014 calendar year, or tax year beginning , 2014, and ending				, 20			
Вс	neck If ap	If applicable C Name of organization			D Employer identification number				
☑ ^	ddress c	hange	Pompano Senior Squadron Flying Club, Inc.		59-1416663				
	lame cha					E Telephone number			
_	ntial retur		2929 S. Ocean Blvd.	510	304-552-0206				
_	mended	n/terminated return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption			
=		n pending	Boca Raton, FL 33432		Number ►				
		ing Method:	☐ Cash	Н	Check ▶	☑ if the organization is not			
ı w	ebsite	:▶				o attach Schedule B			
J Ta	x-exen	npt status (che	eck only one) — ☐ 501(c)(3) ☑ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or		•), 990-EZ, or 990-PF).			
		organization:							
L A	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or me	ore, or if total	assets				
(Parl	II, col	ımın (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		>	≻ \$			
Ρá	rt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instruct	ions for Part I)			
			the organization used Schedule O to respond to any question in	•		· · · · · · · · · · · · · · · · · · ·			
	1		ons, gifts, grants, and similar amounts received			1			
	2		ervice revenue including government fees and contracts		. : h	2 103884			
)	3		ip dues and assessments		. : 	3 70280			
	4	Investmen			`	4			
	5a		ount from sale of assets other than inventory 5a	• • • •					
Ì	b		or other basis and sales expenses						
ı	c		ss) from sale of assets other than inventory (Subtract line 5b from lin	e 5a)		5c			
	6		d fundraising events	004,	· · ·				
1	а	-	ome from gaming (attach Schedule G if greater than						
<u>e</u>	a		6a		1				
Revenue	b	•	<u> </u>	contribution					
ا ڏ			aising events reported on line 1) (attach Schedule G if the	JOH IN IDUCTION	3				
ב			th gross income and contributions exceeds \$15,000) 6b						
	_		the expenses from gaming and fundraising events 6c						
	c d		e or (loss) from gaming and fundraising events (add lines 6a and	6h and sub	otract				
	٠ .	line 6c)	e or (1099) from gaining and fundraising events (and lines of and	ob and sui	_	6d			
	70	,	a of inventory loss returns and allowaness			ou			
	7a h		s of inventory, less returns and allowances						
Ì	ь					70			
	C	-	it or (loss) from sales of inventory (Subtract line 7b from line 7a) .		· · · ⊢	7c			
	8 9		nue (describe in Schedule O)		· : -	9 174164			
\dashv	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1/5	7	9 174164 10			
	-		I CV	<u> </u>	.: :- -				
,,	11	-	aid to or for members		∵ 1 · ∟	11			
Şĕ	12		ther compensation, and employee benefits MAR .1 6	2015 : 8	51 · -	12			
Expenses	13		al fees and other payments to independent contractors			13			
	14	•	y, rent, utilities, and maintenance		~ <i>l</i> ' ⊢	14 83778			
	15	• • •	ublications, postage, and shipping	U	4 -	15			
	16		enses (describe in Schedule O)		-	16 72944			
_	17		enses. Add lines 10 through 16	<u> </u>		17 156722			
និ	18		(deficit) for the year (Subtract line 17 from line 9)			18 17442			
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A))		_				
		=	ar figure reported on prior year's return)		<u> </u>	19 153438			
As		Ath	nges in net assets or fund balances (explain in Schedule O)		1	20 1 0004			
vet As	20 21		or fund balances at end of year. Combine lines 18 through 20 .		_	20 8501 21 179381			

Form 9	990-EZ (2014)					Page 2
Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		ny question in this	Part II		🖂
F ——			7 4	(A) Beginning of year	أسخ	(B) End of year
22	Cash, savings, and investments			34575	22	32560
23	Land and buildings		-	34373	23	32300
24	Other assets (describe in Schedule O)			186796		250000
25	Total assets		_			258392
26				221371		290952
	Total liabilities (describe in Schedule O)			-67933		-111571
27	Net assets or fund balances (line 27 of column			153438	2/	179381
Par						Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	(Red	quired for section
What	is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
	ribe the organization's program service accompli					nizations; optional for
	easured by expenses. In a clear and concise m		e services provided	I, the number of	othe	ors.)
	ons benefited, and other relevant information for ea	ach program title.				
28						
						1
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	1
29						
					1	
				,,	Ì	
	(Grants \$) If this amount	includes foreign gra	ants check here	▶ □	29a	.}
30				 	200	<u>'</u>
•					[1
	(Grants \$) If this amount	includes foreign are	anto abaak bara		30a	
04		includes foreign gra	ants, check here .	· · · · · · ·	300	'
31	Other program services (describe in Schedule O)				ـ بـ ا	
20	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> </u>	31a	
	Total program service expenses (add lines 28a				32	
Par	,,,					-
	Check if the organization used Schedule	O to respond to a			<u>., .</u>	<u></u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	aa (a)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC			other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	<u> </u>	
Laure	nce Meligren					-
4509	King Palm Drive Tamarac, FL 33319	President, 1hr)	0	0
David	l Watkins					
32 La	keshore Drive Deerfield Beach, FL 33442	V-President, 2hrs			o	0
	Kennedy					
	S. Ocean Blvd Boca Raton, FL 33432	Treasurer, 3hrs	C		0	0
	rt Hannan	1	ļ — — · · · · · · · · · · · · · · · · ·		┭	
	IE 10th Terrace Pompano Beach, FL 33064	Maintenance Coordinator, 2hrs	,		۸	0
		Coordinator, Zins	<u></u>	<u>'</u>	0	
	n Becker				_]	
<u>608 S</u>	W 8th Terrace Fort Lauderdale, FL 33315	Chief Pilot, 1hr	ļ	<u> </u>	<u>이</u> _	0
						
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Part	· · · · · · · · · · · · · · · · · · ·			
<u>~</u>	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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		Yes	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	 	/
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	-	- _
oou	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
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	35b		
	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	35c		
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		✓
3 8a	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		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-	1	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	and the second second		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
	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		√
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ► ZIP + 4 ►			
b	Located at ► ZIP + 4 ► 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)? If "Yes," enter the name of the foreign country:	42b		√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ai Nacional
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	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		.	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
h	completed instead of Form 990-EZ	44a		√
b	completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		*
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	_	1
b	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)	45b	l _	✓

Form 99	90-EZ (2	014)	_					F	age '
	District							Yes	No
46	to ca	he organization engage, directly or in ndidates for public office? If "Yes," o	airectiy, in political c omplete Schedule C	ampaign activities	on behalf o	f or in opposition	40		
art		Section 501(c)(3) organizations		raiti	• • • •	• • • • •	46		✓
art		All section 501(c)(3) organizations		stions 47–49h ar	nd 52 and	complete the ta	hles f	or lin	6 9
		50 and 51.	s made andwer que	3110113 47 405 41	ia oz, ana	complete the ta	DICS I	01 1111	03
		Check if the organization used Sch	edule O to respond	to any question i	n this Part	VI			
		Oncore in the organization dood bot	iodalo o to respens	to any quodion,	THE TOTAL			Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec			47	1.00	110
18	-	organization a school as described in					47		\vdash
₽ 19a		ne organization make any transfers to		•			49a	 	
b		es," was the related organization a se					49b		
50		plete this table for the organization's						es an	d ke
		oyees) who each received more than							
	<u> </u>		(b) Average	(c) Reportable		alth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	bonofit pic		Estimate ther con		
			devoted to position	(Forms W-2/1099-MIS		npensation	iner con	ihaiisa	LIUIT
									
						-			
						<u></u>			
f		number of other employees paid over				_			
51	Com	plete this table for the organization's	s five highest compe	ensated independe	ent contract	ors who each red	ceived	more	tha:
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	service	(c) Com	npensati	on	
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		· · · · · · · · · · · · · · · · · · ·	<u> </u>						
				-					
		· · · · · · · · · · · · · · · · · · ·	****						
						_			
				1					
d	Total	number of other independent contra	ctors each receiving	over \$100,000	.▶				
2		the organization complete Schedu	•	· · · · · · · · · · · · · · · · · · ·		must attach a			
_		oleted Schedule A	7	• • • •			☐ Yes		No
nder n	<u>'</u>	of perjury declare that I have examined this re	eturn, including accompan						
ie, co	rrect, an	d complete. Declaration of preparer other than	officer) is bas on all info	rmation of which prepai	rer has any kno	wledge.	- J	,	
		03-08							
ign		Signature of officer Date							
ere		Carl Kennedy - Treasurer							
		Type or print name and title							
aid		Print/Type preparer's name	Preparer's signature	7.444	Date	Check I if	PTIN		
	arer					self-employed			
-	only								
,3C		Firm's address ▶ Phone no.							
vlay ti	he IRS	discuss this return with the preparer	shown above? See i	nstructions		▶ [Yes		No

Form **990-EZ** (2014)

SCHEDULE 0 "(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

Pompano Senior Squadron Flying Club, Inc.	59-1416663				
Page 1, Line 16 - Other Expenses: Filing Fees - 185 / Aircraft Fuel - 48472 / Supplies - 1480 / Office - 3278 / Insurances - 11626					
Interest Expense - 7828 / Bank Fees - 75 = 72944					
Description 20 Other Character In No. Acade Co. Eurol Delever - Eurol Delever - Co.	- No. 4 days and 84 and and 15				
Page 1, Line 20 - Other Changes In Net Assets Or Fund Balances: Fund Balance Increase Of 8500 Due	10 Net Additional Membership				
Plus Rounding Of 1 = 8501					
Page 2, Line 24 - Other Assets Consist Of N30877 Aircraft 71596 + N47LH Aircraft 90100 + N54476 Aircr	raft 96696 = 258392				
Page 2, Line 26 - Total Liabilities - A/P Of 1071 + Aircraft N/P Of 110500 = 111571					
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<i></i>					
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2014)

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

edule O (Form 990 or 990-EZ) (2014)					
Name of the organization	Page 2 Employer identification number				
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