	¢	JRS F	ORM 990	POMPANO SENIOR SQUADRON FLYING CLUB INC			2015
√.		r	~	Short Form			OMB No 1545-1150
	_	QQ	10-EZ	Return of Organization Exempt From Inco	me '	Гах	
	Form			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except			2015
					private	roundations)	
				Do not enter social security numbers on this form as it may be may	ade pu	blic.	Open to Public
			f the Treasury nue Service	Information about Form 990-EZ and its instructions is at www.irs.g	ov/for	m990.	Inspection
	AF	or the	2015 calend	ar year, or tax year beginning , 2015, and en	ding		, 20
	Вс	heck if ap	plicable	C Name of organization		D Employer id	dentification number
	_	ddress cl	-	Pompano Senior Squadron Flying Club Inc			59-1416663
	-	Name cha nitial retur	-	Number and street (or P O box, if mail is not delivered to street address) Room/		E Telephone r	
			n/terminated	2929 S. Ocean Blvd. 5: City or town, state or province, country, and ZIP or foreign postal code	10	F Group Exe	04-552-0206
	_	Amended Application	return n pending	Boca Raton, FL 33432		Number	•
			ing Method	Cash 🖌 Accrual Other (specify) ►	н	Check 🕨 🗹	If the organization is not
		/ebsite			_	required to at	tach Schedule B
				eck only one) – ☐ 501(c)(3)	27	(Form 990, 99	0-EZ, or 990-PF)
			organization	✓ Corporation	r if tota		<u></u>
				w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	i ii tota	• assets ► g	
	-	art l		e, Expenses, and Changes in Net Assets or Fund Balances (se	e the	Instruction	s for Part I)
			Check If	the organization used Schedule O to respond to any question in this	Part I	<u> </u>	<u> </u>
		1		ons, gifts, grants, and similar amounts received	•	1	
		2 3		ervice revenue including government fees and contracts	•	2	118740
		3 4	Investment	Ip dues and assessments	•	. 3	81200
2016		5a		bunt from sale of assets other than inventory 5a		·	
20		b		or other basis and sales expenses			
1		c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
69 1		6	-	id fundraising events ome from gaming (attach Schedule G if greater than			
С С	e	а	\$15,000)				
CANNED OCT	Revenue	b		ome from fundraising events (not including \$ of contri	bution	IS	
	Rev		from fundr	aising events reported on line 1) (attach Schedule G if the			
R R				ch gross income and contributions exceeds \$15,000) 6b	<u> </u>		
SAI				t expenses from gaming and fundraising events	nd sul	otract	
Ś		ŭ	line 6c)			· 6d	
		7a	Gross sale	s of inventory, less returns and allowances 7a			
		b		of goods sold			
		c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
		8 9		nue (describe in Schedule O)		8	100040
		10		d similar amounts paid (list in Schedule O)	<u>han</u>	10	199940
		11		aid to or for members		77 11	
	es	12			115	5 12	
	Expenses	13		al fees and other payments to independent contractors			8470
	, Č	14 15		y, rent, utilities, and maintenance OGDEN,	JT	14	103790
		15 16		ublications, postage, and shipping			82938
		17	-	enses. Add lines 10 through 16		▶ 17	195198
	S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	•	. 18	4742
	Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must	agree		
	ţĂ	20		ar figure reported on prior year's return)	•••	· 19	179381
	Ne	20 21		nges in net assets or fund balances (explain in Schedule O)	•	· 20 ▶ 21	<u>24949</u> 209072
	 For			tion Act Notice, see the separate instructions. Cat No 106	42I		Form 990-EZ (2015)

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POMPANO SENIOR SQUADRON FLYING CLUB INC

Pa	· · · · · · · · · · · · · · · · · · ·	zation used Schedule		any question in this	Part II		
	Check II the organi	zation used Schedule			(A) Beginning of year		(B) End of year
22	Cash, savings, and invest	tmonts		F	32560		
23	Land and buildings				32560	23	
23 24	Ū.						
	Other assets (describe in			· · · · · ·	258392		26
25				· · · · ·	290952		32
26	Total liabilities (describe	•		••••	-111571		11
27	Net assets or fund balar				179381	27	20
What Desc	Check if the organi t is the organization's prima cribe the organization's proc	gram service accompli	O to respond to a	any question in this	Part III	501(c orgar	Expenses uired for section (3) and 501(c)(4) izations, option
as m perso	neasured by expenses. In a ons benefited, and other rele	a clear and concise m evant information for ea	anner, describe th ach program title	e services provided	, the number of	other	s)
28							· · · · · · · · · · · · · · · · · · ·
	(Grants \$) If this amount	includes foreign ar	ants, check here	▶□	2 8a	
29		,					+
	(Grants \$) If this amount	includes foreign gr	ants check here	·····	29a	
30						∠ 3d	
30							
_	(Grants \$			ants, check here .	<u> </u>	30a	
24	Other program convers (de	a = wh = v = C = b = d = (a = C)					
31	Other program services (de						
	(Grants \$) If this amount	includes foreign gr	ants, check here	· · ▶□	31a	
32	(Grants \$ Total program service exp) If this amount penses (add lines 28a t	includes foreign gr through 31a)	ants, check here	· · ► 🗋	32	
32	(Grants \$ Total program service exp) If this amount	includes foreign gr through 31a)	ants, check here	· · ► 🗋	32	tions for Part
32	(Grants \$ Total program service exp t IV List of Officers, Direc) If this amount penses (add lines 28a t	Includes foreign gr through 31a) I Employees (list eac	ants, check here .	► □ ►	32 Istruct	tions for Part
32	(Grants \$ Total program service exp t IV List of Officers, Direc) If this amount penses (add lines 28a t ctors, Trustees, and Key zation used Schedule	Includes foreign gr through 31a) I Employees (list eac	ants, check here th one even if not comp any question in this (c) Reportable compensation (Forms W-2/1099-MISC)	Densated see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	32 Istruct	
32 Par	(Grants \$ Total program service exp t IV List of Officers, Direc Check if the organit (a) Name and the) If this amount penses (add lines 28a t ctors, Trustees, and Key zation used Schedule itle	includes foreign gr. hrough 31a) Employees (list eac O to respond to a (b) Average hours per week	ants, check here .	Densated – see the in Part IV (d) Health benefits, contributions to employe	32 Istruct	stimated amo
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32 Pari Laure Presi Davic Vice I Paul	(Grants \$ Total program service exp List of Officers, Direc Check If the organi: (a) Name and the ence Mellgren ident d Watkins President) If this amount penses (add lines 28a t ctors, Trustees, and Key zation used Schedule itle	Includes foreign gr through 31a) Employees (list eac O to respond to a (b) Average hours per week devoted to position 1	ants, check here the one even if not comp any question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	Densated see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 istruct : . : : : : : : : : : : : : :	stimated amo
32 Par Par Presi Davic Vice I Paul Secre	(Grants \$ Total program service exp List of Officers, Direc Check If the organi: (a) Name and the ence Mellgren ident d Watkins President Sanchez) If this amount penses (add lines 28a t ctors, Trustees, and Key zation used Schedule itle	Includes foreign gr through 31a) . Employees (list eac O to respond to a (b) Average hours per week devoted to position 1 2	ants, check here th one even if not comp any question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	Densated see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 Istruci ee (e) E ot 0	Estimated amo
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SOURCE: https://projects.propublica.org/nonprofits/organizations/591416663/

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POMPANO SENIOR SQUADRON FLYING CLUB INC

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Form 9	9ð-EZ (2015)			Page
Parl				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	N
	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		┢
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	550		+
	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		÷;	
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	ļ	_
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-	2	
зэ а	Section 501(c)(7) organizations. Enter:	1		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	him	
	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	405		ĺ
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		┝
Ũ	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			5. 19
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	· `	۲۰۰۶ ۲۰۰۶ ۲۰٫۰۰۰ ۲۰۰۰ ۲۰۰۰	6
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	. ⁷ . 40e		
41	List the states with which a copy of this return is filed >	<u> </u>		L
42a	The organization's books are in care of Telephone no.			
	Located at ZIP + 4			
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)?	401	Yes	N
	If "Yes," enter the name of the foreign country:	42b		. 1 . 1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			•••
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the US? . 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		I	
	and enter the amount of tax-exempt interest received or accrued during the tax year			r—
44-	But the exception maintain any dense adjusted funds during the years (16 "Vea" Farm 000 much he		Yes	N
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	·	-
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	TTa		
	completed instead of Form 990-EZ	44b	م <u>م</u> ندهد	
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		'
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		

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

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Form 990-EZ (2015)

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Page 4

	Did the organization engage, directly or			behalf of or in oppo	sition	Yes	
_	to candidates for public office? If "Yes,"		, Part I .	· · ·	46		\checkmark
Part \	VI Section 501(c)(3) organization All section 501(c)(3) organization		stions 17 10b and	50 and complete a	the tebles (
	50 and 51.	ns must answer que	stions 47-490 and	52, and complete	ine tables i	or IIn	es
	Check if the organization used So	shedule O to respond	to any question in t	his Part VI			
	eneek in the organization used et		to any question in t		······	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	on in effect during th	e tax	100	
	year? If "Yes," complete Schedule C, Pa			-		.	1
48	Is the organization a school as described	in section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E .	48	-	
49a	Did the organization make any transfers	to an exempt non-cha	ritable related organiz	zation?	. 49a	<u> </u>	\checkmark
	If "Yes," was the related organization a s				. 49b		
50	Complete this table for the organization	s five highest comper	isated employees (oth	her than officers, dire	ctors, truste	es ar	id key
	employees) who each received more that	in \$100,000 of compe	nsation from the organ	·····	ne, enter "N	Jone.'	,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation			
		-					
		-					
		-					
		1					
51 	Complete this table for the organization \$100,000 of compensation from the org (a) Name and business address of each indepen	anization. If there is no	one, enter "None." (b) Type of serv		(c) Compensati		
			~				
		<u> </u>					<u> </u>
]				
52	Total number of other independent contr Did the organization complete Sched	•		▶ nizations must attai	ch a		
	completed Selfeduje A	· · · · · · · ·	• • • • • • • •		.► 🗌 Yes		No
	enaities of perjury, I declare that I have examined the rect, and complete Declaration of preparer when the				knowledge and	belief,	ıt ıs
				09.	-15-7	6	
Sign	Signature of officer			Date			
Here	Carl Kennedy - Treasurer						
	Type or print name and title				· ····		
Paid	Print/Type preparer's name	Preparer's signature	Da	te Check Check			
Prepa Use C		<u>. l</u>	<u></u>	Firm's EIN ►			
Use C	Firm's address			Phone no			
May the	e IRS discuss this return with the prepare	er shown above? See	instructions	· · · ·	Yes		No
			-		Form 99	0-EZ	(2015)

	POMPANO SENIOR SQUADRON FLYING CLUB INC	2015
	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-004
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.	2016
Department of the Treasury	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/i	Open to Publ
lame of the organization		r identification number
ompano Senior Squadr	on Flying Club Inc	59-1416663
	Fuel (52118) - Insurance (13418) - Interest Expense (11050) - Office Expense (6352) = 8 Thanges In Net Assets Or Fund Balances: Fund Balance Increase Of 24950 Due To Incr	
	Assets Consist Of N30877 Aircraft 71596 + N47LH Aırcraft 90100 + N54476 Aırcraft 9669 abilities Consist Of A/P 875 + Aircraft N/P 115178 = 116053	16 + Tools 6838 = 265230

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