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efile	Pu	blic Vis	sual Render ObjectId: 20	1810319349302301 - Submiss	ion: 201	8-01-31	T	IN: 59-1416663
Form	00	0	Return of Org	anization Exempt Fror	n Inco	me Tax	0	MB No. 1545-0047
Form	53		Under section 501(c), 527,	or 4947(a)(1) of the Internal Rev			e	2016
Departm	ent of	the Treasur		I security numbers on this form as it n				Open to Public
Internal	Reven	ue Service	Information about	Form 990 and its instructions is at wv	ww.IRS.gov	<u>/form990</u> .		Inspection
			<b>6</b> 11 ( ) 11	ing 01-01-2016 , and ending 12-	31-2016			
B Chee	k if a	pplicable:	Pompano Senior Squadron Flying Clu	o Inc		÷		ication number
Addre	ess ch	ange	Doing business as			59-1416	663	
Name	e char	nge	bonig basiless as			E Telephone	number	*
 Initia	l rotu	rn	Number and street (or P.O. box if ma 2929 S Ocean Blvd	il is not delivered to street address) Room/s	suite	(304) 55		
			City or town, state or province, count	ry, and ZIP or foreign postal code				
Final r	eturn/t	terminated	Boca Raton, FL 33432			G Gross rec	eipts \$ 2	38,592
Amer	nded r	eturn						
Appli	cation	pending						
			F Name and address of principal CARL L KENNEDY	officer:	50 - HOR	s this a group ret	urn for	
			2929 S Ocean Blvd 510 Boca Raton, FL 33432			ubordinates? Are all subordinate	es	Yes No
I Tax	-exer	npt status	:: 501(c)(3) 🔽 501(c)(7) 🗸	(insert no.) 4947(a)(1) or	10.0	ncluded? f "No," attach a li	st. (see	Yes No
527						Group exemption		
JW	ebsit	:e:► N/	Ά					
K Form	n of or	rganizatio	n: 🗹 Corporation 🗌 Trust 🗌 As	sociation 🗌 Other 🕨	L Year of	formation: 1970	M State	of legal domicile: FL
Pa	rt I	Sun	nmary					
	18	Briefly de	escribe the organization's mission or					
e			nization provides safe, reliable flying les of the organization.	to members while promoting the und	lerstanding	and education of	each as	they relate to the
nano	-							
ven	-							
Activities & Governance	2 3	Check the Number	3	5				
es &	<ul> <li>3 Number of voting members of the governing body (Part VI, line 1a)</li></ul>						4	5
INITI			mber of individuals employed in cale	State Sector State Sta	• • •	· ·	5	0
Act			Imber of volunteers (estimate if nece irelated business revenue from Part			• •	6 7a	10
			elated business taxable income from				70 7b	0
						Prior Year		Current Year
eni			utions and grants (Part VIII, line 1h)			81,2	500 C	0
Revenue			n service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), l			122,8	85	238,592
В			evenue (Part VIII, column (A), lines					0
				t equal Part VIII, column (A), line 12)		204,0	85	238,592
			and similar amounts paid (Part IX, co				_	0
ŝ			paid to or for members (Part IX, co , other compensation, employee ber	hefits (Part IX, column (A), lines 5–10)	, —		+	0
Exp enses			ional fundraising fees (Part IX, colun					0
хре			draising expenses (Part IX, column (D), lin					
			xpenses (Part IX, column (A), lines 1 penses. Add lines 13–17 (must equa			199,3		230,890 230,890
			e less expenses. Subtract line 18 fro	1. A CONTRACTOR CONTRACTOR AND CONTRACTOR		4,7		7,702
or			and the second				ar	End of Year
Assets or d Balances	20	Total as	sets (Part X, line 16)			324,1	26	374,024
Net As Fund B			bilities (Part X, line 26)		-	116,0	_	151,992
Net	22	Net asse	ets or fund balances. Subtract line 2	1 from line 20		208,0	73	222,032
Par Under			nature Block periury, I declare that I have examin	ned this return, including accompanyin	na schedule	s and statements	, and to	the best of my
	edge	and beli		Declaration of preparer (other than of				
any Ki						2018-01-31		
Sign		Signa	iture of officer			Date		
Here			L KENNEDY TREASURER or print name and title					
		1.100	Print/Type preparer's name	Preparer's signature	Date		TIN	
Paic	l)	Į	ROBERT W GOARD	ROBERT W GOARD	2018-01-31	Check if		
Prep			Firm's name KENNEDY and GOARD L Firm's address 980 N FEDERAL HWY ST			Firm's EIN	10.2220	
Use	On	ly	BOCA RATON, FL 3343			Filone no. (561) 4	13-7530	
Maxet		S discu-				1		Yes No
10			s this return with the preparer show eduction Act Notice, see the sepa	2 10	· ·	No. 11282Y		Yes No Form 990 (2016)
			, oope	NOV 2001 - ENTY 2000 2 Tel 1 En	Cut. I			=== (2010)

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2	υ		υ

Form	990 (2016)					Page
Par	t IIII Sta	tement of Program Servic	e Accomplishments			1.1 (100 million)
	Cheo	ck if Schedule O contains a respo	nse or note to any line in th	nis Part III		
1	Briefly desc	ribe the organization's mission:				
The o	organization p	provides safe,				
2	Did the orga	anization undertake any significa	nt program services during	the year which were not	listed on	
	the prior Fo	rm 990 or 990-EZ?				🗌 Yes 🛛 No
	If "Yes," de	scribe these new services on Sch	edule O.			
3	Did the orga	anization cease conducting, or m	ake significant changes in h	low it conducts, any prog	ram	
	services?					🗌 Yes 🛛 No
	If "Yes," de	scribe these changes on Schedul	e O.			
4	Section 501	e organization's program service (c)(3) and 501(c)(4) organizatic nd revenue, if any, for each pro-	ns are required to report th			
4a	(Code:	) (Expenses \$	230,890 including gr	ants of \$	) (Revenue \$	238,592)
	REVENUES CO	DNSIST OF MEMBER DUES OF 94,640	PLUS AIRCRAFT RENTAL OF 14	,431 PLUS HANGAR RENTAL	OF 3,500 PLUS A MISCELI	ANEOUS ITEM OF 21.
4b	(Code:	) (Expenses \$	including gr	ants of \$	) (Revenue \$	)
	10 11					
	-					
	2 <u></u>	9.000 an	10 C 107	the effective	21.823 12	N
4c	(Code:	) (Expenses \$	including gr	ants of \$	) (Revenue \$	)
4d	Other progr	am services (Describe in Schedu	lle O.)			
	(Expenses s	\$ incl	uding grants of \$	) (Revenue	e \$	)
4e	Total prog	ram service expenses 🕨	230,890			

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐 .	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		No

Par	<b>IV</b> Checklist of Required Schedules (continued)			Page <b>4</b>
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from orpayables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes, "complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ .	29		No
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $\cdot$	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulationssections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2 $\cdot$ .	35b		No
86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		No

#### **IRS FORM 990**

# POMPANO SENIOR SQUADRON FLYING CLUB INC

Form	990 (2016)			Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•	a a	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. <i>Enter -0</i> -if not applicable . <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, filed for the calendar year ending with or within the year covered by this return	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wasrequired to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$ .	14b		

#### POMPANO SENIOR SQUADRON FLYING CLUB INC

IRS	FORM 990 POMPANO SENIOR SQUADRON FLYING CLUB INC			201
Farm	000 (2016)			
	990 (2016) tVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" respo	inse to l	Page (
T al	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	respo	inse to i	nes
	Check if Schedule O contains a response or note to any line in this Part VI			$\checkmark$
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giverise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		

 Section C. Disclosure

 17
 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)available for public inspection. Indicate how you made these available. Check all that apply.

🗌 Own website 🗌 Another's website 🛛 Upon request 🗌 Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►CARL L KENNEDY 2929 S Ocean Blvd 510 Boca Raton, FL 33432 (304) 552-0206

Form 990 (2016)

SOURCE: https://projects.propublica.org/nonprofits/organizations/591416663/ Page 6 of 17

#### Form 990 (2016)

**IRS FORM 990** 

Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle: ficer	ss pers r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) LAWRENCE MELLGREN President	1.00			х				0	0	0
(2) DAVID WATKINS Vice President	2.00			х				0	0	0
(3) PAUL SANCHEZ Secretary	1.00			х				0	0	0
(4) CARL KENNEDY Treasurer	3.00			х				4,800	0	0
(5) ROBERT HANNAN Mntrice Cordinater	3.00			x				1,680	0	0
(6) RON ZILLER Chief Pilot	3.00			х				0	0	0

2016
Page <b>8</b>

Form 990 (201	6)
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## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

organizations 3 급 글 3 6 칠급 당	(F) mated t of other ensation m the
c Total from continuation sheets to Part VII, Section A	ation and lated lizations
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
c Total from continuation sheets to Part VII, Section A	
of reportable compensation from the organization ▶       Yes         3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	
<ul> <li>3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	
Ine 1a? If "Yes," complete Schedule J for such individual       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation fromthe organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5       Section B. Independent Contractors       5         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation	i No
organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	No
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?If "Yes," complete Schedule J for such person	
Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation	No
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation	No
non are organization, report compensation for the calendar year chang with or within the organization bitax year.	
(A) (B) Name and business address Com	(C) pensation

	of Revenue			YING CLUE		
Check if Scheo	dule Ocontains a res	ponse or note to any	line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512-514
erated campaigns .	· 1a		I I	Terende	I	DIL DI
mbership dues draising events . draising events .	1b					
draising events	1c					
ated organizations	1d					
ernment grants (contribu						
and similar amounts not incluabove	grants, uded <b>1f</b>					
J						
ncash contributions includ lines 1a-1f:\$ Total.Add lines 1a-1f .						
I.		Business Code				
Service Revenue	C					
e ,						
1 Levi					-	
<ul> <li>All other program ser</li> <li>ITotal.Add lines 2a-2f</li> <li>Investment income (ir</li> </ul>			238,592			
ITotal Add lines 23-2f	vice revenue .	238,592	(			
3 Investment income (ir	icluding dividends, i	nterest, and other			-	
similar amounts) . 4 Income from investme		•				
5 Royalties		· · · •				
	(i) Real	(ii) Personal				
6a Gross rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or	(loss)					
	(i) Securities	(ii) Other				
<b>7a</b> Gross amount from sales of assets other than inventory						
<b>b</b> Less: cost or other basis and						
sales expenses C Gain or (loss)						
d Net gain or (loss)		►				
8a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	of d on line 1c).					
contributions reporte See Part IV, line 18 b Less: direct expenses	0.00					
c Net income or (loss) G Gross income from groups See Part IV, line 19		ents 🕨				
See Part IV, line 19						
b Less: direct expenses c Net income or (loss)	12 ION 2017-101	es				
10aGross sales of inventor returns and allowance					2	
<b>b</b> Less: cost of goods s	old b					
c Net income or (loss) Miscellaneous		ory ► Business Code			· · · · · · · · · · · · · · · · · · ·	
11a		Dusiness Code				
b						
c						
d All other revenue						
I AU OTHER REVENUE	· · ·		l			
e Total. Add lines 11a-	-11d					

#### POMPANO SENIOR SQUADRON FLYING CLUB INC

**IRS FORM 990** 

# 2016

#### Form 990 (2016) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this $\ensuremath{\mathsf{Part}}\xspace$ IX (B) (C) Management and Do not include amounts reported on lines 6b, (D) (A) Total expenses Program service Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . - 10 - X 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . 9 Other employee benefits . . . . . . . 10 Payroll taxes . . . . . . . . . . . . . 11 Fees for services (non-employees): **a** Management . . . . . 0 0 0 **b** Legal . . . . . . . . . **c** Accounting . . . . . . . . . . 0 n 0 0 **d** Lobbying . . . . . . . . . . ${\bf e}$ Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . . g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . . . . **13** Office expenses . . . . . . . 14 Information technology . . . . . . 15 Royalties . . **16** Occupancy . . . . . . . . . . . . . 17 Travel . . . . . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . 20 Interest . . . . . . . . . . 21 Payments to affiliates . . . . . . . 22 Depreciation, depletion, and amortization . . 23 Insurance . . . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 230,890 230,890 a Operating Expenses 0

Page **11** 

Form 990 (2016)	Form	990	(2016)
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Part X Balance Sheet

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	15,129	1	-69
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,154	4	38,56
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part		5	
	6	II of Schedule L Loans and other receivables from other disqualified persons (as defined under			
		section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$			
		voluntary employees' beneficiary organizations (see instructions) Complete		6	
c	7	Part II of Schedule L		7	
ssets	8			8	
AS	9	Inventories for sale or use	13,612	9	22,94
		Land, buildings, and equipment: cost or other	10,012	9	22,04
	104	basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11 .		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	265,231	15	313,20
	16	Total assets. Add lines 1 through 15 (must equal line 34)	324,126	16	374,02
	17	Accounts payable and accrued expenses	5,553	17	24,71
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
labilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ar		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties $\  \   .$	110,500	23	127,27
	24	Unsecured notes and loans payable to unrelated third parties $\ .$ .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	116,053	26	151,99
\$		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 and			
JC6	1790-17	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		240.00	
1131	27			27	
ŏ	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Ĩ		Organizations that do not follow SFAS 117 (ASC 958),			
ō	30	check here  with and complete lines 30 through 34. Capital stock or trust principal, or current funds	102,950	30	113,15
ets	31	Paid-in or capital surplus, or land, building or equipment fund	170,140	31	166,19
Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	-65,017	32	-57,31
Net F	33	Total net assets or fund balances	208,073	33	222,033
ž	34	Total liabilities and net assets/fund balances	324,126	34	374.024

$\mathbf{a}$	n	-	
2	U		n
_	~		-

-	990 (2016) XI Reconciliation of Net Assets				Page 12
Pal	Check if Schedule O contains a response or note to any line in this Part XI		•••	93 E 6	•
1	Total revenue (must equal Part VIII, column (A), line 12)	1			238,592
2	Total expenses (must equal Part IX, column (A), line 25)	2			230,890
3	Revenue less expenses. Subtract line 2 from line 1	3			7,702
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			208,073
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			222,032
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of the test of test of the test of the test of te	- on a	2a	Yes	No
•	separate basis, consolidated basis, or both:           Separate basis         Consolidated basis         Both consolidated and separate basis           Were the organization's financial statements audited by an independent accountant?		2b		No
D	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	20		INO
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb		

20	1	6
20		υ

efi	le Public Visua	al Render	ObjectId: 2018103	19349302301 - Sub	mission: 2018	-01-3	1	TIN: 5	9-1416663
sc	HEDULE D		Supplemen	tal Financial St	atemente			OMB No	. 1545-0047
(For	m 990)							20	116
		1	Complete if the or Part IV, line 6, 7, 8, 9, 1	ganization answered "Y 0, 11a, 11b, 11c, 11d, 1	es," on Form 99 L1e, 11f, 12a, or	0, 12b.		20	10
	tment of the Treasury			Attach to Form 990. m 990) and its instruct			160 000		to Public pection
_	al Revenue Service me of the organ		about Schedule D (For	m 990) and its instruct	ons is at <u>www.n</u>		lover ident		
Por	npano Senior Squadr	on Flying Club Ir	ic			50.1	416663		
Pa	art I Organi	zations Mai	ntaining Donor Advi	sed Funds or Other S	imilar Funds o				
				s" on Form 990, Part I	/, line 6.				
				(a) Donor advis	ed funds	-	(b)Funds a	and other a	accounts
1 2			••••••••••••••••••••••••••••••••••••••						
3	Aggregate value		17 16 16 2010						
4	0.00		· · · · · · · · ·						
5				rs in writing that the asset	s held in donor ac	dvised f	unds are the	e	-
	organization's p	roperty, subje	ct to the organization's ex	clusive legal control?		6 S.			Yes 🗌 No
6				onor advisors in writing the					
				or donor advisor, or for a		conferr	ing impermi	ssible	
Da						~ 000	Dort IV li	no 7	Yes No
1 1				ne organization answer nization (check all that app		11 990	, rait IV, ll	ne /.	
	_		public use (e.g., recreatio		Preservation of a	n histo	rically import	tant land r	area
									ired
	Protection	n of natural ha	bitat		Preservation of a	certifie	d historic st	ructure	
	Preservati	ion of open sp	ace						
2				qualified conservation con	tribution in the fo	rm of a			
а	easement on the Total number of					2a	Held at t	he End of	the Year
b						2a 2b			
c				c structure included in (a)		2c			
d	Number of conse structure listed i			red after 8/17/06, and no	t on a historic	2d			
3	Number of const tax year ►	ervation easer	nents modified, transferre	d, released, extinguished,	or terminated by	the org	ganization du	uring the	
4	Number of state	es where prope	erty subject to conservatio	n easement is located 🕨	~				
5				ne periodic monitoring, ins		of viola	itions,		
	and enforcemen	nt of the conse	rvation easements it holds	\$?	•		C	Yes	No
6	Staff and volunt ▶	eer hours dev	oted to monitoring, inspec	ting, handling of violation	s, and enforcing c	onserva	ation easem	ents during	g the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and	d enforcing conser	vation	easements o	during the	year
8		ervation easen	<ul> <li>nent reported on line 2(d)</li> </ul>	above satisfy the requirer	ments of section 1	70(h)(-	4)(B)(i)		
							(	Yes	No
9	balance sheet, a	and include, if		ervation easements in its footnote to the organizati					
Pa				of Art, Historical Tre	asures, or Oth	ier Sii	nilar Asse	ets.	
	Comple	te if the orga	anization answered "Ye	s" on Form 990, Part I	/, line 8.				
1a	art, historical tre	easures, or oth	ner similar assets held for	6 (ASC 958), not to repor public exhibition, education cial statements that description	n, or research in t				orks of
b	If the organizati	ion elected, as ires, or other s	permitted under SFAS 11 imilar assets held for publ	6 (ASC 958), to report in ic exhibition, education, o	its revenue staten				
3	5	5					▶\$		
			CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR				· · · · · · · · · · · · · · · · · · ·		
2	If the organizati	ion received or	held works of art, histori	cal treasures, or other sim 116 (ASC 958) relating to	ilar assets for fina		1. Contract (1. Co	the	
а	Revenue include	ed on Form 99	0, Part VIII, line 1			e ne n	. ▶\$		
b									

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2016

Par	t III	<b>Organizations Maintaining Co</b>	lections of Art	Histori	ical Tr	easures, o	r Other	Similar Assets	(continued)
3	Using	the organization's acquisition, accessio (check all that apply):							
а		Public exhibition		d		Loan or exc	hange pro	grams	
b		Scholarly research		e		Other			
c		Preservation for future generations							
4	Provid Part X	le a description of the organization's co III.	ollections and expla	in how the	ey furth	er the organi	zation's e:	kempt purpose in	
5		g the year, did the organization solicit os to be sold to raise funds rather than to						_	es 🗌 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990	), Part	IV, line 9, c	or reporte	ed an amount on	Form 990, Par
1a		organization an agent, trustee, custod							
	includ	ed on Form 990, Part X?						· · · · · □ Y	'es No
b		ed on Form 990, Part X?						Amount	
b c	If "Ye		II and complete the	e following	table:		1c	U 1	
	If "Ye Begini	s," explain the arrangement in Part XII	II and complete the	e following	table:	50° a		U 1	
с	If "Ye Begini Additio	s," explain the arrangement in Part XII ning balance	II and complete the	e following 	table:	ж. Жак	1c	U 1	
c d	If "Yes Begini Additie Distrib	s," explain the arrangement in Part XII ning balance	II and complete the	following	ı table:	2013 2013 10 - 11 10 - 1	1c 1d	U 1	
c d f 2a	If "Ye Begini Additi Distrib Ending Did th	s," explain the arrangement in Part XII ning balance	II and complete the	e following	escrow	· · · · · · · · · · · · · · · · · · ·	1c 1d 1e 1f	Amount	/es 🗌 No
c d f 2a b	If "Ye: Begini Additi Distrit Ending Did th If "Ye:	s," explain the arrangement in Part XII ning balance	II and complete the	e following	table:	or custodiala	1c 1d 1e 1f inccount lia	bility?	/es 🗌 No
c d f 2a b	If "Ye Begini Additi Distrib Ending Did th	s," explain the arrangement in Part XII ning balance	II and complete the orm 990, Part X, lir II. Check here if the if the organization	e following	escrow	or custodiala been provide s" on Form	1c 1d 1e 1f ccount lia ed in Part 1 990, Par	bility?	/es 📄 No
c d f 2a b Pa	If "Ye: Begini Additi Distrit Ending Did th If "Ye: rt V	s," explain the arrangement in Part XII ning balance	II and complete the	e following	table:	or custodiala been provide s" on Form	1c 1d 1e 1f ccount lia ed in Part 1 990, Par	bility?	/es 🗌 No
c d f 2a b Pa La	If "Ye: Begini Additi Distrit Ending Did th If "Ye: <b>rt V</b> Beginni	s," explain the arrangement in Part XII ning balance	II and complete the orm 990, Part X, lir II. Check here if the if the organization	e following	escrow	or custodiala been provide s" on Form	1c 1d 1e 1f ccount lia ed in Part 1 990, Par	bility?	/es 📄 No
c d f Da Da b a b	If "Ye: Begini Additi Distrit Ending Did th If "Yes <b>rt V</b> Beginni Contrib	s," explain the arrangement in Part XII ning balance	II and complete the orm 990, Part X, lir II. Check here if the if the organization	e following	escrow	or custodiala been provide s" on Form	1c 1d 1e 1f ccount lia ed in Part 1 990, Par	bility?	/es 📄 No
c d f 2a D C a c	If "Ye: Begini Additi Distrit Ending Did th If "Yes rt V Beginni Contrib Net inve	s," explain the arrangement in Part XII ning balance	II and complete the orm 990, Part X, lir II. Check here if the if the organization	e following	escrow	or custodiala been provide s" on Form	1c 1d 1e 1f ccount lia ed in Part 1 990, Par	bility?	/es 📄 No
c d f 2a D Pa La c d	If "Yee Beginn Additio Distrit Ending Did th If "Yee rt V Beginni Contrib Net invo Grants Other e	s," explain the arrangement in Part XII ning balance	II and complete the orm 990, Part X, lir II. Check here if the if the organization	e following	escrow	or custodiala been provide s" on Form	1c 1d 1e 1f ccount lia ed in Part 1 990, Par	bility?	/es 📄 No
c d f 2a D D a b c d e	If "Ye: Beginn Additie Distrit Ending Did th If "Ye: <b>rt V</b> Beginni Contrib Net inve Grants Other e and pro	s," explain the arrangement in Part XII ning balance	II and complete the orm 990, Part X, lir II. Check here if the if the organization	e following	escrow	or custodiala been provide s" on Form	1c 1d 1e 1f ccount lia ed in Part 1 990, Par	bility?	/es 📄 No
c d f 2a D Pa 1a c d e f	If "Ye: Beginn Additie Distrit Ending Did th If "Ye: <b>rt V</b> Beginni Contrib Net inve Grants Other e and pro Adminis	s," explain the arrangement in Part XII ning balance	II and complete the orm 990, Part X, lir II. Check here if the if the organization	e following	escrow	or custodiala been provide s" on Form	1c 1d 1e 1f ccount lia ed in Part 1 990, Par	bility?	/es 📄 No
c d f 2a b Pa 1a c d e f	If "Ye: Beginn Addition District Ending Did th If "Yes <b>rt V</b> Beginni Contrib Net invo Grants Other e and pro Adminis End of	s," explain the arrangement in Part XII ning balance	II and complete the	e following	escrow ion has red "Ye	or custodiala been provide s" on Form (c)Two (c)Two	1c 1d 1e 1f cccount lia ed in Part 1 990, Par rears back	bility?	/es 📄 No

Part VI Land, Buildings,			ne 11a. See Form 990, Pa	art X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment				
e Other				

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

▶ Permanent endowment ▶

с

3a

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

Schedule D (Form 990) 2016

Yes No

3a(i)

2016

<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	3		of valuation: year market valu	Je
(1) Financial derivatives	· Value				
(2) Closely-held equity interests	-				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII InvestmentsProgram Related. Complete if the organization answered 'Yes' on Form 990, Part IV, (a) Description of investment	line 11c. Se <b>b)</b> Book value	2	(c) Method	13. of valuation: year market valu	Je
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(0)					
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	n Form 990, Pa	art IV, line 11	d. See Form 99	0, Part X, line 1 ( <b>b)</b> Book	
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on (1) Fixed Assets (1)	1 Form 990, Pa	art IV, line 11	d. See Form 99		
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on (1) Fixed Assets (1) (2)	n Form 990, Pa	art IV, line 11	d. See Form 99		value
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on	n Form 990, Pa	art IV, line 11	d. See Form 99		value
<ul> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)</li> <li>Part IX Other Assets. Complete if the organization answered 'Yes' on <ul> <li>(a) Description</li> </ul> </li> <li>(1) Fixed Assets <ul> <li>(1)</li> <li>(2)</li> <li>(3)</li> </ul> </li> <li>(4)</li> </ul>	1 Form 990, Pa	rt IV, line 11	d. See Form 99		value
(9)         Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)         Part IX       Other Assets. Complete if the organization answered 'Yes' on	η Form 990, Ρα	art IV, line 11	d. See Form 99		value
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(9)         Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)         Part IX       Other Assets. Complete if the organization answered 'Yes' on	1 Form 990, Pa	art IV, line 11	d. See Form 99		value
(9)         Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)         Part IX         Other Assets. Complete if the organization answered 'Yes' on	1 Form 990, Pa	art IV, line 11	d. See Form 99		value
(9)         Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)         Part IX         Other Assets. Complete if the organization answered 'Yes' on	d 'Yes' on Fo			(b) Book	value 313,24
<ul> <li>(9)</li> <li>Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)</li> <li>Part IX Other Assets. Complete if the organization answered 'Yes' on (a) Description</li> <li>(1) Fixed Assets</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)</li> <li>Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.</li> <li>(a) Description of liability</li> </ul>	d 'Yes' on Fo			(b) Book	value
<ul> <li>(9)</li> <li>Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)</li> <li>Part IX Other Assets. Complete if the organization answered 'Yes' on (a) Description (b) Example (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)</li></ul>	d 'Yes' on Fo			(b) Book	value 313,24
<ul> <li>(9)</li> <li>Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)</li> <li>Part IX Other Assets. Complete if the organization answered 'Yes' on (a) Description (b) Fixed Assets (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)</li></ul>	d 'Yes' on Fo			(b) Book	value 313,24
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(9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on	d 'Yes' on Fo			(b) Book	value 313,24
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on	d 'Yes' on Fo			(b) Book	value 313,2
(9) Fortal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on	d 'Yes' on Fo			(b) Book	value 313,2
(9) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on	d 'Yes' on Fo			(b) Book	value 313,2
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on	d 'Yes' on Fo			(b) Book	value 313,24
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on	d 'Yes' on Fo			(b) Book	value 313,24

Page 3

Schedule D (Form 990) 2016

Pai	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b		
2	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
þ	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
-	Add lines <b>4a</b> and <b>4b</b>	4c	
C	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
с			

Schedule D (Form 990) 2016

efile Public	Visual Render	ObjectId: 201810319349	302301 - Submission: 2018-	01-31	TIN: 59-1416663
SCHEDUL	EO SI	Innlemental Inform	ation to Form 990 or 9	90-EZ	OMB No. 1545-0047
(Form 990 or 9 Department of the Tre Internal Revenue Serv	990-EZ) vasury	Complete to provide informati Form 990 or 990-EZ or to ▶ Attach to ormation about Schedule O (F	provide any additional informatio Form 990 or 990-EZ. form 990 or 990-EZ. form 990 or 990-EZ) and its instru- rs.gov/form990.	ions on m.	2016 Open to Public Inspection
Name of the org	ganization quadron Flying Club Inc			Employer ident	ification number
	qualities from the second se			59-1416663	
Return Reference			Explanation		
Pt VI, Line 6	The organzation ha	as members.			
Pt VI, Line 11b	The BOD reviews t	he Form 990 prior to filing.			
For Paperwork Redu	ction Act Notice, see the In	structions for Form 990 or 990-EZ.	Cat. No. 51056K	Sched	ule O (Form 990 or 990-EZ) 2016