2	0	1	8

efile	e Pub	lic Vis	ual Render ObjectId: 201923199349318492 - Submissio	n: 2019-	11-15	T	IN: 59-1416663	
	99	n	Return of Organization Exempt From	Incom	e Tax	(	DMB No. 1545-0047	
Form	55	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except p	rivate founda	tions)	2018	
Departr	nent of the	e Treasury	Do not enter social security numbers on this form as it ma	5. 			Open to Public	
	Revenue		Go to <u>www.irs.gov/Form990</u> for instructions and the line	atest infor	mation.		Inspection	
A F	or the	2019 c	alendar year, or tax year beginning 01-01-2018 , and ending 12-31 C Name of organization	-2018				
B Che	ck if app	olicable:	Pompano Senior Squadron Flying Club Inc				ication number	
Addr	ess cha	nge	Doing business as		- 59-141	6663		
Nam	e chang	e	Pompano Beach Flying Club		E Telephor	e number	2	
Initia	al return		Number and street (or P.O. box if mail is not delivered to street address) Room/suit 2929 S Ocean Blvd	te		52-0206		
			City or town, state or province, country, and ZIP or foreign postal code		_			
Final	return/ter	rminated	Boca Raton, FL 33432		G Gross re	ceipts \$ 2	49,478	
Ame	nded ret	turn						
Appl	ication p	pending						
			F Name and address of principal officer: Carl L Kennedy		his a group re	turn for		
			2929 S Ocean Blvd 510 Boca Raton, FL 33432	H(b) Are	ordinates? all subordinat	tes	Yes No	
I Ta:	x-exemp	ot status:	□ 501(c)(3) 🗹 501(c) (7) ◀ (insert no.) □ 4947(a)(1) or □		uded? No," attach a l	list. (see		
52 J W	0.4	:► N/A	<u></u>	H(c) Gro	up exemption	number	•	
	ebaite				1011 10-1010	400 000 00	1000 07 07 08 NN COMM	
K Forr	n of org	anization	: 🗹 Corporation 🗌 Trust 🗌 Association 🗌 Other 🕨	L Year of for	mation: 1970	M State	of legal domicile: FL	
Pa	art I		mary					
	Th	ne organ	scribe the organization's mission or most significant activities: ization provides safe, reliable flying to members while promoting the under:	standing an	d education o	f each as	they relate to the	
nce	co	re value	es of the organization.					
ema								
Activities & Governance			is box 🕨 🗌			r		
×8			of voting members of the governing body (Part VI, line 1a)	• • •	•	3	5	
vitie			nber of individuals employed in calendar year 2018 (Part V, line 2a)			5	0	
Acti			nber of volunteers (estimate if necessary)	• * •		6	25	
			elated business revenue from Part VIII, column (C), line 12	· · ·	·	7a 7b	0	
				F	rior Year		Current Year	
eni			tions and grants (Part VIII, line 1h)		250	477	0 249,478	
Revenue			service revenue (Part VIII, line 2g)		258,• 4,	150	249,478	
<u>a</u>	<b>11</b> C	ther re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	
	-		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) nd similar amounts paid (Part IX, column (A), lines 1-3) • • •		262,0	527	249,478	
			paid to or for members (Part IX, column (A), line 4)				0	
8			other compensation, employee benefits (Part IX, column (A), lines 5–10)				0	
Exp enses			onal fundraising fees (Part IX, column (A), line 11e)			_	0	
A			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		227,	703	249,849	
		8	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	227,703			249,849	
- 8	19 R	levenue	less expenses. Subtract line 18 from line 12	Beginni	34,9		-371 End of Year	
Net Assets or Fund Balances								
d Ba	12404035		ets (Part X, line 16)		486,4		582,407	
Fun			ts or fund balances. Subtract line 21 from line 20		278,4		282,930	
	rt II		ature Block erjury, I declare that I have examined this return, including accompanying	cabadulaa	nd statement	c and to	the best of my	
know		nd belie	if, it is true, correct, and complete. Declaration of preparer (other than offic					
any K	nowied				019-11-15			
Sign		Signat	ure of officer	C	ate			
Here			Kennedy Treasurer r print name and title					
-		,   F	Print/Type preparer's name Preparer's signature Da	ate		PTIN		
Paic			ïirm's name ► KENNEDY & GOARD LLC		heck if if elf-employed irm's EIN	P0146189	э ————————————————————————————————————	
120212	parer Only						,	
036	Uni	<b>7</b>   <sup>6</sup>	irm's address ▶ 980 N FEDERAL HWY STE 110	F	hone no. (561)	419-2236		
Marrit	he IDC	diceure	BOCA RATON, FL 33432	I			Yes 🗌 No	
-			this return with the preparer shown above? (see instructions) duction Act Notice, see the separate instructions.	Cat. No	11282Y		Form <b>990</b> (2018)	

IRS FORM 990

$\mathbf{a}$	n	14	0
	U		0

	990 (2018)				Page
Ра	rt III Statem	ent of Program Service Ac	complishments		_
			r note to any line in this Part III		• • • • U
1		the organization's mission:		V V 18 V V	a 6 a
	organization provi e organization.	des safe, reliable flying to membe	rs while promoting the understanding	and education of each as they	relate to the core value
2	Did the organiza	ation undertake any significant pro	ogram services during the year which w	vere not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🛛 No
	If "Yes," describ	e these new services on Schedule	0.		
3	Did the organiza	ation cease conducting, or make s	ignificant changes in how it conducts, a	any program	
	services?				🗌 Yes 🛛 Na
	If "Yes," describ	e these changes on Schedule O.			
4	Section 501(c)(		nplishments for each of its three larges e required to report the amount of grar service reported.		
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Revenues consist of	of 101,800 in Member Dues, 143,979 ir	Rentals and a Club Rebate of 100.00.		
	3 <b></b>				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	2				
	0-				
	-				
	2 <del>.</del>				
	2				
	8				
	3				
	0				
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
		200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100			-
	3				
	3 <u></u>				
	3				
	o				
4d	Other program :	services (Describe in Schedule O.	1		
	(Expenses \$	including	grants of \$ ) (	Revenue \$	)
4e	Total program	service expenses 🕨			

Form 990 (2018)	

Page 3

	tiv 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		
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,			NT-
8	the environment, historic land areas, or historic structures?If "Yes," complete Schedule D, Part II 😼 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		No No
	If "Yes," complete Schedule D, Part III 🐿	8		INO
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 $^{50}$	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? If "Yes," complete Schedule D, Part VII	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	
е	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? If "Yes," complete Schedule F, Parts I and IV	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
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	21		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 22 If "Vec " complete Schedule I Parts I and III	22		No

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	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? <i>If "Yes," complete Schedule J</i>	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? $\cdot$ .	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		
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		
26	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 "Yes," 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	72.0.00		
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
U	Part IV	28b		No
с	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
33	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
34	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
35a	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		
36	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? <i>If "Yes," complete Schedule R, Part VI</i>	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
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			$\square$
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0		Yes	No

b	Enter the number of Forms W-2G included in line 1a. Enter -0-if not applicable .	1b		9
c	Did the organization comply with backup withholding rules for reportable payments to v (gambling) winnings to prize winners?			gaming

orm	990	(201	0

1c

# IRS FORM 990 POMANO SENIO

# POMANO SENIOR SQUADRON FLYING CLUB INC

orm	990 (2018)		Page
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? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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)? If "Yes," enter the name of the foreign country:	4a	No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	10000	No
		5b	NO
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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
b	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).		
	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	
	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 7d		
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?		
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?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
0	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0	1	
1	Section 501(c)(12) organizations. Enter:	1	
а	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.)		
2a	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. 12b		
3	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	
	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? $\ldots$ .	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b	
.5 .6	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	
	If "Yes," complete Form 4720, Schedule O	16	

#### POMANO SENIOR SQUADRON FLYING CLUB INC

Form	990 (2018)			Page <b>6</b>
Par	tvi         Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	-
Se	ction A. Governing Body and Management			11020
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	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 Revenue	e Code	e.)	
			Yes	No
	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			
Se	status with respect to such arrangements?	16b		

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-A 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.

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 20

Form 990 (2018)

IRS FORM 990	POMANO SEN

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

• 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 bo	ox, ι n of	t chi inles ficer	s pers	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)	(Ŵ- 2/1099- MISC)	organization and related organizations
(1) Lawrence Mellgren President	1.00			х				0	0	0
(2) Don McNeil Vice President	2.00			x				0	0	0
(3) Paul Sanchez Secretary	1.00			x				0	0	0
(4) Carl Kennedy Treasurer	3.00			х				6,480	0	0
(5) Robert Hannan Mntnce Cordinater	3.00			x				1,680	0	0
(6) Ron Ziller Chief Pilot	3.00			x				0	0	0
							-			
						-				
						-				
						1 7 1 1				

### POMANO SENIOR SQUADRON FLYING CLUB INC

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Form 990 (2018)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	than o is b	one b	ox, u an of	t chi unles ficer	eck mo ss pers r and a ree)	son	Repo compo froi organiz	<b>D)</b> ortable ensation m the ation (W	from related - organizations (	w-	(F) Estima amount c compen from	ated f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	)	organizat relat organiza	ed
_														
					-		-							
					-	-						_		
				_	-	-								
_														
							•							
c '	Total from continuation sheets to P						•							
 2	Total (add lines 1b and 1c) Total number of individuals (including			e list	ed a	bov	e) who	rec	eived mo	8,160 re than	\$100,000	0		0
	of reportable compensation from the													
3	Did the organization list any former	officer, director	or trust	ee, k	ey e	mpl	oyee, i	or hi	ghest cor	npensat	ed employee on		Yes	No
	line 1a? If "Yes," complete Schedule							•	• •	• •		3		No
4	For any individual listed on line 1a, is organization and related organization individual		\$150,00											
5	Did any person listed on line 1a recei	, e e (2) (6)	5 5	• tion f		any	unrela	ated	organiza	tion or i	ndividual for	4		No
_	services rendered to the organization	2 8	lete Sch	edule	e J fo	or su	ich pei	rson	• •	•	* • • •	5		No
1	ection B. Independent Contract Complete this table for your five high	est compensate										npen	sation	
	from the organization. Report compe	(A)		' year	- enc	ling	with o	r wit	nin the o		(B)		(0	
_	Ndirie (	and business addre	255							De	escription of services		Comper	ISALION
_														
_														
	Total number of independent contractor compensation from the organization	rs (including but	not lim	ited	to th	ose	listed	abo	ve) who r	eceived	more than \$100,00	00 of		

Check if Schedule Ocontains a response or r	note to any line in this Part VII	<u></u>	<u></u>	
	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fron tax under sectio 512 - 514
erated campaigns 1a		1	L	1
state organizations 1d				
draising events <u>1c</u>				
ernment grants (contributions) 1e				
ther contributions, gifts, grants,				
and similar amounts not included 1f				
ncash contributions included				
ines 1a - 1f:\$ Total. Add lines 1a-1f				
Busin	ess Code			
Busin				
,				
§ 1			r	
a  i All other program service revenue. i Total. Add lines 2a-2f	249,47	8	0	
ITotal. Add lines 2a–2f	249,478			
	nd other			
similar amounts)	eds			
5 Royalties	ersonal			
6a Gross rents				
b Less: rental expenses				
c Rental income or				
(loss) d Net rental income or (loss)				
(i) Securities (ii) (	Other			
7a Gross amount from sales of				
assets other than inventory				
<b>b</b> Less: cost or other basis and				
c Gain or (loss)				
d Net gain or (loss)	>			
8a Gross income from fundraising events (not including \$ of				
contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b				
b Less: direct expenses b c Net income or (loss) from fundraising events		_		
a Gross income from gaming activities.				
See Part IV, line 19				
b Less: direct expenses b				
c Net income or (loss) from gaming activities 10aGross sales of inventory, less	•			
returns and allowances				
b Less: cost of goods sold b				
c Net income or (loss) from sales of inventory Miscellaneous Revenue Busine	ss Code			
11a				
b				
c				
d All other revenue				
	-			

Form 990 (2018)

# POMANO SENIOR SQUADRON FLYING CLUB INC

2018

### Page **10**

Check if Schedule O contains a response or note to any o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. 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	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
<ul> <li>domestic governments. See Part IV, line 21</li> <li>2 Grants and other assistance to domestic individuals. See Part IV, line 22</li> <li>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.</li> <li>4 Benefits paid to or for members</li> <li>5 Compensation of current officers, directors,trustees, and key employees</li> <li>6 Compensation not included above, to disqualified persons</li> </ul>				
<ul> <li>Part IV, line 22</li> <li>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.</li> <li>4 Benefits paid to or for members</li> <li>5 Compensation of current officers, directors,trustees, and key employees</li> <li>6 Compensation not included above, to disqualified persons</li> </ul>				
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				
<ul> <li>5 Compensation of current officers, directors, trustees, and key employees</li> <li>6 Compensation not included above, to disqualified persons</li> </ul>				
employees 6 Compensation not included above, to disqualified persons				
in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>0</b> Payroll taxes				
1 Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
2 Advertising and promotion				
3 Office expenses	4,312	0	0	
4 Information technology				
5 Royalties				
6 Occupancy				
<b>7</b> Travel				
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings				
<b>0</b> Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	1012 0012		12	
3 Insurance	24,204	0	0	
4 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.)				
a				
b				
c				
d				
e All other expenses	221,333	0	0	
5 Total functional expenses. Add lines 1 through 24e	249,849	0	0	
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

## POMANO SENIOR SQUADRON FLYING CLUB INC

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Form 990 (2018)

			(A) Beginning of year		(B) End of year
Т	1	Cash-non-interest-bearing	95,435	1	44
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,311	4	51,09
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
3	7	Part II of Schedule L		7	
	8	Inventories for sale or use		8	
ĉ	9	Prepaid expenses and deferred charges	20.969	9	24,74
		Land, buildings, and equipment: cost or other	20,000		27,1
1.	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	
1	15	Other assets. See Part IV, line 11	340,722	15	506,1
	16	Total assets. Add lines 1 through 15 (must equal line 34)	486,437	16	582,4
1	17	Accounts payable and accrued expenses	27,496	17	2,1
1	18	Grants payable		18	
ļ	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
, :	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L .		22	
1	23	Secured mortgages and notes payable to unrelated third parties	180,523	23	297,3
1	24	Unsecured notes and loans payable to unrelated third parties		24	
1	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	
1	26	Total liabilities. Add lines 17 through 25	208,019	26	299,4
		Organizations that follow SFAS 117 (ASC 958), check here  and			
	27	Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
1	28	Temporarily restricted net assets		28	
1	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958),			
3	30	check here <b>d</b> and complete lines 30 through 34. Capital stock or trust principal, or current funds	135,250	30	152,7
1	31	Paid-in or capital surplus, or land, building or equipment fund	166,198	31	166,19
1	32	Retained earnings, endowment, accumulated income, or other funds	-23,030	32	-35,96
3	33	Total net assets or fund balances	278,418	33	282,93
13	34	Total liabilities and net assets/fund balances	486,437	34	582,4

SOURCE: https://projects.propublica.org/nonprofits/organizations/591416663/ Page 11 of 17

20	)1	8
		_

	tXI Reconcilliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		; ·	×.		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				249,47
2	Total expenses (must equal Part IX, column (A), line 25)	2				249,84
3	Revenue less expenses. Subtract line 2 from line 1	3				-37
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1			278,41
5	Net unrealized gains (losses) on investments	5				
5	Donated services and use of facilities	6				
	Investment expenses	7				
\$	Prior period adjustments	8				4,88
,	Other changes in net assets or fund balances (explain in Schedule 0)	9				0000000
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10				282,93
Par	tXII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			121		
			10 B	Ť	Yes	No
1	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?	on a	2	a		No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	on a	2:	a		No
	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	on a	2:	a		No
2a	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 separate basis, consolidated basis, or both:	on a	2:			No
2a	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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2			
2a	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 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		2	_		
2a b	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 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:		2	b		
ь	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 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If 'Yes,' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	basis	21	b		
2a b	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 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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?	e basis	21	b		

~		~
-20	)1	8

efil	le Public Visua	Render	ObjectId: 2019231	99349318492 - Submissio	n: 2019-11	-15	TIN: 59-1416663
sci	HEDULE D		Supplement	tal Einanaial Statam	anta		OMB No. 1545-0047
(Fori	m 990)		► Complete if the or Part IV, line 6, 7, 8, 9, 1	tal Financial Statem ganization answered "Yes," on .0, 11a, 11b, 11c, 11d, 11e, 11 Attach to Form 990.	Form 990,	ь.	2018 Open to Public
	ment of the Treasury al Revenue Service			ov/Form990 for the latest info	rmation.		Inspection
	me of the organ				E	mployer iden	tification number
FUI	ipano senior squaun	on Hying Club In	L.		59	9-1416663	
Pa				sed Funds or Other Similar		Accounts.	
	Complet	te if the orga	inization answered "Ye	s" on Form 990, Part IV, line ( (a) Donor advised funds		(b)Funds	and other accounts
1	Total number at	end of year .		(a) bonor davised rand		(D) and b	
2			ns to (during year)				
3	Aggregate value	of grants from	(during year)				
4	Aggregate value	at end of year	********				
5	organization's p	roperty, subjee	ct to the organization's ex	rs in writing that the assets held in clusive legal control? onor advisors in writing that grant			e Yes No
	charitable purpo	ses and not fo	r the benefit of the donor	or donor advisor, or for any other	purpose conf		issible
Pa	rt III Conser	vation Ease	ments. Complete if th	e organization answered "Yes	on Form 9	90, Part IV.	
1	The American State		THE REPORT OF A DAMAGE	nization (check all that apply).		,	
	Preservati	on of land for	public use (e.g., recreatio	n or education)	ation of an his	storically impo	rtant land area
	_	of natural hat			ation of a cort	tified historic s	tructuro
	0	on of open spa				tined historic s	lande
2	Complete lines 2	2a through 2d	if the organization held a	qualified conservation contributior	n in the form o		
	easement on the		2 100 20110				the End of the Year
a b					24.020	-	
c				c structure included in (a)		0.0	
d		ervation easem	ents included in (c) acqui	red after 7/25/06, and not on a hi		-	
3	Number of conset tax year ►	ervation easen	nents modified, transferre	d, released, extinguished, or term	inated by the	organization o	luring the
4	Number of state	s where prope	rty subject to conservatio	n easement is located 🕨			
5				ne periodic monitoring, inspection,	handling of v	iolations,	Yes No
6	Staff and volunt	eer hours devo	oted to monitoring, inspec	ting, handling of violations, and e	nforcing conse	ervation easen	nents during the year
7	Amount of expenses	nses incurred i	n monitoring, inspecting,	handling of violations, and enforci	ing conservati	on easements	during the year
8				above satisfy the requirements of		h)(4)(B)(i)	Yes No
9	balance sheet, a	ind include, if a		ervation easements in its revenue footnote to the organization's fina ts.			
Par	t IIII Organi	zations Mai	ntaining Collections	of Art, Historical Treasures	s, or Other	Similar Ass	ets.
1a	If the organizati	on elected, as	permitted under SFAS 11	s" on Form 990, Part IV, line a 6 (ASC 958), not to report in its r public exhibition, education, or re	evenue staten		
b	provide, in Part If the organizati	XIII, the text of on elected, as	of the footnote to its finar permitted under SFAS 11	cial statements that describes the 6 (ASC 958), to report in its rever	se items. nue statement	and balance s	sheet works of art,
,	following amoun	its relating to t	hese items:	lic exhibition, education, or resear			ervice, provide the
	8 19 9 10 11 11 11						
2 a	following amoun	its required to	be reported under SFAS	cal treasures, or other similar asse 116 (ASC 958) relating to these ite	ems:	-	
b				ns for Form 990.			lule D (Form 990) 2018

τI	п	Organizations Ma	aintaining Col	llections of	Art, Histori	ical Tre	easures, c	or Othe	r Similar Ass	ets (	continued)
U	sing t	the organization's acq (check all that apply):	uisition, accession								
(		Public exhibition			d		Loan or exc	hange pi	ograms		
(		Scholarly research			e		Other				
(		Preservation for futur	e generations								
	rovide art XI	e a description of the III.	organization's col	llections and e	xplain how the	ey furthe	er the organ	ization's	exempt purpose	e in	
		the year, did the orgation to be sold to raise fur								<b>~</b> •	es 🗌 N
rt I	IV	Escrow and Cust Complete if the ord X, line 21.			on Form 990	), Part I	V, line 9, d	or repor	ted an amoun		
		organization an agent ed on Form 990, Part 3					utions or oth	ner asset	s not 	<b>Y</b>	es 🗌 N
If	"Yes	s," explain the arrange	ement in Part XIII	I and complete	e the following	table:			Am	ount	
B	eginn	ning balance					• •	1c			
A	dditic	ons during the year .					a a e se	1d			
D	istrib	outions during the year						1e			-
E	nding	g balance						1f			
If	"Yes	e organization include 5," explain the arrange Endowment Fund	ement in Part XIII	orm 990, Part : [. Check here i	X, line 21, for f the explanat	ion has	been provide	ed in Par	хш		es 🗌 N
If art	"Yes V	," explain the arrange	ement in Part XIII <b>ds.</b> Complete if	orm 990, Part : [. Check here i	X, line 21, for f the explanat ation answei	ion has	been provide s" on Form	ed in Par 990, Pi	хш	]	
If Irt Beg	"Yes V	s," explain the arrange Endowment Fund	ement in Part XIII <b>ds.</b> Complete if	orm 990, Part : I. Check here i f the organiza	X, line 21, for f the explanat ation answei	ion has red "Ye	been provide s" on Form	ed in Par 990, Pi	xIII ( art IV, line 10	]	
If Irt Beg Coi	"Yes V ginnir ntribu	s," explain the arrange Endowment Fund	ement in Part XIII <b>ds.</b> Complete if	orm 990, Part : I. Check here i f the organiza	X, line 21, for f the explanat ation answei	ion has red "Ye	been provide s" on Form	ed in Par 990, Pi	xIII ( art IV, line 10	]	
If Beg Cor Net	"Yes V ginnir ntribu t inve	," explain the arrange Endowment Fund ng of year balance . utions	ement in Part XIII ds. Complete if  ns, and losses	orm 990, Part : I. Check here i f the organiza	X, line 21, for f the explanat ation answei	ion has red "Ye	been provide s" on Form	ed in Par 990, Pi	xIII ( art IV, line 10	]	
If Beg Cor Net Gra	ginnir ginnir ntribu t inve	," explain the arrange Endowment Fund ng of year balance utions estment earnings, gair	ement in Part XIII ds. Complete if  ns, and losses	orm 990, Part : I. Check here i f the organiza	X, line 21, for f the explanat ation answei	ion has red "Ye	been provide s" on Form	ed in Par 990, Pi	xIII ( art IV, line 10	]	
If Beg Con Net Gra Oth and Adu	ginnir ntribu t inve ants o ner ex d prog minis	r," explain the arrange Endowment Fund Ing of year balance utions estment earnings, gair or scholarships xpenditures for facilitie grams trative expenses	ement in Part XIII ds. Complete if 	orm 990, Part : I. Check here i f the organiza	X, line 21, for f the explanat ation answei	ion has red "Ye	been provide s" on Form	ed in Par 990, Pi	xIII ( art IV, line 10	]	
If Beg Con Net Gra Oth and Add	ginnir ntribu t inve ants o her ex d prog minis d of y	s," explain the arrange Endowment Fund Ing of year balance utions estment earnings, gair or scholarships xpenditures for facilitie grams trative expenses year balance	ement in Part XIII ds. Complete if 	orm 990, Part : (. Check here i f the organiz: (a)Current y	X, line 21, for f the explanat ation answei year (b)P	tion has red "Ye: rior year	been provide s" on Form (c)Two 	ed in Par 990, Pi years back	xIII ( art IV, line 10	]	
If Beg Col Nef Gra Oth and Adu Enc	ginnir ntribu t inve ants o mer ex d prog minis d of y rovide	," explain the arrange Endowment Fund ng of year balance utions astment earnings, gair or scholarships xpenditures for facilitie grams trative expenses year balance e the estimated perce	ement in Part XIII ds. Complete if  ns, and losses  ntage of the curre	orm 990, Part : I. Check here i f the organiz: (a)Current y ent year end b	X, line 21, for f the explanat ation answei year (b)P	tion has red "Ye: rior year	been provide s" on Form (c)Two 	ed in Par 990, Pi years back	xIII ( art IV, line 10	]	
If Beg Con Nef Gra Oth and Adu End Pr B	r "Yes ginnir ntribu t inve ants o ner ex minis d of y rovide oard	s," explain the arrange Endowment Fund Ing of year balance utions estment earnings, gair or scholarships xpenditures for facilitie grams trative expenses year balance e the estimated percen- designated or quasi-e	ement in Part XIII ds. Complete if  ns, and losses  ntage of the curre	orm 990, Part : I. Check here i f the organiz: (a)Current y ent year end b	X, line 21, for f the explanat ation answei year (b)P	tion has red "Ye: rior year	been provide s" on Form (c)Two 	ed in Par 990, Pi years back	xIII ( art IV, line 10	]	
If Beg Con Net Gra Oth and Adu End Pr B Pr	ginnir ntribu t inve ants c her ex d proj minis d of y rovide oard erma	s," explain the arrange Endowment Fund Ing of year balance utions	ement in Part XIII <b>ds.</b> Complete if  ns, and losses  es  ntage of the current	orm 990, Part : I. Check here i f the organiz: (a)Current y ent year end b	X, line 21, for f the explanat ation answei year (b)P	tion has red "Ye: rior year	been provide s" on Form (c)Two 	ed in Par 990, Pi years back	xIII ( art IV, line 10	]	
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 d Equipment
 .

 e Other
 .

 Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2018

2018 Page 3

Part VII InvestmentsOther Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.

(a) Description of security or category (including name of security)							<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives						÷.	÷			
<ul><li>(2) Closely-held equity interests</li><li>(3)Other</li></ul>		÷	• •	1		·		_		
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Column (b) must equal Form 990, Pa	rt X, col. (B)	line 1.	2.)					•		

Part VIII

(9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

#### InvestmentsProgram Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	e (c) Method of valuation: Cost or end-of-year market value		
(1)			·	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Ye	es' on Form 990, Par	t IV, line 11d. See F		
(a) Description			(b) Book value	
(1) Fixed Assets (1)			506,127	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			▶ 506,127	
Part X Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.	wered 'Yes' on Fo	rm 990, Part IV, li	ne 11e or 11f.	
1.         (a) Description of liability	(b) Bo	ook value		
(1) Federal income taxes				
(2)				
(3)				
(4)		_		
(5)				
(6)				
(7)				
(8)				
(0)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

<u>SOURCE !!해ttps://projects.propublicaforg/monprofits/organizations/591446663#en proviPage4516f 17</u> Schedule D (Form 990) 2018

IRS FORM 990

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Part X	D (Form 990) 2018 Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn	Page <b>4</b>
Fare A	Complete if the organization answered 'Yes' on Form 990, Part		etuin	_
<b>1</b> Tot	al revenue, gains, and other support per audited financial statements $\ \cdot$	1		
2 Am	ounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net	unrealized gains (losses) on investments	2a		
<b>b</b> Dor	nated services and use of facilities	2b		
c Rec	coveries of prior year grants	2c		
<b>d</b> Oth	er (Describe in Part XIII.)	2d		
e Ado	l lines 2a through 2d		2e	
3 Sub	otract line <b>2e</b> from line <b>1</b>		3	
<b>4</b> Am	ounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b> Inv	estment expenses not included on Form 990, Part VIII, line 7b .	4a		
b Oth	er (Describe in Part XIII.)	4b		
c Add	l lines 4a and 4b		4c	
5 Tot	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XI			Retur	n.
<b>1</b> Tot	Complete if the organization answered 'Yes' on Form 990, Part al expenses and losses per audited financial statements		1	1
	ounts included on line 1 but not on Form 990, Part IX, line 25:		1	
	nated services and use of facilities	2a		
	pryear adjustments	2a 2b	-	
		20 2c	-	
	er (Describe in Part XIII.)	20 2d	-	
		20		
	I lines <b>2a</b> through <b>2d</b>		2e 3	
	ptract line <b>2e</b> from line <b>1</b>		3	
	ounts included on Form 990, Part IX, line 25, but not on line 1:	La. Í		
	estment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-	
	er (Describe in Part XIII.)	4D		
1000	I lines <b>4a</b> and <b>4b</b>		4c	
	al expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.	)	5	L
Part XI				
Provide 1 XI, lines	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	<ol> <li>Part IV, lines 1b and 2b; Par any additional information.</li> </ol>	t V, line	e 4; Part X, line 2; Part
,	Return Reference	Explanation		

Schedule D (Form 990) 2018

efile Public	Visual	Render ObjectId: 201923199349318492 - Submission: 2019-1	11-15	TIN: 59-1416663
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Department Service Depar				OMB No. 1545-0047
Name of the organization Pompano Senior Squadron Flying Club Inc			Employer ident	ification number
		517 E.G	59-1416663	
Return Reference		Explanation		
Pt VI, Line 6	The or	ganzation has members.		
Pt VI, Line 11b	The BC	DD reviews the Form 990 prior to filing.		
Form 990, Part IX, Line 24e	Admin	& Maintenance Fees 8160.		
Form 990, Part IX, Line 24e	Overtir	ne Fees - Am Flyers 225.		
Form 990, Part IX, Line 24e	Meetin	gs - Dinner 714.		
Form 990, Part IX, Line 24e	Flying	Dues - Discount 6720.		
Form 990, Part IX, Line 24e	Fuel - /	Aircraft 61526.		
Form 990, Part IX, Line 24e	Genera	al Hangar Items 20156.		
Form 990, Part IX, Line 24e	Mainte	nance - All A/C 53790.		
Form 990, Part IX, Line 24e	Membe	ership Development 4066.		
Form 990, Part IX, Line 24e	New M	lembership - Finders Fee 2800.		
Form 990, Part IX, Line 24e	Profes	sional Fees 3000.		
Form 990, Part IX, Line 24e	Rents 4	40390.		
Form 990, Part IX, Line 24e	Schedu	ule Master 574.		
Form 990, Part IX, Line 24e	Surviva	al Equipment 2186.		
Form 990, Part IX, Line 24e	W/O - I	Bad A/R 4785.		
Form 990, Part IX, Line 24e	Hurrica	ane Preparedness -1455.		
Form 990, Part IX, Line 24e	Incider	nt Loss - N54476 13696.		

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018