



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
Air Commando Association

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. Box 7

City or town, state or country, and ZIP + 4
Mary Esther, FL 32569-0007

D Employer identification number
59-1400823

E Telephone number
850-581-0099

F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ►

I Website: ► www.aircommando.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

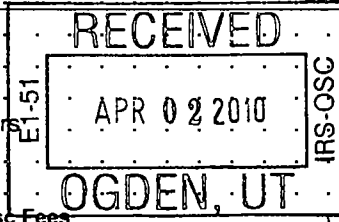
J Tax-exempt status (check only one) — 501(c) (19) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,148
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	14,800
	4 Investment income	4	10,479
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a	12,674	
	b Less: cost of goods sold	7b	9,617
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,057
8 Other revenue (describe ► <u>Annual Reunion, Newsletter Advertising, and Misc</u>)	8	25,680	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	55,164	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	6,350
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	16,230
	14 Occupancy, rent, utilities, and maintenance	14	10,527
	15 Printing, publications, postage, and shipping	15	7,785
	16 Other expenses (describe ► <u>Annual Reunion, Supplies, and Misc Fees</u>)	16	17,489
	17 Total expenses. Add lines 10 through 16	17	58,381
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<3,217>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	483,941
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	480,724



ADP 2010 9
EXAMINED

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	277,721	22 275,551
23	Land and buildings	194,528	23 194,528
24	Other assets (describe ► <u>Inventory, Utility Deposit</u>)	11,692	24 10,645
25	Total assets	483,941	25 480,724
26	Total liabilities (describe ► _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	483,941	27 480,724

16

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a _____	
b	Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ Felix L. Sambogna Telephone no. ▶ 850-581-0099 Located at ▶ P.O. Box 7, Mary Esther, FL ZIP + 4 ▶ 32569-0007		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|--|------------|-----|----|
| 46 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 | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ *Felix L. Sambogna* ▶ 29 Mar 10
 Signature of officer Date

▶ **Felix L. Sambogna, Treasurer** **March 29, 2010**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no ▶ _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

ATTACHMENT #1

Detail Schedule

12/31/2009

AIR COMMANDO ASSOCIATION INC

FED TAX I.D. # 59-1400823

FORM 990-EZ PAGE 2 – PART III

Donations: (Line 28)

Hurlburt Field Chaplain Fund	100
Hurlburt Top 3	50
AFSOC Enlisted Program	100
<hr/>	
Subtotal	250

(Line 31)

Empty Stocking Fund (Salvation Army)	100
<hr/>	
Subtotal	100

Scholarships (Line 29):

Hunter Lee Walter-McCarthy University of South Carolina 1714 College Street Columbia, SC 29208	1500
Kristoefer Jon-Robert Clegg Virginia Polytechnic Institute & State University 150 Student Services Bldg 0143 Blacksburg, VA 24061	1500
Ana Isabel Jeronimo Albaladejo Universidad Complutense Ciudad Universitaria 28040 Madrid, Spain	1500
Johnathan M. Ifland Hillsborough Community College 4001 W Tampa Bay Blvd Tampa, FL 33614	1500
<hr/>	
Subtotal	6000
<hr/>	
Grand Total	6350

ATTACHMENT #2
FORM 990-EZ – PAGE 2 – PART IV
12/31/09

Air Commando Association, Inc. 59-1400823

CHARLES KEELER
President
163 Scottsdale Drive
Mary Esther, FL 32569-1872
(H) 850-243-9640

FELIX L. SAMBOGNA
Treasurer
721 Overbrook Drive
Ft. Walton Beach, FL 32547
(H) 862-2583

THOMAS BRADLEY
Director
1448 Bahia Drive
Navarre Beach, FL 32566
(H) 939-8628

JAMES C. BINNICKER
Director
92 Sunset Lane
Shalimar, FL 32579
(H) 796-2690

JOE D. HARRIS
Director
118 Markella Drive
Ft. Walton Beach, FL 32548
(H) 244-1048

ROBERT L. POWELL, Sr,
Director
374 Marie Circle
Ft. Walton Beach, FL 32548
(H) 244-3109

TED SAUNDERS
Director
261 Bryn Athyn Blvd
Mary Esther, FL 32569
(H) 243-5290 (C) 855-2797

GORDON SCOTT
Director
502 Rue Des Marseilles
Mary Esther, FL 32569
(H) 581-3234 (C) 582-3294

ROBERT H. WHITE
Director
1 Lakeview Drive, Route 3
Mary Esther, FL 32569
(H) 581-0661 (C) 585-4623

CHRISTINE LUKASIK
1st SOW Rep
53 Robys Dr Unit #8
Mary Esther, FL 32569