



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

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending 20

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization SUPER SABRE SOCIETY</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O BOX 341837</p> <p>City or town, state or province, country, and ZIP or foreign postal code Austin, TX 78734</p>	<p>D Employer identification number 27-1118754</p> <p>E Telephone number (512) 261-5071</p> <p>F Group Exemption Number ▶</p>
--	---	--

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ **supersabre society.com**

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(19) ◀ (insert no.) 4947(a)(1) or 527

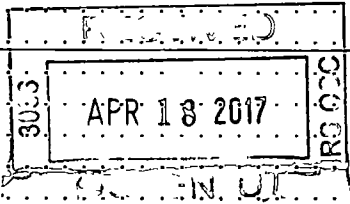
K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **49,242**

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

SCANNED MAY 17 2017 Revenue

	1 Contributions, gifts, grants, and similar amounts received				1 445
	2 Program service revenue including government fees and contracts				2
	3 Membership dues and assessments				3 47,740
	4 Investment income				4
	5a Gross amount from sale of assets other than inventory	5a			
	b Less: cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
	c Less: direct expenses from gaming and fundraising events	6c			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a Gross sales of inventory, less returns and allowances	7a	1,057		
	b Less: cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	1,057
	8 Other revenue (describe in Schedule O)			8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	49,242
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	
	11 Benefits paid to or for members			11	
	12 Salaries, other compensation, and employee benefits			12	
	13 Professional fees and other payments to independent contractors			13	2,325
	14 Occupancy, rent, utilities, and maintenance			14	
	15 Printing, publications, postage, and shipping			15	24,081
	16 Other expenses (describe in Schedule O)			16	18,526
	17 Total expenses. Add lines 10 through 16			17	44,932
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	4,310
	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	89,876
	20 Other changes in net assets or fund balances (explain in Schedule O)			20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20			21	94,186



p
4

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	127,746	22	130,488
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	2,865	24	4,580
25 Total assets	130,611	25	135,068
26 Total liabilities (describe in Schedule O)	40,735	26	40,882
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,876	27	94,186

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PRESERVE THE HISTORY OF THE F-100 PILOTS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)			32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DON SHEPPERD PRESIDENT	10.00	0	0	0
EDDIE BRACKEN VICE PRESIDENT	10.00	0	0	0
DICK PIETRO DIRECTOR AT LARGE	10.00	0	0	0
ROBERT HOPKINS CEO	10.00	0	0	0
DAVID L HATTEN CFO TREASURER	10.00	0	0	0
JIM WILLIFORD EXECUTIVE SECRETARY	10.00	0	0	0
WIN REITHER CIO	10.00	0	0	0

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2016) questions 33-45b regarding organization activities, financials, and tax status. Includes checkboxes for 'Yes' and 'No' and various input fields for amounts and descriptions.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns. 46 Yes No X

Part V Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

Table with Yes/No columns. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns. 48 Yes No X

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns. 49a Yes No X

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns. 49b Yes No X

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No X

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 Signature of officer DAVID L HATTEN, CFO TREASURER Date 4/11/17

Paid Preparer Use Only Pnn/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's address Firm's EIN Phone no

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

SUPER SABRE SOCIETY

Employer identification number

27-1118754

01. Description of other expenses (Part I, line 16)

Description	Amount
T BIRD DISPLAY	400
BAD DEBT	570
BANK CARD FEE	2,250
BANK FEES	20
ACCOUNTING FEES	500
LAST MAN STANDING DISPLAY	5,776
INSURANCE LIABILITY	993
SSS WEBSITE	7,982
MISC EXPENSE	35

02. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	365	2,080
PREPAID EXPENSES 2017 REUNION	2,500	2,500

03. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
PREPAID DUES	38,835	40,882
F-100 RIDE LOTTERY	1,900	0