

**Short Form
Return of Organization Exempt From Income Tax**

2002

Department of the Treasury
Internal Revenue Service

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p>C</p> <p>PILOT CLUB OF TITUSVILLE INC P O BOX 1917 TITUSVILLE, FL 32781-1917</p>	<p>D Employer identification number <u>59-6173305</u></p> <p>E Telephone number <u>1-321-269-0502</u></p> <p>F Enter 4 digit (GEN) ▶</p>
--	---	--	---

• 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 Web site ▶ N/A

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

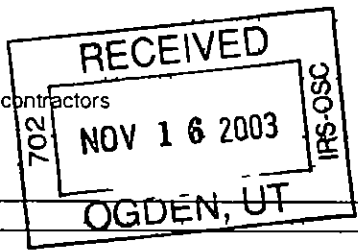
J Organization type (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 57,281.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>5b Less cost or other basis and sales expenses</p> <p>5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)</p> <p>6 Special events and activities (attach schedule)</p> <p>6a Gross revenue (not including \$ <u>1,852</u> of contributions reported on line 1)</p> <p>6b Less direct expenses other than fundraising expenses</p> <p>6c Net income or (loss) from special events and activities (line 6a less line 6b)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>7b Less cost of goods sold</p> <p>7c Gross profit or (loss) from sales of inventory (line 7a less line 7b)</p> <p>8 Other revenue (describe ▶ _____)</p> <p>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶</p>	<p>1 <u>5,204.</u></p> <p>2 <u>10,535.</u></p> <p>3 <u>3,996.</u></p> <p>4 <u>23.</u></p> <p>5c</p> <p>6a <u>37,523</u></p> <p>6b <u>21,163.</u></p> <p>6c <u>16,360.</u></p> <p>7c</p> <p>8</p> <p>9 <u>36,118.</u></p>
EXPENSES	<p>10 Grants and similar amounts paid (attach schedule)</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe ▶ <u>See Statement 2</u>)</p> <p>17 Total expenses (add lines 10 through 16) ▶</p>	<p>10 <u>11,266</u></p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15 <u>300.</u></p> <p>16 <u>24,811.</u></p> <p>17 <u>36,377.</u></p>
NET ASSETS	<p>18 Excess or (deficit) for the year (line 9 less line 17)</p> <p>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)</p> <p>20 Other changes in net assets or fund balances (attach explanation)</p> <p>21 Net assets or fund balances at end of year (combine lines 18 through 20) ▶</p>	<p>18 <u>-259.</u></p> <p>19 <u>-2,961.</u></p> <p>20</p> <p>21 <u>-3,220.</u></p>



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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,569	10,518.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	11,569.	10,518.
26 Total liabilities (describe ▶ _____)	0	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-2,961	-3,220.

FBI, MED DECO 4 03

169

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	See Statement 3	(Grants \$ 4,998.)	28a 18,792.
29		(Grants \$)	29a
30		(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)		32 18,792.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 4		0	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)		See Statement 5	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			X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990 T, attach a statement explaining your reason for not reporting the income on Form 990 T			X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement)			X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	X
b	Did the organization file Form 1120-POL for this year?			X
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 unpaid at the start of the period covered by this return?			X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation			X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958			0
d	Enter Amount of tax on line 40c, above, reimbursed by the organization			0.
41	List the states with which a copy of this return is filed ▶ None			
42	The books are in care of ▶ JANET CAMACHO Located at ▶ 4700 KEY LARGO DR, TITUSVILLE, FL			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in and enter the amount of tax exempt interest received or accrued dur			

Please Sign Here ▶ *Michael Zullo*
Signature of officer

Paid Preparer's Use Only ▶ *Norma Jean Seiffert*
Preparer's signature

Firm's name (or yours if self employed) address and ZIP + 4 ▶ S&S Business Services Inc
2910 Garden Street
Titusville, FL 32796

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2002

Supplementary Information — (See separate instructions)

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

PILOT CLUB OF TITUSVILLE INC

Employer identification number

59-6173305

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities **▶** \$ **N/A**
(Must equal amounts on line 38, Part VI A, or line 1 of Part VI B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below.)

4 Do you have a section 403(b) annuity plan for your employees?

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3	X	
4		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(ii) **Enter the hospital's name, city, and state ▶** _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

12 An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	9,159	9,192.	4,885.	5,151.	28,387.
16 Membership fees received	4,144.	2,555.	3,533		10,232.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	32,402.	33,788	36,493.		102,683.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	424.	408	688		1,520.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	46,129.	45,943	45,599.	5,151	142,822.
24 Line 23 minus line 17	13,727	12,155.	9,106.	5,151.	40,139
25 Enter 1% of line 23	461	459.	456	52.	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24 N/A</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e)</p> <p>d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a</p> <p>26b</p> <p>26c</p> <p>26d</p> <p>26e</p> <p>26f</p>
27 Organizations described on line 12	<p>a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year (2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0.</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0.</p> <p>c Add Amounts from column (e) for lines 15 _____ 28,387. 16 _____ 10,232. 17 _____ 102,683. 20 _____ 21 _____</p> <p>d Add Line 27a total _____ 0 and line 27b total _____ 0.</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c</p> <p>27d</p> <p>27e</p> <p>27f</p> <p>27g</p> <p>27h</p>
28 Unusual Grants	<p>For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15</p>				

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if No, please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered Yes to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

PILOT CLUB OF TITUSVILLE INC

59-6173305

Statement 1
Form 990-EZ, Part I, Line 6
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
PECAN SALE	23,453	0	23,453.	16,835.	6,618
FASHION SHOW	5,772	0	5,772.	2,364	3,408
CHRISTMAS AUCTION	4,727.	1,852	2,875.	999.	1,876.
JR MISS PAGEANT	5,423	0.	5,423.	965	4,458
Total	\$ 39,375	\$ 1,852	\$ 37,523.	\$ 21,163.	\$ 16,360.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Bank Charges	\$	10
Club Dues Returned		16.
Club Operations Division		487.
Club Operations Expenses		857.
Conferences, Conventions, And Meetings		3,671.
FL District Dues		651
Guest Lunches		200.
Installation Banquet		919
Lunches		6,893.
P I Directory		5.
P I Dues		1,736.
P I Initiation Fee		150.
P I. Insurance		130.
P.I. Reinstatement Fee		30
Past Pres Pin & Gift		15
PO Box Rental		76
Project Donation Spent		13.
Projects		6,576.
Supplies		187.
World Hunger		292.
Youth Division Expenses		1,397.
Youth Division Project		500.
Total	\$	24,811.

Statement 3
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Pilot Club of Titusville Inc provides services to the local community and the international community through local projects and charitable organizations		Projects
were		
Community Service Projects		
International Relations		
Patriotism		

PILOT CLUB OF TITUSVILLE INC

59-6173305

Statement 3 (continued)
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Safety & Security Youth Scholarship Projects Education PI Foundation Alzheimer's Daycare Center Grant	4,998.	18,792
	<u>\$ 4,998</u>	<u>\$ 18,792</u>

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Michele Zrallack 20402 Ralston ST Orlando, FL 32833	President None	\$ 0.	\$ 0.	\$ 0.
Becky Hinote 3095 Knox McRae DR Titusville, FL 32780	PresidenElect None	0.	0.	0.
Janet Camacho 4700 Key Largo DR Titusville, FL 32780	Treasurer None	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0</u>	<u>\$ 0.</u>

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Client PILOT

PILOT CLUB OF TITUSVILLE INC

59-6173305

11/11/03

03 50PM

Statement 3 (continued)
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Safety & Security Youth Scholarship Projects Education PI Foundation Alzheimer's Daycare Center Grant TOTAL	4,998.	18,792
	<u>\$ 4,998.</u>	<u>\$ 18,792.</u>

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Michele Zrallack 20402 Ralston ST Orlando, FL 32833	President None	\$ 0.	\$ 0.	\$ 0.
Becky Hinote 3095 Knox McRae DR Titusville, FL 32780	PresidenElect None		0	0.
Janet Camacho 4700 Key Largo DR Titusville, FL 32780	Treasurer None		0	0.
	Total	<u>\$ 0.</u>	<u>\$ 0</u>	<u>\$ 0.</u>

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No