# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2021 calen	dar year, or tax year beginning 01/01/2021 and ending		12/31/2	021						
в	Check if	f applicable:	C Name of organization THOROUGHBRED FLYING CLUB INC		D Employer identification number							
	Address	s change	Doing business as			82-2226770						
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	uite	<b>E</b> Telepł	none number						
	Initial re	turn	10629 Gleneagle Pl				502-744-5871					
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return	Louisviulle, KY 40223		<b>G</b> Gross	receipts \$ 301,281						
	Applicat	tion pending	(a) Is this a grou	s a group return for subordinates? 🗌 Yes 🔽								
			10629 Gleneagle PI, Louisville, KY 40223	H(	(b) Are all sul	oordinat	es included? 🗌 Yes 🗌 No					
<u> </u>	Tax-exe	empt status:	501(c)(3) ✓ 501(c) ( 7 ) ◄ (insert no.) 4947(a)(1) or 527	lf '	"No," attach	a list. Se	ee instructions.					
J	Website	e: 🕨 tflyingc	lub.org	H(	(c) Group exe	emption	number 🕨					
		organization: 🗸	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma	ation:	2017	M State	of legal domicile: KY					
Ρ	art I	Summa	ry									
	1	Briefly des	cribe the organization's mission or most significant activities: Member	ership	in the club	o is ope	en to pilots and their					
S		family men	nbers who wish to be part of a group of fellow pilots to further build relat	tionshi	ips in the f	lying c	ommunity, share a					
nan			ng, and promote aviation in the community.									
veri	2	Check this	box $\blacktriangleright$ if the organization discontinued its operations or disposed	d of mo	ore than 2	5% of	its net assets.					
õ	3	Number of	voting members of the governing body (Part VI, line 1a)			3	5					
۰ŏ	4	Number of	independent voting members of the governing body (Part VI, line 1b		4	68						
ties	5	Total numb	per of individuals employed in calendar year 2021 (Part V, line 2a)		5	0						
Activities & Governance	6	Total numb	per of volunteers (estimate if necessary)		6	68						
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0						
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11			7b	0					
					Prior Year		Current Year					
Ð	8	Contributio	ons and grants (Part VIII, line 1h)									
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)		ç	2,706	136,781					
sev.	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)				0					
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		ç	7,426	0					
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(must equal Part VIII, column (A), line 12)								
	13		I similar amounts paid (Part IX, column (A), lines 1–3)				0					
	14		aid to or for members (Part IX, column (A), line 4)				0					
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)				0					
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)				0					
ďX	b		aising expenses (Part IX, column (D), line 25)	umn (D), line 25) ▶								
ш	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	20	04,154	274,055						
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	L	20	04,154	274,055					
	19	Revenue le	ess expenses. Subtract line 18 from line 12		-1	4,022	27,226					
Net Assets or Fund Balances				Beginn	ing of Curre	nt Year	End of Year					
set	20	Total asset	s (Part X, line 16)		5	5,657	82,883					
at As	21		ties (Part X, line 26)			0	0					
			or fund balances. Subtract line 21 from line 20		5	5,657	82,883					
P	art II	Signatu	re Block									

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           James Spurgeon, President           Type or print name and title			Date				
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN		
Preparer Use Only	Firm's name	Firm's EIN ►						
	Firm's address ►		Phone no.					
May the IRS	discuss this return with the preparer	shown above? See instructions .				🗌 Yes 🗌 No		
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y								

Form 99	m 990 (2021)	Page <b>2</b>										
Part	art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in t	nis Part III .............										
1	Briefly describe the organization's mission:											
	Membership in the club is open to pilots and their families who wish to be parelationships in the flying community, share a love of flying, and promote av											
2	2 Did the organization undertake any significant program services during t prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.											
3	3 Did the organization cease conducting, or make significant changes	in how it conducts, any program 										
4	<ul> <li>If "Yes," describe these changes on Schedule O.</li> <li>Describe the organization's program service accomplishments for each expenses. Section 501(c)(3) and 501(c)(4) organizations are required to the total expenses, and revenue, if any, for each program service reported</li> </ul>	report the amount of grants and allocations to others,										
4a	Monthly Revenue to pay fixed expenses for the club in the form of monthly fees for the use of the airplanes to cover the variable cost associated	ees for the level of membership in the club. Then										
4b		) (Revenue \$)										
4c	<b>4c</b> (Code:) (Expenses \$ including grants of \$	) (Revenue \$)										
4d												
4e	(Expenses \$ 0 including grants of \$ 0 ) (Rev         4e       Total program service expenses ► 273,801	enue \$ 0)										

Form 99	0 (2021)		I	Page <b>3</b>								
Part	V Checklist of Required Schedules											
	In the experimentian department in position $501(a)(2)$ or $4047(a)(1)$ (other than a private foundation)? If "Vec "		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		~								
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~								
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		~								
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		~								
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~								
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II											
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III											
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~								
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~								
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		~								
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~								
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~								
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~								
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~								
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~								
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~								
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		~								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~								
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~								
D	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		~								
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~								
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~								
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~								
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~								
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~								
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~								
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~								

Form 99	0 (2021)		I	Page <b>4</b>							
Part	V Checklist of Required Schedules (continued)										
~~			Yes	No							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~							
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		~							
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	 24a		-							
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c									
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>										
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? <i>If "Yes," complete Schedule L, Part I</i>	25b									
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		~							
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		<ul> <li></li> <li></li> </ul>							
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~							
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		v v							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~							
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		~							
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<ul> <li></li> </ul>							
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? If "Yes," complete Schedule R, Part VI	37		~							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~								
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u> </u>									
			Yes	No							
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         Did the organization comply with backup withbackup withback	-									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		~							

Form 99			F	Page 5							
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~							
b	If "Yes," enter the name of the foreign country ►										
<b>5</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>F</b> -									
	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?	5a 5b		~							
	<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a											
b											
7	Organizations that may receive deductible contributions under section 170(c).	6b	~								
	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									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c									
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h									
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.	8									
a	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									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b> 0										
11	Section 501(c)(12) organizations. Enter:										
a	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.)										
100	against amounts due or received from them.)	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
a	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which										
	the organization is licensed to issue qualified health plans										
	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~							
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b									
10	excess parachute payment(s) during the year?	15		~							
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		-							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~							
	If "Yes," complete Form 4720, Schedule O.										
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47									
		17									
	If "Yes," complete Form 6069.										

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.										
	Check if Schedule O contains a response or note to any line in this Part VI										
Secti	on A. Governing Body and Management										
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-	Yes	No							
ь 2	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> <u>68</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~							
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a	~ ~	ン ン							
b	<ul> <li>one or more members of the governing body?</li> <li>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> </ul>										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
a b 9	The governing body?	8a 8b 9	ン ン	~							
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	-	nde )	-							
			ouc.,								
			Yes	No							
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a	<i>,</i>	No V							
10a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	<i>,</i>								
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes	V							
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	~							
10a b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes								
10a b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes V V	<ul> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> </ul>							
10a b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes V V								

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► James M Spurgeon, (502)744-5871

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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

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

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

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

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours	office	er an	d a d	lirect	or/trust	tee)	compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
James M Spurgeon	15.00									
Prseident	5.00			~				0	0	0
Steve Whalen	6.00									
Vice President of Operations and Treasurer	0.00			V				0	0	0
Florian Kapp	5.00									
Vice President of Maintance	0.00			~				0	0	0
Daniel Ormsby	2.00									
Secretary	0.00			~				0	0	0
Cage Harpole	2.00									
Member Relations	0.00			V				0	0	0
		-								
										Farma 000 (0001)

Part VII Section A. Officers, Directors	, Trustees,	Key	Em	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	<b>yees</b> (continuea
				(0	C)						
(A)	(B)			Pos	sition			(D)	(E)		(F)
Name and title	Average					e than c		Reportable	Report		Estimated amount
Name and the	hours					is both		compensation	compen		of other
	per week		officer and a director/trust					from the	from re		compensation
	(list any	or d	nst	Officer	ey	High	Former		organizatio		from the
	hours for related	Individual t or director	t t	ĕ	Key employee	lest	ner	1099-MISC/ 1099-NEC)	1099-N 1099-N		organization and
	organizations	jờ a	ona		탕	e co		1099-NEC)	1099-1	NEC)	related organizations
	below	or director	l tr		yee	npe					
	dotted line)	tee	Institutional trustee			ssue					
			ď			Highest compensated employee					
		-									
		-									
					-						
		-									
		-									
		-									
1b Subtotal			·	·	• •	•		0		0	
c Total from continuation sheets to Pa	rt VII, Sectio	on A	•		• •						
								0		0	C
2 Total number of individuals (including a		d to th	iose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of
reportable compensation from the orga	anization 🕨							0			
								-			Yes No
3 Did the organization list any former	officer, dire	ector,	tru	ste	e, k	key er	mpl	loyee, or highes	st compe	ensated	
employee on line 1a? If "Yes," complete	e Schedule J	l for si	uch	ind	ividu	Jal					3 🖌
4 For any individual listed on line 1a, is t	he sum of re	porta	ble	con	nper	nsatio	n a	nd other compe	nsation fr	om the	
organization and related organization											
individual											4 🗸
5 Did any person listed on line 1a receive	or accrue c	omne	nsa	tion	froi	m anv	/ IIn	related organizat	tion or ind	leuhivit	
for services rendered to the organization											
•	<i>in: ii 103, 0</i>	Joinpi	010	00/	icut		01 3			• •	5 🖌 🖌
Section B. Independent Contractors 1 Complete this table for your five h	aboet como	onort	<u></u>	ind		ndant		ntractore that	aceived	more	than \$100.000 -
<b>1</b> Complete this table for your five h compensation from the organization. Re											
	sport comper	isatio	10		Jud	Giludi	i ye T	-		e organ	-
(A)	ddross							(B)	licos	.	(C)
Name and business a	1001855							Description of serv	1085	· · · · ·	Compensation
None											
							1			1	

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization ► 0	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	y line in this Pa	rt VIII...	 	~

				<b>,</b>			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns <b>1a</b>	0				
an	b	Membership dues	164,500				
ອ ຣິ	с	Fundraising events	0				
, ts,	d	Related organizations <b>1d</b>	0				
lar İlar	e	Government grants (contributions) <b>1e</b>	0				
in's,	f	All other contributions, gifts, grants,					
ior s		and similar amounts not included above 1f	0				
the	q	Noncash contributions included in	0				
le Iti	9	lines 1a–1f	\$ 0				
Contributions, Gifts, Grants, and Other Similar Amounts	h	<b>Total.</b> Add lines 1a–1f		1/4 500			
0	- 11		Business Code	164,500			
Ð	0-		Busiliess Code				
vic	2a						
ue ue	b						
jram Ser Revenue	c						
lev Rev	d					-	
Program Service Revenue	е						
<u>م</u>	f	All other program service revenue		136,781	136,781	0	0
	g	Total. Add lines 2a–2f		136,781			
	3	Investment income (including dividende					
		other similar amounts)	🕨				
	4	Income from investment of tax-exempt be	ond proceeds 🕨				
	5	Royalties <u></u>	🕨				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	<b></b>				
	7a	Gross amount from (i) Securities	(ii) Other				
	74	sales of assets					
		other than inventory <b>7a</b>					
a l	b	Less: cost or other basis					
ž	~	and sales expenses . 7b					
Revenue	с	Gain or (loss) 7c 0	0				
Be l	d						
ler			🕨				
Othe	8a	Gross income from fundraising events (not including \$ 0					
•		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	h						
	C Oc	Net income or (loss) from fundraising ever Gross income from gaming	ents 🕨				
	9a						
		Less: direct expenses 9b					
		Net income or (loss) from gaming activitie	es 🕨				
	10a	Gross sales of inventory, less					
	_	returns and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of invento	-				
sn			Business Code				
Miscellaneous Revenue	11a						
scellanec Revenue	b						
lle even	С						
lis B	d	All other revenue		0	0	0	0
Σ	е	Total. Add lines 11a–11d	🕨	0			
	12	Total revenue. See instructions		301,281	136,781	0	0
							Form <b>990</b> (2021)

Part IX Statement of Functional Expenses

from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

#### Check if Schedule O contains a response or note to any line in this Part IX . . . . . (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 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 . . . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members . . . . Compensation of current officers, directors, 5 trustees, and key employees . . . . . Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages . . . . . 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 10 Payroll taxes . . . . . . . . . . . . 11 Fees for services (nonemployees): Management . . . . . . . . . . . а Legal . . . . . . . . . . . . . . b С Accounting . . . . . . . . . . . 9,566 d Lobbying . . . . . . . . . . Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion . . . . . . 254 13 Office expenses . . . . . . . . 890 14 Information technology . . . . . . 15 Royalties . . . . . . . . . Occupancy . . . . . . . . . . . 39,720 16 17 Travel . . . . . . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . . . . . . 22 Depreciation, depletion, and amortization . 23 Insurance . . . . . . . . . . . . . 8,780 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Aircraft Repair 1,500 а b 209,890 Aircraft Lease and Hourly Use Fees С d All other expenses е 3,455 25 **Total functional expenses.** Add lines 1 through 24e 274,055 0 0 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0

	n 990 (20	,			Page <b>11</b>
Ρ	art X		+ X/		_
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		••••••••••••••••••••••••••••••••••••••
	1	Cash-non-interest-bearing	20,462	1	26,800
	2	Savings and temporary cash investments	29,871	2	39,650
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	5,324	4	16,433
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	·		
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Š	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments – program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	55,657	16	82,883
	17	Accounts payable and accrued expenses		17	02,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ide		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions		27	
ñ	28	Net assets with donor restrictions		28	
Fund		Organizations that do not follow FASB ASC 958, check here ► ✓ and complete lines 29 through 33.			
ŗ	29	Capital stock or trust principal, or current funds	42,556	29	83,721
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
SSI	31	Retained earnings, endowment, accumulated income, or other funds	13,101	31	-838
jt A	32	Total net assets or fund balances	55,657	32	82,883
ž	33	Total liabilities and net assets/fund balances	55,657	33	82,883

Form **990** (2021)

Form 99	90 (2021)				Pa	ge <b>12</b>	
Par	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1					301,281		
2	Total expenses (must equal Part IX, column (A), line 25)	2			274	4,055	
3	Revenue less expenses. Subtract line 2 from line 1	3		27,226			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		55,657			
5	Net unrealized gains (losses) on investments	5				0	
6	Donated services and use of facilities	6				0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10			82	2,883	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					_	
			_		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 on							
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npilec	lor				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	• •	-	2b		~	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	na				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
the audit, review, or compilation of its financial statements and selection of an independent accountant?				2c			
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain	on				
•							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A 1222	orth in					
ь.	Single Audit Act and OMB Circular A-133?	• •		3a		~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule Q and describe any store taken to undergo such a						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits	•	Bb			

SCHE	DUL	E (	)	
(Form	990	or	990-	EZ)

Department of the Treasury Internal Revenue Service

## 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 Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.



Name of the organization	Employer identification number
THOROUGHBRED FLYING CLUB INC	82-2226770
Form 990, Part VI, Section A, Line 6 - Members	
Form 990, Part VI, Section A, Line 7a - Election to the Board of Directors is held every 2 years or as neces	sary to fill an open position.
Form 990, Part VI, Section A, Line 7b - Major changes to the Bylaws or Major purchases must be approved	I by the Membership.
Form 990, Part VI, Section B, Line 11b - The 990 is sent out to the membership as well as guarterly financia	al updates. The 990 is also
posted on our website.	
Form 990, Part VI, Section B, Line 12c - Oversite by the board plus a policy of an uninvolved board member members or board members.	er in agreements involving other
Form 990, Part VI, Section B, Line 15 - The officers are currently volunteers but any compensation is spell	ed out in our Bylaws.
Form 990, Part VI, Section C, Line 19 - Yes, Financial updates are provided to the membership Quarterly a	nd Tax forms are on our Website
Form 990, Part VIII, Line 1a - Revenue is from Membership Dues \$150275 and Aircraft Use Fees \$137264	
Form 990, Part VIII, Line 2a - 2e - Revenue was from Aircraft Use Fees	

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

### Schedule O, Statement 1

Form: Form 990 (2021)

Page: 1

### THOROUGHBRED FLYING CLUB INC

EIN: 82-2226770

**Header Section** 

### **Reasonable Cause Explanations**

Explanation

Form 990 was originally filed on time via paper marked received Mar 102022 in Ogden UT. It was returned with the explanation that it must be submitted electronically. This is our first year we were required to switch from the 990ez to the 990 and were unaware of the electronic filing requirement.