Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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)

* Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Open to Public Inspection

B	For t	he 2012 ca if applicable	lendar year, or tax year beginning , 2012, and ending		,	
Ť	Addres	n applicable is change	С	D E	imployer ic	lentification number
┌	Name -	change	DFW HONOR FLIGHT		46-08 <u>:</u>	
X	Induat i	relurn	HONOR FLIGHT DFW	ET	elephone r	number
	Termin	nated	10455 N CENTRAL EXPWY #109 DALLAS, TX 75231		(972)	998~8505
	Amend	led return	DADLAS, 1X 73231	FG	roup Ex	emption
	Applica	ation pending		N	lumber	P
G	Acco	unling Met	hod X Cash Accrual Other (specify) ► H Chec	k - [If the	organization is not
I	Web:	site: ► <u>W</u>				Schedule B (Form
j	Tax-ex	empt status (check anly ane) — 🛛 501(c)(3) 🔲 501(c)() 🔻 (insert no) 🔲 4947(a)(1) or 📗 527 📗 990, f	990-E	Z, or 99	
K	Chec	k►∏ıft	he organization is not a section 509(a)(3) supporting organization or a section 527 organiz	alion	and its	gross receipts are
			ore than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pos	tcard) n	nay be required (see
_		_	ut if the organization chooses to file a return, be sure to file a complete return			
L	Add (lines 55, 50 ts (Part II.	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	1 f 10t	al ►\$	169,087.
P	irt I		ie, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truc	1	<u> </u>
			the organization used Schedule O to respond to any question in this Part I	, ii uc	((0)13 1	Si i ait i)
_	1		ions, gifts, grants, and similar amounts received		1	169,087.
	2		service revenue including government fees and contracts.		2	103700
	3	-	hip dues and assessments.		3	
	4	Investmer	nt income		4	
	5a	Gross am	iount from sale of assets other than inventory 5a			
	1		t or other basis and sales expenses 5b		┤	
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
	6	,	and fundraising events			
R	a	Gross inc	ome from gaming (attach Schedule G if greater than \$15,000) 6a			
R E V E	b	Gross ince	ome from fundraising events (not including\$ of contributions		1 l	
Ä	ĺ	from fund of such a	raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000)			
_	c	_	ect expenses from gaming and fundraising events 6c		1	
	d	Net incom 6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)		6 d	
	7 a	Gross sale	es of inventory, less returns and allowances 7a			- -
	b	Less cos	t of goods sold 7b			
	C	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)	~	7 c	
	8	Other rev	enue (describe in Schedule O)	<u></u>	8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 😥 i	48	9	169,087.
	10		nd similar amounts paid (list in Schedule O).	- 3 (10	
	11	Benefits p	paid to or for members	9	<u> 11 </u>	
E	12	Salaries,	other compensation, and employee benefits OGDEN, U	γ'	12	
P	13	Profession	nal fees and other payments to independent contractors	• .	. 13	
N S	14	Occupano	cy, rent, utilities, and maintenance		14	
Ē	15	Printing, p	publications, postage, and shipping		15	
	16		penses (describe in Schedule O) SEE SCHEDULE O		16	76,268.
_	17		enses. Add lines 10 through 16	<u></u> -	17	76,268.
Δ	18	Excess or	r (deficit) for the year (Subtract line 17 from line 9)		18	92,819.
A S S E T T	19	Net asset figure rep	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-coorted on prior year's return)	f-yea	19	0.
' T 5	20	Other cha	anges in net assets or fund balances (explain in Schedule O)		20	· · · · · · · · · · · · · · · · · · ·
	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20.	•	- 21	92,819.
BA	A Fo	r Paperwoi	rk Reduction Act Notice, see the separate instructions.			Form 990-EZ (2012)

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FCI	Balance Sheets. (see the inst Check if the organization used Sche	tructions for Part II.) dule 0 to respond to any qu	estion in this Part II			X
		+) Beginning of year	г	(B) End of year
22	Cash, savings, and investments				22	49,091.
23 24	Land and buildings Other assets (describe in Schedule O)	SEE SCHEDULI	εο ⊢		23	
25	Total assets			0.	24 25	43,728.
26	Total fiabilities (describe in Schedule O)			0.	26	92,819. 0.
27	Net assets or fund balances (line 27 of c		line 21)	0.	27	92,819.
<u></u> Par				[X]	Post	Expenses uired for section 501
What	Check if the organization used Sch is the organization's primary exempt purpose? SEE	Tedule O to respond to any t	question in this Pan III		(c)(3)) and 501(c)(4)
Desc mea bene	cribe the organization's program service ac sured by expenses. In a clear and concise fitted, and other relevant information for e	complishments for each of manner, describe the serve ach program title	its three largest program ces provided, the numb	n services, as er of persons	4947	nizations and section (a)(1) trusts, optional thers)
28	GROUP OF VOLUNTEERS TAKES EXPENSE PAID TRIP TO REFL TO VETERANS WHO FOUGHT WO	VETERANS TO WASH! ECT AT THEIR MEMOR	INGTON, D.C. FO	R AN ALL IS GIVEN	28 a	
29						
	(Grants \$) If thi	s amount includes foreign g	rants, check here	╌╌╌╌╒┍┪┆	2 9 a	
30						
	(Grants \$) If thi	s amount includes foreign q	rants check here		30 a	
31	Other program services (describe in Scho		ranta, ericon nere		300	
		s amount includes foreign g	rants, check here	- □	31 a	
	Total program service expenses (add lin	<u> </u>			32	
्रह्म	List of Officers, Directors, 1	Trustees, and Key Emp	ployees. List each one evi	en if not compensated (s	see th	e instructions for Part IV.)—
	Check if the organization used Sch	· · · · · ·	i e	(d) Health benefits,		<u></u>
	(e) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defer compensation	vee	(e) Estimated amount of other compensation
	AINE GIORDANO	20				•
	SIDENT RRY KASEN	30	_0.		0.	0.
	E PRESIDENT	2	0.		0.	0.
	OY HEAPS				*	
	CRETARY		0.		0.	0.
	LIAM FOGLE EASURER	2	0.		٥.	0.
		<u> </u>				
						
RAA		TEEA08121 (12/1/4/12			Earm 008.E7 (2012)

Form	990-EZ (2012) DFW HONOR FLIGHT 46-082807	4	Ρ	age 3
Par	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE_SCHED the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ÜLE	0	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
	provide a detailed description of each activity in Schedule Q. Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		X
3-4	a change to the organization's name. Otherwise, explain the change on Schedule Q (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 b		 _ _
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
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		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year? Did the organization hereby from or make any loads to any effect, director trusted on key ampleyed or water.	37 Ь		X
30 a	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 tax year covered by this return?	38 a		X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			- · -
39	amount involved Section 501(c)(7) organizations Enter	İ		
а	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 N/A			
40 a	Section 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., section 4955 • 0., Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
4	managers or disqualified persons during the year under sections 4912, 4955, and 4958 • 0. 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	40.0	—	X
41	List the states with which a copy of this return is filed NONE	40 e		
42 a	The organization's books are in care of WILLIAM FOGLE Telephone no (972)	998	-850)5
	Located at * 10455 N CENTRAL EXWY STE 109 DALLAS TX 2IP + 4 * 75231	. 2.29.	_ 200	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country*	42 Ь		X
	Tes, enter the hance of the foreign country.			
				:
	See the instructions for exceptions and filing requirements for Ferm 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.?	42 c		Х
	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		- □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		V-2	N/A
44.5	Did the organization maintain any donor advised funds during the year? If 'Yes' Form 990 must be completed instead		Yes	No
 -a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	- 00 -		
45 a	If 'No,' provide an explanation in Schedule O Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a		X
	Did the occanization receive any navment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes'			
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х

Form 990-1	EZ (2012) DFW HONOR FLIGHT			46-082	28074	P	age 4
46 Did II	he organization engage, directly or indirec	ctly in political campa	on activities on behalf o	of or in apposition to		Yes	No
candi	idates for public office? If 'Yes,' complete	Schedule C, Part I			46		X
Peri <u>VII</u>	Section 501(c)(3) organizations All section 501(c)(3) organizatio for lines 50 and 51.	only ons must answer q	uestions 47-49b and	d 52, and complete	the table	es:	_
	Check if the organization used Schedule	e O to respond to any	question in this Part VI				Г
47 Dolle	na aranganation angana sa labbugan satuution	ar hava a coston EO1/h) alastica in officet disease	the law week? If 'Vec'		Yes	No
	ne organization engage in lobbying activities oblete Schedule C, Part II	or nave a section portin	election in effect during t	the tax year in res,	47		x
	e organization a school as described in se		,	dule E	48		Х
	he organization make any transfers to an	-	e related organization?		49 a		X
	es,' was the related organization a section plete this table for the organization's five high	•	was dather there afficers	directors decembers and the	49Ь		
emplo	oyees) who each received more than \$100,00	00 of compensation from	the organization of there	is none, enter 'None '	зy		
·	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Eştimate olher çom		
NONE							
							
					1		
							-
- .							
							
f Total	number of other employees paid over \$1	00,000	l				
51 Comp	plete this table for the organization's five high pensation from the organization. If there is	nest compensated indepe	endent contractors who ea	ach received more than \$	100,000 of		
	Vame and address of each independent contractor paid		(b) Type (of service	(c) Comp	ensatio	
			(47.7)	01 0017.00	(0,0011)		
NONE	- 						
			·-·				
					<u> </u>		
. – – – .		<u>-</u>					
d Total	number of other independent contractors	each receiving over					
	he organization complete Schedule A? No						
	table trusts must attach a completed Schools of periors. I declare that I have examined this return						
rue, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer	r) is based on all information					
~•	Signature of officer						
Sign Here	<u></u>						
	TERRY KASEN Type or print name and title						
	Print/Type preparer's name	Preparer's signalure					
Paid	CYNTHIA GRIECO	CYNTHIA GRIEC					
Preparer	Firm's name > KHA ACCOUNTANTS						
Jse Only	Firm's address ► 4880 LONG PRAIRI	***					
		K 75028-2283					
lay the IR	S discuss this return with the preparer sh	own above? See ins					

SCHEDULE A (Form 990 or 990-EZ)

(E)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2012

Open to Public

Interna	l Rev	of the Treasury renue Service		• Attach to Fo	rm 990 or Form 990-EZ.	► See se	parate ir	nstructio	ns.			Inspe	ection	IIÇ
Name :	of th e	organization		NOR FLIGHT						Employe	r identificat	bon number		
				FLIGHT DFW							<u>828074</u>			
Par					(All organizations					See i	<u>nstruct</u>	ions.		
	orga				e it is (For lines 1 thro	•		-	-					
1	Ц				ciation of churches des		section	n 170(b)	(I)(A)(I)	te.				
2	Ц				(ii), (Attach Schedule E	•								
3	Ц	-	•	•	e organization describe									
4	\sqcup	ļ.			in conjunction with a h	iospital i	describe	d in sec	ction 17	0(ЬХ1Х/	A)(iii) . Er	nter the hos	spital's	,
	_	name, city,												
5		170(b)(1)(A)(iv). (Co	mplete Part II)	college or university own	-		_		l unit de:	scribed in	section		
6	Ц				overnmental unit descri									
7	Ц	in section 1	/70(b)(1)(/	A)(vi)。(Complete Par	•		•	iental un	it or fron	n the ger	neral publ	lic described	1	
8	\sqcup	A communi	ty trust de	escribed in section 1 7	70(b)(1)(A)(vi). (Comple	te Part I	II)							
9	<u>x</u>	related to its	exempt fu iness taxab	unctions — subject to a	re than 33-1/3% of its sup ertain exceptions, and (2 I1 tax) from businesses acqi) no mor	e ihan 3	3-1/3% c	if its suc	port from	n aráss ir	westment in	m activ scome	vities and
10	Ш	An organiza	ation orga	nized and operated e	exclusively to test for pu	iblic safe	ety Sec	section	1 509(a)	(4).				
11		supported or	rganization	zed and operated exclus is described in section ion and complete line	sively for the benefit of, to 509(a)(1) or section 509(is 11e through 11h	perform (a)(2) So	the func ee sectio	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	ourposes of ex that de	of one or mo scribes the	re pub type o	licly f
		а ПТуре	l b	- ∏Туре Ⅱ с	Type III - Function	nally inte	egrated		а 🗍 г	Type III	– Non∙ft	unctionally	integr	ated
e		By checking other than to section 509	oundation i	. I certify that the org managers and other th	anization is not controll an one or more publicly s	led direc supportec	ctly or in diorganiz	idirectly ations d	by one escribed	or more	e disquali on 509(a)	ified persor (1) or	ns	
f				eived a written determii	nation from the IRS that i	s a Туре	і, Туре	ll or Typ	e III sup	porting (organizati	on,		Г
9		Since Augu	st 17, 200	06, has the organizati	on accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	2		
				_				-		_			Yes	No
		(i) A pers	son who d , the gove	firectly or indirectly or erning body of the su	ontrols, either alone or pported organization?	togethe	r with po	ersons o	lescribe	din (n)	and (III)	11 g (i)		
		(ii) A fam	ıly memb	er of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35%	6 controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the	following	information about th	e supported organization	on(s).						119(11)	 _	
		(i) Name of su organizat	pported ion	(ii) EIN	(iii) Type of organization (described on lines 1.9 above or IRC section (see instructions))	column (is the sation in its tisled in overning ment?	(v) Did ye the organ column (supp	ou notify ization in i) of your bort?	organiz colu organiz	is the ration in mn (i) ed in the S ?	(VII) Amouni Sup	t of mon port	elary
						Yes	No	Yes	No	Yes	No			
(A)										•				
(B)												<u></u>		
(B)							_				├			
(C)														
(D)														
• •				_										

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III | If the organization fails to qualify under the tests listed below, please complete Part III |

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) •	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)				_		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			•			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			:			
11	Total support. Add lines 7 through 10					<u>-</u>	
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ []
	tion C. Computation of Pu						
	Public support percentage for 20			ne 11, column (f))	l .	14	_%
	Public support percentage from					15	%
16 a	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pul	did not check the blicly supported o	box on line 13, ai rganization	nd the line 14 is 3	33-1/3% or more,	check this box
t	33-1/3% support test - 2011, if t and stop here. The organization	he organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	5a, and line 15 is a	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	r e. Explain in Parl	t IV how
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	s' test, check this.	box and stop hea	re. Exolain ເຄ Parl	e 15 is 10% t IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🟲 🗌
BAA					Set	nedule & Æorm 90	90 or 990-EZ) 2012

to qualify under the tests listed below, please complete Part II)

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails

Sec	tion A. Public Support						_
Calen	dar year (or fiscal yr beginning in) 🟲 📗	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include 1		į		į		
•	any 'unusual grants')					169,087.	<u>169,087.</u>
2	Gross receipts from admis- sions, merchandise sold or				ŀ		
	services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose			İ			٥
3	Gross receipts from activities		+				0.
•	that are not an unrelated trade						
_	or business under section 513						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
_	<u>it</u> s behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the				[
	organization without charge						0.
6	Total. Add fines 1 through 5	0.	0.	0.	0.	169,087.	169,087.
7 a	Amounts included on lines 1,					·	
	2, and 3 received from disqualified persons	0.1	0.	0.	0.	0.	0
٠	Amounts included on lines 2	 	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · ·	0.
_	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
Ç	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)	1					169,087.
Sec	tion B. Total Support				·		109,007.
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	0.	0.	0.	0.	169,087.	169,087.
	Gross income from interest.	0.		· · · · · ·	- 0.	109,007.	103,007.
	dividends, payments received		į				
	on securities loans, rents, royalties and income from		ľ				
	similar sources						0.
b	Unrelated business taxable				·		
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business	· · ·	<u> </u>				<u> </u>
	activities not included in line 10b,						
	whether or not the business is regularly carried on					ĺ	•
12	Other income Do not include						0.
	gain or loss from the sale of				ŀ		
	čapital assets (Explain in Part IV)						0
				ļ.		1.00.007	0.
13	Total support, (Add los 9, 10s, 11, and 12)	0	0	Λ.	n I		
	Total support. (Add ins 9, 10c, 11, and 12)	0.	0.	0.L	fifth tax year as a	169,087.	169,087.
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second				<u>169,087.</u> ► 🗓
14 <u>Sec</u>	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	is for the organiza stop here blic Support Pe	tion's first, second	i, third, fourth, or		section 501(c)(3)	► X
14 Sec 15	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	is for the organiza stop here blic Support Po 12 (line 8, column	tion's first, second ercentage (f) divided by line	i, third, fourth, or		section 501(c)(3)	► X
14 Sec 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2	is for the organiza stop here blic Support Po 112 (line 8, column 2011 Schedule A, l	tion's first, second ercentage (f) divided by line Part III, line 15	i, third, fourth, or		section 501(c)(3)	► X
14 Sec 15 16 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	is for the organiza stop here blic Support Pe 112 (line 8, column 2011 Schedule A, I estment Incom	ercentage (f) divided by line Part III, line 15 ne Percentage	t, third, fourth, or	fifth tax year as a	15 16	► X % %
14 Sec 15 16 Sec 17	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Invinvestment income percentage for	is for the organiza stop here blic Support Pe 12 (line 8, column 2011 Schedule A, I estment Incom or 2012 (line 10c, c	ercentage (f) divided by line Part III, line 15 The Percentage column (f) divided	t, third, fourth, or 13, column (f)) by line 13, colum	fifth tax year as a	15 16	► X % %
14 Sec 15 16 Sec 17 18	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Invitrement income percentage for Investment income percentage for the support income percentag	is for the organiza stop here blic Support Per 12 (line 8, column 2011 Schedule A, l estment Incom or 2012 (line 10c, crom 2011 Schedule	ercentage (f) divided by line Part III, line 15 ee Percentage column (f) divided e A, Part III, line 1	t, third, fourth, or 13, column (f)) by line 13, colum	fifth tax year as a	15 16 17 18	▶ X
14 Sec 15 16 Sec 17 18	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Invinvestment income percentage for 133-1/3% support tests — 2012. If	is for the organization here blic Support Period 12 (line 8, column 2011 Schedule A, lestment Incomor 2012 (line 10c, crom 2011 Schedule the organization of	ercentage (f) divided by line Part III, line 15 The Percentage column (f) divided A, Part III, line 1 Tild not check the fe	by line 13, column (f)	fifth tax year as a	15 16 17 18 than 33-1/3%, and	► X
14 Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Invinvestment income percentage for 13-1/3% support tests — 2012. If is not more than 33-1/3%, check 33-1/3% support tests — 2011. If	stop the organization of t	ercentage (f) divided by line Part III, line 15 e Percentage column (f) divided a A, Part III, line 1 did not check the tiller. The organization of check a bo	by line 13, column (f)) by line 13, column 7 box on line 14, and a column 2 at line 14 or line	fifth tax year as a annual fifth tax year as a annual fifth tax year as a annual fifth tax year as a fifth tax year as a publicly suppose 19a and line 19	15 16 17 18 than 33-1/3%, and ted organization 6 is more than 33-	* X % % % line 17
14 Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Invinvestment income percentage for 133-1/3% support tests — 2012. If	is for the organization here blic Support Perita (line 8, column 2011 Schedule A, lestment Incomor 2012 (line 10c, crom 2011 Schedule the organization of this box and stop the organization of check this box all	ercentage (f) divided by line Part III, line 15 The Percentage column (f) divided to A, Part III, line 1 did not check the to the there. The organiz lid not check a bound stop here. The	by line 13, column (f)) by line 13, column 7 box on line 14, and attended a	fifth tax year as a nn (f)) id line 15 is more a publicly suppo te 19a, and line 1 liftes as a publicly	15 16 17 18 than 33-1/3%, and rted organization 6 is more than 33-1/3% supported organization 6 supported organization 6 is more than 33-1/3% supported organiza	* X % % % line 17

Schedule A	(Form 990 or 990-EZ) 2012	DFW HONG	R FLIGHT		46-0828074	Page 4
Parl IV	Supplemental Inform Part II, line 17a or 17 (See instructions).	nation. Comp 7b; and Part II	lete this part t I, line 12. Also	o provide the explanations complete this part for an	s required by Part II, line ny additional information.	10;
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Schedule A (Form 990 or 990-EZ) 2012

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

rovide information for responses to specific questions on

2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization DFW HONOR FLIGHT	Employer identification number
HONOR FLIGHT DFW	46-0828074
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
TO TRANSPORT WORLD WORLD II VETERANS LIVING IN THE NORTH TEXAS	AREA TO WASHINGTON
D.C. TO VISIT THE MEMORIAL BUILT IN THEIR HONOR.	
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 NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIREC	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO NO
	- -
	•••

2012	DFW HON	EMENTAL INFORMATION OR FLIGHT LIGHT DFW	PAGE 2
OTHER EXP	OR VETERANS/GUARDIAN	\$ TOTAL \$	8,793. 762. 457. 66,256. 76,268.
FORM 990-E OTHER ASS	Z, PART II, LINE 24 ETS		
PLEDGES AN	ID GRANTS RECEIVABLE	BEGINNING	ENDING 43,728 43,728

2012

FEDERAL SUPPORTING DETAIL

PAGE 1

DFW HONOR FLIGHT HONOR FLIGHT DFW

46-0828074

BALANCE SHEET CASH-NON-INTEREST-BEARING

WELLS FARGO INTOUCHCU

\$ 463. 48,628. TOTAL \$ 49,091.