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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

**Open to Public
Inspection**

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

Sponsoring organizations of donor advised funds, 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.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning **December 1**, 2012, and ending **November 30**, 20 **13**

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

C Name of organization
PHOENIX FLYERS INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 41844

City or town, state or country, and ZIP + 4
PHOENIX, AZ 85080-1844

D Employer identification number
86 0210532

E Telephone number
(602) 788-4751

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ <http://www.phoenix.org/>

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

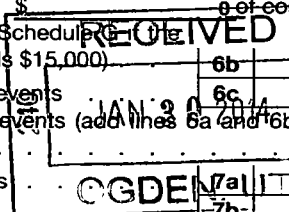
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **140395**

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

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	83792	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)
3	Membership dues and assessments	3	56543	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	60	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
b	Less: cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0		
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule O if sum of such gross income and contributions exceeds \$15,000)	6b	0		
c	Less: direct expenses from gaming and fundraising events	6c	0		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0		
7a	Gross sales of inventory, less returns and allowances	7a	0		
b	Less: cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	140395		
10	Grants and similar amounts paid (list in Schedule O)	10	0		
11	Benefits paid to or for members	11	0		
12	Salaries, other compensation, and employee benefits	12	5400		
13	Professional fees and other payments to independent contractors	13	0		
14	Occupancy, rent, utilities, and maintenance	14	10917		
15	Printing, publications, postage, and shipping	15	624		
16	Other expenses (describe in Schedule O)	16	118131		
17	Total expenses. Add lines 10 through 16	17	135071		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5324		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	92210		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	97534		

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For Paperwork Reduction Act Notice, see the separate instructions.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Yes	No
	✓

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47**

Yes	No

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

Yes	No

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

Yes	No

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and 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) Estimated amount of other compensation

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

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

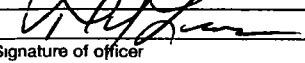
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

	Date <u>1/27/14</u>
Thomas J Lessor; Treasurer	
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
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

SCHEDULE O
(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 990-EZ.

OMB No 1545-0047

2012

**Open to Public
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Name of the organization

PHOENIX FLYERS INC

Employer identification number

86 0210532

Other Expenses - Line 16: Expenses associated with the maintenance and operation of four General Aviation aircraft for the use of the

corporation's flying club members.

a) Federal Aviation Regulations (FAR) requirements:	\$ 5818
b) Government registrations and fees	\$ 1021
c) Aircraft insurance	\$ 18544
d) Aircraft navigation database subscriptions	\$ 2085
e) Website hosting and services	\$ 1087
f) Aircraft operating expenses (maintenance, fuel, parts and supplies, engine reserves)	\$ 87890
g) Aircraft depreciation	\$ 901
h) Advertising	\$ 247
i) Reimbursable expenses billed to members (paid by organization on behalf of members)	\$ 328
j) Miscellaneous	\$ 210
Total Line 16:	\$ 118131

Other Assets - Line 24(B): Net value of four General Aviation aircraft and Member Receivables:

a) 1966 Piper Comanche	\$ 23328
b) 1978 Piper Archer II	\$ 5682
c) 1979 Piper Archer II	\$ 21898
d) 1998 Cessna Skylane	\$ 53485
e) Member receivables	\$ 9895
Total Line 24(B):	\$ 114288

Total Liabilities - Line 26(B):

a) Outstanding credit card debt	\$ 924
b) Member shares	\$ 159000
c) Members payable	\$ 4322
Total Line 26(B):	\$ 164246

