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990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

Open to Public Inspection

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.

112

For the 2011 calendar year, or tax year beginning 2011, and ending

- Check if applicable: C
Address change
Name change
Initial return
Terminated
Amended return
Reclassification pending

MISSION FIREFLY INC
12935 HWY 231-431
HAZEL GREEN, AL 35750

D Employer identification number 27-0386718
E Telephone number 205-871-5404
F Group Exemption Number

Accounting Method: X Cash Accrual Other (specify)

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

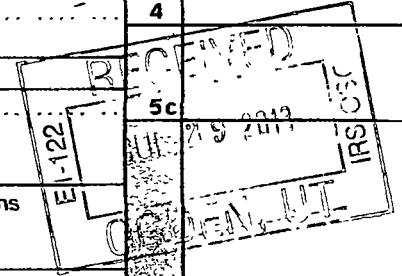
Website: N/A
Tax-exempt status (ck only one) - X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

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.

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. \$ 64,137.

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. X

Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes rows for Contributions (64,137), Total revenue (64,137), Total expenses (65,287), and Net assets at end of year (3,798).



SCANNED SEP 17 2013

Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

G9 16 ✓

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

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 33 through 47 regarding organizational activities, financials, and reporting requirements.

42a The organization's books are in care of WILLIAM E TAYLOR JR Telephone no. 205-871-5404 Located at 12935 HWY 231-431 HAZEL GREEN AL ZIP + 4 35750

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 42b and 42c regarding foreign financial accounts.

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. 43

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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 X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X

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.'

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and 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. All rows contain 'NONE'.

e Total number of other employees paid over \$100,000.

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. The first row contains a large handwritten signature 'COPW'.

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

52 Does 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. [X] Yes [] No

Under penalty 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 and correct. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 10/23/12
WILLIAM E TAYLOR JR DIRECTOR
Type or print name and title.

Print/Type preparer's name: [Signature] Date: 10/23/12
Check [] if self-employed [] PTIN
Firm's name: MICHEAL J. VICKERS, CPA, PC
Firm's address: 501 SOUTH MARKET STREET SCOTTSBORO, AL 35768
Firm's EIN: 63-0873982
Phone no.: (256) 259-0766

53 Discuss this return with the preparer shown above? See instructions. [X] Yes [] No

2011

Open to Public Inspection

SCHEDULE A (Form 990 or 990-EZ)

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.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MISSION FIREFLY INC

27-0386718

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [X] 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 exempt 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). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a [] Type I b [] Type II c [] Type III - Functionally integrated d [] Type III - Other

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. []

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows include: A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (11 g (i)); A family member of a person described in (i) above? (11 g (ii)); A 35% controlled entity of a person described in (i) or (ii) above? (11 g (iii)).

Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in column (i) listed in your governing document?, (v) Did you notify the organization in column (i) of your support?, (vi) Is the organization in column (i) organized in the U.S., (vii) Amount of support. Includes handwritten 'GPO' in the (iii) column.

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

Schedule A (Form 990 or 990-EZ) 2011

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 for Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 III.)						
11 Total support. Add lines 7 through 10						

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12 Gross receipts from related activities, etc (see instructions) **12**

13 For five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16 33-1/3% support test - 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17 33-1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

18 Facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

19 Facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

20 Public foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1. Gifts, grants, contributions and membership fees received; 2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3. Gross receipts from activities that are not an unrelated trade or business; 4. Tax revenues levied for the organization's benefit; 5. Value of services or facilities furnished by a governmental unit; 6. Total Add lines 1 through 5; 7a. Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13; 8. Public support (Subtract line 7 from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9. Amounts from line 6; 10. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from other sources; 11. Unrelated business taxable income (less section 511 losses) from businesses acquired after June 30, 1975; 10a. Losses from unrelated business activities not included in line 10b; 11. Other income. Do not include gain or loss from the sale of capital assets; 12. Total support. (Add lines 9, 10c, 11, and 12).

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For the years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. [X]

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, and a column for the symbol. Row 1: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15%. Row 2: Public support percentage from 2010 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, and a column for the symbol. Row 1: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 2: Investment income percentage from 2010 Schedule A, Part III, line 17 18%.

Public support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. []

Public support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. []

Non-qualifying organization. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. []

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Supplemental Information to Form 990 or 990-EZ

2011

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSION FIREFLY INC

Employer identification number

27-0386718

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO SOLICIT CONTRIBUTIONS FROM BUSINESS AND INDIVIDUALS IN THE NORTH ALABAMA REGION
BY MAIL, PHONE AND/OR IN PERSON.

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

C2PO

MISSION FIREFLY INC

27-0386718

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

DONEE'S NAME:	FEED THE CHILDREN		
DONEE'S ADDRESS:	333 N. MERIDIAN		
	OKLAHOMA CITY, OK 73137		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	41,979.
DESCRIPTION OF PROPERTY:	BUILDING SUPPLIES		
BOOK VALUE:	10,943.		
METHOD USED TO DETERMINE BV:	COST		
FAIR MARKET VALUE:			10,943.
METHOD USED TO DETERMINE FMV:	COST		

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	863.
BANK CHARGES.....		828.
COMMISSIONS & FEES.....		226.
DUES & SUBSCRIPTIONS.....		771.
FUEL FOR VEHICLES.....		330.
MISCELLANEOUS EXPENSE.....		221.
RENTAL EXPENSE.....		1,463.
RENT OR LEASE.....		1,946.
TRAVEL.....		2,573.
TRAVEL MEALS.....		173.
	TOTAL \$	<u>9,394.</u>

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