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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-1150

2011



A -		ne 2017 Calendar year, or tax year beginning , 2011, and ending	1
B	Check	· · ·	Employer identification number
			54-2189687
-		change 1761 SUNSET AVE	Telephone number
<u> </u>	Initial	omin nonton, on 50405	1-310-756-2378
<b> </b>	Termii	ialeu .	
E		ation pending	Group Exemption Number
G		unting Method X Cash Accrual Other (specify) ► H Check ►	X if the organization is <b>not</b>
ı	Web		attach Schedule B (Form
<u>J</u>	Tax-e	$\frac{1}{2}$ $\frac{1}$	EZ, or 990-PF)
K	Chec		on and its gross receipts are
	norm	ially <b>not</b> more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pos actions). But if the organization chooses to file a return, be sure to file a complete return.	stcard) may be required (see
L	asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tolts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tal ▶\$ 160,953.
P	rt*l*	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	tions for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I	X
	1	Contributions, gifts, grants, and similar amounts received	1 69,552.
	2	Program service revenue including government fees and contracts.	2 66,361.
	3	Membership dues and assessments	3
	4	Investment income	
			4 160.
	1	Gross amount from sale of assets other than inventory  5a	-{ <b>8</b> ,4€
	4	Less cost or other basis and sales expenses 5b	ALL
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
_	ļ	Gaming and fundraising events	
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	<u> </u>
V E	l t	Gross income from fundraising events (not including \$ of contributions	
N		from fundraising events reported on line 1) (attach Schedule G if the sum	
Ε		of such gross income and contributions exceeds \$15,000) 6b	
	C	Less direct expenses from gaming and fundraising events 6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and	
		6b and subtract line 6c)	6 d
	7 a	Gross sales of inventory, less returns and allowances 7a 24,880	. 628
	b	Less cost of goods sold 7b 33,038	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line-7a)	7c -8,158.
	8	Other revenue (describe in Schedule O)	8
^.	9		<b>9</b> 127,915.
01,0	10	Grants and similar amounts paid (list in Schodelle O)	10
2	11	Benefits paid to or for members MAY 2 1 2012	11
£ ⊨	12	Salaries, other compensation, and employee benefits	12
es ĕ	13	Professional fees and other payments to independent of the total and the payments to independent of the payments and the payments are the	13
Z	14	Occupancy, rent, utilities, and maintenance	14
<b>≓</b> }	15	Printing, publications, postage, and shipping	15
O S	16		<del></del>
豇	17	Other expenses (describe in Schedule O)  Total expenses Add lines 10 through 16	16 146,881.
<b>Z</b> -		3	17 146,881.
SCANNED JUN	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -18,966.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ır -
<b>W</b> ⊋E S T E		figure reported on prior year's return)	19 15,620.
Ť	20	Other changes in net assets or fund balances (explain in Schedule O)	20
	21		21 -3,346.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990-EZ</b> (2011)

Form **990-EZ** (2011)

BAA

Form	990-EZ (2041) THE SACRED FIRE FOUNDATION, INC		54-218968	7	Р	'age <b>3</b>
	t V Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V ) Check if the organization used Schedule O to respond to an		ments in See Sch			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' proviesch activity in Schedule Q	de a d	detailed description of	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	amend	ed documents if they reflect	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	ar fron	n business activities	35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an			35 b		
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II.	II		35 c		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N			36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37 a	0.	37 b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered If 'Yes,' complete Schedule L, Part II and enter the total amount involved	by thi	s return?	38 a		X
39	Section 501(c)(7) organizations Enter	38 b	N/A	,		
	Initiation fees and capital contributions included on line 9	39 a	N/A	7	٠ جَاهِ إِ	١,٠
t	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	- 7	**	<u>                                      </u>
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the	•			<u>;</u> -	
	section 4911 ► 0., section 4912 ► 0., section 495		0.		-	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year to on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	hat ha	cess benefit is not been reported	40 b		X
(	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>&gt;</b>	0.			
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	<b>&gt;</b>	0.			
€	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	ed tax		40 e		J
41	List the states with which a copy of this return is filed None					
12 =	The organization's					
72 0	books are in care of ►		Telephone no. $\triangleright 1-310$	-756	-237	78
	Located at ► 1761 Sunset Ave Santa Monica Ca		ZIP + 4 > 90405	- <b>-</b> - ,		
t	At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or oth	er authority over a	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country		a. 2000ay			
	Coa the restrictions for superhance and files are superhal for E. TD 500 201 B. 1 / 5					
,	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fina At any time during the calendar year, did the organization maintain an office outside of the t		ccounts	42 c		X
	If 'Yes,' enter the name of the foreign country	, ,		420		
			·			
					_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cl	heck h	. 1 1		▶ ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		► 43		Yes	N/A No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 m of Form 990-EZ	nust b	e completed instead	44 a	163	X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 9 instead of Form 990-EZ			44b		X
c	Did the organization receive any payments for indoor tanning services during the year?			44 b		$\frac{\hat{x}}{x}$
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,'	provid	e an explanation in			
	Schedule O  Did the organization have a controlled entity of the organization within the meaning of section			44 d 45 a	-	X
	Secure and a secure of the organization within the meaning of secure		(0)(10)	, →Ja	l	1 23

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45 b Form **990-EZ** (2011)

orm <b>990-E</b>	Z (2011) THE SACRED FIRE	FOUNDATION, INC		54-218	9687	Paç	ge <b>4</b>
46 Did th	ne organization engage, directly or in dates for public office? If 'Yes,' com	idirectly, in political campa	ign activities on behalf o	of or in opposition to	46	Yes I	
	Section 501(c)(3) organizati 501(c)(3) organizations and 47-49b and 52, and complet	ons and section 4947 section 4947(a)(1) no	nexempt charitable	trusts must answe	ly. All sec	ction	
	Check if the organization used Sch	edule O to respond to any	question in this Part VL			<del> </del>	
47 Did th	ne organization engage in lobbying a lete Schedule C, Part II	ctivities or have a section	501(h) election in effect	during the tax year? If	'Yes,' 47		No X
<b>48</b> Is the	e organization a school as described ne organization make any transfers to	( / ( / ( / ( / ( / ( / ( / ( / ( / ( /	•	edule E	48 49 a		X
	s,' was the related organization a se		e related organization?		49b		
50 Comp	plete this table for the organization's oyees) who each received more than	five highest compensated \$100,000 of compensation	employees (other than on from the organization	officers, directors, truste If there is none, enter	es and key 'None '		
(	(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) Estimate other com	ed amount of appensation	of
None							
						<u> </u>	
			_				
					<u></u>		
<b>51</b> Comp	number of other employees paid over plete this table for the organization's lensation from the organization. If the	five highest compensated	independent contractors	- s who each received mo	ore than \$10	0,000 o	f
	lame and address of each independent contracto	· · · · · · · · · · · · · · · · · · ·	<b>(b)</b> Type	of service	(c) Com	pensation	
None_							
				<del></del>			
		<del>-</del>					
<b>52</b> Did th	number of other independent contra ne organization complete Schedule A table trusts must attach a completed	Note: All section 501(c)		• 947(a)(1) nonexempt	► X Yes		No
	is of perjury, I declare that have examined his reind complete. Declaration of prepayer (other than	<del></del>	edules and statements, and to the of which preparer has any know	ne best of my knowledge and be vledge		<u> </u>	INO
Sign Here	Signature of officer  CH ARMAN —	DAVID C. WILEY	<i></i>	Date 17/05//	2		
	Type or print name and title Print/Type preparer's name	Preparet s signature	Date	Check X if F	PTIN		
Paid Preparer	Larry Thornton Firm's name THORNTON & FA	Larry Thornto	5-3-	<i>IN</i>   -	20153380	15	<del></del>
Use Only	Firm's address • 150 S LOS ROB	BLES AVE STE 650		Firm's EIN	20-3700		
	расапема са	91101-2495		I Phono no 167	261 568-	8600	

► X Yes No Form **990-EZ** (2011)

May the IRS discuss this return with the preparer shown above? See instructions

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545 0047 2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

	the organization									on number		
THE	SACRED FIRE FOU	INDATION, INC						54 <u>-</u> 21	89687	1		
Part I	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part)	See in	structi	ons		
The org	ganization is not a priva	te foundation becaus	e it is (For lines 1 throi	ugh 11,	check o	nly one	box )					
1 [	A church, convention	of churches or associ	ciation of churches desc	cribed in	section	170(b)(	1)(A)(i).					
2	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3			e organization describe		tion 170	(b)(1)(A	)(iii).					
4	<del>-</del>	·	in conjunction with a h					(ь)(1)(А	)(iii) En	iter the hos	spital's	
_	 name, city, and state		•	•								
5 [	<u> </u>	mplete Part II)	f a college or university		·	-	·	nmental	unit des	scribed in s	section	
6 7	X An organization that		overnmental unit descri substantial part of its su					or from	the ger	neral public	descri	bed
8			7 <b>0(b)(1)(A)(vi).</b> (Comple	te Part I	1)							
9 [	from activities related investment income a	d to its exempt functi	) more than 33-1/3% of ons – subject to certain s taxable income (less mplete Part III)	n except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from g	ross
10			exclusively to test for pu		-							
11 [	more publicly suppor	ted organizations des	exclusively for the benef scribed in section 509(a tion and complete lines	1)(1) or s	section 5	609(a)(2)	ctions o ) See <b>s</b>	f, or car ection 5	ry out th 6 <b>09(a)(3)</b> —	ne purpose . Check th	s of one e box t	e or hat
_	<b> a</b> Type I	<b>b</b> Type II	c Type III	I – Fund	ctionally	ıntegrat	ed		d	Type III -	- Other	
e [	By checking this box other than foundation section 509(a)(2)	, I certify that the org n managers and othe	anization is not controll r than one or more pub	led direc licly sup	tly or in ported o	directly organiza	by one tions de	or more scribed	disquali in section	fied persor on 509(a)(1	ns ) or	
f	If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	a Type I	Type II	or Type	e III sup	porting (	organizatio	n,	
g		06, has the organizati	on accepted any gift o	r contrib	oution fro	om anv i	of the fo	ollowina	nersons	,7		_
3	omeo magast m, zet	of the the organization	on acceptor any give o		,	ay	00	,	p 0 / 0 0 / 10	•	Yes	No
	(i) A person who obelow, the gove	directly or indirectly cerning body of the su	ontrols, either alone or pported organization?	togethe	r with pe	ersons d	escribed	d in (ii) a	and (III)	11 g (i)		
	(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)		
	(iii) A 35% 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)								
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column ( your go	Is the zation in i) listed in overning ment?	(v) Did y the organ columi your su		(vi) l organiz colun organize U S	ation in	(vii) Amou	nt of supp	ort
				Yes	No	Yes	No	Yes	No			
(A)									}			
<u>\^/</u>												
<u>(B)</u>												
(C)												
<u>.~/</u>												
<u>(D)</u>												
<u>(E)</u>												
Total												

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#### 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 )

tion A. Public Support						
nning in) 🟲	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total
Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	34,184.	47,134.	73,854.	28,828.	69,552.	253,552.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
The value of services or facilities furnished by a governmental unit to the organization without charge						0.
Total. Add lines 1 through 3	34,184.	47,134.	73,854.	28,828.	69,552.	253,552.
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)		,				0.
Public support. Subtract line 5 from line 4	: - r	`~		, , , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * *	253,552.
tion B. Total Support			-			
ndar year (or fiscal year nnıng in) ▶	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
Amounts from line 4	34,184.	47,134.	73,854.	28,828.	69 <u>,</u> 552.	253,552.
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
Net income from unrelated business activities, whether or not the business is regularly carried on						0.
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
Total support. Add lines 7 through 10						253,552.
Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
			····	<del></del> .		100.000
· · · · · · ·	•		ne 11, column (f))	ı		0.00%
					<u> </u>	
a 33-1/3% support test – 2011. If and stop here. The organization	the organization of qualifies as a pul	did not check the blicly supported o	box on line 13, ar rganization	nd the line 14 is 3	33-1/3% or more,	check this box
33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pub	did not check a bo olicly supported o	ox on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more	, check this box
or more, and if the organization	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Par	t IV how
or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly suppor	re. Explain in Pai ted organization	t IV how the
	zation did not che	eck a box on line	13, 16a, 16b, 17a			
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  Total Support  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related active First five years. If the Form 990 organization, check this box and and stop here. The organization of Pu  Public support percentage for 20  Public support percentage for 20  Public support percentage for 20  Public support percentage from a 33-1/3% support test — 2011. If and stop here. The organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and if the organization organization meets the 'facts or more, and	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')  Tax revenues levied for the organization's benefit and either paid to or expended on its behalt  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see ins First five years. If the Form 990 is for the organization of the organization, check this box and stop here  tition C. Computation of Public Support Public support percentage from 2010 Schedule A, a 33-1/3% support test — 2011. If the organization of and stop here. The organization qualifies as a public and stop here. The organization qualifies as a public support percentage from 2010 Schedule A, and stop here. The organization qualifies as a public and stop here. The organization qualifies as a public and stop here. The organization meets the 'facts-and-circumstances' private foundation. If the organization meets the 'facts-and-circumstances' Private foundation. If the organization did not che organization meets the 'facts-and-circumstances' Private foundation. If the organization did not che organization did not che	Indar year (or fiscal year ning in) * (a) 2007 (b) 2008 (dist, grants, contributions, and membership fees received (10 not include any unusual grants) 34,184. 47,134. 47,134. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3	Indiar year (or fiscal year ining in) **  (a) 2007 (b) 2008 (c) 2009  (dist, grants, conhibitions, and membership fees received (00 not include any nursual grants)  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf.  The value of services or tachilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or the intervence of the angination 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)  Public support. Subtract line 5 from line 4  Gross income from innerest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or onto the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, organization, check this box and stop here.  The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization meels the "facts-and-circumstances" test, check this organization meels the "facts-and-circumstances" test. The organization qualifies organization meels the "facts-and-circumstances" test. The organization qualifies as Private foundation. If the organization did not check a box or ormore, and if the organization meels the "facts-and-circumstances" test. The organization qualifies as Private foundation. If the organization did not che	that year (or fiscal year mining in) —  Gits, gants, contributions, and Gits, gants, contributions on the Gits, gants, contributions on the Gits, gants, contributions of the Gits, gants,	interpret for fiscal year mining in)  Gits, grapts, contributions, and minimbrishing fees received (0) not include any function (1) and y uniscus (1) graphs (1) and the broad on its behalf and either paid to no expended on its behalf and either paid to no expended on its behalf and either paid to no expended on the behalf and either paid to no expended on the behalf and either paid to no expended on the behalf and either paid to no expended on the behalf and either paid to no expended on the behalf and either paid to no expended on the behalf and either paid to no expended on the behalf and either paid to no expended on the behalf and expended to the paid to the paid to the paid to the configuration of the paid to th

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Schedule A (Form 990 or 990-EZ) 2011 THE SACRED FIRE FOUNDATION, INC

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 )	to quality already all all	

<u></u>	to quality under the tests if	sted below, pleas	e complete Part I	' '			
	tion A. Public Support	(-) 0007	(1-) 0000	4 > 6000	(1) 0010	(-) 0011 T	(D. T-1-1
Calen 1	dar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		- 11				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support			I		T	
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6				ļ. <u></u>		
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secoi	nd, third, fourth, o	or fifth tax year as	a section 501(c)(	3) ▶ □
Sec	tion C. Computation of Pul		ercentage				<del></del>
15				ne 13, column (f)	)	15	96
_16	Public support percentage from 2	•	.,		<del>.</del>	16	0/0
Sec	tion D. Computation of Inv			<del></del>			
17					umn (f))	17	90
18	Investment income percentage f			•	• • •	18	00
19 a	•				and line 15 is mor	<u></u>	
	a <b>33-1/3% support tests</b> — <b>2011.</b> If is not more than 33-1/3%, check						
	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%						3-1/3%, and   nization
_20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	<u> </u>

Schedule A	(Form 990 o	r 990-EZ) 2	2011 THE	SACRED	FIRE FO	UNDATION	, INC	5	<u>4-2189687</u>	Page <b>4</b>
PartuVci	Suppleme Part II, Iin (See instr	e <b>ntal Info</b> e 17a or	rmation. C 17b; and f	Complete t Part III, lin	this part to e 12. Also	o provide t o complete	he explana this part fo	tions requir or any addi	ed by Part I tional inform	l, line 10; nation
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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	Employer identification number
THE SACRED FIRE FOUNDATION, INC	54-2189687
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Sacred Fire Foundation is an educational and charitable non-pro	fit_whose purpose
is to restore balance by igniting a heart-centered way to rela	te to each other,
our communities and the world around us.	
We serve as a doorway through which people can discover the sac	red, interconnected
nature of life, a perspective held by indigenous peoples and sp	iritual traditions
everywhere.	
To_that_end, we actively support initiatives that help to ensur	e these original
pathways to connection are alive for generations to come	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts
(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, direc	tly_or
indirectly, on a personal benefit contract?	No
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2011 So	chedule O - Supplem	ental Information	Page 2
Client 3000	THE SACRED FIRE FO	UNDATION, INC	54-2189687
5/03/12		<del> </del>	05 30PM
Form 990-EZ, Part I, Line 16 Other Expenses			
Admin exp Advertising and Promot Awards & Grants Business Registration Contracted Services			\$ 2,063. 24,750. 2,650. 50. 45,109.
Interest Sales Tax Special Events exp Travel Web Design		Total	7,966. 6. 53,114. 10,630. 543.
		Total	\$ 146,881.
Form 990-EZ, Part II, Line 24 Other Assets			
Petty Cash		Beginning \$ 160  Total \$ 160	Ending  . \$ 0 \$ 0.
Form 990-EZ, Part II, Line 26 Total Liabilities			
Accounts Payable and A	ccrued Expenses	$\frac{\text{Beginning}}{\$}$ Total $\frac{\$}{\$}$ 70,000	· -