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Form 990-EZ

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A** For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

FLAGSTAFF INTERNATIONAL RELIEF EFFORT

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 22187

City or town, state or country, and ZIP + 4

Flagstaff, AZ 86002

D Employer identification number

71-0877496

E Telephone number

(928) 779-2288

F Group Exemption
Number ►**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) ►**I** Website: ► WWW.FIREPROJECTS.ORG**H** Check ☐ if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or 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. ► \$

105,712

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	1	Contributions, gifts, grants, and similar amounts received	1	105,550
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	160
	7b	Less: cost of goods sold	7b	366
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(206)
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	105,346
10	Grants and similar amounts paid (list in Schedule O)	10		
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12	41,964	
13	Professional fees and other payments to independent contractors	13	6,961	
14	Occupancy, rent, utilities, and maintenance	14	12,342	
15	Printing, publications, postage, and shipping	15	6,068	
16	Other expenses (describe in Schedule O)	16	26,069	
17	Total expenses. Add lines 10 through 16	17	93,404	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,942	
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	4,337	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	16,279	

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2011)

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SCANNED JUL 13 2012

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

☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,253	22 2,756
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	3,285	24 17,106
25 Total assets	11,538	25 19,862
26 Total liabilities (describe in Schedule O)	7,201	26 3,583
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,337	27 16,279

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

What is the organization's primary exempt purpose? **ASSISTING COMMUNITIES IN NEED**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 1

	(Grants \$) If this amount includes foreign grants, check here	28a	79,079
29	IN-KIND DONATIONS OF PROFESSIONAL SERVICES (SCRIPTWRITING, PHYSICIANS, WEB DESIGN, LEGAL SERVICES, MEDICAL WASTE MGMT WAS VALUED AT \$8,565. DONATED MGMT SERVICE WAS \$20,677.		
	(Grants \$) If this amount includes foreign grants, check here	29a	0
30	DONATED HEPATITIS TESTING AND VACCINATIONS AND SHIPPING OF SERUM SAMPLES WAS VALUED AT \$113,900. DONATED HAND-KNITS WERE \$3,108. DONATED RENT WAS \$450.		
	(Grants \$) If this amount includes foreign grants, check here	30a	0
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	79,079

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID EDWARDS	VICE PRESIDENT			
PO BOX 22187, Flagstaff AZ 86002	0	0	0	0
WAY YUHL	TREASURER			
PO BOX 22187, Flagstaff AZ 86002	0	0	0	0
SUSAN BIGLEY	DIRECTOR			
PO BOX 22187, Flagstaff AZ 86002	0	0	0	0
KAREN DUFFY	DIRECTOR			
PO BOX 22187, Flagstaff AZ 86002	0	0	0	0
TROY LEVITT	DIRECTOR			
PO BOX 22187, Flagstaff AZ 86002	0	0	0	0
MEREDITH POTTS	PRESIDENT/SECRETARY			
PO BOX 22187, Flagstaff AZ 86002	0	13,270	0	0

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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c		
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		X
36		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
37b		
38 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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b 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	40b	X
c 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		
d 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	40e	X
40e		
41 List the states with which a copy of this return is filed	AZ,	
42 a The organization's books are in care of	MEREDITH POTTS	
Telephone no	928-779-2288	
Located at	PO BOX 22187 Flagstaff, AZ	
ZIP + 4	86002	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country	MG	
See the instructions for exceptions and filing requirements for Form 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.?	42c	X
If "Yes," enter the name of the foreign country	MG	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
44d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment 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)	45b	X
45b		

- 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

	Yes	No
46		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

	Yes	No
47		X

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

	Yes	No
48		X

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

	Yes	No
49a		X

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

	Yes	No
49b		

- 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 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
NONE				

- 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"

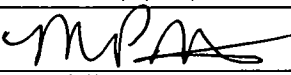

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- 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>6/20/12</u>	
	MEREDITH POTTS, PRESIDENT/SECRETARY <i>Current Exec. Director</i> Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Roberta Motter CPA		Preparer's signature 	
	Date 06-07-2012		Check <input type="checkbox"/> if self-employed PTIN P00090603	
	Firm's name Roberta Motter CPA PLLC		Firm's EIN	
	Firm's address 119 E Terrace Ave Suite D Flagstaff AZ 86001		Phone no 928-774-8078	

May the IRS discuss this return with the preparer shown above? See Instructions ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FLAGSTAFF INTERNATIONAL RELIEF EFFORT

Employer identification number

71-0877496

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)(vii)**. (Complete Part II.)
- 9 ☐ 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 to 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

e ☐ 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)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐

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

(i) 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? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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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 under

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")	85,327	46,094	69,606	80,752	91,529	373,308
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	85,327	46,094	69,606	80,752	91,529	373,308
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)						86,040
6 Public support. Subtract line 5 from line 4						287,268

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	85,327	46,094	69,606	80,752	91,529	373,308
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				57	2	59
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						373,367
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First 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	76.94	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	75.35	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 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			<input type="checkbox"/>
17a 10%-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			<input type="checkbox"/>
b 10%-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			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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 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 bus under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 lines 9, 10c, 11, and 12)						

14 **First 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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% 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 not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% 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 ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

71-0877496

FLAGSTAFF INTERNATIONAL RELIEF EFFORT

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year
under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) WAY YUHL LOAN PAID OFF	X		2,000			X	X		X	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

**Open to Public
Inspection**

FLAGSTAFF INTERNATIONAL RELIEF EFFORT

Employer identification number

71-0877496

01. Description of other expenses (Part I, line 16)

Description	Amount
Depreciation from 4562	1,028
TRAVEL	18,291
MEDICAL SUPPLY	3,101
OFFICE SUPPLY	1,465
BANK CHARGES AND CREDIT CARD FEES	891
LICENSES PERMITS CUSTOMS AND FEES	1,002
COMPUTER REPAIR	223
INTEREST EXPENSE	68

02. Description of other assets (Part II, line 24)

Category	Beginning	
	of Year	End of Year
OFFICE EQUIPMENT, NET OF ACCUM	3,285	2,668
GRANTS RECEIVABLE	0	14,021
SECURITY DEPOSIT	0	417

03. Description of total liabilities (Part II, line 26)

Category	Beginning	
	of Year	End of Year
PAYROLL TAXES PAYABLE	6,412	1,282
ACCOUNTS PAYABLE	186	1,683
OTHER SHORT TERM LIABILITIES	603	618

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

2011
Attachment
Sequence No **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FLAGSTAFF INTERNATIONAL RELIEF E

FORM 990EZ - 1

71-0877496

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	987

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		411	5	HY	S/L	41
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	1,028
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

* Item was disposed
of during current year

Depreciation Detail Listing

990 EZ

For your records only

2011

PAGE 1

Name(s) as shown on return

Social security number

FLAGSTAFF INTERNATIONAL RELIEF EFFORT

71-0877496

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	COMPUTER MONGOLIA	20071231	487		100.00		487	5	S/L MQ	20	97	412			97
2	COMPUTER	20090801	815		100.00		815	5	S/L HY	20	163	408			163
3	MACBOOK PRO	20090801	3,210		100.00		3,210	5	S/L HY	20	642	1,605			642
4	MONITOR	20091205	423		100.00		423	5	S/L HY	20	85	212			85
5	OFFICE EQUIP-MONGOLIA	20110417	411		100.00		411	5	S/L HY	10	41	41			41

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions FLAGSTAFF INTERNATIONAL RELIEF EFFORT	Employer identification number (EIN) or <input checked="" type="checkbox"/> 71-0877496
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 22187	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Flagstaff, AZ 86002	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **MEREDITH POTTS PO BOX 22187 Flagstaff, AZ 86002**

Telephone No. ► **928-779-2288**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08-15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 **11** or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Annual Report 2011



FIRE



Flagstaff International Relief Effort

*"Placing aid directly in
the hands of the people"*

Mission and Vision



Mission

The Flagstaff International Relief Effort (FIRE) is dedicated to providing resources and support to individuals and communities in need, to reduce poverty, political instability, and to minimize the impact of natural disasters. Currently FIRE's programs are exclusively focused in Mongolia.

Vision

FIRE works with partners at all levels - local, national and international - to improve education, health, and reduce poverty through programs that enable individuals and communities to design initiatives resulting in an improved quality of life.

Since 1999, FIRE has shipped ten, 40-foot containers filled with donated winter clothing, medical supplies, and educational materials. Over the last 14 years, 23 FIRE medical volunteers have conducted more than 1,200 hours of training with 2,700 Mongolian medical professionals around the country and delivered \$720,000 worth of medical supplies and 94,000 sharps containers (biohazard boxes for sharp medical waste) to 278 clinics and hospitals countrywide. Additionally, FIRE has tested 1,000 health care workers for hepatitis B and C with 142 being vaccinated against hepatitis B. 46 FIRE clothing volunteers personally distributed 76 tons of winter clothing to over 65,000 individuals, and 80 computers and 6,000 English-language library books to one dozen schools. To date, FIRE's programs have provided aid in 15 of Mongolia's 21 provinces.

Letter from the Director

Dear Friends of FIRE,

2011 was FIRE's most successful year yet. We created the greatest impact we have ever had in our 14 year history. We expanded our office in Mongolia and received ten times as many grant funds than we have in all previous years combined.

This continues to be an exciting time for us as we complete phases of existing projects and make plans for new programs. We have been approached with several new program ideas and new partnership opportunities and are excited to see what the future holds.

Some of the new partnerships established in 2011 include joining the World Hepatitis Alliance, signing a partnership agreement with Family Health International, the largest health NGO in the world and working with a new division at the National Institutes of Health (NIH) in Washington, D.C. We also received a grant from the American Association for the Support of Liver Diseases (AASLD) in support of our Medical Director in Mongolia, Dr. Munkhjargal Ayurzana, to travel to San Francisco in November for their annual conference. This was the first ever grant that AASLD has made for this purpose. It was an honor for us and a great show of support for our work and hepatitis related programs.

The contributions and volunteer hours of all of our friends and supporters make our programs possible. We cannot thank each of you enough for your continued and generous support and the variety of ways in which it is shown.

Please continue reading for a summary of what you helped make happen in 2011.



Respectfully,



Meredith Potts
Executive Director

2011 Program Highlights

National Institutes of Health (NIH) Hepatitis Research Program



In cooperation with NIH and the Mongolian Academy of Medical Sciences (MAMS), FIRE has initiated a study researching the prevalence of blood borne viruses among high-risk health care workers through 1,000 collected blood samples from across Mongolia. The results will provide a better understanding into transmittable infections (i.e., is there a genetic predisposition toward contracting hepatitis, or against being able to clear it?). It will also provide Mongolian authorities with a basis from which to form health policies and develop strategies for increasing awareness, prevention, detection and treatment of health care workers. In 2011, 350 samples were collected from two provinces and sent to NIH where the testing process began.

In support of this project, Meredith Potts, FIRE's executive director, gave a talk to the "Super Nerd" group of NIH, Center for Human Immunology Inflammation in July of 2011.

Sharps Containers Distribution

Through the support of Rotary Clubs in Mongolia and the United States, 14,000 locally made safety boxes (biohazard boxes for sharp medical waste), meeting WHO (World Health Organization) design specifications were distributed to Dornod Province in Eastern Mongolia. This was enough for a two-year supply for all 39 hospitals and health care clinics in this province. Plans have been made to complete 3 more provinces in 2012. In addition to the distribution of boxes, FIRE also provided a half day training program for representatives from each health care facility in the province.

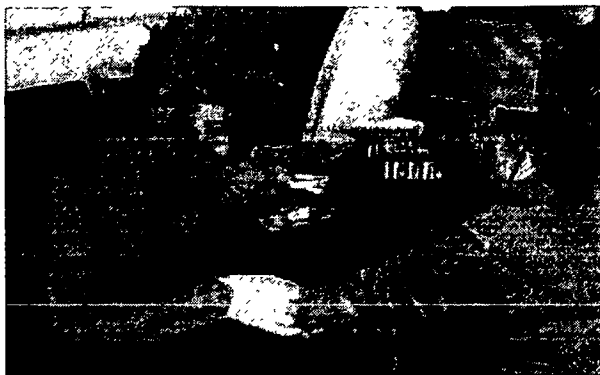


Health Safety Training Program

FIRE joined the World Hepatitis Alliance (WHA), a global organization providing support to halt deaths and improve lives of people living with chronic viral hepatitis B and C round the world. In support of WHA's World Hepatitis Day on July 28, FIRE participated by providing 80 minutes of TV programming on STAR TV and Education TV (Mongolian TV Channels) to educate the public about hepatitis. FIRE's medical director gave a newspaper interview entitled "Hepatitis B is 100 times more infectious than HIV".

In conjunction with the sharps containers distribution program and the NIH Hepatitis Research Program, FIRE provides important training to health care workers, waste handlers and inspection agents about the proper use of safety boxes and safe disposal of sharps waste nationwide. In 2011, FIRE trained 500 health care workers. The objective is to substantially reduce the number of inadvertent needle sticks and lacerations with contaminated needles or other medical sharps waste. In 2011 we began turning this program into a one-hour training video to be distributed nationally by the spring of 2012.

Hepatitis B Vaccination Program



For the first time in 2011, through donor specified funds and in conjunction with the National Institutes of Health's (NIH) Hepatitis Research Program, FIRE began supporting a vaccination program for health care workers. Over 400 health care workers were tested for hepatitis B in two provinces in Mongolia. Vaccination was provided for 142 health care workers who tested negative or had not been previously vaccinated. With an average of only 7% of health care workers vaccinated against hepatitis B in Mongolia, we hope to continue to grow this program.

Orthopedic Training Program

FIRE hosted two orthopedic surgeons at Trauma Hospital in Ulaanbaatar, the only orthopedic hospital in Mongolia, for two weeks of advanced Orthopedic training. Dr. Satkauskas and Dr. Uvarovas from Lithuania provided lectures, surgical assistance and bed side training in the spring of 2011.

The Dulaan Project

In 2011 FIRE received 1,036 hand made knitted winter items shipped directly to our office in Mongolia from knitters around the world. We distributed these items directly to the people who needed them most during the winter months of October through December. Some of the recipients included orphanages, a school for disabled children and homeless adults. These beautiful items help brighten the day and warm the lives of everyone who receives them.



Quotes From Mongolia

(Original quotes are translated from Mongolian)

"I have been working as a nurse for more than 10 years in the countryside. I am very lucky to be tested and vaccinated against hepatitis B virus thanks to the FIRE team. Viral Hepatitis B and C are the most prevalent blood borne infections in Mongolia and many health care workers affected by at least one of those to infections somehow. FIRE's work will save many lives." ~ A. Tsatsaral, Nurse, Umnugovi Province

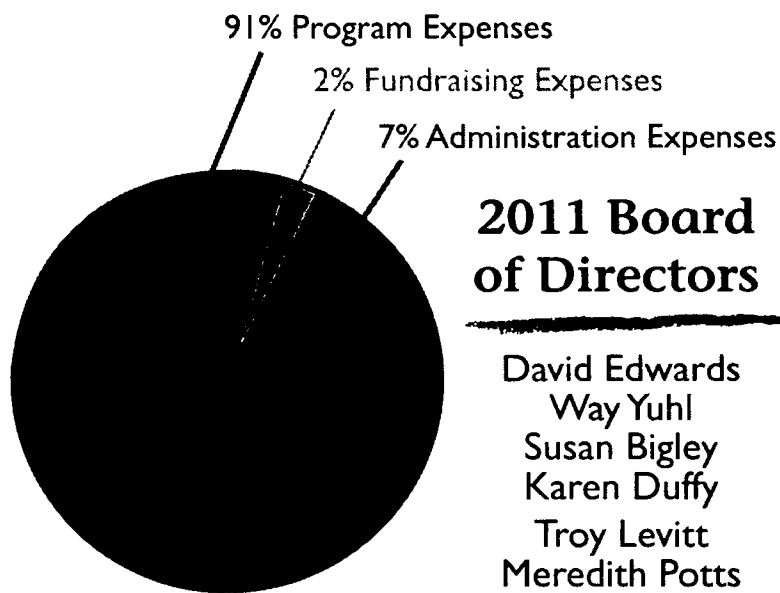
"We are grateful for your donation of safety boxes to all of our health facilities. We also appreciate your valuable contribution to the prevention from hospital borne infections and improvement of medical waste management within hospitals." ~ K. Buyanaa, Dornod Province's Health Department

"We are grateful for your donation of hand knitted clothes, warm hats and gloves to disabled children. They are helpful to our kids to keep good progress in their studies and let us spend money on important things like food. May humanity for children blossom." ~ J. Chimedzaya, Director, 25th school for children with special needs, Ulaanbaatar

2011 Financial Statements

	2011 Total	Donations	In-Kind Contribution	Grants & Specified Donations
Total Income Received	\$ 252,249	\$ 34,896	\$ 146,699	\$ 70,654
NH Hepatitis Research	\$ 139,477	\$ 17,688	\$ 113,900	\$ 7,889
Sharps Containers Distribution	\$ 10,256	\$ 4,256	\$ 6,000	
Health Safety Training	\$ 40,121	\$ 1,121	\$ 7,000	\$ 32,000
Hepatitis B Vaccination	\$ 16,296	\$ 8,095	\$ 7,000	\$ 1,200
Orthopedic Training	\$ 5,240	\$ 975	\$ 3,200	\$ 1,065
Dulaan Project	\$ 5,218	\$ 2,110	\$ 3,108	
Total Program Expenses	\$ 216,608	\$ 34,246	\$ 140,208	\$ 42,154
Depreciation Expenses	\$ 1,028	\$ 1,028		
Fundraising Expenses	\$ 5,348	\$ 175	\$ 365	\$ 4,808
Administrative Expenses	\$ 17,323	\$ 475	\$ 6,127	\$ 10,722
Total Expenses	\$ 240,307	\$ 35,924	\$ 146,700	\$ 57,684
Income Less Expenses	\$ 11,942			\$ 11,942
Net Assets, Beginning of 2011	\$ 4,337			
Change from Year's Activities	\$ 11,942			
Total Net Assets, End of 2011	\$ 16,279			

FIRE is committed to keeping administrative expenses as low as possible. We are proud that in 2011, 91% of all income, including grants and specified and unspecified donations, went directly to program expenses in Mongolia. FIRE makes the most of every donated dollar, maximizing support through efficient and responsible fiscal management.



"May good deeds spread."

Сайн үйлс дэлгэрэх болтугай.

FIRE 
Flagstaff International Relief Effort

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