

2008 TAX RETURN

CLIENT COPY

Client: 1335

Prepared for: FIGHTER COUNTRY PARTNERSHIP, INC.  
500 N. ESTRELLA PARKWAY B2, PMB 479  
GOODYEAR, AZ 85338  
623.882.2191

Prepared by: STACY A. SCHNEIDER  
SCHNEIDER & HANEY, CPA'S, PC  
727 E BETHANY HOME RD STE D122  
PHOENIX, AZ 85014-2194  
(602) 277-2117

Date: NOVEMBER 10, 2009

Comments:

**DO NOT FILE**

Route to: \_\_\_\_\_

**2008 Exempt Org. Return**  
prepared for:

**FIGHTER COUNTRY PARTNERSHIP, INC.**  
500 N. ESTRELLA PARKWAY B2, PMB 479  
GOODYEAR, AZ 85338

**SCHNEIDER & HANEY, CPA'S, PC**  
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Client 1335  
November 10, 2009

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FIGHTER COUNTRY PARTNERSHIP, INC.  
500 N. ESTRELLA PARKWAY B2, PMB 479  
GOODYEAR, AZ 85338  
623.882.2191

FEDERAL FORMS

Form 990-EZ  
Schedule B  
Schedule G

2008 Return of Organization Exempt from Income Tax  
Schedule of Contributors  
Fundraising or Gaming Activities

FEE SUMMARY

Preparation Fee

**DO NOT FILE**

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FIGHTER COUNTRY PARTNERSHIP, INC.

86-0719177

	2008	2007	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	58,630	168,152	-109,522
MEMBERSHIP DUES AND ASSESSMENTS.....	12,940	6,588	6,352
INVESTMENT INCOME.....	148	0	148
NET INCOME (LOSS) - SPECIAL EVENTS.....	183,768	91,931	91,837
TOTAL REVENUE.....	255,486	267,020	-11,534
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS.....	158,571	0	158,571
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	6,891	0	6,891
PRINTING, PUBLICATIONS, AND POSTAGE.....	1,645	0	1,645
OTHER EXPENSES.....	99,979	0	99,979
TOTAL EXPENSES.....	267,086	325,460	-58,374
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-11,600	-58,440	46,840
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	51,296	109,736	-58,440
NET ASSETS/FUND BAL. AT END OF YEAR.....	39,696	51,296	-11,600

DO NOT FILE

2008

GENERAL INFORMATION

PAGE 1

FIGHTER COUNTRY PARTNERSHIP, INC.

86-0719177

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH B, SCH G

CARRYOVERS TO 2009

NONE

**DO NOT FILE**

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

**2008**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
G The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the 2008 calendar year, or tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_,

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b></p> <p><b>FIGHTER COUNTRY PARTNERSHIP, INC.</b>  <b>500 N. ESTRELLA PARKWAY B2, PMB 479</b>  <b>GOODYEAR, AZ 85338</b></p>	<p><b>D</b> Employer identification number <b>86-0719177</b></p> <p><b>E</b> Telephone number <b>623.882.2191</b></p> <p><b>F</b> Group Exemption Number..... <b>G</b></p>
--	--	--	--

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) **G**

**I** Website: **G** WWW.FIGHTERCOUNTY.ORG

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

**J** Organization type (check only one)  501(c) ( **4** ) **H** (insert no.)  4947(a)(1) or  527

**K** Check  **G** if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **G** \$ **309,959.**

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

<b>R E V E N U E</b>	1 Contributions, gifts, grants, and similar amounts received.....	1	58,630.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments.....	3	12,940.
	4 Investment income.....	4	148.
	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch).....	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> <b>G</b>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1).....	6a	238,241.
b Less: direct expenses other than fundraising expenses.....	6b	54,473.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	6c	183,768.	
7a Gross sales of inventory, less returns and allowances.....	7a		
b Less: cost of goods sold.....	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8 Other revenue (describe <b>G</b> _____).....	8		
<b>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).....</b>	<b>G 9</b>	<b>255,486.</b>	
<b>E X P E N S E S</b>	10 Grants and similar amounts paid (attach schedule).....	10	
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	158,571.
	13 Professional fees and other payments to independent contractors.....	13	6,891.
	14 Occupancy, rent, utilities, and maintenance.....	14	
	15 Printing, publications, postage, and shipping.....	15	1,645.
	16 Other expenses (describe <b>G</b> <u>SEE STATEMENT 1</u> ).....	16	99,979.
<b>17 Total expenses (add lines 10 through 16).....</b>	<b>G 17</b>	<b>267,086.</b>	
18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	-11,600.	
<b>A S S E T S</b>	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	51,296.
	20 Other changes in net assets or fund balances (attach explanation).....	20	
	<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20.....</b>	<b>G 21</b>	<b>39,696.</b>

**Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.**

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....		65,706.	23 37,525.
23 Land and buildings.....			
24 Other assets (describe <b>G</b> <u>SEE STATEMENT 2</u> ).....		2,450.	24 12,470.
<b>25 Total assets.....</b>		<b>68,156.</b>	<b>25 49,995.</b>
26 Total liabilities (describe <b>G</b> <u>SEE STATEMENT 3</u> ).....		16,860.	26 10,299.
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....</b>		<b>51,296.</b>	<b>27 39,696.</b>



**Part V Other Information (Note the statement requirement in General Instruction V.)**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G 37 a 0.		
b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39 a N/A		
b	Gross receipts, included on line 9, for public use of club facilities. 39 b N/A		
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G N/A; section 4912 G N/A; section 4955 G N/A		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. 40 b X		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. G 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 40 e X		
41	List the states with which a copy of this return is filed G AZ		

DO NOT FILE

42 a The books are in care of G STEVE YAMAMORI Telephone no. G (623) 882-2191  
 Located at G 500 N ESTRELLA PKWY, B2, PMB #479 GOODYEAR AZ ZIP + 4 G 85338

		Yes	No
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)? If 'Yes,' enter the name of the foreign country: . . . G		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: . . . G		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ' Check here G  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. G 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49 b	

50 Complete this table for the 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) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000. . . . . <b>G</b>				

51 Complete this table for the 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
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of other independent contractors receiving over \$100,000. . . . . <b>G</b>		

DO NOT FILE

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**

**G** \_\_\_\_\_ | \_\_\_\_\_  
Signature of officer | Date

**G** \_\_\_\_\_  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature	<b>G</b> STACY A. SCHNEIDER	Date	Check if self-employed <b>G</b> <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	<b>G</b> SCHNEIDER & HANEY, CPA'S, PC 727 E BETHANY HOME RD STE D122 PHOENIX, AZ 85014-2194	EIN	<b>G</b> N/A	
		Phone no.	<b>G</b> (602) 277-2117	

May the IRS discuss this return with the preparer shown above? See instructions. . . . . **G**  Yes  No

Schedule of Contributors

G Attach to Form 990, 990-EZ and 990-PF  
G See separate instructions.

2008

Name of the organization

FIGHTER COUNTRY PARTNERSHIP, INC.

Employer identification number

86-0719177

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)( 4 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

FIGHTER COUNTRY PARTNERSHIP, INC.

86-0719177

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF PEORIA ----- 8401 W MONROE STREET ----- PEORIA, AZ 85345 -----	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ARIZONA PUBLIC SERVICE ----- PO BOX 53999, STATION 8010 ----- PHOENIX, AZ 85072 -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TOYOTA DEALERS ASSOCIATION ----- 1333 E. CAMELBACK RD ----- PHOENIX, AZ 85014 -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	TRIWEST ----- 15451 N. 28TH AVENUE ----- PHOENIX, AZ 85053 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	RIO SALADO COMMUNITY COLLEGE ----- 2323 WEST 14TH STREET ----- TEMPE, AZ 85281 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SL BADE AND ASSOCIATES ----- 19420 N. 59TH AVE, STE B-245 ----- GLENDALE, AZ 85308 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FIGHTER COUNTRY PARTNERSHIP, INC.

86-0719177

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CITY OF SURPRISE ----- 16000 N. CIVIC CENTER PLAZA ----- SURPRISE, AZ 85374 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	JOHN F. LONG PROPERTIES ----- 5035 W. CAMELBACK RD. ----- PHOENIX, AZ 85031 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	CITY OF GOODYEAR ----- 190 N. LITCHFIELD RD. ----- GOODYEAR, AZ 85338 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	BARTON MALOW COMPANY ----- 1620 W. FOUNTAINHEAD PKWY ----- TEMPE, AZ 85282 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

DO NOT FILE

Name of organization

Employer identification number

FIGHTER COUNTRY PARTNERSHIP, INC.

86-0719177

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$	
_____		\$	
_____		\$	
_____		\$	
_____		\$	

DO NOT FILE

Name of organization

Employer identification number

FIGHTER COUNTRY PARTNERSHIP, INC.

86-0719177

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

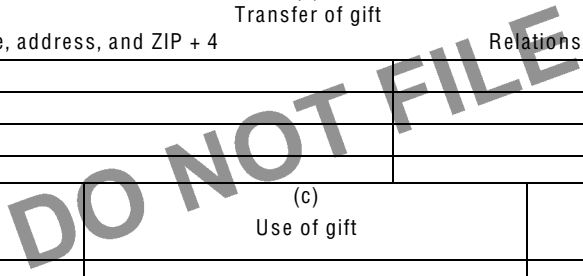
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMEN (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts.....	238,241.			238,241.
2	Less: Charitable contributions.....				
3	Gross revenue (line 1 minus line 2).....	238,241.			238,241.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Non-cash prizes.....			
	6	Rent/facility costs.....			
	7	Other direct expenses.....	54,473.		54,473.
	8	Direct expense summary. Add lines 4- through 7 in column (d).....			
9	Net income summary. Combine lines 3 and 8 in column (d).....				G 183,768.

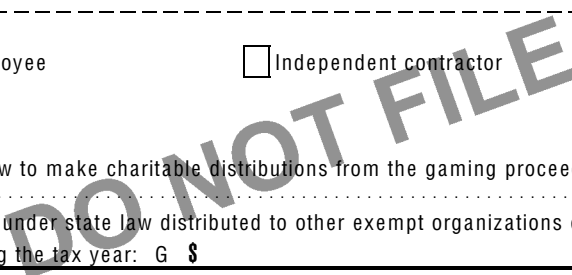
**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col. (a) through col. (c))			
1	Gross revenue.....				
DIRECT EXPENSES	2	Cash prizes.....			
	3	Non-cash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d).....				G
8	Net gaming income summary. Combine lines 1 and 7 in column (d).....				G

DO NOT FILE

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?.....	9 a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....	10 a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?.....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility. ....	13 a	%	
b An outside facility. ....	13 b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: G _____			
Address: G _____			
15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....	15 a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
c If 'Yes,' enter name and address:			
Name: G _____			
Address: G _____			
16 Gaming manager information			
Name: G _____			
Gaming manager compensation G \$ _____			
Description of services provided: G _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....	17 a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____			



FIGHTER COUNTRY PARTNERSHIP, INC.

86-0719177

STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	9,570.
BOARD EXPENSES.....		418.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		3,168.
DUES & LICENSES.....		772.
FUNDRAISING EXPENSE.....		11,313.
GIFTS.....		613.
INSURANCE.....		1,354.
MEALS & ENTERTAINMENT.....		4,133.
MILEAGE REIMBURSEMENT.....		1,963.
SMALL EQUIPMENT.....		643.
SPONSORSHIP.....		54,800.
SUPPLIES.....		3,699.
TELEPHONE / INTERNET.....		3,475.
TRAVEL.....		3,058.
WEBSITE.....		1,000.
	TOTAL \$	<u>99,979.</u>

STATEMENT 2  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE.....	\$ 2,450.	\$ 2,950.
INVENTORIES.....	0.	9,520.
	TOTAL \$	<u>12,470.</u>

STATEMENT 3  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 1,860.	\$ 10,299.
DEFERRED REVENUE.....	15,000.	0.
	TOTAL \$	<u>10,299.</u>

STATEMENT 4  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO SERVE AND SUPPORT THE MEN, WOMEN, FAMILIES AND MISSION OF LUKE AIR FORCE BASE. OUR VALUES INCLUDE ADVOCACY, PARTNERSHIP, TRUST, STRATEGIC INSIGHT, INTEGRATION OF BASE AND COMMUNITY, TEAMWORK, EXPERTISE AND MOBILIZATION.

1. TO INCREASE PUBLIC AWARENESS OF THE ISSUES SURROUNDING THE OPERATION OF LUKE AIR FORCE BASE (LAFB) AND TO DEVELOP AND FOCUS COMMUNITY SUPPORT FOR A MEANINGFUL FOUNDATION AND RESPONSE TO LAFB'S SHORT AND LONG-TERM OPERATIONAL REQUIREMENTS.
2. TO EFFECTIVELY SUSTAIN A HIGH LEVEL OF LOCAL, STATE AND FEDERAL SUPPORT FOR THE PERSONNEL OF LAFB AND TO PROTECT AND ENHANCE ITS MISSION.
3. TO PROMOTE THE FURTHER DEVELOPMENT AND ENHANCEMENT OF THE RELATIONSHIP BETWEEN LAFB, ITS PERSONNEL AND THE PHOENIX METROPOLITAN AREA, AS WELL AS ALL COMMUNITIES

STATEMENT 4 (CONTINUED)  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THEREIN.

4. TO ACTIVELY GENERATE THE METROPOLITAN PHOENIX COMMUNITY AND CORPORATE SUPPORT FOR THE COMMANDER AND HIS PROGRAMS TO REACH OUT TO THE COMMUNITY AND ENHANCE THE QUALITY OF LIFE FOR LAFB PERSONNEL.

STATEMENT 5  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LUKE DAYS AIR SHOW AND OPEN HOUSE - THE PARTNERSHIP SUPPORTS THE PUBLIC EDUCATION AND AWARENESS FUNCTION SERVED BY LUKE DAYS OPEN HOUSE THAT IS HELD BIANNUALLY TO INCREASE AWARENESS AND SUPPORT OF THE 56TH FIGHTER WING'S VALUABLE MISSION. PERFORMANCES INCLUDE THE UNITED STATES AIR FORCE THUNDERBIRDS DEMONSTRATION TEAM, VARIOUS AIR FORCE AND CIVILIAN DEMONSTRATIONS, PLANES, HELICOPTERS, GROUND EQUIPMENT AERIAL PERFORMANCES, AND STATIC HISTORICAL AIRCRAFT DISPLAYS. THE PARTNERSHIP BELIEVES THAT ITS SUPPORT OF THIS EVENT WILL ALSO ENHANCE THE MORALE AND WELFARE PROGRAMS AVAILABLE TO ACTIVE DUTY AND RETIRED MILITARY PERSONNEL AND THEIR FAMILIES. ATTENDANCE SURPASSED 300,000; MOSTLY FAMILIES, ACTIVE AND MILITARY PERSONNEL, AND ENTHUSIASTS. THIS IS THE WING'S LARGEST EFFORT TO EDUCATE THE COMMUNITY ON THE MISSION AND TRAINING THAT OCCURS ON LUKE AFB AND THE PARTNERSHIP IS PROUD TO ASSIST IN THAT ENDEAVOR.

STATEMENT 6  
FORM 990-EZ, PART III, LINE 29  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE PARTNERSHIP SUPPORTED THE FOLLOWING EVENTS AND PROGRAMS PREVIOUSLY BUDGETED BY LUKE AIR FORCE BASE THAT NO LONGER HAVE FUNDING. EACH OF THE PROGRAMS LISTED BELOW PREVIOUSLY RECEIVED SOME LEVEL OF FUNDING FROM LUKE AFB BUDGETS AND EACH PROGRAM HAS NOW HAD SOME OF ITS BUDGET CUT - IN SOME INSTANCES SIGNIFICANTLY. EXAMPLES ARE AS FOLLOWS:

OPERATION THUNDERBOX - OCCURS EACH JULY, OCTOBER AND DECEMBER. OPERATION THUNDERBOX COLLECTS COMFORT ITEMS SUCH AS SUNSCREEN, PHONE CARDS AND POWDERED DRINKS FOR AIRMEN. THE PROGRAM PAYS FOR BOXES AND POSTAGE FOR 450 BOXES TO BE SENT TO DEPLOYED AIRMEN: 150 IN OCTOBER AND 150 IN DECEMBER. THE BOXES GO TO AIRMEN DEPLOYED FROM LUKE AFB TO IRAQ, AFGHANISTAN, QATAR, AND THROUGHOUT THE WORLD.

STATEMENT 7  
FORM 990-EZ, PART III, LINE 30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

56TH FIGHTER WING ANNUAL AWARDS BANQUET - OCCURS EVERY FEBRUARY. THE WING AWARDS IS AN ALL DAY EVENT STARTING WITH A NOMINEE'S BREAKFAST AND LUNCH WITH THE OPPORTUNITY TO MEET WITH TOP WING AND COMMUNITY LEADERS. THE DAY CULMINATES WITH A DINNER AND BANQUET FOR ALL NOMINEES AND THEIR GUESTS. COSTS INCLUDE AWARDS FOR ALL NOMINEES AND WINNER. THIS EVENT PROMOTES APPRECIATION TO THE AIRMAN THAT HAVE BEEN NOMINATED FOR A JOB WELL DONE.

FIGHTER COUNTRY PARTNERSHIP, INC.

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STATEMENT 8  
 FORM 990-EZ, PART III, LINE 31  
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
<p>MAINTENANCE PROFESSIONAL OF THE YEAR AWARD - OCCURS EVERY MARCH. THE MPOY AWARD CEREMONY IS PART OF A DAY OF CELEBRATION FOR MANY OF THE OVER 6,000 MAINTAINERS AT LAFB. THE DAY INCLUDES AN OUTDOOR RECEPTION, AWARDS FOR THE WINNERS AND A GUEST SPEAKER PRESENTATION. THIS EVENT PROMOTES THE OUTSTANDING AND IMPORTANT JOB DONE BY MAINTAINERS TO KEEP LAFB'S FIGHTER PILOTS ON TASK.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		
<p>56TH FIGHTER WING SPRING PICNIC AND WINGMAN SAFETY DAY - OCCURS EVERY SUMMER. THE 56 FW SPRING PICNIC IS A BASE MANDATORY EVENT WITH FOOD, REFRESHMENTS AND ENTERTAINMENT FOR AIRMEN AND THEIR FAMILIES. ATTENDANCE HAS EASILY REACHED 10,000 PEOPLE. THIS EVENT PROMOTES APPRECIATION OF THE AIRMEN AND EMPHASIZES THE IMPORTANCE OF SAFETY ON THE JOB.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		
<p>FIGHTER COUNTRY PARTNERSHIP HONORARY COMMANDERS TRIP - THE FCP HC TRIP IS INTENDED AS PART OF THE HONORARY COMMANDER PROGRAM'S EDUCATIONAL PIECE TO INFORM THE COMMUNITY ON THE IMPORTANCE OF THE BARRY M GOLDWATER GUNNERY RANGE AS A REGIONAL STRATEGIC ASSET TO THE ARMED FORCES. THE FCP HC TRIP INCLUDES TWO DAYS, ONE NIGHT WITH A TOUR OF THE RANGE, TRIP TO TUCSON, MEALS, RECEPTION LODGING.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		
<p>AIR FORCE WEEK PROCLAMATION KICKOFF AND RECEPTION - THIS EVENT OCCURS IN MARCH IN SUPPORT OF THE AIR FORCE AND IN PROMOTION OF AIR FORCE WEEK.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		
<p>CIVILIAN AIR ACTS FOR LUKE DAYS AIR SHOW - FIGHTER COUNTRY PARTNERSHIP PROVIDED A HIGH-LEVEL SPONSORSHIP FOR THE CIVILIAN AIR ACTS TO OFFSET THE COST FOR THE BASE. THIS SPONSORSHIP COVERED THE COST OF OVER 10 AIR ACTS ALONG WITH SUPPORT FOR THE SOUND SYSTEMS, FOOD, LODGING, FUEL, RENTAL VEHICLES AND PYROTECHNICS. THE PURPOSE OF THIS EVENT AND SPONSORSHIP WAS TO RAISE AWARENESS OF THE MISSION AT LUKE AIR FORCE BASE.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		
<p>WINGMAN'S DRUNK DRIVING AWARENESS PROGRAM - THIS IMPORTANT PROGRAM IS YEAR ROUND AND ON GOING. THE AADD PROGRAM HELPS RAISE AWARENESS TO THE DANGERS OF AIRMEN DRINKING AND DRIVING AND OFFERS A PROGRAM TO ASSIST IMPAIRED DRIVERS IN GETTING HOME SAFELY. FCP SUPPORT HAS BEEN RAISED TO PURCHASE KEY TAGS FOR AIRMEN TO HAVE ON THEIR KEY CHAINS WITH INFORMATION AND A PHONE NUMBER TO CALL TO RECEIVE ASSISTANCE WITH A SAFE RIDE HOME.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		
<p>19TH AIR FORCE COMMANDER'S RECEPTION - THIS EVENT OCCURS IN DECEMBER. COMMUNITY AND BUSINESS LEADERS FROM ACROSS THE VALLEY ATTENDED. THE PURPOSE OF THIS EVENT IS TO EDUCATE COMMUNITY AND BUSINESS LEADERS AND TO BE MADE AWARE OF THE IMPORTANT MISSION OF LUKE AFB AND HOW IT PERTAINS TO THE COMMAND OF THE 19TH AIR FORCE.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		
<p>OPERATION WARMHEART - OCCURS THROUGHOUT THE YEAR.          OPERATION WARMHEART IS USED TO ASSIST MILITARY FAMILIES IN</p>		

FIGHTER COUNTRY PARTNERSHIP, INC.

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STATEMENT 8 (CONTINUED)  
 FORM 990-EZ, PART III, LINE 31  
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
TIMES OF HARDSHIPS FOR THINGS THAT AIR FORCE AID IS UNABLE TO ASSIST WITH. THE PROGRAM IS MANAGED BY THE FIRST SERGEANT'S COUNCIL. OPERATION WARMHEART IS ALSO USED TO AUGMENT ADOPT A FAMILY AND ANGEL TREE DONATIONS DURING THE HOLIDAYS.		
TOTAL PROGRAM EXPENSES	INCLUDES FOREIGN GRANTS: NO	192,302.
	INCLUDES FOREIGN GRANTS: NO	
	TOTAL	<u>\$ 0.</u> <u>\$ 192,302.</u>

STATEMENT 9  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
STEVE YAMAMORI 500 N ESTRELLA PKY, B2 PMB 479 GOODYEAR, AZ 85338	EXECUTIVE DIREC 30.00	\$ 125,000.	\$ 0.	\$ 0.
LISA ATKINS 400 E VAN BUREN ST PHOENIX, AZ 85004	DIRECTOR 2.00		0.	0.
STEVEN J BECKER PO BOX 7600 GLENDALE, AZ 85312	TREASURER 5.00		0.	0.
CHARLEY FREERICKS 7600 E DOUBLETREE RANCH RD 300 SCOTTSDALE, AZ 85258	CHAIRMAN 2.00		0.	0.
BRADLEY WRIGHT 80 E. RIO SALADO PKWY, STE 410 TEMPE, AZ 85281	DIRECTOR 2.00		0.	0.
PATRICK MCDERMOTT, CEM PO BOX 53933, STATION 3108 PHOENIX, AZ 85072-3933	COMMITTEE CHAIR 5.00		0.	0.
SAMUEL E YOUNG, JR 5423 W FALLEN LEAF LN GLENDALE, AZ 85310	EXEC COMMITTEE 5.00		0.	0.

FIGHTER COUNTRY PARTNERSHIP, INC.

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STATEMENT 9 (CONTINUED)  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHELLE LEHMAN PO BOX 53933, STATION 8010 PHOENIX, AZ 85072-3933	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
SCOTT MCCOY 3101 N. CENTRAL AVE, STE 1000 PHOENIX, AZ 85012	DIRECTOR 2.00	0.	0.	0.
TAMIE FISHER 3400 SKY HARBOR BLVD STE 3300 PHOENIX, AZ 85034-4404	DIRECTOR 2.00	0.	0.	0.
EDWIN BLANCHARD 18093 W SANTA ALBERTA LN GOODYEAR, AZ 85338	DIRECTOR 2.00	0.	0.	0.
RICK HEARN 2425 E. CAMELBACK RD, #750 PHOENIX, AZ 85016	DIRECTOR 2.00	0.	0.	0.
LT GEN RICHARD BETHUREM 14249 GREENTREE DRIVE LITCHFIELD PARK, AZ 85340	DIRECTOR 2.00	0.	0.	0.
	TOTAL	\$ 125,000.	\$ 0.	\$ 0.

DO NOT FILE