### Public Disclosure Copy

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| <u>A</u> I    | For th                                    | e 2018 calendar year, or tax year beginning and   | ending                |  |  |  |  |  |
|---------------|---|---|-----------------------|--|--|--|--|--|
| В             | Check i                                   | C Name of organization  |                       | D Employer identifi  | cation number                                |  |  |  |
|               | Addr                                      | Fighter Country Partnership, inc.   |                       |  |  |  |  |  |
|               | Nam<br>Chan                               | ge Doing business as  |                       | 86-0   | 719177                                       |  |  |  |
|               | □ Initia<br>□ retur<br>□ Final<br>□ retur | Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite            | E Telephone number (623) 882-2191  |  |  |  |  |
| h             | term                                      |   |                       | G Gross receipts \$  | 807,294.                                     |  |  |  |
|               | Ame<br>retur                              | ided Coodings N7 95339  |                       | H(a) Is this a group r   |  |  |  |  |
|               | Appl                                      | F Name and address of principal officer: Ron Sites  |                       | for subordinates   |  |  |  |  |
|               | pend                                      | same as C above   |                       | H(b) Are all subordinates in   |  |  |  |  |
| 1             | Гах-ех                                    | tempt status: $\bigcirc$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c)( $\boxed{4}$ ) $\blacktriangleleft$ (insert no.) $\bigcirc$ 4947(a)(1) $\boxed{4}$ | or 527                | If "No," attach a  | list. (see instructions)                     |  |  |  |
| <u>J</u> \    | Nebs                                      | te: ▶ www.fightercountry.org  |                       | H(c) Group exemption   | n number                                     |  |  |  |
| K             | orm o                                     | f organization: X Corporation Trust Association Other   | L Year                | of formation: 1992 i   | <b>VI</b> State of legal domicile: <b>AZ</b> |  |  |  |
| Pa            | art I                                     | Summary   |                       |  |  |  |  |  |
| a)            | 1   | Briefly describe the organization's mission or most significant activities: To st   | upport                | the men, w   | omen,  |  |  |  |
| Governance    |   | families, and mission of Luke Air Force B   | ase.                  |  |  |  |  |  |
| rna           | 2   | Check this box  if the organization discontinued its operations or dispose  | ed of more            | than 25% of its net as   | sets.  |  |  |  |
| ove           | 3   | Number of voting members of the governing body (Part VI, line 1a)   |                       | 3  | 21   |  |  |  |
| Ğ             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)   |                       | 4  | 20   |  |  |  |
| Activities &  | 5   | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  |                       | 5  | 5  |  |  |  |
| Viţi          | 6   | Total number of volunteers (estimate if necessary)  |                       | 6  | 0  |  |  |  |
| ĆĖ            | 7 a                                       | Total unrelated business revenue from Part VIII, column (C), line 12  |                       |  | 0.   |  |  |  |
| _             | b   | Net unrelated business taxable income from Form 990-T, line 38  |                       | 7b   | 0.   |  |  |  |
|               |   |   |                       | Prior Year   | Current Year                                 |  |  |  |
| ø             | 8   | Contributions and grants (Part VIII, line 1h)   |                       | 741,328.   | 708,708.                                     |  |  |  |
| n<br>Sun      | 9   | Program service revenue (Part VIII, line 2g)  |                       | 0.   | 0.   |  |  |  |
| Revenue       | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |                       | 1.   | 1.   |  |  |  |
| m             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                       | -28,681.   | -107,296.                                    |  |  |  |
|               | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                       | 712,648.   | 601,413.                                     |  |  |  |
|               | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                       | 264,470.   | 233,160.                                     |  |  |  |
|               | 14  | Benefits paid to or for members (Part IX, column (A), line 4)   |                       | 0.   | 0.   |  |  |  |
| ģ             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                       | 313,438.   | 343,596.                                     |  |  |  |
| Expenses      | 16a                                       | Professional fundraising fees (Part IX, column (A), line 11e)   |                       | 0.   | 0.   |  |  |  |
| Š             | b   | Total fundraising expenses (Part IX, column (D), line 25)   | 35.                   | TO THE STATE OF TH |  |  |  |  |
| Ш             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                       | 146,645.   | 154,154.                                     |  |  |  |
|               | 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                       | 724,553.   | 730,910.                                     |  |  |  |
|               | 19  | Revenue less expenses. Subtract line 18 from line 12  |                       | -11,905.   | -129,497.                                    |  |  |  |
| Net Assets or |   |   | Beg                   | ginning of Current Year  | End of Year                                  |  |  |  |
| sets          | 20  | Total assets (Part X, line 16)  |                       | 412,504.   | 312,256.                                     |  |  |  |
| t As          | 21  | Total liabilities (Part X, line 26)   |                       | 26,551.  | 55,800.                                      |  |  |  |
| Ž             | 22  | Net assets or fund balances. Subtract line 21 from line 20  |                       | 385,953.   | 256,456.                                     |  |  |  |
|               | irt II                                    | Signature Block   |                       |  |  |  |  |  |
|               |   | alties of perjury, I declare that I have examined this return, including accompanying schedules   |                       |  | knowledge and belief, it is                  |  |  |  |
| true,         | corre                                     | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh  | ich preparer l        | has any knowledge.   | Manager v                                    |  |  |  |
|               |   | Cignature of officer  |                       | , D-t-   |  |  |  |  |
| Sign          | า   | Signature of officer  |                       | Date   |  |  |  |  |
| Her           | е   | Ron Sites, President  |                       | <i></i>  |  |  |  |  |
|               |   | Type or print name and title  | <del>\</del>          |  | T DTIN                                       |  |  |  |
|               |   | Print/Type preparer's name Preparer's signature   | $\Omega_{\alpha} = I$ | ate Check  | PTIN   |  |  |  |
| Paid          |   | Cynthia Williams, EA  | 2/13/19 self-employ   |  |  |  |  |  |
| Prep          |   | Firm's name JAMES E. RAFTERY, CPA, PC   |                       | Firm's EIN   | 86-0503405                                   |  |  |  |
| Use           | Unly                                      | Firm's address 606 N Stapley Drive  |                       |  | 0 005 1040                                   |  |  |  |
|               |   | Mesa, AZ 85203  |                       | Phone no. 48   | 0-835-1040                                   |  |  |  |
| May           | the I                                     | RS discuss this return with the preparer shown above? (see instructions)  |                       |  | X Yes No                                     |  |  |  |

| Pa  | rt IV Checklist of Required Schedules  |  |  |  |
|-----|--|--|--|--|
|     |  |  | Yes  | No   |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |  |  |  |
| ·   | If "Yes," complete Schedule A  | 1  |  | Х  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2  | Х  |  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |  |  |  |
| 3   |  |  |  | х  |
| 4   | public office? If "Yes," complete Schedule C, Part I   | 3_   |  | -22  |
| 4   | Section 501(c)(3) organizations. 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  | 4  |  |  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |  | **   |  |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | _5_  | X  |  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |  |  |  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6_   |  | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |  |  |  |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7  |  | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |  |  |  |
|     | Schedule D, Part III   | 8  |  | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    |  |  |  |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?        |  |  |  |
|     | If "Yes," complete Schedule D, Part IV   | 9  |  | х  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent    |  |  |  |
| .0  | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10   |  | х  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | LALDESKA   |  |  |
|     |  |  |  |  |
|     | as applicable.   | The second secon | Management of the control of the con | According to the control of the cont |
| а   | , , , , , , , , , , , , , , , , , , ,  | ١  | Х  |  |
|     | Part VI  | 11a  | Δ  |  |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total      |  |  | 77   |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b  |  | X  |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total       |  |  |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |  | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in     |  |  |  |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  |  | _X_  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e  |  | _X_  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |  |  |  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f  |  | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |  |  |  |
|     | Schedule D, Parts XI and XII   | 12a  |  | Х  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |  |  |  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b  | Х  |  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13   |  | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a  |  | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          | 174  |  |  |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |  |  |  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  |  | Х  |
| 45  |  | IHD  |  |  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any        | 45   |  | v  |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15   |  | _ <u>X</u> _   |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |  |  | 7.7  |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16   |  | <u> </u>   |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |  |  |  |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17   |  | _X_  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |  |  |  |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   | X  |  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |  |  |  |
|     | complete Schedule G, Part III  | 19   |  | _X_  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                      | 20a  |  | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b  |  |  |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      |  |  |  |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II                                | 21   | Х  |  |

|        | · (continued)  |            | T.,  | T                |
|--------|--|------------|--|------------------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            | Yes  | No               |
| 22     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         | x  |                  |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |            |  |                  |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |            |  |                  |
|        | Schedule J   | 23         | х  |                  |
| 24 a   | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |            |  |                  |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |            |  |                  |
|        | Schedule K. If "No," go to line 25a  | 24a        |  | X                |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |  |                  |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |            |  |                  |
|        | any tax-exempt bonds?  | 24c        |  |                  |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |  |                  |
| 25 a   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |            |  | ١                |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | <u>25a</u> |  | X                |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |            |  |                  |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |            |  | 37               |
|        | Schedule L, Part I   | 25b        |  | X                |
| 26     | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  |            |  |                  |
|        | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  f "Yes,"   | 00         |  | x                |
| 27     | complete Schedule L, Part II   | 26         |  |                  |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member |            |  |                  |
|        | of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |  | x                |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |            |  | C NAME OF STREET |
|        | instructions for applicable filing thresholds, conditions, and exceptions):  |            |  |                  |
| а      | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a        |  | Х                |
|        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b        |  | Х                |
|        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  |            |  |                  |
|        | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        |  | X                |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         | X  |                  |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |            |  |                  |
|        | contributions? If "Yes," complete Schedule M   | 30         |  | X                |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations?   |            |  |                  |
|        | If "Yes," complete Schedule N, Part I  | 31         |  | X                |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |            |  |                  |
|        | Schedule N, Part II  | 32         |  | <u> </u>         |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |            |  | v                |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |  | X                |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | 34         | х  |                  |
| 35.5   | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        | X  |                  |
|        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | <u>ooa</u> |  |                  |
| b      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |  | х                |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |            |  |                  |
|        | If "Yes," complete Schedule R, Part V, line 2  | 36         |  |                  |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |            |  |                  |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |  | Х                |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |            |  |                  |
|        | Note. All Form 990 filers are required to complete Schedule O  | 38         | X  |                  |
| Par    |  |            |  |                  |
|        | Check if Schedule O contains a response or note to any line in this Part V   |            |  |                  |
|        |  |            | Yes  | No               |
| _      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2  |            |  |                  |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |  | ALBERT N         |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |            | Х  |                  |
| 90000  | (gambling) winnings to prize winners?  | 1c<br>Form | W. W. C. | (2018)           |
| 002004 | . 12-31-18   | 1 01111    |  | رد ۱ ۱ ۲ ۲ ۲ ۲ ۲ |

|                    |   |            |                      |  | Ye                                      | s No   | _     |
|--------------------|---|------------|----------------------|--|---|--|-------|
| 2a                 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |            |                      |  | ente de second                          |  |       |
|                    | filed for the calendar year ending with or within the year covered by this return   | 2a         | Ę                    |  |   | MAI CONGRESSO  |       |
| b                  | If at least one is reported on line 2a, did the organization file all required federal employment tax return  | ns?        |                      | 21   | X                                       |  |       |
|                    | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions  | s)         |                      |  |   | MAIS MICHINGLY   |       |
| За                 |   |            |                      | 3  | 1                                       | X  |       |
| b                  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (   |            |                      | 31   | )                                       |  |       |
| 4a                 | At any time during the calendar year, did the organization have an interest in, or a signature or other a   |            | ·=                   |  | ŀ                                       | 1,,  |       |
|                    | financial account in a foreign country (such as a bank account, securities account, or other financial a  | ccoun      | t)?                  | 48   | 1                                       | X  |       |
| b                  | If "Yes," enter the name of the foreign country:  |            |                      |  |   |  |       |
| <b>-</b>           | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad   |            |                      | 18.4000  | THE REAL PROPERTY.                      | v  | ALIE  |
|                    | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |            |                      | 5  |   | X  | _     |
| b                  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactiff. "You" to line for or find the organization file form 9996 To             |            |                      | <u>5</u> 1   |   | +2   |       |
|                    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                 |            |                      | 30   | <del>'</del>                            | +  |       |
| ua                 |   | _          |                      | 6  |   | X  |       |
| h                  | any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions. |            |                      | 100  | -                                       | <del></del>  | _     |
| ~                  | were not tax deductible?  |            | _                    | 6  | ,                                       |  |       |
| 7                  | Organizations that may receive deductible contributions under section 170(c).   |            |                      |  | 3,60 CA.1114<br>1765 STEERS             |  |       |
| a                  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser   | vices pr   | ovided to the pavor? | 78   | 1                                       | Х  |       |
| b                  |   |            |                      | 71   |   | 1  |       |
| С                  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |            |                      |  |   |  | _     |
|                    | to file Form 8282?  |            |                      | 70   | ,                                       | X  |       |
| d                  | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d         |                      | 11.4 to  | 300 Nicori                              | ne deutstei  |       |
| е                  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co  | ontract    | ?                    | 76   | ,                                       | X  |       |
| f                  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra   | act?       |                      | 7  |   | X  |       |
| g                  | If the organization received a contribution of qualified intellectual property, did the organization file Fo  | rm 889     | 99 as required?      | 79   | Ц                                       |  |       |
| h                  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  | tion file  | a Form 1098-C?       | 71   | l deskir aut Snadar                     | nair Pelensaira  |       |
| 8                  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained   | by the     |                      | The second secon | 100000000000000000000000000000000000000 | The second secon |       |
|                    |   |            |                      | 8  |   |  |       |
| 9                  | Sponsoring organizations maintaining donor advised funds.   |            |                      |  | (0.3 EXCENSE                            |  |       |
| а                  |   |            |                      | 98   |   | +  |       |
| b                  |   |            |                      | 9k   | ACAY dispattar                          | MINI SEMENTALI   |       |
| 10                 | Section 501(c)(7) organizations. Enter:   | ا ءمد ا    |                      |  |   |  |       |
| a<br>b             | Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                     | 10a<br>10b |                      |  |   |  |       |
| 11                 | Section 501(c)(12) organizations. Enter:  | 100        |                      |  |   |  |       |
|                    | Gross income from members or shareholders   | 11a        |                      | PORTOR OF  |   |  |       |
|                    | Gross income from other sources (Do not net amounts due or paid to other sources against  | 114        |                      | 100000   | in Control                              |  |       |
| ~                  | amounts due or received from them.)   | 11b        |                      |  |   |  |       |
| 12a                | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |            |                      | 12   | а                                       |  | _     |
|                    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b        |                      |  |   | ni sissisti  |       |
| 13                 | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |                      |  |   |  |       |
| а                  | Is the organization licensed to issue qualified health plans in more than one state?  |            |                      | 13   | а                                       |  |       |
|                    | Note. See the instructions for additional information the organization must report on Schedule O.   |            |                      |  |   | NA STORY   |       |
| b                  | Enter the amount of reserves the organization is required to maintain by the states in which the  |            |                      |  |   | TRAL TURNING CO.   |       |
|                    | organization is licensed to issue qualified health plans  | 13b        |                      |  |   |  |       |
|                    | Enter the amount of reserves on hand  | 13c        |                      | JICA DINA  |   |  |       |
|                    |   |            |                      | 14   | a                                       | X  | _     |
| b                  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule   | 0          |                      | 14   | <b>3</b>                                |  | _     |
| 15                 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner   |            |                      |  |   |  |       |
|                    | excess parachute payment(s) during the year?  |            |                      | 15   | r<br>aga ninasari                       | X  | già i |
| 40                 | If "Yes," see instructions and file Form 4720, Schedule N.  |            |                      |  | 100 100 100 100 100 100 100 100 100 100 | 77   |       |
| 16                 | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | ıncom      | e?                   | 16   |   | X  | 71    |
| 514-Ca40-Ca40-Ca60 | If "Yes," complete Form 4720, Schedule O.   |            |                      | -  | 000                                     | )<br>(2018   |       |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 21 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 20 **b** Enter the number of voting members included in line 1a, above, who are independent ...... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons AZSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records The Organization - (623) 882-2191 500 N. Estrella Parkway B2, Goodyear, AZ 85338

### Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization n | 1                   | orga               | niza                 |         |              | nper                         | sate   |                                 |                 |  |  |
|--|---------------------|--------------------|----------------------|---------|--------------|------------------------------|--------|---------------------------------|-----------------|--|--|
| (A)  | (B)                 | (C)<br>Position    |                      |         |              |                              |        | (D)                             | (E)             | (F)  |  |
| Name and Title                               | Average             | (dc                |                      |         |              | า<br>than d                  | one    | Reportable                      | Reportable      | Estimated  |  |
|  | hours per           | box                | , unle               | ss per  | rson i       | is both<br>or/trus           | an     | compensation                    | compensation    | amount of  |  |
|  | week                | $\vdash$           | Cer an               | u a u   | ii eote      | 1                            | 166)   | from                            | from related    | other  |  |
|  | (list any hours for | or director        |                      |         | ĺ            |                              |        | the                             | organizations   | compensation from the                              |  |
|  | related             | e or d             | tee                  |         |              | sated                        |        | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC) | organization                                       |  |
|  | organizations       | ruste              | nstitutional trustee |         | 99/          | mpen                         |        | (***2/1099*****100)             |                 | and related  |  |
|  | below               | dualt              | riona                | L       | oldm         | st co                        |        |                                 |                 | organizations                                      |  |
|  | line)               | Individual trustee | nstitu               | Officer | Key employee | Highest compensated employee | Former |                                 |                 | - · <b>3</b> · · · · · · · · · · · · · · · · · · · |  |
| (1) Rick Hearn                               | 5.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Chairman                                     | 5.00                | X                  |                      | Х       |              |                              |        | 0.                              | 0.              | 0.   |  |
| (2) Bob Bambauer                             | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (3) Danny Ortega                             | 5.00                |                    |                      |         |              |                              |        |                                 | _               |  |  |
| Finance Chair                                | 5.00                | X                  |                      | X       |              |                              |        | 0.                              | 0.              | 0.   |  |
| (4) Bruce Larson                             | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (5) Michael Green                            | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (6) Angela Creedon                           | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (7) Jody Alexander                           | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (8) Pat Lowry                                | 2.00                |                    |                      |         |              |                              |        |                                 | _               | _  |  |
| Director                                     | 2.00                | Х                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (9) Rusty Mitchell                           | 2.00                | 1                  |                      |         |              |                              |        |                                 |                 | _  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (10) Art Cameron                             | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (11) David Scholl                            | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (12) Shannon Williams                        | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (13) Kristie Maggs                           | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (14) Darrell Wilson                          | 5.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Vice Chairman                                |                     | Х                  | Ш                    | X       |              | Ш                            |        | 0.                              | 0.              | 0.   |  |
| (15) John Mazza, CMSgt (USAF Ret.)           | 2.00                |                    |                      |         |              | ]                            |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              | Ш                            |        | 0.                              | 0.              | 0.   |  |
| (16) Jason Klonoski                          | 2.00                |                    |                      |         |              |                              |        |                                 |                 |  |  |
| Director                                     | 2.00                | X                  |                      |         |              |                              |        | 0.                              | 0.              | 0.   |  |
| (17) Nick Wood                               | 2.00                |                    |                      |         |              |                              |        |                                 |                 | 0.   |  |
|  | 2.00                | Х                  |                      |         |              |                              |        | 0.                              | 0.              |  |  |

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Form **990** (2018)

Page 7

| Part VII   Section A. Officers, Directors, Trus  | tees, Key Em                          | ploy                           | ees,                  | and                    | iH k         | ghe  | st C     | Compensated Employee      | s (continued)                  |   |                       |
|--|---------------------------------------|--------------------------------|-----------------------|------------------------|--------------|--|----------|---------------------------|--------------------------------|---|-----------------------|
| (A)  | (B)                                   |                                |                       | (0                     | C)           |  |          | (D)                       | (E)                            |   | (F)                   |
| Name and title   | Average                               | (do                            |                       | Pos                    |              | า<br>than  | one      | Reportable                | Reportable                     |   | Estimated             |
|  | hours per                             | box                            | , unle                | ss pe                  | rson         | is bot<br>or/trus                                | h an     | compensation              | compensation                   | 1                                       | amount of             |
|  | week<br>(list any                     | $\vdash$                       | l cei ai              | luau                   | II GCIL      | Jiraa  | 166)     | _ from                    | from related                   |   | other                 |
|  | hours for                             | lirecto                        |                       |                        |              | _  |          | the organization          | organizations<br>(W-2/1099-MIS |   | compensation from the |
|  | related                               | 3e or (                        | stee                  |                        |              | nsateo   |          | (W-2/1099-MISC)           | (** 2/ 1000 1010)              | ا (۲                                    | organization          |
|  | organizations                         | trust                          | nal tru               |                        | oyee         | ошре   |          |                           |                                |   | and related           |
|  | below                                 | Individual trustee or director | institutional trustee | Officer                | Key employee | Highest compensated employee                     | Former   |                           |                                |   | organizations         |
| (10) Dab "Grander" Mile Larra (77077 D   | line)                                 | 프                              | lus                   | JJ.0                   | Key          | 훈등   | Ē        |                           |                                |   |                       |
| (18) Bob "Sparky" Whitehouse (USAF R Director  | 2.00                                  | x                              |                       |                        |              |  |          | 0.                        |                                | 0.                                      | 0.                    |
| (19) Karen Roch  | 2.00                                  | ^                              | -                     | <del> </del>           |              | ╫  | ┢        | 0.                        |                                | <u>.</u>                                | <u>U•</u>             |
| Director   | 2.00                                  | X                              |                       |                        |              |  |          | 0.                        |                                | 0.                                      | 0.                    |
| (20) Greg DeBernard  | 2.00                                  |                                |                       | $\vdash$               |              |  | T        |                           |                                | -                                       |                       |
| Director   | 2.00                                  | x                              |                       |                        |              |  |          | 0.                        |                                | 0.                                      | 0.                    |
| (21) Ron Sites   | 35.00                                 |                                | <u> </u>              |                        |              |  | T        |                           |                                |   |                       |
| President  | 5.00                                  |                                |                       | x                      |              |  |          | 189,860.                  |                                | 0.                                      | 0.                    |
| (22) Veronique Cruikshank  | 25.00                                 |                                |                       |                        |              |  |          |                           |                                |   |                       |
| Business Manager   | 15.00                                 |                                |                       | X                      |              |  |          | 0.                        | #                              | 0.                                      | 0.                    |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
| No. of the contract of the con |                                       | -                              |                       |                        | _            | _  | _        |                           |                                |   |                       |
|  |                                       | -                              |                       |                        |              |  |          |                           |                                |   |                       |
|  |                                       |                                | -                     |                        |              | $\vdash$   | ┝        |                           | <del></del>                    |   |                       |
|  |                                       | 1                              |                       |                        |              |  |          |                           |                                |   |                       |
| **************************************   |                                       |                                |                       |                        |              | <del>                                     </del> | T        |                           |                                |   |                       |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
| 1b Sub-total   |                                       |                                |                       |                        |              |  | <b></b>  | 189,860.                  |                                | 0.                                      | 0.                    |
| c Total from continuation sheets to Part VI  |                                       |                                |                       |                        |              |  |          | 0.                        |                                | 0.                                      | 0.                    |
| d Total (add lines 1b and 1c)  |                                       |                                |                       |                        |              |  |          | 189,860.                  |                                | 0.                                      | 0.                    |
| 2 Total number of individuals (including but n   | ot limited to th                      | ose                            | liste                 | d ab                   | ove          | e) wh  | o re     | eceived more than \$100,  | 000 of reportable              |   |                       |
| compensation from the organization   |                                       |                                |                       | V., -733-4-2-4-2       |              |  |          |                           |                                |   | 1                     |
| 0 Dilil  |                                       |                                |                       |                        |              |  |          |                           |                                | 1                                       | Yes No                |
| 3 Did the organization list any former officer,  |                                       |                                |                       | -                      | •            | •  |          | •                         | , ,                            |   | 3 X                   |
| line 1a? If "Yes," complete Schedule J for s   |                                       |                                |                       |                        |              |  |          | ar componentian from the  |                                |   | 3 X                   |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150   |                                       |                                |                       |                        |              |  |          |                           |                                | -                                       | 4 X                   |
| 5 Did any person listed on line 1a receive or a  |                                       |                                |                       |                        |              |  |          |                           |                                |   | 4 4                   |
| rendered to the organization? If "Yes." com  | · · · · · · · · · · · · · · · · · · · |                                |                       |                        | -            |  |          | =                         |                                |   | 5 X                   |
| Section B. Independent Contractors   | olete Scheone                         | <del></del>                    | UL SU                 | ICI.                   | 7510         | UII.   | <u> </u> |                           |                                |   |                       |
| 1 Complete this table for your five highest co   | mpensated ind                         | epe                            | nder                  | nt cc                  | ntra         | acto   | rs tl    | hat received more than \$ | 100,000 of compe               | nsat                                    | ion from              |
| the organization. Report compensation for  | he calendar ye                        | ar e                           | ndir                  | ng w                   | ith c        | or wi  | thir     | the organization's tax y  | ear.                           |   |                       |
| (A)  |                                       |                                |                       | _                      |              |  |          | (B)                       |                                | _                                       | (C)                   |
| Name and business  | address                               | NC                             | ONE                   | <u> </u>               |              |  |          | Description of s          | ervices                        |   | ompensation           |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   | ········              |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
|  |                                       |                                |                       |                        |              |  |          |                           |                                |   |                       |
| O Tabal manufactural and in the control of the cont | It It It It                           |                                | - 11                  |                        |              |  |          |                           |                                |   |                       |
| 2 Total number of independent contractors (ir<br>\$100,000 of compensation from the organiz  | •                                     | ot iin                         | nitec                 | ιτοt                   | hos:<br>C    |  | ted      | above) who received mo    | ore tnan                       |   |                       |
| φτου,σου οι compensation from the organiz  | aliUII                                | unercomo                       |                       | NAME OF TAXABLE PARTY. |              | ,<br>marenda period                              |          |                           | DATE:                          | 200000000000000000000000000000000000000 | E 000 (004.0)         |

| and a                                     |          | Check if Schedule O cont                  | ains a respo  | nse or note to any line  | (A)  | (B)  | (C)  | D)   |
|---|----------|---|---|--|--|--|--|--|
|   |          |   |   |  | Total revenue  | Related or<br>exempt function<br>revenue   | Unrelated<br>business<br>revenue   | Revenue excluded from tax under sections 512 - 514   |
| 8 8                                       | 1 a      | Federated campaigns                       | 1a  |  |  |  |  | 012 014  |
| , Grants<br>mounts                        |          | Membership dues                           |   | 1  |  |  |  |  |
| Q E                                       |          | Fundraising events                        |   | <u> </u>   |  |  |  | i USSI, MERISAN PERSONAL SEA   |
| ifts<br>I A                               |          | Related organizations                     |   |  |  |  |  |  |
| Bi,G                                      |          | Government grants (contributi             |   |  |  |  | Rest client light of their tist, C.  |  |
| Contributions, Gifts, and Other Similar A |          | All other contributions, gifts, gran      |   |  |  |  |  |  |
| buti                                      |          | similar amounts not included abov         | I   | 202,521.   |  |  |  |  |
| Ē   | g        | Noncash contributions included in lines   |   | 196,582.   |  |  |  | a some control of the force of   |
| a C                                       | h        | Total. Add lines 1a-1f                    |   |  | 708,708.   |  |  |  |
|   |          |   |   | Business Code  |  |  |  |  |
| g   | 2 a      |   |   |  |  |  |  |  |
| ال ق                                      | b        |   |   | 1  |  |  |  |  |
| Se  | С        |   |   |  |  |  |  |  |
| Program Service<br>Revenue                | d        |   |   |  |  |  |  |  |
| P. G                                      | е        |   |   |  |  |  |  |  |
| 급   | f        | All other program service reve            | nue   |  |  |  |  |  |
|   | g        | Total. Add lines 2a-2f                    |   | <b>&gt;</b>  |  |  |  | de Sie der Goden die jake doorde de state de Artiste   |
|   | 3        | Investment income (including              |   | ·  |  |  |  |  |
|   |          | other similar amounts)                    |   | ▶  | 1.   |  |  | 1,   |
|   | 4        | Income from investment of tax             | c-exempt bor  | nd proceeds 🕨  |  |  |  |  |
|   | 5        | Royalties                                 | ······  |  |  |  | nitate de la constitución en il de meior en para de la cons  |  |
|   |          |   | (i) Real  | (ii) Personal  |  | and the first sales and first sales  |  |  |
|   | 6 a      | ***************************************   |   |  |  | CATTORIZA FRANCISTA U.S. por ist   |  |  |
|   | b        |   |   |  |  | CONTROL CONTROL OF   |  | El Company of the Com |
|   | С        | ` ,                                       |   |  |  | Control of the second s |  | The second second second   |
|   |          | Net rental income or (loss)               | l .   |  |  |  |  |  |
|   | 7 a      | Gross amount from sales of                | (i) Securiti  | es (ii) Other  |  |  |  |  |
|   |          | assets other than inventory               |   |  |  |  |  | EANGER TO BE STREET, THE S   |
| - 1                                       | b        | Less: cost or other basis                 |   |  |  |  |  |  |
|   |          | and sales expenses                        |   |  |  |  |  | Section 100  |
|   |          | Gain or (loss)                            |   |  | PRODUCTION SERVICES AND  |  |  | TORTHUR CHARLES AND AND A  |
|   |          | Net gain or (loss)                        |   | 1  |  | e de la companya de  | remandar salar and his and a salar and he  | PRESENTATION AND THE STATE OF T |
| e l                                       | 8 а      | Gross income from fundraising             |   | :<br>Indicated the second of the |  |  |  |  |
| je  |          | including \$ 377,                         |   |  |  |  |  |  |
| Other Revenue                             |          | contributions reported on line            | -   | a 98,585.  |  |  |  | of the second of the second contraction  |
| Ē   | <b>L</b> | Part IV, line 18<br>Less: direct expenses |   |  |  |  |  | DESTRUCTION OF THE   |
| ఠ   |          | Net income or (loss) from fund            |   |  | -107,296.  |  | 50051 (PUBLISH SANDAL AREST SANDSWAR   | -107,296.  |
|   |          | Gross income from gaming act              | _   | ts   | 207,200  |  |  | are an area and area area.   |
|   | Ja       | Part IV, line 19                          |   | a  |  |  | pendicata ne suppressed  |  |
|   | h        | Less: direct expenses                     |   |  | e e e e completar e e e e e e e e e e e e e e e e e e e  | en Schle-Medichelberg (Ed., Moderne, 17).  | is sendinthino centro e debend   | 47 K. S. B. B. S. L. B. S. B.  |
|   |          | Net income or (loss) from gami            |   |  |  |  |  |  |
|   |          | Gross sales of inventory, less r          |   |  | e sur rollumicari en este anticis estos capital  | yangan dan arti da kataman bagan arti  | restance silver in retrocus presidente com   | utaren errakoak  |
|   |          | and allowances                            |   | a  |  |  |  |  |
|   | b        | Less: cost of goods sold                  |   |  |  |  |  |  |
|   |          | Net income or (loss) from sales           |   |  |  |  | The state of the s |  |
| least least                               |          | Miscellaneous Revenue                     | Control Control Color State - may make the control of | Business Code  | De la company de |  | Alexander IV   |  |
|   | 11 a     |   |   |  |  |  | 27 23 27 27 27 27 27 27 27 27 27 27 27 27 27   |  |
|   | b        |   |   |  |  |  |  |  |
|   | С        |   |   |  |  |  |  |  |
|   | d        | All other revenue                         | *****   |  |  |  |  |  |
|   |          | Total. Add lines 11a-11d                  |   |  |  |  |  | The Company of the Parket Company  |
|   | 12       | Total revenue. See instructions           |   |  | 601,413.   | 0.   | 0.   | -107,295.  |

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (**D**) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 122,763. 122,763 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 110,397. 110,397. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 181,826. 109,096. 27,274. 45,456. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 140,723. 67.919. 27,624. 45,180. 7 Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 9 21,047. 11,551. 3,582. 5,914. Payroll taxes 10 Fees for services (non-employees): 11 a Management ..... Legal 13,281. 13,281. Accounting ..... Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 866. 476. 147. 243. column (A) amount, list line 11g expenses on Sch O.) 13,827. 8,725. 5,102. Advertising and promotion ..... 12 9,537. 1,883. 7,192. 462. Office expenses 13 10,592. 5,813. 1,803. 2,976. 14 Information technology 15 Royalties 11,029. 7,803. 1,217. 2,009. 16 Occupancy 11,078.3,113. 6,079. 1,886. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings ..... 1,066. 1,066. 19 ..... 20 21 Payments to affiliates ..... 173. 1,014. 556. 285. Depreciation, depletion, and amortization ..... 22 728. 399. 124. 205. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 70,082. 56,211. 13,871.a Hospitality 0. Gifts 11,054. 4,435. 6,619. С d e All other expenses 514,106. 730,910. 85,369. 131,435. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| Part   | Х   | Balance Sheet  |             |  |   |  |  |
|--------|-----|--|-------------|--|---|--|--|
|        |     | Check if Schedule O contains a response or no  | te to any   | line in this Part X  |   |  |  |
|        |     |  |             |  | <b>(A)</b><br>Beginning of year                             |  | <b>(B)</b><br>End of year                            |
|        | 1   | Cash - non-interest-bearing  |             |  | 272,591.  | 1  | 307,103.   |
|        | 2   | Savings and temporary cash investments   |             |  | 5.  | 2  | 5.   |
|        | 3   | Pledges and grants receivable, net   |             |  | 1,350.  | 3  | 0.   |
|        | 4   | Accounts receivable, net   |             |  |   | 4  |  |
|        | 5   | Loans and other receivables from current and for   |             |  |   |  |  |
|        |     | trustees, key employees, and highest compens   |             | · · · · · · · · · · · · · · · · · · ·  |   |  | THE RESERVE TO SHEET ASSESSMENT OF THE SECOND STREET |
|        |     | Part II of Schedule L  | •           | · · · · · · · · · · · · · · · · · · ·  |   | 5  |  |
|        | 6   | Loans and other receivables from other disqual   |             |  |   |  |  |
|        |     | section 4958(f)(1)), persons described in section  | n 4958(c)   | (3)(B), and contributing   |   |  |  |
|        |     | employers and sponsoring organizations of sec  |             |  |   |  |  |
| 3      |     | employees' beneficiary organizations (see instr)   |             | The state of the s |   | 6  |  |
| Assets | 7   | Notes and loans receivable, net  |             |  | 124,259.  | 7  | 629  |
| 2      | 8   | Inventories for sale or use  |             |  |   | 8  |  |
|        | 9   | Barrier L. L. Carrier L. C |             |  | 14,299.   | 9  | 0  |
|        | 10a | Land, buildings, and equipment: cost or other  |             |  | and the second of the second of the second of               |  | INCRESE CONTRACTORS                                  |
|        |     | basis. Complete Part VI of Schedule D  | 10a         | 5,533.   |   |  |  |
|        | b   | Less: accumulated depreciation   |             | 1,014.   | 0.  | 10c  | 4,519  |
| -      | 11  | Investments - publicly traded securities   |             | 11   |   |  |  |
| -      | 12  | Investments - other securities. See Part IV, line  |             |  | 12  |  |  |
| -      | 13  | Investments - program-related. See Part IV, line   |             |  | 13  |  |  |
| .      | 14  | Intangible assets  |             |  |   | 14   |  |
|        | 15  | Other assets. See Part IV, line 11   |             |  |   | 15   |  |
|        | 16  | Total assets. Add lines 1 through 15 (must equ   |             |  | 412,504.  | 16   | 312,256  |
|        | 17  | Accounts payable and accrued expenses  |             | 9,722.   | 17  | 8,892  |  |
|        | 18  | Grants payable   |             |  | 18  |  |  |
|        | 19  | Deferred revenue   |             |  | 15,554.   | 19   | 46,908   |
| 2      | 20  | Tax-exempt bond liabilities  |             |  |   | 20   |  |
| 2      | 21  | Escrow or custodial account liability. Complete  |             |  |   | 21   |  |
| , 2    | 22  | Loans and other payables to current and former   | r officers, | directors, trustees,   |   | HINDOUT SIN  |  |
|        |     | key employees, highest compensated employee  | es, and d   | isqualified persons.   |   |  | ENERGY   |
|        |     | Complete Part II of Schedule L   |             |  |   | 22   |  |
| 2      | 23  | Secured mortgages and notes payable to unrela  |             |  |   | 23   |  |
| 2      | 24  | Unsecured notes and loans payable to unrelate  | d third pa  | arties   |   | 24   |  |
| 2      | 25  | Other liabilities (including federal income tax, pa  | ayables to  | related third  |   |  |  |
|        |     | parties, and other liabilities not included on lines   | s 17-24).   | Complete Part X of   |   |  | _  |
|        |     | Schedule D   |             |  | 1,275.  | 25   | 0.   |
| 12     | 26  | Total liabilities. Add lines 17 through 25   |             |  | 26,551.   | 26   | 55,800   |
|        |     | Organizations that follow SFAS 117 (ASC 958  |             | here 🕨 🗓 and   |   |  |  |
| 3      |     | complete lines 27 through 29, and lines 33 ar  | nd 34.      |  | 000 000   | The color of the | 0 - 2 4 - 2  |
| 2      |     | Unrestricted net assets  | 385,953.    | 27   | 256,456   |  |  |
| 2      |     | Temporarily restricted net assets  |             | 28   |   |  |  |
| 2      | 29  | Permanently restricted net assets  |             | 29   |   |  |  |
|        |     | Organizations that do not follow SFAS 117 (A   |             |  |   |  |  |
|        |     | and complete lines 30 through 34.  |             |  | TELESKARTIK DUSTUM LIKAN SKRIBEN IN BEDRINGLESING DE DESKRI | ERRECTED STATE   |  |
| 3      |     | Capital stock or trust principal, or current funds   |             |  |   | 30   |  |
| 3      |     | Paid-in or capital surplus, or land, building, or ed   |             |  |   | 31   |  |
| ?      |     | Retained earnings, endowment, accumulated in   |             |  | 205 252   | 32   | 056 456  |
|        |     | Total net assets or fund balances  |             |  | 385,953.  | 33   | 256,456  |
| 3      | 34  | Total liabilities and net assets/fund balances .   |             |  | 412,504.  | 34   | 312,256  |

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

832012 12-31-18

2c | X

Form 990 (2018)

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### **SCHEDULE C**

(Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| •   | Section 501(c)(4), (5), or (6) organiza  | tions: Complete Part III.              |                              |  |  |
|-----|--|--|------------------------------|--|--|
| Nan | ne of organization   |  |                              | Emp  | loyer identification number                      |
|     | Fighter  | Country Partners                       | hip, Inc.                    |  | 86-0719177                                       |
| Pa  | art I-A   Complete if the org  | ganization is exempt under             | $^{\prime}$ section 501(c) o | r is a section 527 or                          | ganization.                                      |
| 2   | Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa  | tures                                  |                              | <b>&gt;</b> \$                                 |  |
| Pa  | rt I-B   Complete if the org   | ganization is exempt under             | section 501(c)(3             | ).   |  |
| 1   | Enter the amount of any excise tax   |  |                              |  |  |
|     | Enter the amount of any excise tax   |  |                              |  |  |
|     | If the organization incurred a section   |  |                              |  |  |
|     | Was a correction made?   |  |                              |  |  |
| b   | If "Yes," describe in Part IV.   |  |                              |  |  |
| Pa  | rt I-C   Complete if the org   | ganization is exempt under             | section 501(c), e            | except section 501(c                           | :)(3).   |
| 1   | Enter the amount directly expended   | d by the filing organization for secti | on 527 exempt functio        | n activities 🕨 🛭                               | S  |
| 2   | Enter the amount of the filing organ   | nization's funds contributed to othe   | r organizations for sec      | tion 527                                       |  |
|     | exempt function activities   |  |                              |  | S  |
| 3   | Total exempt function expenditures   | s. Add lines 1 and 2. Enter here and   | on Form 1120-POL,            |  |  |
|     | line 17b   |  |                              |  | S  |
| 4   | Did the filing organization file Form  | 1120-POL for this year?                |                              |  | Yes No   |
| 5   | Enter the names, addresses and en  | nployer identification number (EIN)    | of all section 527 polit     | ical organizations to whicl                    | n the filing organization                        |
|     | made payments. For each organiza   | •                                      |                              |  | ,  |
|     | contributions received that were pr  |  |                              |  | e segregated fund or a                           |
|     | political action committee (PAC). If   | additional space is needed, provide    | e information in Part IV     | · .  | Т  |
|     | <b>(a)</b> Name  | (b) Address                            | (c) EIN                      | (d) Amount paid from                           | (e) Amount of political                          |
|     |  |  |                              | filing organization's funds. If none, enter -0 | contributions received and promptly and directly |
|     |  |  |                              | Turids. Il florie, effici 'o'.                 | delivered to a separate                          |
|     |  |  |                              |  | political organization.                          |
|     |  |  |                              |  | If none, enter -0                                |
|     |  |  |                              |  |  |
|     | ·  |  |                              |  |  |
|     |  |  |                              |  |  |
|     | The state of the s |  |                              |  |  |
|     |  |  |                              |  |  |
|     |  |  |                              |  |  |
|     |  |  |                              |  |  |
|     |  |  |                              |  |  |
|     | Western Committee of the Committee of th |  |                              |  |  |
|     |  |  |                              |  |  |

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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| Schedule C (Form 990 or 990-EZ) 2018  Part II-A   Complete if the org section 501(h)). | Fighter<br>ganization i   | Cour<br>s exem   | ntry Partne:<br>opt under section | rship, Inc.<br>501(c)(3) and file  | 86-0<br>ed Form 5768 (ele   | 719177 Page 2<br>ction under   |  |  |  |  |
|--|---|--|-----------------------------------|--|---|--|--|--|--|--|
| A Check ▶ ☐ if the filing organiza expenses, and sha                                   | re of excess lo   | bbying e   | = ::                              |  | group member's name   | e, address, EIN,   |  |  |  |  |
| Lim  | its on Lobbyin  | ıg Exper   |                                   |  | (a) Filing<br>organization's<br>totals  | (b) Affiliated group totals  |  |  |  |  |
| 1a Total lobbying expenditures to infl   | uence public o  | pinion (a  | rass roots lobbying)              |  |   |  |  |  |  |  |
| <b>b</b> Total lobbying expenditures to infl   | •   |  |                                   |  |   |  |  |  |  |  |
| '  |   |  |                                   |  |   |  |  |  |  |  |
| d Other exempt purpose expenditure   |   |  |                                   |  |   |  |  |  |  |  |
| e Total exempt purpose expenditure   |   |  |                                   |  |   |  |  |  |  |  |
| f Lobbying nontaxable amount. Ent  |   |  |                                   |  |   |  |  |  |  |  |
| If the amount on line 1e, column (a)   | ount is:  |  | EDUMENT N                         |  |   |  |  |  |  |  |
| Not over \$500,000   |   |  | he amount on line 1e.             |  | 30 SA 503 AND   |  |  |  |  |  |
| Over \$500,000 but not over \$1,00   | 0.000   | \$100.00   | 0 plus 15% of the exce            | ess over \$500,000.  |   |  |  |  |  |  |
|  | Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 |  |                                   |  |   |  |  |  |  |  |
| Over \$1,500,000 but not over \$17   |   |  | 0 plus 5% of the exces            |  | PRODUCTION OF THE PROPERTY OF |  |  |  |  |  |
| Over \$17,000,000 \$1,000,000.   |   |  |                                   |  |   |  |  |  |  |  |
|  |   |  |                                   |  | ARTISENDOR SPENDENCES   | CANADA SA MARIA SA M<br>CANADA SA MARIA SA M |  |  |  |  |
| g Grassroots nontaxable amount (er   | nter 25% of line  | • 1f)  |                                   |  |   |  |  |  |  |  |
| h Subtract line 1g from line 1a. If zer  |   |  |                                   |  |   |  |  |  |  |  |
| i Subtract line 1f from line 1c. If zero   | o or less, enter  |  |                                   |  |   |  |  |  |  |  |
| j If there is an amount other than ze  | ero on either lin   |  |                                   |  |   |  |  |  |  |  |
| reporting section 4911 tax for this  | •   |  |                                   |  |   | Yes No   |  |  |  |  |
| (Some organizations t  | hat made a se<br>See th   | ection 50<br>e separa  | ate instructions for lin          | nave to complete all ones 2a through 2f.)  | of the five columns be  | low.   |  |  |  |  |
|  | Lobbyin   | g Expen  | ditures During 4-Yea              | r Averaging Period   | T   |  |  |  |  |  |
| Calendar year (or fiscal year beginning in)  | <b>(a)</b> 201  | 5  | <b>(b)</b> 2016                   | <b>(c)</b> 2017  | (d) 2018  | <b>(e)</b> Total   |  |  |  |  |
| 2a Lobbying nontaxable amount  |   |  |                                   | ool planeseer 2500 Suoobba tälääkse on oron ali kirja eskiilin, assaalik ka  |   |  |  |  |  |  |
| <b>b</b> Lobbying ceiling amount   | POTOCEOFIGORISM   | 303015-198615050   |                                   |  | Environment   |  |  |  |  |  |
| (150% of line 2a, column(e))   |   |  |                                   |  | property of the party of the property of the party of the |  |  |  |  |  |
|  |   |  |                                   |  |   |  |  |  |  |  |
| c Total lobbying expenditures  |   |  |                                   |  |   |  |  |  |  |  |
|  |   |  |                                   |  |   |  |  |  |  |  |
| d Grassroots nontaxable amount   |   | A CONTRACTOR OF THE CONTRACTOR |                                   |  |   |  |  |  |  |  |
| e Grassroots ceiling amount  |   |  |                                   |  |   |  |  |  |  |  |
| (150% of line 2d, column (e))  |   |  |                                   | The second secon |   |  |  |  |  |  |
| f Grassroots lobbying expenditures   |   |  |                                   |  |   |  |  |  |  |  |

Schedule C (Form 990 or 990-EZ) 2018

## Schedule C (Form 990 or 990-EZ) 2018 Fighter Country Partnership, Inc. 86-07191 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description   | (;                     | a)   | (b)                     |                        |  |
|-------|--|------------------------|--|-------------------------|------------------------|--|
| of th | e lobbying activity.   | Yes                    | No   | Amo                     | ount                   |  |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state, or   | HILLIONS AS            | armenti (Totologo)   | MAINTENANT SEC. SEC.    | o de la collectica del |  |
|       | local legislation, including any attempt to influence public opinion on a legislative matter   | Dage Concession        | 1000 (00000 F)   | NAU NECTURAL PRODUCTION |                        |  |
|       | or referendum, through the use of:   |                        | 2000 TO 100 TO 1 |                         |                        |  |
| а     | Volunteers?  |                        |  |                         |                        |  |
| b     |  |                        |  |                         |                        |  |
| С     | Media advertisements?  |                        |  |                         |                        |  |
| d     | A  |                        |  |                         |                        |  |
| е     | Publications, or published or broadcast statements?  |                        |  |                         |                        |  |
| f     | Grants to other organizations for lobbying purposes?   |                        |  |                         |                        |  |
| g     | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                        |  |                         |                        |  |
| h     | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                        |  |                         |                        |  |
| i     | Other activities?  |                        |  |                         |                        |  |
| j     | Total. Add lines 1c through 1i   | MBDE WERENCE LED TROPS | INVESTMENT SECTION   |                         |                        |  |
|       | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                        |  |                         |                        |  |
| b     | If "Yes," enter the amount of any tax incurred under section 4912  |                        |  |                         |                        |  |
| С     | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                        |  |                         |                        |  |
| d     | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                        |  |                         | more reflection of the |  |
| Pai   | t III-A Complete if the organization is exempt under section 501(c)(4), section  | n 501(c)(              | 5), or sec   | ction                   |                        |  |
|       | 501(c)(6).   |                        |  | I                       |                        |  |
|       |  |                        | <del></del>  | Yes                     | No                     |  |
| 1     | Were substantially all (90% or more) dues received nondeductible by members?   |                        | 1  | X                       |                        |  |
| 2     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                        |  |                         | X                      |  |
| 3     | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section | e prior year           | ? 3  |                         | X                      |  |
| 1     | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members   |                        |  | III-A, IIIIe            |                        |  |
| 2     | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic  |                        | •••  |                         |                        |  |
|       | expenses for which the section 527(f) tax was paid).   |                        |  |                         |                        |  |
| а     | Current year   |                        | 2a   |                         |                        |  |
| b     | Carryover from last year   |                        |  |                         |                        |  |
| С     | Total  |                        |  |                         |                        |  |
| 3     | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                        | 3  | -                       |                        |  |
| 4     | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc   |                        |  |                         |                        |  |
|       | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po   | olitical               |  |                         |                        |  |
|       | expenditure next year?   |                        | 4  |                         |                        |  |
| 5     | Taxable amount of lobbying and political expenditures (see instructions)   |                        | 5  |                         |                        |  |
| Par   | t IV Supplemental Information  |                        |  |                         |                        |  |
| ⊃rov  | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group   | list); Part II-        | A, lines 1 a   | nd 2 (see               |                        |  |
| nstru | uctions); and Part II-B, line 1. Also, complete this part for any additional information.  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |
|       |  |                        |  |                         |                        |  |

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Fighter Country Partnership, Inc.

Employer identification number 86-0719177

| Pa  | rt I Organizations Maintaining Donor Advised                       |  | or Accol      | unts. Complete if the                   |
|-----|--|--|---------------|---|
|     | organization answered "Yes" on Form 990, Part IV, lin              | e 6. (a) Donor advised funds                 | (b) F         | unds and other accounts                 |
| 1   | Total number at end of year  | (4)  | (-7)          | *************************************** |
| 2   | Aggregate value of contributions to (during year)                  |  |               |   |
| 3   | Aggregate value of grants from (during year)                       |  |               |   |
| 4   | Aggregate value at end of year                                     |  |               |   |
| 5   | Did the organization inform all donors and donor advisors in v     | writing that the assets held in donor advise | ed funds      |   |
| Ŭ   | are the organization's property, subject to the organization's     | _  |               | Yes No                                  |
| 6   | Did the organization inform all grantees, donors, and donor at     |  |               |   |
| Ü   | for charitable purposes and not for the benefit of the donor or    |  | -             |   |
|     | land a mark a field and sate land of the                           |  | ornornig      | Yes No                                  |
| Pa  | rt II Conservation Easements. Complete if the org                  |  | Part IV, line |   |
| 1   | Purpose(s) of conservation easements held by the organization      |  |               |   |
| •   | Preservation of land for public use (e.g., recreation or ea        |  | orically imp  | ortant land area                        |
|     | Protection of natural habitat                                      | Preservation of a cert                       |               |   |
|     | Preservation of open space   | i reconvalient a conc                        | mod motorn    | o orraciaro                             |
| 2   | Complete lines 2a through 2d if the organization held a qualifi    | ied conservation contribution in the form    | of a conserv  | vation easement on the last             |
| _   | day of the tax year.   |  |               | Held at the End of the Tax Year         |
| а   |  |  | 2a            | ·····                                   |
| b   | <b>-</b>   |  |               |   |
| c   | Number of conservation easements on a certified historic stru      |  |               |   |
| d   | Number of conservation easements included in (c) acquired a        |  |               |   |
| -   | listed in the National Register                                    |  |               |   |
| 3   | Number of conservation easements modified, transferred, rele       |  |               |   |
|     | year   | ,,,,   |               | 3                                       |
| 4   | Number of states where property subject to conservation eas        | ement is located                             |               |   |
| 5   | Does the organization have a written policy regarding the peri     | · · · · · · · · · · · · · · · · · · ·        |               |   |
|     | violations, and enforcement of the conservation easements it       |  |               | Yes No                                  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, I     | handling of violations, and enforcing cons   | ervation ea   | sements during the year                 |
|     | •  |  |               | ,                                       |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand        | ling of violations, and enforcing conservat  | ion easeme    | ents during the year                    |
|     | <b>\$</b>  |  |               | •                                       |
| 8   | Does each conservation easement reported on line 2(d) above        | e satisfy the requirements of section 170(h  | n)(4)(B)(i)   |   |
|     | and section 170(h)(4)(B)(ii)?                                      |  |               | Yes No                                  |
| 9   | In Part XIII, describe how the organization reports conservation   |  |               |   |
|     | include, if applicable, the text of the footnote to the organizati | ion's financial statements that describes t  | he organiza   | ation's accounting for                  |
|     | conservation easements.  |  | _             | _                                       |
| Pai | rt III Organizations Maintaining Collections of                    | Art, Historical Treasures, or Ot             | ner Simil     | ar Assets.                              |
|     | Complete if the organization answered "Yes" on Form                | 990, Part IV, line 8.                        |               |   |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC      | C 958), not to report in its revenue statem  | ent and bal   | ance sheet works of art,                |
|     | historical treasures, or other similar assets held for public exh  | ibition, education, or research in furtherar | ice of public | c service, provide, in Part XIII,       |
|     | the text of the footnote to its financial statements that describ  | pes these items.                             |               |   |
| b   | If the organization elected, as permitted under SFAS 116 (ASC      | C 958), to report in its revenue statement   | and balanc    | e sheet works of art, historical        |
|     | treasures, or other similar assets held for public exhibition, ed  | lucation, or research in furtherance of pub  | lic service,  | provide the following amounts           |
|     | relating to these items:   |  |               |   |
|     | (i) Revenue included on Form 990, Part VIII, line 1                |  |               | \$                                      |
|     |  |  |               | \$                                      |
| 2   | If the organization received or held works of art, historical trea |  |               |   |
|     | the following amounts required to be reported under SFAS 11        |  | •             |   |
| а   | Revenue included on Form 990, Part VIII, line 1                    |  |               | \$                                      |
| b   |  |  |               | \$                                      |
|     | For Paperwork Reduction Act Notice, see the Instructions           |  |               | Schedule D (Form 990) 2018              |

832051 10-29-18

| Sche      |   | Country P              |             |               |                    | ···         |                        |               |                | Page 2       |
|-----------|---|------------------------|-------------|---------------|--------------------|-------------|------------------------|---------------|----------------|--------------|
| Pa        | rt III   Organizations Maintaining C              | collections of A       | rt, Hist    | orical Tre    | easures, o         | r Othe      | r Simila               | ar Assets     | (continu       | ied)         |
| 3         | Using the organization's acquisition, access      | on, and other record   | ds, check   | any of the    | following tha      | ıt are a si | gnificant              | use of its c  | ollection it   | ems          |
|           | (check all that apply):                           |                        |             |               |                    |             |                        |               |                |              |
| а         | Public exhibition                                 |                        | d           | Loan or exc   | hange progr        | ams         |                        |               |                |              |
| b         | Scholarly research                                |                        | е 🗌         | Other         |                    |             |                        |               |                |              |
| С         | Preservation for future generations               |                        |             |               |                    |             |                        |               |                |              |
| 4         | Provide a description of the organization's co    | ollections and explai  | in how th   | ey further th | ne organizati      | on's exer   | npt purp               | ose in Part   | XIII.          |              |
| 5         | During the year, did the organization solicit of  | or receive donations   | of art, his | storical trea | sures, or oth      | er similar  | assets                 |               |                |              |
| 3,000,000 | to be sold to raise funds rather than to be m     |                        |             |               |                    |             |                        |               | Yes            | No           |
| Pa        | rt IV Escrow and Custodial Arran                  | gements. Comp          | lete if the | organizatio   | n answered         | "Yes" on    | Form 99                | 0, Part IV, I | ine 9, or      |              |
|           | reported an amount on Form 990, Pa                | rt X, line 21.         |             |               |                    |             |                        |               |                |              |
| 1a        | Is the organization an agent, trustee, custod     | ian or other intermed  | diary for d | contribution  | s or other as      | sets not    | included               |               | _              |              |
|           | on Form 990, Part X?                              |                        |             |               |                    |             |                        |               | Yes            | No           |
| b         | If "Yes," explain the arrangement in Part XIII    | and complete the fo    | llowing t   | able:         |                    |             |                        |               |                |              |
|           |   |                        |             |               |                    |             |                        |               | Amount         |              |
| С         | Beginning balance                                 |                        |             |               |                    |             | . 1c                   |               |                |              |
| d         | Additions during the year                         |                        |             |               |                    |             | . 1d                   |               |                |              |
| е         | Distributions during the year                     |                        |             |               |                    |             | <u>1e</u>              |               |                |              |
| f         | Ending balance                                    |                        |             |               |                    |             | . <u>1f</u>            |               |                |              |
| 2a        | Did the organization include an amount on F       | orm 990, Part X, line  | 21, for e   | escrow or cu  | ustodial acco      | ount liabil | ity?                   |               | Yes            | No           |
|           | If "Yes," explain the arrangement in Part XIII.   |                        |             |               |                    |             |                        |               |                |              |
| Pa        | t V Endowment Funds. Complete                     | if the organization ar | nswered     | "Yes" on Fo   | rm 990, Par        | t IV, line  | 10.                    |               |                |              |
|           |   | (a) Current year       | (b) F       | rior year     | <b>(c)</b> Two yea | ars back    | (d) Three              | years back    | (e) Four y     | rears back   |
| 1a        | Beginning of year balance                         |                        |             |               |                    |             |                        |               |                |              |
| b         | Contributions                                     |                        | ļ           |               |                    |             |                        |               |                |              |
| С         | Net investment earnings, gains, and losses        |                        | ļ           |               |                    |             |                        |               |                |              |
| d         | Grants or scholarships                            |                        |             |               |                    |             |                        |               |                |              |
| е         | Other expenditures for facilities                 |                        |             |               |                    |             |                        |               |                |              |
|           | and programs                                      |                        |             |               |                    |             |                        |               |                |              |
| f         | Administrative expenses                           |                        |             |               |                    |             |                        |               |                |              |
| g         | End of year balance                               |                        |             |               |                    |             |                        |               |                |              |
| 2         | Provide the estimated percentage of the curr      | rent year end balanc   | e (line 1g  | , column (a   | )) held as:        |             |                        |               |                |              |
| а         | Board designated or quasi-endowment               |                        | %           |               |                    |             |                        |               |                |              |
| b         | Permanent endowment >                             | %                      |             |               |                    |             |                        |               |                |              |
| С         | Temporarily restricted endowment >                | %                      |             |               |                    |             |                        |               |                |              |
|           | The percentages on lines 2a, 2b, and 2c sho       | uld equal 100%.        |             |               |                    |             |                        |               |                |              |
| За        | Are there endowment funds not in the posse        | ssion of the organiza  | ation tha   | t are held ar | nd administe       | red for th  | ie organiz             | zation        | ,,,,,,,        |              |
|           | by:   |                        |             |               |                    |             |                        |               | \              | es No        |
|           | (i) unrelated organizations                       |                        |             |               |                    |             |                        |               | 3a(i)          |              |
|           | (ii) related organizations                        |                        |             |               |                    |             |                        |               | 3a(ii)         |              |
| b         | If "Yes" on line 3a(ii), are the related organiza | itions listed as requi | red on So   | chedule R?    |                    |             |                        |               | 3b             |              |
| 4         | Describe in Part XIII the intended uses of the    |                        | wment f     | unds.         |                    |             |                        |               |                |              |
| Par       | t VI  Land, Buildings, and Equipm                 |                        |             |               |                    |             |                        |               |                |              |
|           | Complete if the organization answere              | d "Yes" on Form 990    | 0, Part IV  | , line 11a. S | ee Form 990        | ), Part X,  | line 10.               |               |                |              |
|           | Description of property                           | (a) Cost or o          | other       | (,            | or other           | (c) A       | ccumula                | ted           | (d) Book       | value        |
|           |   | basis (investr         | ment)       | basis         | (other)            | de          | preciatio              | 1 <u> </u>    |                |              |
| 1a        | Land  |                        |             |               |                    |             | egigin (ekseliziya aya | gruny company |                |              |
|           | Buildings   |                        |             |               |                    |             |                        |               |                |              |
|           | Leasehold improvements                            |                        |             |               |                    |             |                        |               |                |              |
|           | Equipment   |                        |             |               | 5,533.             |             | 1,0                    | 14.           | 4              | <u>,519.</u> |
|           | Other   | i                      |             |               |                    |             |                        |               |                |              |
| Total     | . Add lines 1a through 1e. (Column (d) must e     | gual Form 990. Part    | X. colum    | n (B). line 1 | 0c.)               |             |                        | . •           | $\overline{4}$ | <u>,519.</u> |

▶ | 4,519. Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

| Fighter   | Country Partnersh   | ip,   | Inc   | c.  | 86-0719  | 177   |
|---|---|---|---|---|--|---|
| Fundraising Activities. required to complete this par     | Complete if the organization answer   | ered "Y                                       | es" or  | n Form 990, Part IV, I  | ine 17. Form 990-EZ  | filers are not  |
| Indicate whether the organization rais                    | sed funds through any of the following sed funds through any of the following Solicitate for oral agreement with any individual fart VII) or entity in connection with providuals or entities (fundraisers) pursu | tion of<br>tion of<br>fundra<br>(includ       | non-g<br>gover<br>lising of<br>onal fu        | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? | Yes  | •   |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity   | (iii)<br>fundr<br>have c<br>or cor<br>contrib | Did<br>raiser<br>ustody<br>trol of<br>utions? | (iv) Gross receipts from activity   | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |   | Yes   | No  |   |  |   |
|   |   |   |   |   |  |   |
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|   |   |   |   |   |  |   |
| 3 List all states in which the organization               | n is registered or licensed to solicit c  | ontrib  | <b>▶</b><br>utions                            | or has been notified  | it is exempt from req  | gistration  |
| or licensing.   |   |   |   |   |  |   |
|   |   |   |   | · · · · · · · · · · · · · · · · · · ·   |  |   |
|   |   |   |   |   |  |   |
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832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

| Schedule G (Form 990 or 990-EZ) 2018 Fighter Country Partnership, Inc. 86-   | 0719177 <sub>Раде З</sub>  |
|--|----------------------------|
| 11 Does the organization conduct gaming activities with nonmembers?  |                            |
| 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?   | Yes No                     |
| 13 Indicate the percentage of gaming activity conducted in:  |                            |
|  | 13a   %                    |
| a The organization's facility  | 13b %                      |
| b An outside facility  | 130   %                    |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |                            |
| Name   |                            |
| Address  |                            |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | Yes No                     |
| 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 of the third party:   |                            |
| on 100, enter hame and address of the till party.  |                            |
| Name   |                            |
| Address  |                            |
| 16 Gaming manager information:   |                            |
|  |                            |
| Name   |                            |
| Gaming manager compensation > \$   |                            |
|  |                            |
| Description of services provided   |                            |
|  |                            |
|  | _                          |
|  |                            |
| Director/officer Employee Independent contractor   |                            |
|  |                            |
| 17 Mandatory distributions:  |                            |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |                            |
| rotain the state gaming licenses   | Yes No                     |
|  | ,                          |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the   |                            |
| organization's own exempt activities during the tax year \$\) <b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III is a part I is a part |                            |
| The state of the s     | irt III, lines 9, 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   |                            |
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| Schedule G (Form 99   | 90 or 990-EZ)   | Fighter                    | Country | Partnership, | Inc. | 86-0719177 | Page 4 |
|---|-----------------|----------------------------|---------|--------------|------|------------|--------|
| Part IV Suppl   | lemental Inforn | nation <sub>(contini</sub> | ued)    | Partnership, |      |            |        |
|   |                 |                            |         |              |      |            |        |
|   |                 |                            |         |              |      |            |        |
|   |                 |                            |         |              |      |            |        |
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| f   |                 |                            |         |              |      |            |        |
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| <b>B</b> earing and a second |                 | -                          |         |              |      |            |        |
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|   |                 |                            |         |              |      | . VI       |        |
|   |                 |                            |         |              |      |            |        |
|   |                 |                            |         |              |      |            |        |

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

ited States

OMB No. 1545-0047

Open to Public

Inspection

0 Schedule I (Form 990) (2018) **ջ** ∏ Employer identification number 86-0719177 (h) Purpose of grant or assistance X Program Support Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 122,763, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Inc. (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Fighter Country Partnership, 501(c)(3) 86-0719177 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Fighter Country Foundation or government 500 N. Estrella Pkwy. Name of the organization Goodyear, AZ 85338 Part PartII Q

Schedule | (Form 990) (2018) Fighter Country Partnership, Inc.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
| Part III can be duplicated if additional space is needed.

Page 2

86-0719177

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance                                       | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---|---|---------------------------------------|
| Event tickets, and various programs provided at no charge to participants. | 0009                     | .0                       | 110,397.  | Fair Market Value                                     | Event tickets and programs            |
|  |                          |                          |   |   |                                       |
|  |                          |                          |   |   |                                       |
|  |                          |                          |   |   |                                       |
|  |                          |                          |   |   |                                       |
| Part IV Supplemental Information. Provide the information required in      | uired in Part I, line    | 2; Part III, column (    | Part I, line 2; Part III, column (b); and any other additional information. | ditional information.                                 |                                       |
| Part I, Line 2:  |                          |                          |   |   |                                       |
| Grant requests are made for certain  | n programs               | s and events.            | They  | are then  |                                       |
| approved by the board, and entered into the budget accordingly.            | into the                 | budget ac                | cordingly.  |   |                                       |
|  |                          |                          |   |   |                                       |

Schedule I (Form 990) (2018)

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Fighter Country Partnership, Inc.

86-0719177

Employer identification number

| Pa  | art I Questions Regarding Compensation  | Basa Seasona and | basessam      | S             |
|---|---|------------------|---------------|---------------|
|   |   |                  | Yes           | No            |
| 1a  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,    |                  |               |               |
|   | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                |                  |               |               |
|   | First-class or charter travel Housing allowance or residence for personal use   |                  |               |               |
|   | Travel for companions Payments for business use of personal residence   |                  |               |               |
|   | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                                  |                  |               |               |
|   | Discretionary spending account Personal services (such as maid, chauffeur, chef)  |                  |               |               |
|   |   |                  |               |               |
| b   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             |                  |               |               |
|   | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                  | 1b               |               |               |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,          |                  |               |               |
|   | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                     | 2                |               |               |
|   |   |                  | KINONINA HETE |               |
| 3   | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's |                  |               |               |
|   | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to        |                  |               |               |
|   | establish compensation of the CEO/Executive Director, but explain in Part III.  |                  |               |               |
|   | X Compensation committee Written employment contract  |                  |               | TO STREET AND |
|   | Independent compensation consultant Compensation survey or study  |                  |               |               |
|   | Form 990 of other organizations  X Approval by the board or compensation committee  |                  |               |               |
|   |   |                  |               |               |
| 4   | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing              |                  |               |               |
|   | organization or a related organization:   |                  |               |               |
| а   | Receive a severance payment or change-of-control payment?   | 4a               |               | X             |
| b   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                     | 4b               |               | X             |
| С   | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c               |               | X             |
|   | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.             |                  |               | ELECTROPIES.  |
|   |   |                  |               |               |
|   | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                  |                  |               |               |
| 5   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |                  |               |               |
|   | contingent on the revenues of:  |                  | 0.500         | O TOU LUNGER  |
| а   | The organization?   | 5a               |               | X             |
|   | Any related organization?   | 5b               |               | X             |
|   | If "Yes" on line 5a or 5b, describe in Part III.  |                  |               |               |
| 6   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |                  |               |               |
|   | contingent on the net earnings of:  |                  |               |               |
| а   | The organization?   | 6a               |               | X             |
| b   | Any related organization?   | 6b               |               | X             |
|   | If "Yes" on line 6a or 6b, describe in Part III.  |                  |               |               |
| 7   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments          |                  |               |               |
|   | not described on lines 5 and 6? If "Yes," describe in Part III  | 7                |               | X             |
| 8   | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the           |                  | and a         |               |
|   | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III               | 8                |               | X             |
| 9   | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                    |                  |               |               |
| 000 Quantum AND | Regulations section 53.4958-6(c)?   | 9                |               |               |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Fighter Country Partnership, Inc. Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                    |      | (B) Breakdown of \       | (B) Breakdown of W-2 and/or 1099-MISC compensation | 3C compensation                     | (C) Retirement and             | ple      | (E) Total of columns | E)   |
|--------------------|------|--------------------------|--|-------------------------------------|--------------------------------|----------|----------------------|--|
| (A) Name and Title |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other reportable compensation | other deferred<br>compensation | benefits | (a)-(b)(a)           | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (1) Ron Sites      | Θ    | 189,860.                 | 0  | 0                                   | 0                              | 0        | 189,860.             | 0  |
| President          | (ii) | 0.                       | 0.   | 0.                                  | 0                              | 0        | • 0                  | 0  |
|                    | (i)  |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                |          |                      |  |
|                    | (i)  |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                |          |                      |  |
|                    | Θ    |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          | 7  |                                     |                                |          |                      |  |
|                    | (E)  |                          |  |                                     |                                |          |                      |  |
|                    | ⊞    |                          |  |                                     |                                |          |                      |  |
|                    | (i)  |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                | :        |                      |  |
|                    | (i)  |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                |          |                      |  |
|                    | (i)  |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                |          |                      |  |
|                    | Θ    |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                |          |                      |  |
|                    | (j)  |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                |          |                      |  |
|                    | (i)  |                          |  |                                     |                                |          |                      |  |
|                    | Œ    |                          |  |                                     |                                |          |                      |  |
|                    | Ξ    | 1.11                     |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                |          |                      |  |
|                    | Ξ    |                          |  |                                     |                                |          |                      |  |
|                    | (II) |                          |  |                                     |                                |          |                      |  |
|                    | Ξ    |                          |  |                                     |                                |          |                      |  |
|                    | (ii) |                          |  |                                     |                                |          |                      |  |
|                    | Ξ    |                          |  |                                     |                                |          |                      |  |
|                    | ⊞    |                          |  |                                     |                                |          | :<br>:               |  |
|                    | Ξ    |                          |  |                                     |                                |          |                      |  |
|                    | ⊞    |                          |  |                                     |                                |          |                      |  |
|                    |      |                          |  |                                     |                                |          | Sched                | Schedule J (Form 990) 2018                                 |

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Fighter Country Partnership, Inc. Employer identification number 86-0719177

| (a) (b) Noncash contribution amounts reported on fems contribution and place the second determining noncash contribution amounts reported on fems contributed from 990, Part VIII, line 1g  1 Art · Works of art   | Pa  |
|--|-----|
| 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Commercial 16 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Secintific specimens 23 Archeological artifacts 24 Archoclogical artifacts 25 Other ▶ (Event Tickets) X 7 91,897. Fair Market Value   |     |
| 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Commercial 16 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Secintific specimens 23 Archeological artifacts 24 Archoclogical artifacts 25 Other ▶ (Event Tickets) X 7 91,897. Fair Market Value   | 1   |
| 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Archeological artifacts 25 Other ▶ (Event Tickets) X 7 91,897. Fair Market Value  |     |
| Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded Securities - Closely held stock Securities - Partnership, LLC, or trust interests  Qualified conservation contribution - Historic structures  Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial Collectibles Collectibles Collectibles Collectibles Collections Colle | _   |
| Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Securities - Partnership, LLC, or trust interests Securities - Partnership, LC, or trust interests Securities - Part |     |
| 6 Cars and other vehicles 7 Boats and planes Intellectual property 9 Securities - Publicly traded 10 Securities - Partnership, LLC, or trust interests 11 Securities - Miscellaneous 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Scientific specimens 24 Archeological artifacts 25 Other ▶ (Event Tickets)  X 7 91,897. Fair Market Value   |     |
| 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (Event Tickets) X 7 91,897. Fair Market Value   |     |
| 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Partnership, LLC, or trust interests 11 Securities - Miscellaneous 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ( Event Tickets ) X 7 91,897. Fair Market Value   |     |
| 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other  (Event Tickets) X 7 91,897 Fair Market Value  |     |
| 10 Securities - Closely held stock  11 Securities - Partnership, LLC, or trust interests  12 Securities - Miscellaneous  13 Qualified conservation contribution - Historic structures  14 Qualified conservation contribution - Other  15 Real estate - Residential  16 Real estate - Commercial  17 Real estate - Other  18 Collectibles  19 Food inventory  20 Drugs and medical supplies  21 Taxidermy  22 Historical artifacts  23 Scientific specimens  24 Archeological artifacts  25 Other  (Event Tickets)  X 7 91,897. Fair Market Value  | _   |
| 11 Securities · Partnership, LLC, or trust interests  12 Securities · Miscellaneous  13 Qualified conservation contribution · Historic structures  14 Qualified conservation contribution · Other  15 Real estate · Residential  16 Real estate · Other  17 Real estate · Other  18 Collectibles  19 Food inventory  20 Drugs and medical supplies  21 Taxidermy  4 Historical artifacts  23 Scientific specimens  4 Archeological artifacts  25 Other ▶ ( Event Tickets ) X 7 91,897 · Fair Market Value  |     |
| trust interests  12 Securities - Miscellaneous  13 Qualified conservation contribution - Historic structures  14 Qualified conservation contribution - Other  15 Real estate - Residential  16 Real estate - Commercial  17 Real estate - Other  18 Collectibles  19 Food inventory  20 Drugs and medical supplies  21 Taxidermy  Historical artifacts  23 Scientific specimens  24 Archeological artifacts  25 Other  (Event Tickets) X 7 91,897 Fair Market Value  |     |
| 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (Event Tickets) X 7 91,897. Fair Market Value  | ••  |
| 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other  (Event Tickets ) X 7 91,897. Fair Market Value  | 12  |
| Historic structures  Qualified conservation contribution - Other  Beal estate - Residential  Real estate - Commercial  Real estate - Other  Collectibles  Prood inventory  Drugs and medical supplies  Taxidermy  Historical artifacts  Scientific specimens  Archeological artifacts  Other (Event Tickets)  X 7 91,897. Fair Market Value  |     |
| 14 Qualified conservation contribution - Other   15 Real estate - Residential   16 Real estate - Other   17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other ▶ (Event Tickets)   X   7   91,897. Fair Market Value   | .0  |
| 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ( Event Tickets ) X 7 91,897. Fair Market Value   | 14  |
| 16 Real estate · Commercial 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ( Event Tickets ) X 7 91,897 · Fair Market Value   |     |
| 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (Event Tickets) X 7 91,897 · Fair Market Value   |     |
| 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (Event Tickets)  X 7 91,897. Fair Market Value  |     |
| 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (Event Tickets) X 7 91,897. Fair Market Value   |     |
| 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (Event Tickets) X 7 91,897. Fair Market Value   |     |
| 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (Event Tickets) X 7 91,897. Fair Market Value   |     |
| 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (Event Tickets) X 7 91,897. Fair Market Value  |     |
| 23 Scientific specimens 24 Archeological artifacts 25 Other (Event Tickets) X 7 91,897. Fair Market Value  |     |
| 24 Archeological artifacts   |     |
| 25 Other (Event Tickets) X 7 91,897. Fair Market Value   |     |
|  |     |
| 26 Other ▶ ( )   | 26  |
| 26 Other () 27 Other ()  |     |
| 28 Other ( )   |     |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions   |     |
| for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29  |     |
| Yes No.  |     |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it   | 30a |
| must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  | 004 |
| exempt purposes for the entire holding period?   |     |
| b If "Yes," describe the arrangement in Part II.   | h   |
|  |     |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  |     |
| contributions? 32a X   | oza |
| b If "Yes," describe in Part II.   | b   |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,   | 33  |
| describe in Part II.   |     |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2018

| Schedule M (  |                               | 2018 <b>Fi</b> ç                | <u>thter</u>              | Coun                                  | try E       | artn        | ership                                 | o, Inc.         |       | 86-0719177   | Page 2 |
|---|-------------------------------|---------------------------------|---------------------------|---------------------------------------|-------------|-------------|--|-----------------|-------|--|--------|
| Part II   | Supplem                       | ental Info                      | rmation                   | 1. Provid                             | e the info  | rmation r   | equired by                             | Part I, lines 3 | 0b, 3 | 2b, and 33, and whether the organiz  | ation  |
|   | is reporting<br>this part for | in Part I, coll<br>any addition | umn (b), ti<br>al informa | ne numbe<br>ation.                    | er of contr | ibutions,   | the numbe                              | er of items rec | eive  | d, or a combination of both. Also con  | plete  |
|   |                               |                                 |                           |                                       |             |             |  |                 |       |  |        |
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| <u>Schedul</u>  | .е м, г                       | art I,                          | COTO                      | TIIIT ( .                             | D);         |             |  |                 |       | A SAME AND A SAME AND A SAME AS A SAME |        |
| No esti   | mates                         | were u                          | sed.                      | The :                                 | numbe       | r of        | contr                                  | ribution        | าร    | received is  |        |
|   |                               |                                 |                           |                                       |             |             | 001101                                 |                 |       |  |        |
| reflect   | ed for                        | each                            | type                      | of p                                  | roper       | ty.         |  |                 |       |  |        |
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| <b>P</b>  |                               |                                 |                           |                                       |             |             |  |                 |       |  |        |
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| ***************************************   |                               |                                 |                           |                                       |             |             | ·····                                  |                 |       |  |        |
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| Person  |                               |                                 | ,                         |                                       |             |             |  |                 |       |  |        |
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| B   |                               |                                 |                           |                                       |             |             |  |                 |       |  |        |
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|   |                               |                                 |                           |                                       |             |             |  |                 |       |  |        |

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Fighter Country Partnership

Employer identification number 86-0719177

| Figure Country Farthership, Inc. 1 80-0719177                             |
|---|
| Form 990, Part VI, Section B, line 11b:                                   |
| The Form 990 is not provided to the entire board before filing. It is     |
| reviewed by the chairman and the finance committee.                       |
|   |
| Form 990, Part VI, Section B, Line 12c:                                   |
| Compliance is checked at the annual board meeting.                        |
|   |
| Form 990, Part VI, Section B, Line 15:                                    |
| The compensation for officers, directors, and key employees is set by the |
| compensation subcommittee of the board.                                   |
|   |
| Form 990, Part VI, Section C, Line 18:                                    |
| The Organization makes its Forms 1023 and 990 available upon request.     |
|   |
| Form 990, Part VI, Section C, Line 19:                                    |
| The Organization makes its governing documents, conflict of interest      |
| policy, and financial statements available upon request.                  |
|   |
| Form 990, Part XII, Line 2c   |
| The Organization made no changes to its audit oversight or selection      |
| process during the fiscal year covered by the return.                     |
|   |
|   |
|   |
|   |
|   |

**SCHEDULE R** (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Parti

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Attach to Form 990.

Open to Public Inspection

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 86-0719177Fighter Country Partnership, Inc.

| (J)        | Direct controlling<br>entity                                    |  |  |      |  |  |  | elated tax-exempt   |
|------------|---|--|--|------|--|--|--|---|
| (e)        | End-of-year assets  |  |  | <br> |  |  |  | e it had one or more re   |
| <b>(</b> 0 | Total income  |  |  |      |  |  |  | rt IV, line 34, becaus  |
| (0)        | Legal domicile (state or foreign country)                       |  |  |      |  |  | The second secon | swered "Yes" on Form 990, Pa  |
| (q)        | Primary activity  |  |  |      |  |  |  | ons. Complete if the organization ans   |
| (a)        | Name, address, and EIN (if applicable)<br>of disregarded entity |  |  |      |  |  |  | Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. |

| (a)                                     | (q)                        | (0)                      | (p)         | (e)                | ( <del>)</del>     | (ā)                |                 |
|---|----------------------------|--------------------------|-------------|--------------------|--------------------|--------------------|-----------------|
| Name, address, and EIN                  | Primary activity           | Legal domicile (state or | Exempt Code | Public charity     | Direct controlling | Section 512(b)(13) | (cL)(a);<br>led |
| of related organization                 |                            | foreign country)         | section     | status (if section | entity             | entity?            | ć               |
|   |                            |                          |             | 501(c)(3))         |                    | Yes                | No              |
| Fighter Country Foundation - 20-5633760 | To support the men, women, |                          |             |                    |                    |                    |                 |
| 500 N. Estrella Pkwy B2, PMB 479        | families, and mission of   |                          |             |                    | Fighter Country    |                    |                 |
| Goodyear, AZ 85338                      | Luke Air Force Base.       | Arizona                  | 501(c)(3)   | Line 7             | Partnership        | ×                  |                 |
|   |                            |                          |             |                    |                    |                    |                 |
|   |                            |                          |             |                    |                    |                    |                 |
|   |                            |                          |             |                    |                    |                    |                 |
|   |                            |                          |             |                    |                    |                    |                 |
|   |                            |                          |             |                    |                    |                    |                 |
|   |                            |                          |             |                    |                    |                    |                 |
|   |                            |                          |             |                    |                    |                    |                 |
|   | <del></del>                |                          |             |                    |                    |                    |                 |
|   |                            |                          |             |                    |                    |                    |                 |

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

See Part VII for Continuations

Schedule R (Form 990) 2018

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Inc. Fighter Country Partnership, Schedule R (Form 990) 2018

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

PartIII

| (j) (k) General or Percentage managing ownership partner? Yes No  |   |  |  |
|---|---|--|--|
| Perc  |   |  |  |
| (j)<br>General or<br>managing<br>partner?<br>Yes No   |   |  |  |
| S Ge  |   |  |  |
| Code V-UBI amount in box n 20 of Schedule K-1 (Form 1065) y   |   |  |  |
| l I   |   |  |  |
| (h) Disproportionate allocations?   | - |  |  |
| (g)<br>Share of<br>end-of-year<br>assets  | · |  |  |
| (f)<br>Share of total<br>income   |   |  |  |
| (d)  Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) |   |  |  |
| (d) Direct controlling entity   |   |  |  |
| Legal domicile (state or foreign country)   |   |  |  |
| (b) Primary activity  |   |  |  |
| (a) Name, address, and EIN of related organization  |   |  |  |

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

| 1   |  |           |  | ı |  | 1 |  | ı |  | ı |   |
|-----|--|-----------|--|---|--|---|--|---|--|---|---|
| [[  | tion<br>5)(13)<br>olled<br>ity?                | No        |  |   |  |   |  |   |  |   |   |
| ٥   | Section<br>512(b)(13)<br>controlled<br>entity? | Yes       |  |   |  |   |  |   |  |   |   |
| (h) | 0 0  |           |  |   |  |   |  |   |  |   |   |
| (g) | Share of end-of-year                           |           |  |   |  |   |  |   |  |   |   |
| (£) | Share of total income                          |           |  |   |  |   |  |   |  |   |   |
| (e) | Type of entity (C corp, S corp                 | ol tidety |  |   |  |   |  |   |  |   | - |
| (p) | Direct controlling<br>entity                   |           |  |   |  |   |  |   |  |   |   |
| (0) | Legal domicile<br>(state or<br>foreign         | country)  |  |   |  |   |  |   |  |   |   |
| (p) | Primary activity                               |           |  |   |  |   |  |   |  |   |   |
| (a) | Name, address, and EIN of related organization |           |  |   |  |   |  |   |  |   |   |

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| <b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |                            |                              |  |                            | Yes      | ٩    |
|--|----------------------------|------------------------------|--|----------------------------|----------|------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          | is with one or more rel    | ated organizations listed ir | n Parts II-IV?                               |                            |          |      |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | у                          |                              |  | <b>1</b> a                 |          | ×    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |                            |                              |  | 4                          |          | ×    |
| c Gift, grant, or capital contribution from related organization(s)  |                            |                              |  | 9                          |          | ×    |
| d Loans or loan guarantees to or for related organization(s)   |                            |                              |  | 1d                         | ×        |      |
| e Loans or loan guarantees by related organization(s)  |                            |                              |  | 1e                         |          | ×    |
|  |                            |                              |  |                            |          |      |
| f Dividends from related organization(s)   |                            |                              |  | #                          |          | ×    |
| g Sale of assets to related organization(s)  |                            |                              |  | 19                         |          | ×    |
| h Purchase of assets from related organization(s)  |                            |                              |  | ŧ                          |          | ×    |
|  |                            |                              |  | ÷                          |          | ×    |
| j Lease of facilities, equipment, or other assets to related organization(s)   |                            |                              |  | Ę                          |          | ×    |
|  |                            |                              |  |                            |          |      |
| k Lease of facilities, equipment, or other assets from related organization(s)   |                            |                              |  | *                          |          | ×    |
| 1 Performance of services or membership or fundraising solicitations for related organization(s)   | nization(s)                |                              |  | =                          |          | ×    |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | ınization(s)               |                              |  | <b>1</b>                   |          | ×    |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | ion(s)                     |                              |  | 1n                         | ×        |      |
| o Sharing of paid employees with related organization(s)   |                            |                              |  | 10                         |          | ×    |
|  |                            |                              |  |                            |          |      |
| p Reimbursement paid to related organization(s) for expenses   |                            |                              |  | 1р                         |          | ×    |
| q Reimbursement paid by related organization(s) for expenses   |                            |                              |  | 19                         |          | ×    |
|  |                            |                              |  |                            |          |      |
| r Other transfer of cash or property to related organization(s)  |                            |                              |  | +                          |          | ×    |
| s Other transfer of cash or property from related organization(s)  |                            |                              |  | 18                         |          | ×    |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | who must complete thi      | s line, including covered re | elationships and transaction thresholds.     |                            |          |      |
| (a) Name of related organization   | (b) Transaction type (a-s) | (c)<br>Amount involved       | (d)<br>Method of determining amount involved | volved                     |          |      |
| (1) Fighter Country Foundation, Inc.   | D                          | 629.                         |  |                            |          |      |
| (2)  |                            |                              |  |                            |          |      |
| (3)  | and the second             |                              |  |                            |          |      |
| (4)  |                            |                              |  |                            |          |      |
| (5)  |                            |                              |  |                            |          |      |
| (9)  |                            |                              |  |                            |          |      |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| General or Percentage<br>managing ownership                                |       |  |  |  | Schedule R (Form 990) 2018 |
|--|-------|--|--|--|----------------------------|
| (j) neral or Pe naging ov  |       |  |  |  | - E                        |
| Gene<br>D man  | SE L  |  |  |  | B 8                        |
| Code V-UBI Gamount in box 20 moschedule K-1                                | (000) |  |  |  | Schedul                    |
| (h) Disproportionate allocations?  | 6     |  |  |  |                            |
| <u> </u>   | =     |  |  |  |                            |
| (g) Share of end-of-year assets  |       |  |  |  |                            |
| (f)<br>Share of<br>total<br>income   |       |  |  |  |                            |
| (e) Are all Are all 501(c)(3) 0193.7                                       | 2     |  |  |  |                            |
| e parti  | -     |  |  |  |                            |
| (d) Predominant income (related, excluded from tax under sections 5/2-5/4) |       |  |  |  |                            |
| (c) Legal domicile (state or foreign country)                              |       |  |  |  |                            |
| Leg<br>(stat   |       |  |  |  |                            |
| (b)<br>Primary activity  |       |  |  |  |                            |
| Prin   |       |  |  |  |                            |
|  |       |  |  |  |                            |
| (a) Name, address, and EIN of entity                                       |       |  |  |  |                            |

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|--|
| Part VII Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions. |
|  |
| Part II, Identification of Related Tax-Exempt Organizations:   |
|  |
| Name, Address, and EIN of Related Organization:  |
| Fighter Country Foundation   |
| EIN: 20-5633760  |
| 500 N. Estrella Pkwy B2, PMB 479   |
| Goodyear, AZ 85338   |
| Primary Activity: To support the men, women, families, and mission of Luke   |
| Air Force Base.  |
| Direct Controlling Entity: Fighter Country Partnership   |
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