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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011**

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

FIGHTER COUNTRY FOUNDATION INC

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

500 N ESTRELLA PARKWAY B2 PMB 479

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

GOODYEAR, AZ 85338

D Employer identification number

20-5633760

E Telephone number

F Group Exemption Number

▶

G Accounting method

☐ Cash

☒ Accrual

Other (specify) ▶

I Website:▶

J Tax-Exempt status (check only one)–

☒ 501(c)(3)

☒ 501(c)( )

(insert no )

☐ 4947(a)(1) or

☐ 527

H Check ▶

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 18,752

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions for Part I )

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	18,710
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	42
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events . . . . .	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
	b	Less cost of goods sold . . . . .	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8	Other revenue (describe in Schedule O) . . . . .	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	18,752
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	7,500
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	1,657
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe in Schedule O) . . . . .	16	7,272
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	16,429
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	2,323
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	42,599
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	44,922

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	41,749	22	44,072
23	Land and buildings . . . . .	0	23	0
24	Other assets (describe in Schedule O) . . . . .	850	24	850
25	Total assets . . . . .	42,599	25	44,922
26	Total liabilities (describe in Schedule O) . . . . .	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	42,599	27	44,922

Part III

Statement of Program Service Accomplishments

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

☐

What is the organization's primary exempt purpose? SEE SCHEDULE O		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	AS EXPLAINED IN THE FOLLOWING PROGRAM SERVICE ACCOMPLISHMENTS DURING 2011 FIGHTER COUNTRY FOUNDATION CONTINUED TO SUPPORT AIRMEN AND THEIR FAMILIES IN NEED (Grants \$ 7,500) If this amount includes foreign grants, check here . . . . .	28a	14,772
29	SEE SCHEDULE O (Grants \$ ) If this amount includes foreign grants, check here . . . . .	29a	0
30	SEE SCHEDULE O (Grants \$ ) If this amount includes foreign grants, check here . . . . .	30a	0
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . .	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	14,772

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

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

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶ AZ		
42a	The organization's books are in care of ▶ SCHNEIDER AND HANEY CPAS Telephone no ▶ (602) 277-2117 727 E BETHANY HOME RD SUITE D1 Located at ▶ PHOENIX, AZ ZIP + 4 ▶ 85014		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

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

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-06-27 Date			
	FRANK RON SITES EXEC DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Stacy A Schneider CPA	Date 2012-11-01	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Schneider and Haney CPAs PC 727 E Bethany Home Rd Ste D 122 Phoenix, AZ 85014			EIN
					Phone no (602) 277-2117

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

☒ Yes ☐ No

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization FIGHTER COUNTRY FOUNDATION INC	Employer identification number 20-5633760
--	--

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	49,562	13,985	31,908	64,195	18,710	178,360
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	49,562	13,985	31,908	64,195	18,710	178,360
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,512
6 Public Support. Subtract line 5 from line 4						163,848

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	49,562	13,985	31,908	64,195	18,710	178,360
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	445	397	356	201	42	1,441
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	<b>Total support</b> (Add lines 7 through 10)						179,801
12	Gross receipts from related activities, etc (See instructions )					12	
13	<b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	91 130 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92 900 %
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
b	<b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	<b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 20-5633760

Name: FIGHTER COUNTRY FOUNDATION INC

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TAMIE FISHER 3300 SKY HARBOR BLVD STE 3300 PHOENIX,AZ 85034	DIRECTOR 5	0	0	0
ROBERT MACGREGOR PO BOX 7600 GLENDALE,AZ 85312	TREASURER 5	0	0	0
DAVE SCHOLL 2400 E AZ BILTMORE CIR 1170 PHOENIX,AZ 85016	VICE CHAIRMAN 2	0	0	0
BOB BAMBAUER 6720 N SCOTTSDALE RD STE 160 PARADISE VALLEY,AZ 85253	DIRECTOR 2	0	0	0
BRADLEY E WRIGHT 4025 S RIVERPORT PKWY PHOENIX,AZ 85040	DIRECTOR 2	0	0	0
PETE BOLTON 3133 E CAMELBACK RD STE 100 PHOENIX,AZ 85016	DIRECTOR 2	0	0	0
COL HANK REED 4023 ROUSSEAU LANE PALOS VERDES PENINSULA,CA 90274	EX OFFICIO MEMB 2	0	0	0
CHARLEY FREERICKS 7600 E DOUBLETREE RANCH 300 SCOTTSDALE,AZ 85258	CHAIRMAN 10	0	0	0
RICK HEARN 2425 E CAMELBACK RD STE 750 PHOENIX,AZ 85016	DIRECTOR 2	0	0	0
CMSGT EDWIN BLANCHARD 18093 W SANTA ALBERTA LN GOODYEAR,AZ 85338	DIRECTOR 2	0	0	0
PATRICK MCDERMOTT MS 8010 PO BOX 53999 PHOENIX,AZ 850723999	DIRECTOR 5	0	0	0
COL SAMUEL YOUNG JR 5423 W FALLEN LEAF LN GLENDALE,AZ 85310	DIRECTOR 2	0	0	0
MIKE NEALY 6751 N SUNSET BLVD STE 200 GLENDALE,AZ 85305	DIRECTOR 2	0	0	0
JOSH ETTESVOLD 1125 W PINNACLE PEAK RD 128 PHOENIX,AZ 85027	DIRECTOR 2	0	0	
DINA STEINBERG 9201 WTHOMAS RD PHOENIX,AZ 85037	DIRECTOR 2	0	0	

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
FRANK RON SITES 500 N ESTRELLA PKWY B2 GOODYEAR,AZ 85338	EXEC DIRECTOR 10	0	0	
MICHAEL GREEN 14100 N 83RD AVE STE 150 PEORIA,AZ 85381	DIRECTOR 2	0	0	
RUSTY MITCHELL 14185 W FALCON ST GLENDALE LUKE AFB,AZ 85309	EX OFFICIO MEMB 2	0	0	
MICHELLE RIDER 14100 N 83RD AVE STE 150 PEORIA,AZ 85381	EX OFFICIO MEMB 2	0	0	

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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization FIGHTER COUNTRY FOUNDATION INC	Employer identification number  20-5633760
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Identifier	Return Reference	Explanation
01 General explanation attachment		FORM 990-EZ PART III - ORGANIZATIONS PRIMARY EXEMPT PURPOSE THE MISSION OF FIGHTER COUNTRY FOUNDATION INC IS TO HONOR SERVE AND SUPPORT THE MEN AND WOMEN OF LUKE AIR FORCE BASE LAFB WITH PROGRAMS DESIGNED TO AID EDUCATE AND INTEGRATE THEM FOR THE DURATION OF THEIR STAY IN OUR COMMUNITY OUR VISION IS AS FOLLOWS 1 TO DEVELOP AND FOCUS COMMUNITY SUPPORT FOR A MEANINGFUL FOUNDATION AND RESPONSE TO LAFBS SHORT AND LONG-TERM OPERATIONAL CONSIDERATIONS 2 TO INFORM THE PUBLIC AND SUPPORT THE IMPORTANT MISSION THAT LAFB HAS IN ITS DEFENSE OF OUR NATIONS SECURITY FORM 990-EZ PART III - ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED 3 TO PROMOTE THE FURTHER DEVELOPMENT AND ENHANCEMENT OF THE RELATIONSHIP BETWEEN LAFB ITS PERSONNEL AND THE CITIZENS OF THE METROPOLITAN PHOENIX AREA AS WELL AS ALL COMMUNITIES THEREIN A ADVANCING CIVIC EDUCATION - INVOLVING AREA YOUTH INDIVIDUALS SCHOOLS YOUTH CLUBS AND LAFB THROUGH PROGRAMS OF INFORMATION AND EDUCATION B LESSENING PERCEIVED NEIGHBORHOOD TENSIONS - WORKING CLOSELY WITH THE SURROUNDING COMMUNITIES AND LAFB IN THE AREAS OF NOISE ENCROACHMENT PREDATORY LENDING AND HOUSING C COMBATING COMMUNITY DETERIORATION - WORKING WITH LAFB PERSONNEL TO KEEP HOMES AND APARTMENTS IN THE SURROUNDING COMMUNITIES IN GOOD REPAIR TO FOSTER COMMUNITY GOODWILL FORM 990-EZ PART III - ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED 4 ASSISTING LOCAL GOVERNMENTS -- REVIEWING AND ADVISING ON LOCAL POLICIES THAT AFFECT LAFB AND ITS PERSONNEL AND DEVISE SOLUTIONS BASED ON COMMON GOALS 5 TO ACTIVELY GENERATE THE METROPOLITAN PHOENIX COMMUNITY AND CORPORATE SUPPORT FOR THE COMMANDER AND HIS PROGRAMS TO REACH OUT TO THE COMMUNITY AND ENHANCE THE QUALITY OF LIFE FOR LAFB PERSONNEL FORM 990-EZ PART III - ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED THE FOUNDATION WILL SUPPORT MANY EFFORTS THAT DEVELOP MEANINGFUL COMMUNITY SUPPORT FOR THE LUKE AIR FORCE BASE AND ITS AIRMEN THROUGH THE EDUCATIONAL PROGRAMS DESCRIBED IN OUR PROGRAM SERVICES WHICH ARE DESIGNED TO COMMUNICATE THE VALUABLE MISSION OF THE UNITED STATES AIR FORCE IN GENERAL AND SPECIFICALLY THAT OF THE 56TH FIGHTER WING FORM 990-EZ PART III LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS OPERATION THUNDERBOX - OCCURS EACH JULY OCTOBER AND DECEMBER OPERATION THUNDERBOX COLLECTS COMFORT ITEMS SUCH AS SUNSCREEN PHONE CARDS AND POWDERED DRINKS FOR AIRMEN THE PROGRAM PAYS FOR BOXES AND POSTAGE FOR 450 BOXES TO BE SENT TO DEPLOYED AIRMEN THE BOXES GO TO AIRMEN DEPLOYED FROM LUKE AFB TO IRAQ AFGHANISTAN QATAR AND THROUGHOUT THE WORLD FORM 990-EZ PART III LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AIRMEN AGAINST DRUNK DRIVING PROGRAM - THIS IMPORTANT PROGRAM IS YEAR ROUND AND ON GOING THE AADD PROGRAM HELPS RAISE AWARENESS TO THE DANGERS OF AIRMEN DRINKING AND DRIVING AND OFFERS A PROGRAM TO ASSIST IMPAIRED DRIVERS IN GETTING HOME SAFELY FORM 990-EZ PART III LINE 31 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS UNIT SPOUSE AND FAMILY SUPPORT - PROVIDES SUPPORT AND SERVICES TO HELP LUKE SERVICE MEMBERS COPE WITH THE DEMANDS OF DEPLOYMENTS AND TO SUPPORT FAMILIES DURING SEPARATIONS RESULTING FROM MISSION REQUIREMENTS HEARTS APART PROVIDES MONTHLY ACTIVITIES THAT OFFER SOCIAL RECREATIONAL AND MORALE SUPPORT THROUGH A WIDE RANGE OF EVENTS EXPANDED QUARTERLY ACTIVITIES INCLUDE ACTIVE DUTY PERSONNEL WHO HAVE RETURNED FROM DEPLOYMENT WITHIN THE PAST YEAR ALONG WITH THEIR FAMILIES POST-DEPLOYMENT WELCOME HOME EVENTS PROVIDE EDUCATION ON REUNION STRESSORS AND COPING WITH ISSUES RELATED TO DEPLOYMENT THIS PROGRAM SUPPORTS OVER 1500 PERSONS PER YEAR FORM 990-EZ PART III LINE 31 CONTINUED - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AIRMENFAMILY READINESS CENTER - PROVIDES REFRESHMENTS AND INCENTIVE ITEMS TO HELP MARKET BASE PROGRAMS AND ENCOURAGE PARTICIPATION IN ACTIVITIES DESIGNED TO PROMOTE THE WELFARE OF THE LIKE ACTIVE DUTY AND FAMILY POPULATION CHAPLAINS DEPLOYED FAMILIES MONTHLY DINNERS - FUNDING IS PROVIDED FOR MONTHLY DINNERS FOR FAMILIES OF DEPLOYED AIRMEN
02 List of grants and similar amounts paid (Part I, line 10)		GRANTEE LUKE AIRMENS FUND AMOUNT 5000 GRANTEE AIR WARRIOR COURAGE FOUNDATION AMOUNT 2500
03 Description of other expenses (Part I, line 16)		DESCRIPTION AMOUNT MEMBERSHIP FEES AND SUBSCRIPTIONS 10 HOSPITALITY 442 AUTO EXPENSES 192 MEALS AND ENTERTAINMENT 191 EVENT COSTS 6066 TRAVEL 371
04 Description of other assets (Part II, line 24)		BEGINNING CATEGORY OF YEAR END OF YEAR ACCOUNTS RECEIVABLE 850 850