

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2017**Open to Public
Inspection**

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

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning

August 1st, 2017, and ending July 31st, 2018

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**Fighters Foundation**

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

PO Box 96

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Champlin, MN 55316

D Employer identification number

81-3438226

E Telephone number

7632866216

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ► www.fightersfoundation.org**J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527****K Form of organization** Corporation Trust Association Other**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**

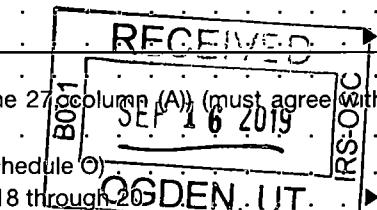
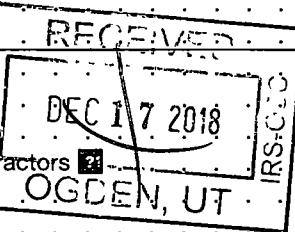
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 10,392 |
| | 2 Program service revenue including government fees and c | 2 |
| | 3 Membership dues and assessments | 3 |
| | 4 Investment income | 4 |
| | 5a Gross amount from sale of assets other than inventory | 5a |
| | b Less: cost or other basis and sales expenses | 5b 10,906.25 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c -10,906.25 |
| | 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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |
| Expenses | c Less: direct expenses from gaming and fundraising events | 6c 1,868.31 |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d -1,868.31 |
| | 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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 -2,382.56 |
| | 10 Grants and similar amounts paid (list in Schedule O) | 10 |
| | 11 Benefits paid to or for members | 11 |
| | 12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> B640 | 12 |
| Net Assets | 13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> B640 | 13 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 |
| | 15 Printing, publications, postage, and shipping | 15 |
| | 16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> B640 | 16 |
| | 17 Total expenses. Add lines 10 through 16 | 17 |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 -2,382.56 |
| | 19 Net assets or fund balances at beginning of year (from line 21 column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 |
| | 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 -2,382.56 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)

OGDEN, UT

616

21

Part II Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|------------------------------|
| 22 Cash, savings, and investments | | 22 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 |
| 25 Total assets | | 25 |
| 26 Total liabilities (describe in Schedule O) | | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 27 <i>✓</i> -2,382.56 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **Raising funds to help cancer patients**

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28

(Grants \$) If this amount includes foreign grants, check here . . . ►

29

(Grants \$) If this amount includes foreign grants, check here ►

30

Digitized by srujanika@gmail.com

(Grants \$) If this amount includes foreign grants, check here . . . ►

31

(Grants \$) If this amount includes foreign grants, check here

32

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the

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

(b) Average **(c) Reportable** **(d) H**

| (a) Name and title | (b) Average hours per week devoted to position | compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|---|--|--|
| Joshua Iskierka | 10 | 0 | 0 | 0 |
| Executive Director | | | | |
| Alexis Iskierka | 8 | 0 | 0 | 0 |
| Director | | | | |
| Justin Hildebrand | 1 | 0 | 0 | 0 |
| Treasurer | | | | |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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

| | Yes | No |
|----|-----|----|
| 33 | ✓ | |

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 | ✓ |
|----|---|

35a 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 | ✓ |
|-----|---|

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

| | |
|-----|--|
| 35b | |
|-----|--|

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

| | |
|-----|--|
| 35c | |
|-----|--|

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

| | |
|----|---|
| 36 | ✓ |
|----|---|

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

| | |
|-----|---|
| 37a | 0 |
|-----|---|

b Did the organization file Form 1120-POL for this year?

| | |
|-----|---|
| 37b | ✓ |
|-----|---|

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

| | |
|-----|---|
| 38a | ✓ |
|-----|---|

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

| | |
|-----|--|
| 38b | |
|-----|--|

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 ► _____

| | |
|-----|---|
| 40b | ✓ |
|-----|---|

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

| | |
|-----|--|
| 40c | |
|-----|--|

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

| | |
|-----|--|
| 40d | |
|-----|--|

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

| | |
|-----|--|
| 40e | |
|-----|--|

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

41 List the states with which a copy of this return is filed ► Minnesota

42a The organization's books are in care of ► Joshua Iskierka

Telephone no. ► 7632866216

Located at ► 11620 Florida Ave N Champlin, MN 55316

ZIP + 4 ► 55316

| Yes | No |
|-----|----|
| 42b | ✓ |

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

| | |
|-----|---|
| 42c | ✓ |
|-----|---|

c At any time during the calendar year, did the organization maintain an office outside the United States?

If "Yes," enter the name of the foreign country: ►

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

| | |
|-----|---|
| 44a | ✓ |
|-----|---|

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 | ✓ |
|-----|---|

c Did the organization receive any payments for indoor tanning services during the year?

| | |
|-----|---|
| 44c | ✓ |
|-----|---|

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

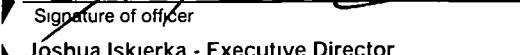
| | |
|-----|---|
| 44d | ✓ |
|-----|---|

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

| | |
|-----|---|
| 45a | ✓ |
|-----|---|

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

| | |
|-----|---|
| 45b | ✓ |
|-----|---|

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|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | <input type="checkbox"/> 46 <input checked="" type="checkbox"/> ✓ | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part VI Section 501(c)(3) organizations only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if the organization used Schedule O to respond to any question in this Part VI <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <input type="checkbox"/> 47 <input checked="" type="checkbox"/> ✓ | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> 48 <input checked="" type="checkbox"/> ✓ | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> 49a <input checked="" type="checkbox"/> ✓ | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> 49b <input checked="" type="checkbox"/> ✓ | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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." | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">(a) Name and title of each employee</td> <td style="width: 20%;">(b) Average hours per week devoted to position</td> <td style="width: 20%;">(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td style="width: 20%;">(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td style="width: 10%;">(e) Estimated amount of other compensation</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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." | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">(a) Name and business address of each independent contractor</td> <td style="width: 20%;">(b) Type of service</td> <td style="width: 50%;">(c) Compensation</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | | (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 must attach a completed Schedule A | <input type="checkbox"/> Yes <input type="checkbox"/> 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 Joshua Iskierka - Executive Director Type or print name and title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12/1/18 Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Firm's name ► | | Firm's EIN ► | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Firm's address ► | | Phone no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions ► Yes <input type="checkbox"/> 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 <small>24</small> |  Signature of officer | | 12/1/18 Date | | |
| | Joshua Iskierka - Executive Director | | | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ► | | Firm's EIN ► | | |
| | Firm's address ► | | Phone no | | |

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

► 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Fighters Foundation

Employer identification number

81-3438226

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |