Form **990-EZ**

AMENDED Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service to decision of the first of the first the first the first the first the first terms of th

▶ 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.

Open to Public Inspection

		2017 calendar year, or tax year beginning and ending		
R	Check if applicab	C Name of organization	D Employer i	dentification number
	Addre	ass change		
	Name	ochange FIGHT BACK FOUNDATION, INC.	81-14	
		redurn's	E Telephone	
	termi	nated 11001 W 120TH AVENUE, SUITE 400	303-248	3-6457
[X	Amer		F Group Exer	mption
	Applic	ation pending BROOMFIELD, CO 80021	Number	<u> </u>
G .	Accour	iting Method: X Cash Accrual Other (specify) >	H Check	if the organization is
		e [,] •	not require	d to attach Schedule B
J .	Tax-ex	empt status (check only one) $ \times$ 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)(1) or 527	(Form 990,	990-EZ, or 990-PF).
K	Form o	f organizatión; X Corporation Trust Association Other		
L	Add Iın	es 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	3	
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	59,954.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Par	t I)
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	59,954.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
2019	5a	Gross amount from sale of assets other than inventory 5a		
70	b	Less, cost or other basis and sales expenses 5b		
_	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
0	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than		
		\$15,000) 6a		
eve.	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		
Z		gross income and contributions exceeds \$15,000) 6b		
SCANNER AUG	С	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	
် သ	7a	Gross sales of inventory, less returns and allowances 7a		
"	Ь	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	59,954.
	10	Grants and similar amounts paid (list in Schedule 0)	10	1,525.
	11	Benefits paid to or for members C331	11	
es	12	Salaries, other compensation, and employee benefits	12	
nse	13	Professional fees and other payments to independent contractors	13	36,051.
Expense	14		14	
û	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	17,393.
	17	Total expenses. Add lines 10 through 16	1 7	54,969.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,985.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
ASS		(must agree with end-of-year figure reported on prior year's return) IRS-OSC	19	0.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	4,985.
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2017)

732171 11-22-17

	990-EZ (2017) FIGHT BACK FOUNDATION, INC.			81~	14443	305 Page 2
Pa	irt II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	spond to any question	in this Part II			
			A) Beginning of year		(B) End of year
22	Cash, savings, and investments		0.	22		4,985.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		0.	25		4,985.
26	Total liabilities (describe in Schedule 0)		0.	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21		0.	27		4,985.
Pa	irt III, Statement of Program Service Accomplishme	nts (see the instructi	ons for Part III)			Expenses
	Check if the organization used Schedule O to res	spond to any question	in this Part III	Х		red for section)(3) and 501(c)(4)
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE O					izations; optional for
	tbe the organization's program service accomplishments for each of its three largest program er, describe the services provided, the number of persons benefited, and other relevant inform	· · · · · · · · · · · · · · · · · · ·	In a clear and concise		others	3.)
28	SEE SCHEDULE O			_		
		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign	grants, check here			28a	7,321.
29	SEE SCHEDULE O			—		
				—		
	(Grants \$ 1,525.) If this amount includes foreign		<u> </u>	—	_	1,525.
	(Grants \$ 1,525.) If this amount includes foreign SEE SCHEDULE O	grants, cneck nere			29a	1,323.
30		· -		—		
•				—		
	(Grants \$) If this amount includes foreign	grante check here		-	30a	8,000.
	Other program services (describe in Schedule O)	grants, check here			304	
	(Grants \$) If this amount includes foreign	grants, check here			31a	
	Total program service expenses (add lines 28a through 31a)	gramo, oncon note			32	16,846.
	rt IV List of Officers, Directors, Trustees, and Key I	mployees (list each one of	even if not compensated - se	e the II		ns for Part IV)
	Check if the organization used Schedule O to res					
		(b) Average hours		d) Hea	alth hone	
	(a) Name and title	per week devoted to	compensation (Forms			
			W-2/1000-MISC)	emplo	ibutions iyee beni	to amount of other
HEI		position	W-2/1000-MISC)	emplo plans, e	ibutions	amount of other
PRE	DI GANAHL		W-2/1099-MISC)	emplo plans, e	ibutions iyee beni and defer	amount of other
~	DI GANAHL SIDENT		W-2/1099-MISC)	emplo plans, e	ibutions iyee beni and defer	amount of other
SAR		position	W-2/1099-MISC) (If not paid, enter -0-)	emplo plans, e	ibutions iyee beni and defer	amount of other compensation
	SIDENT	position	W-2/1099-MISC) (If not paid, enter -0-)	emplo plans, e	ibutions iyee beni and defer	amount of other compensation
SEC	SIDENT AH LENTI	position 4.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, e	ibutions iyee beni and defer	amount of other compensation
SEC	SIDENT AH LENTI RETARY	position 4.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, e	ibutions iyee beni and defer	amount of other compensation
SECTOR TREATMENT OF THE PROPERTY OF THE PROPER	SIDENT AH LENTI RETARY ICE KIM ASURER ON DUNN	4.00 2.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, e	ibutions iyee beni and defer	amount of other compensation 0. 0. 0. 6,000. 0. 0.
SECTOR TREATMENT TRAATMENT TREATMENT	SIDENT AH LENTI RETARY ICE KIM ASURER ON DUNN RD MEMBER	4.00 2.00	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans, e	ibutions iyee beni and defer	o. 0. 6,000.
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SECTOR TREATMENT TRAATMENT TREATMENT	SIDENT AH LENTI RETARY ICE KIM ASURER ON DUNN RD MEMBER Y DUNNE RD MEMBER	2.00	W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	emplo plans, e	ibutions iyee beni and defer	amount of other compensation 0. 0. 0. 6,000. 0. 0.
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Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V Yes No 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 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 N/A 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 Х requirements during the year? If "Yes," complete Schedule C, Part III 35€ 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." X complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions х 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 Х in a prior year and still outstanding at the end of the tax year covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter-N/A a Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 0 . , section 4912 ▶ __ 0. ; section 4955 🕨 0. section 4911 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 х of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed O e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed NONE Telephone no. ► 720-608-3012 42a The organization's books are in care of HEIDI GANAHL Located at > 11001 W 120TH AVENUE, SUITE 400, BROOMFIELD, CO ZIP+4 ► 80021 b At any time during the calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account in a foreign country (such as a bank account, securities account, or other financial Х account)? 42b 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). Х c At any time during the calendar year, did the organization maintain an office outside the United States? 42c 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 **▶** | 43 | N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of X 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 X 44h c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O 44d Х 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

Form 990-EZ (2017) FIGHT BACK FOUNDATION	, INC.			_	81-144430	5	. 1	Page 4
								Yes	No
46 Did the o	rganization engage, directly or indirectly, in p	olitical campaign activitie	s on behalf of or	in opposition	to candidates for pu	blic office?		ļ	
	complete Schedule C, Part I						46		Х
	Section 501(c)(3) organization	=							
	All section 501(c)(3) organizations must	•		-	he tables for lines	50 and 51			
	Check if the organization used Schedu	e O to respond to any	question in this	Part VI				Vaa	No
45 D. J. H				41 4	0.14104	0-1- 0 0-411	47	Yes	No x
	rganization engage in lobbying activities or h	` '		-	r / If "Yes," complete	Scn. C, Part II	47 48		x
-	ganization a school as described in section 1' rganization mako any transfers to an exempt		•	; C			40 49a		x
	vas the related organization a section 527 org		gamzanom		•		49b		
•	this table for the organization's five highest		(other than office	ers, directors, i	trustees, and key en	nlovees) who e		eived r	nore
	0,000 of compensation from the organization	, , ,	•	,,	,,	,			
	(a) Name and title of each employe		(b) Average	e hours	(C) Reportable	(d) Health benefit contributions to	s. (e) Estim	ated
			per week de	VOICO IO	compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferre	. 1	ount of	
	NON	E	positio	on		compensation	o co	mpens	ation
							1		
			ļ				+		
				· · · · · · ·			+		
			-						
							+		
			1						
organizat	e this table for the organization's five highest tion. If there is none, enter "None." NON Name and business address of each independ	E	nt contractors who		d more than \$100,0			om the ensation	
(a)	varile and business address of each independ	ient contractor		(0)	ype or service	(6)	Comp	iii5aliui	<u>'</u> —
					 				
d Total nun	nber of other independent contractors each r	ecouung over \$100,000				1			
	rganization complete Schedule A? Note : All	-	ations must attacl	h a					
	d Schedule A	oution oo i(o)(o) organiz	anono muot attaci			▶ [Xγ	es	No
	s of perjury, I declare that I have examined th	ıs return, ıncludıng accor	npanying schedul	es and statem	ents, and to the bes	t of my knowled			
true, correct, a	nd complete. Declaration of preparer (other t	han officer) is based on a	II information of v	which preparei	r has any knowledge				
	Signature of officer ($\overline{}$				5/8/19	7		
Sign	• • •	_				Date			
Here	HEIDI GANAHL, PRESIDENT Type or print name and title			<u> </u>					
	***	Drangerts sugartime		T Data	Check	ıf PTIN			
	Print/Type preparer's name	Preparer's signature		Date	self- emplo				
Paid	DORI J. EGGETT	DORI J. EGGETT		04/24/19		P0064	15252		
Preparer	Firm's name PLANTE & MORAN,			102124/T2	Firm's EIN				
Use Only	Firm's address > 8181 E TUFTS AV				Phone no.	303-740-9			
	DENVER, CO 8023	•			Li none no.				
May the IRS di	scuss this return with the preparer shown ab					▶ [χ̈γ		No
					· · · · · · · · · · · · · · · · · · ·	<u> </u>			(2017)

732174 11-22-17

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number FIGHT BACK FOUNDATION INC. 81-1444305 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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) 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 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. 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. 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 Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (III) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Page 2

Schedule A (Form 990 or 990-EZ) 2017 FIGHT BACK FOUNDATION, INC. [Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")					59,954.	59,954.
2	Tax revenues levied for the organ-						
	ızatıon'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		<u> </u>		ļ		
4	Total. Add lines 1 through 3					59,954.	59,954.
5	The portion of total contributions			Ì		· ·	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	ŀ					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					, 	
	column (f))				
_6	Public support. Subtract line 5 from line 4		-		<u> </u>	<u> </u>	59,954.
Se	ction B. Total Support	·········					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4					59,954.	59,954.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	ļ					
	and income from similar sources			ļ	 		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)				<u> </u>	<u> </u>	
11	Total support. Add lines 7 through 10	L				<u> </u>	59,954.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	-	s first, second, thii	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publi		rcentage				▶ X
	_			nal(6)		144	%
	Public support percentage for 2017 (I		•	column (I))		14	
	Public support percentage from 2016 33 1/3% support test - 2017. If the control is a support test - 2017.			un line 12 and line	14 is 22 1/20/ or n	15	<u>%</u>
100	stop here. The organization qualifies	-			14 IS 33 1/376 OF II	iore, check this box	ano ►
L	33 1/3% support test - 2016. If the				d line 15 to 22 1/20	ar mara chack this	boy
	and stop here. The organization qual	-		•	1 lille 13 is 33 1/3/	or more, check this	▶ □
17-	10% -facts-and-circumstances test	•	• • •		0 12 160 or 16b	and line 14 is 1004 a	r moro
116		_					
	and if the organization meets the "fact			-		art virilow the organi	Zation
I.	meets the "facts-and-circumstances"	_			-	17a and line 15 is 1	004 or
Ľ	10% -facts-and-circumstances test	_	=				U70 Uf
	more, and if the organization meets the				•		▶□
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	п ою поселеск а	DOX OIT HITE TO, 10	oa, 100, 178,0117			or 990 E7\ 9047
					Scn	edule A (Form 990 e	or 990-⊏Z 201/

Schedule A (Form 990 or 990-EZ) 2017 FIGHT BACK FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	elow, please comp	olete Part II)			·»	
Section A. Public Support				-	•	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-				:		
iness under section 513		<u></u>		_		
4 Tax revenues levied for the organ-						
ization'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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
check this box and stop here	a Command D					
Section C. Computation of Publi						
15 Public support percentage for 2017 (li		•	olumn (f))		15	<u>%</u>
16 Public support percentage from 2016					<u> 16 </u>	<u>%</u>
Section D. Computation of Inves	tment Income	Percentage			1 	<u> </u>
17 Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	<u>%</u>
18 Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	15 is more than	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box an	id stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
b 33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is m	ore than 33 1/3%, a	ınd
line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies a	s a publicly supp	orted organization	▶□
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	 ▶
732023 10-06-17					edule A /Form 990	or 990-EZ) 2017

Page 4

Schedule A (Form 990 or 990-EZ) 2017 FIGHT BACK FOUNDATION, INC.

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

AMENDED

Sect	tion	Α.	ΑII	Suppor	rting	Organ	nizations
------	------	----	-----	--------	-------	-------	-----------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	,	
1		
<u> </u>		
2	,	
3a		
3c		
4a		
41:	—	
4b		
4-	—	
4c		
5a		
5b 5c		
6		
7		
8	ļ	
9a		 ,
9b		
9c	<u> </u>	
	<u> </u>	
10a		
106		
10b	Щ	Щ

Sche	dule A (Form 990 or 990-EZ) 2017 FIGHT BACK FOUNDATION, INC.	81-1444305	P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	'	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations		·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ		
	supervised, or controlled the supporting organization.	2	1	
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		 	
	the supported organization(s).	1		<u></u>
Sec	tion D. All Type III Supporting Organizations		ı	_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		 	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	 -		
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		`	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	l	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	uctions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below		•	
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	/coounctructions	1	
2	Activities Test Answer (a) and (b) below.	(see instructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.55	 ''Ŭ
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		,	1
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<u> </u>	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
	activities but for the organization's involvement	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.		T	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	· · · · · · · · · · · · · · · · · · ·			

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Sche	dule A (Form 990 or 990-EZ) 2017 FIGHT BACK FOUNDATION, INC.			81-1444305 Page 6
Pa		ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov 20, 1970 (explain in	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		ı
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		-	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	illy integrate	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 FIGHT BACK FOUNDATION	ON, INC.		81-1444305	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)		
Sect	on D - Distributions			Current Y	ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes			_
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5		
4	Amounts paid to acquire exempt-use assets	_			
5	Qualified set-aside amounts (prior IRS approval required)	/			
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
		(i)	(iı)	(iu)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributa	
			Pre-2017	Amount for	2017
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required- explain in Part VI) See instructions				ļ
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
	From 2014				
d	From 2015	_			
е	From 2016				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
h	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		,		
4	Distributions for 2017 from Section D,				
	line 7 \$		•	1	ļ
а	Applied to underdistributions of prior years	-			
	Applied to 2017 distributable amount	_			
	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2017, if	- 1			
	any Subtract lines 3g and 4a from line 2 For result greater				-
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2017 Subtract lines 3h	-			
	and 4b from line 1 For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2018. Add lines 3				i
•	and 4c				
8	Breakdown of line 7				——i
	Excess from 2013				
	Excess from 2014				i
	Excess from 2015				i
	Excess from 2016	-			i
	Excess from 2017			1	 i

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	Form 990 or 990-EZ) 2017 FIGHT BACK FOUNDATION, INC.	81-1444305	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, I line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any a (See instructions)	ines 1 and 2, Part IV, Section Part V, Section B, line 1e, Pa	C,
	(dee matrocrons)		
			•
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		·	
			<u> </u>

SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ

(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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

Name of the organization FIGHT BACK FOUNDATION, INC.	Employer identification number 81-1444305
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES: AMOUNT	<u>': </u>
MEDIA EXPENSE 2,	201.
WEBSITE EXPENSE 2,	137.
POLLING & RESEARCH 8,	000.
COLLATERAL & PROMOTIONAL ITEMS	249.
OFFICE EXPENSE 1,	232.
COMMUNICATION EXPENSE 1,	160.
INSURANCE AND TAXES 2,	326.
BANK FEES	88.
TOTAL TO FORM 990-EZ, LINE 16 17,	393.
FORM 990-EZ, PART I, LINE 1 EXPLANATION OF AMENDMENT THE ORGANIZATION ORIGINALLY FILED A FORM 990-N AS GROSS RECEIPTS WERE LESS THAN \$50,000. UPON FURTHER REVIEW OF THE 2017 FINANCIALS, IT WAS DETERMINED THAT CONTRIBUTIONS RECEIVED DURING THE YEAR WERE INCORRECTLY CLASSIFIED ON THE FINANCIALS AS A LIABILITY. UPON CORRECTION OF THE FINANCIALS, GROSS RECEIPTS WERE OVER THE \$50,000 THRESHOLD. THEREFORE, THE ORGANIZATION IS FILING AN AMENDED FORM 990-EZ TO PROPERLY REPORT CONTRIDUTIONS RECEIVED (FART I LINE 1) FOR THE YEAR.	
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - AT THE FIGHT BACK FOUNDATION, WE TAKE ON GREAT PEOPLE WITH GREAT SOLUTIONS FOR THE TOUGHEST ISSUES. WE WORK WITH FOUNDERS THAT BELIEVE THEY WILL DO WELL	
BY DOING GOOD. OUR TEAM WORKS TO GIVE OUR STARTUPS ACCESS TO MENTORS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization FIGHT BACK FOUNDATION, INC.	Employer identification number 81~1444305
FUNDERS, AND PARTNERS TO TACKLE THE PROBLEM FROM ALL SIDES AND SET THEM	
UP FOR A SUSTAINABLE, SUCCESSFUL FUTURE.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:	
DIGITAL COMMUNITY-BUILDING FIGHT BACK FOUNDATION SPENT	
ABOUT 60% OF ITS TIME DEVELOPING AND ENHANCING A DIGITAL	
COMMUNITY TO AID IN PRESENTING EDUCATIONAL MATERIALS TO	
FAMILIES AND THE PUBLIC.	
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:	
SUPPORTING SOCIAL ENTREPRENEURS FIGHT BACK FOUNDATION	
SPENT ABOUT 20% OF ITS TIME BUILDING A DIGITAL AND LIVE	
MENTORING PROGRAM TO SERVE SOCIAL ENTREPRENEURS AND	
COMMUNITY LEADERS THAT ARE FOCUSED ON SOLVING ISSUES AFFECTING CHILDREN	
IN COLORADO, THE PROGRAM WILL INCLUDE MATCHING MENTORS WITH THESE	
ENTREPRENEURS, EDUCATIONAL SOCIAL MEDIA POSTS ABOUT BUILDING A SOCIAL	
ENTERPRISE, AND BUILDING A TEAM OF INTERESTED ENTREPRENEURS TO SOLVE	·
VARIOUS SOCIAL ISSUES.	
FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:	-
INFORMATION GATHERING AND EDUCATIONAL FORUMS FIGHT BACK	
FOUNDATION SPENT APPROXIMATELY 20% OF ITS TOTAL TIME	
CONDUCTING SURVEYS, COLLECTING STATISTICS, RESEARCHING	
PROBLEMS AFFECTING FAMILIES IN COLORADO, LIKE BULLYING, BODY-IMAGE	
ISSUES, STRESS, DEPRESSION, SCHOOL VIOLENCE, DRUGS, AND INTERNET	
SAFETY, AND PLANNING AND HOSTING EDUCATIONAL FORUMS TO ADDRESS RELEVANT	
TOPICS RELATED TO ISSUES AFFECTING FAMILIES. ALL INFORMATION COLLECTED	
WAS MADE AVAILABLE TO THE PUBLIC AS AN EDUCATIONAL RESOURCE.	