** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	2021 calendar year, or tax year beginning and	d ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	FOOTPRINTS OF FIGHT			
	Name change			47-48128	21
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number	
	Final return/	16915 SE 272ND ST	100-68	206-303-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	429,530.
	Ameno return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer:JACOB NETTLETON		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1	or 527	If "No," attach a	list. See instructions
		e: WWW.FOOTPRINTSOFFIGHT.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	∟ Year	of formation: 2015 N	State of legal domicile: WA
P	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: PROV	JIDE SE	RVICES TO F	AMILIES OF
Governance		PEDIATRIC CANCER IN WASHINGTON STATE TO	REDUCE	E EVERY DAY	STRESSORS.
ž	2	Check this box $lacktriangle$ if the organization discontinued its operations or disp	osed of more	e than 25% of its net as	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
es &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ξ	6	Total number of volunteers (estimate if necessary)			20
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		224,627.	402,089.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10.	19.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,218.	-20,073.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		228,855.	382,035.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		316,442.	307,809.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,894.	26,148.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		335,336.	333,957.
	19	Revenue less expenses. Subtract line 18 from line 12		-106,481.	48,078.
Net Assets or European			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		94,063.	148,796.
t As	21	Total liabilities (Part X, line 26)		4,034.	10,840.
2	22	Net assets or fund balances. Subtract line 21 from line 20		90,029.	137,956.
_	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedu			/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	
Sig	gn	Signature of officer		Date	
Не	re	JACOB NETTLETON, PRESIDENT			
		Type or print name and title		Onto -	I DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		HOWARD DONKIN, CPA HOWARD DONKIN,	CPA 1	0/14/22 if self-employe	P00147726
	parer	Firm's name JACOBSON JARVIS & CO, PLLC		Firm's EIN	91-2011386
Use	e Only	Firm's address 200 FIRST AVE WEST, SUITE 200			06) 600 000
		SEATTLE, WA 98119-4219		Phone no. (2	06)-628-8990
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE SERVICES TO FAMILIES OF PEDIATRIC CANCER IN WASHINGTON STATE
	TO REDUCE EVERY DAY STRESSORS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.
4b	Code:
4c	(Code:) (Expenses \$ 36,700
4d	Other program convices (Describe on Schodule O.)
	Other program services (Describe on Schedule O.) (Expenses \$ 75,815 • including grants of \$ 75,815 •) (Revenue \$)
4e	Total program service expenses ► 307,809. Form 990 (2021)

Form 990 (2021) FOOTPRINTS OF FIGHT
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	27	
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) FOOTPRINTS OF FIGHT
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		22
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		
UZ.		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

FOOTPRINTS OF FIGHT
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			
	The distribution of the scale o	01		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	2-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		- 22
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	SD		
44	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)?	4a		Х
h	If "Yes," enter the name of the foreign country	 a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	, , , , , , , , , , , , , , , , , , , ,	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a h	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_ v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		
	n res, complete nominous.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-05		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Divideo (mis seed on Direqueste information about policies not required by the internal netwinds edge.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 1.6		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		х
a h	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Iba		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ►WA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	le onle) avail	ahlo
10		ijs Orliy) avalle	able
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
40		nd fire	noin!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	iu iina	icial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 206-303-9285			
	16915 SE 272ND ST, 100-68, COVINGTON, WA 98042			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

See the instructions for the order in which to list the persons above.

Name and title Average hours per week (list any hours for related organizations) Name and title Average hours per week (list any hours for related organizations)	Check this box if neither the organization r		T	aı II∠c			пре	ısal			(F)
Name and title Nours per Nours for related Nours f	(A)	(B))) Pos	ت) ition	,		(D)	(E)	(F)
week (list any hours for related organizations below line) (1) JACOB NETTLETON PRESIDENT (2) BRIANA NETTLETON VICE PRESIDENT (3) SUNNY NUNOGAWA SECRETARY (4) DOUG SINCLAIR TREASURER (5) CHARLYN SINCLAIR Prom the organization (list any hours for related organizations) (W-2/1099-MISC/1099-MISC/1099-NEC) (W-2/1099-MISC/1099-NEC) from the organizations (W-2/1099-MISC/1099-NEC) (W-2/1099-MISC/1099-NEC) 1099-NEC) from the organizations (W-2/1099-MISC/1099-NEC) (W-2/1099-MISC/1099-NEC) 1099-NEC) O O O O O O O O O O O O O O O O O O O	Name and title	_	(do	not c	heck	more	than	one		compensation	Estimated
(1) JACOB NETTLETON PRESIDENT (2) BRIANA NETTLETON VICE PRESIDENT (3) SUNNY NUNOGAWA SECRETARY (4) DOUG SINCLAIR TREASURER (6) CHARLYN SINCLAIR (Ilist any hours for related organizations below line) (I) JACOB NETTLETON (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (O. O. (O. O. (A. V.			box	i, unle cer ar	ss pe nd a d	rson Iirecto	is bot or/trus	h an tee)			
(1) JACOB NETTLETON 8.00 PRESIDENT X X (2) BRIANA NETTLETON 16.00 VICE PRESIDENT X X (3) SUNNY NUNOGAWA 6.00 SECRETARY X X (4) DOUG SINCLAIR 1.00 TREASURER X X (5) CHARLYN SINCLAIR 16.00			io.								compensation
(1) JACOB NETTLETON			direct				P		1		from the
(1) JACOB NETTLETON			96 Or	stee			ısate				organization
(1) JACOB NETTLETON			truste	al tru		yee	mper			,	and related
(1) JACOB NETTLETON 8.00 PRESIDENT X X (2) BRIANA NETTLETON 16.00 VICE PRESIDENT X X (3) SUNNY NUNOGAWA 6.00 SECRETARY X X (4) DOUG SINCLAIR 1.00 TREASURER X X (5) CHARLYN SINCLAIR 16.00			idual	ntion	-	oldm	est co oyee	er	,		organizations
TREASURER TREA		line)	Indiv	Instit	Office	Key e	High	Form			
(2) BRIANA NETTLETON 16.00 VICE PRESIDENT X X 0. 0. (3) SUNNY NUNOGAWA 6.00 X X 0. 0. SECRETARY X X X 0. 0. (4) DOUG SINCLAIR 1.00 X X 0. 0. TREASURER X X X 0. 0. (5) CHARLYN SINCLAIR 16.00 16.00 0. 0.	(1) JACOB NETTLETON	8.00									
VICE PRESIDENT X X X 0. 0. (3) SUNNY NUNOGAWA 6.00 X X 0. 0. SECRETARY X X X 0. 0. (4) DOUG SINCLAIR 1.00 X X 0. 0. TREASURER X X X 0. 0. (5) CHARLYN SINCLAIR 16.00 0. 0. 0.	PRESIDENT		X		Х				0.	0.	0.
(3) SUNNY NUNOGAWA SECRETARY (4) DOUG SINCLAIR TREASURER (5) CHARLYN SINCLAIR 16.00 CO. (6) O. (7) O. (8) O. (9) O. (10) O. (11) O. (12) O. (13) SUNNY NUNOGAWA (24) O. (25) CHARLYN SINCLAIR (26) O. (27) O. (27) O. (28) O. (29) O. (20) O. (20	(2) BRIANA NETTLETON	16.00									
X X 0. 0. (4) DOUG SINCLAIR 1.00 X X 0. 0.	VICE PRESIDENT		X		Х				0.	0.	0.
(4) DOUG SINCLAIR 1.00 TREASURER X X 0. 0. (5) CHARLYN SINCLAIR 16.00 0. 0. 0. 0.	(3) SUNNY NUNOGAWA	6.00									
TREASURER	SECRETARY		X		Х				0.	0.	0.
(5) CHARLYN SINCLAIR 16.00	(4) DOUG SINCLAIR	1.00									
	TREASURER		X		Х				0.	0.	0.
DIRECTOR X 0. 0.	(5) CHARLYN SINCLAIR	16.00									
	DIRECTOR		Х						0.	0.	0.
			_								
			1								
			1								
			-								
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			-								

47-4812821

Part \	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable			timate	
		hours per week					is bot or/trus		compensation from	compensation from related			nount o other	of
		(list any	tor						the	organization			pensa	tion
		hours for	Individual trustee or director				ted		organization	(W-2/1099-MI			om the	
		related	stee o	trustee			bensa		(W-2/1099-MISC/	1099-NEC)	1	_	anizati	
		organizations below	ual tru	ional t		ployee	t com	۱.	1099-NEC)				d relati anizatio	
		line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iiZatii	JI 13
			 -	 -	Ĭ	Ť	1	 _						
							_					<u> </u>		
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							\vdash							
1b S	ubtotal	1					1	ightharpoonup	0.		0.			0
	otal from continuation sheets to Part V								0.		0.			0
	otal (add lines 1b and 1c)								0.		0.			0
	otal number of individuals (including but r	ot limited to th	nose	liste	ed al	bove	e) wl	ho r	received more than \$100	0,000 of reportab	le			
	ompensation from the organization												V	Na
2 D			1					اما			I		Yes	No
	id the organization list any former officer, ne 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			•		•		_		•		3		Х
	or any individual listed on line 1a, is the su													
	nd related organizations greater than \$15	•							•	o. ga <u>-</u> a		4		Х
	id any person listed on line 1a receive or									idual for services	3			
	endered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son					5		X
	n B. Independent Contractors													
	omplete this table for your five highest co										npens	ation f	rom	
tn	ne organization. Report compensation for	the calendar y	ear	enai	ing v	vith	or w	/ithir		year.		(C	•\	
	(A) Name and business	address	N	INC	E				(B) Description of s	services	С	ompeر ا		n
											<u> </u>			
-								_						
								_						
2 To	otal number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	100,000 of compensation from the organi					(0_							
												Form !	aan /	2021

Form 990 (2021) FOOTPRII
Part VIII Statement of Revenue

		Check if Schedule O	contains a response	or note to any lin	e in this Part VIII			
		Officer if Octredule O	contains a response	e of flote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
						function revenue	business revenue	
<u> </u>								sections 512 - 514
nts			1a					
<u> </u>	b	Membership dues	1b					
Ar.	С	Fundraising events	1c	297,962.				
直	d	Related organizations	1d					
ï,	е	Government grants (contr	ributions) 1e					
Sign	f	All other contributions, gifts,	grants, and					
돌		similar amounts not included	above 1f	104,127.				
Contributions, Gifts, Grants and Other Similar Amounts	g		· · · · · · · · · · · · · · · · · · ·					
la G	_	Total. Add lines 1a-1f		•	402,089.			
		Totall / lad in loo la li		Business Code	, , , , , ,			
a l	2 a			Buomisco Godo				
Š	_							
ine Se	b							
E a	С.							
Re	d							
Program Service Revenue	е							
-	f	All other program service						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (include			1.0			1.0
		other similar amounts)			19.			19.
	4	Income from investment of	of tax-exempt bond	proceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss)					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
ē	-	and sales expenses	7b					
eu		Gain or (loss)						
Revenue		Net gain or (loss)						
her F		Gross income from fundraisi						
퉏	o a		7,962. of					
		contributions reported on						
		Part IV, line 18	· .	27,422.				
				 				
		Less: direct expenses	<u></u>		-20,073.			-20,073.
		Net income or (loss) from	· -	_	-20,073.			-20,073.
	9 a	Gross income from gamin	-					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from						
	10 a	Gross sales of inventory, I						
		and allowances		a				
	b	Less: cost of goods sold	10	b				
	С	Net income or (loss) from	sales of inventory					
ω				Business Code				
e son	11 a							
en en	b							
je je je je	С							
Miscellaneous Revenue	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instruction	ons		382,035.	0.	0.	-20,054.

Form 990 (2021) FOOTPRINTS OF FIGHT Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4	organizations must complete all	columns. All other organizations mus	t complete column (A).
-------------------------------	---------------------------------	--------------------------------------	------------------------

	Check if Schedule O contains a respon			· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	307,809.	307,809.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	980.		980.	
С	Accounting	1,833.		1,833.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	0.515		0.515	
12	Advertising and promotion	2,717.		2,717.	
13	Office expenses	8,710.		8,710.	
14	Information technology	6,832.		6,832.	
15	Royalties	2 262		2 262	
16	Occupancy	2,362.		2,362.	
17	Travel	57.		57.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	160		160	
19	Conferences, conventions, and meetings	468.		468.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,189.		2,189.	
23	Other expanses Itemize expanses not severed	۵,103.		4,109.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule O.)				
a b					
C					
d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	333,957.	307,809.	26,148.	0.
26	Joint costs. Complete this line only if the organization		20.,000	20,110	<u>.</u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (0004)

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			43,826.	1	98,691.
	2	Savings and temporary cash investments			50,086.	2	50,105.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	ibed in s	ection 4958(c)(3)(B)		6	
र	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,459.			
	b	Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	151.	15			
	16	Total assets. Add lines 1 through 15 (must e	94,063.	16	148,796.		
	17	Accounts payable and accrued expenses			4,034.	17	10,840.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I	/ of Schedule D		21	
es	22	Loans and other payables to any current or t	former of	ficer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
ja de		controlled entity or family member of any of	these pe	sons		22	
_	23	Secured mortgages and notes payable to un		The state of the s		23	
	24	Unsecured notes and loans payable to unrel		F		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-2	4). Complete Part X			
		of Schedule D			4 024	25	10 040
	26	Total liabilities. Add lines 17 through 25			4,034.	26	10,840.
S		Organizations that follow FASB ASC 958,	check he	ere 🕨 🔼			
ű		and complete lines 27, 28, 32, and 33.			00 000		127 056
ala	27				90,029.	27	137,956.
B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB AS	C 958, c	neck here			
<u>2</u>		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur				29	
1886	30	Paid-in or capital surplus, or land, building, o				30	
et A	31	Retained earnings, endowment, accumulated			00 020	31	137,956.
ž	32	Total net assets or fund balances			90,029.	32	
	33	Total liabilities and net assets/fund balances			94,063.	33	148,796.

_					
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			57.
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	0,0	29.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-1	51.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13'	7,9	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FOOTPRINTS OF FIGHT 47-4812821 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.) 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).) 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 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). 7 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 university: 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.) 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 on 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. 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 III, 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	177,952.	39,252.	206,590.	224,627.	402,089.	1050510.
2	Tax revenues levied for the organ-						
	ization'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	1== 0=0					10000
4	Total. Add lines 1 through 3	177,952.	39,252.	206,590.	224,627.	402,089.	1050510.
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,						40.000
	column (f)						43,032.
	Public support. Subtract line 5 from line 4.						1007478.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 206, 590.	(d) 2020 224,627.	(e) 2021 402,089.	(f) Total 1050510.
	Amounts from line 4	177,952.	39,252.	206,590.	224,027.	402,089.	1020210.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	14.	8.	19.	10.	19.	70.
_	and income from similar sources	14.	0.	19.	10.	13.	70.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	291.	75.	713.			1,079.
44	assets (Explain in Part VI.)	271.	73.	713.			1051659.
	• • • • • • • • • • • • • • • • • • • •	oto (ooo instructi	one)			12	248,387.
	Gross receipts from related activities First 5 years. If the Form 990 is for the	•		fourth or fifth tay		<u> </u>	210/30/1
13	organization, check this box and sto	- 1			_		
Se	ction C. Computation of Publ		rcentage				
				column (f))		14	95.80 %
	Public support percentage from 2020					15	90.66 %
	a 33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the						
	and stop here. The organization qua	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to				•		
k	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets t	he facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	>
12	Private foundation If the organization	on did not check a	hov on line 12 16	a 16h 17a or 171	n chack this have	and eas instruction	

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 below, please complete Part II.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	/b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r.	Unrelated business taxable income (less section 511 taxes) from businesses						
	on quired ofter June 20 1075						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
42	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's f	irat accord third	fourth or fifth toy	Voor oo o costion	[F01/a)/(2) arganizat	L
14	First 5 years. If the Form 990 is for the	•			•	. , . ,	lion,
<u>Sa</u>	check this box and stop here ction C. Computation of Publi						<u></u>
	Public support percentage for 2021 (li	• •		oolumn (f)\		15	
						16	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
						17	
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2021. If the						I / IS HOT
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, chec						
∠∪	Private foundation. If the organization	i did not check a	DUX OIT IIIIE 14, 19	a, or 190, check t	nio dox and see in	อเเนษเเษารี	<u> </u>

132024 01-04-21

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, 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		
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,	_		
<u>Caa</u>	supervised, or controlled the supporting organization.	2		Щ_
Sec	tion C. Type II Supporting Organizations			
			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			
Sac	the supported organization(s). etion D. All Type III Supporting Organizations	1	ш	<u> </u>
500	Tion D. All Type III Supporting Organizations		V	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		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?	1		
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 on line 2, above, 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more 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	\sqcup	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" 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.

Sche	dule A (Form 990) 2021 FOOTPRINTS OF FIGHT			47-4812821 Page 6
Pai		ing Organ	izations	Ţ.
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explair	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections 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	Other expenses (see instructions)	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 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Sche	edule A (Form 990) 2021 FOOTPRINTS OF	FIGHT		4	7-4812821 Page 7
_	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	J
Sect	ion D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	Э		
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				

Schedule A (Form 990) 2021

g Applied to underdistributions of prior yearsh Applied to 2021 distributable amount

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

4 Distributions for 2021 from Section D,

Part VI. See instructions.

line 7:

and 4c.

8 Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

i Carryover from 2016 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

	line Se	e 1; Part	IV, Sectior lines 5, 6, a	n D, lines	2 and	3; F	Part IV, Sect	tion E, Iir	nes 1c,	2a, 2b,	3a, an	d 3b; Part V,	line 1; Pa	es 1 and 2; Pa art V, Section E litional informa	3, line 1e; I	on C, Part V,
PART	II,	SHO	RT YE.	AR E	XPLZ	AN <i>P</i>	TION:									
COLUI	IN E	REF	LECTS	THE	ORG	BAN	IIZATI	ON'S	CHZ	ANGE	IN	ACCOUN	TING	PERIOD	FROM	A
11/30) FI	SCAL	YEAR	END	то	A	12/31	FIS	CAL	YEAF	R EI	1D.				

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Schedule B (Form 990) (2021)

FU	OTPRINTS OF FIGHT	4/-4012021
Organization type(check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I line 1. Complete Parts I and II.	nd that received from any one
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (expressed of the contributor name and address), II, and III.	ientific,
year, contributions is checked, enter h purpose. Don't cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	

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

FOOTPRINTS OF FIGHT

47-4812821

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FOOTPRINTS OF FIGHT

47-4812821

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	

Schedule B (Form 990) (2021) Employer identification number Name of organization FOOTPRINTS OF FIGHT 47-4812821 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from

Part I

(b) Purpose of gift

(d) Description of how gift is held

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FOOTPRINTS OF FIGHT

Employer identification number 47-4812821

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historicall	y important land area
	Protection of natural habitat	Preservation of	a certified h	nistoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conser	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele			on during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l			
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easeme	ents during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement	and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that de	escribes the
_	organization's accounting for conservation easements.		0:	
Ра	rt III Organizations Maintaining Collections of		ther Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	·		
	of art, historical treasures, or other similar assets held for pub	·		of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of p	oublic service,
	provide the following amounts relating to these items:		_	
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea		ıl gain, provi	de
	the following amounts required to be reported under FASB AS		-	
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part X			\$

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	er Simi	lar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	t make s	significan	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes	☐ No	,
Pai	t IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Parl			Ü					,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included				_
	on Form 990, Part X?								Yes	☐ No	,
b	If "Yes," explain the arrangement in Part XIII a										
	, 1	•	3						Amount		_
С	Beginning balance						1c				_
	Additions during the year										_
e	Distributions during the year										_
f	Ending balance										_
	Did the organization include an amount on Fo							<u> </u>	Yes	□ No	_
	If "Yes," explain the arrangement in Part XIII.										
Pai											_
	<u> </u>	(a) Current year		rior year	(c) Two year			years back	(e) Four	years back	_
1a	Beginning of year balance		. ,					-	, ,		_
b	Contributions										-
c	Net investment earnings, gains, and losses										_
d	Grants or scholarships										-
	Other expenditures for facilities										-
C	•										
f	and programs Administrative expenses										-
	End of year balance					+					-
g	Provide the estimated percentage of the curre	ont voor and balance	o (lino 1	a column (all hold as:	l					-
2		erit year erid baland	•	g, coluitiii (a)) Helu as.						
a	Board designated or quasi-endowment ▶ _ Permanent endowment ▶	%	_%								
D											
С		-									
0-	The percentages on lines 2a, 2b, and 2c shou	•	-41 41					·			
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are neid a	and administe	erea for t	ne organ	ization	Г	Yes No	_
	by:									163 140	_
	(i) Unrelated organizations										_
	(ii) Related organizations	Constitution of the consti							3a(ii)		_
	If "Yes" on line 3a(ii), are the related organizat				'				3b		_
4 Do	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.							_
Pai) Dort IV	/ line 11e (Form 000	Dort V	line 10				
	Complete if the organization answered				1						_
	Description of property	(a) Cost or o			t or other	٠,	ccumulat		(d) Book	value	
		basis (investr	nent)	basis	(other)	ae	preciation	1			_
1a	Land										_
b	Buildings										_
С	Leasehold improvements										_
d	Equipment				1 450		1 4	<u> </u>			_
	Other				1,459.		1,4	27.		0	•
Tota	Add lines 1a through 1e (Column (d) must ed	rual Form 000 Part	Y colur	nn (R) lina '	7()c)					()	

Schedule D (Form 990) 2021 FOOTPRINTS	OF FIGHT	47	-4812821 Page
Part VII Investments - Other Securities.	-		r ago
Complete if the organization answered "Yes"		•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	·····	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(C)	·		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

(7) (8)

FOOTPRINTS OF FIGHT Schedule D (Form 990) 2021 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21 Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FOOTDRINTS OF FIGHT

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

Employer identification number

Schedule G (Form 990) 2021

FOOTPRI	NTS OF FIGHT				47-4812	821
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	ered "\	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rail a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual Part VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra I (inclu	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			. ▶			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is exempt from re	egistration

47-4812821 Page 2 Schedule G (Form 990) 2021 FOOTPRINTS OF FIGHT Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ${ t GOLF}$ CLIMB FOR A (add col. (a) through 4 TOURNAMENT CAUSE col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 173,047. 115,112. 37,225. 325,384. 152,425 115,112. 30,425. 297,962. 2 Less: Contributions 20,622 6,800. 27,422. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 36,071. 36,071. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10,923. 501. 11,424. 47,495. 10 Direct expense summary. Add lines 4 through 9 in column (d) -20,07311 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

Schedule G (Form 990) 2021

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

Sch	nedule G (Form 990) 2021 FOOTPRINTS OF FIGHT 47-	-4812	387T	. Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
4-			V	□ No
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□□ NO
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
	retain the state gaming license?	🖳	163	
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1		
Da	organization's own exempt activities during the tax year \(\subseteq \\$ \) Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. I	inoc O	0h 10h
ı a	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ran III, II	iries 9,	90, 100,

Schedule G	(Form 990)	FOOTPRINTS	OF	FIGHT	47-4812821	Page 4
Part IV	(Form 990) Supplemental Inform	mation (continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
	rs of figh	<u>[T</u>					47-4812821
Part I General Information on Grants							
Does the organization maintain records							
criteria used to award the grants or ass	sistance?		A. A. complete to the attraction				X Yes No
2 Describe in Part IV the organization's p Part II Grants and Other Assistance to					anization anawarad "	Voc" on Form 000 Por	t IV line 21 for any
recipient that received more than					anization answered	res on Form 990, Far	tiv, iiile 21, for arry
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization			he line 1 table	I	<u>I</u>	1	>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	- Cash grant	Casi assistance	(,,,,	GIFT CARDS FOR GROCERIES,
					PROFESSIONAL HOUSE CLEANING
STRESS REDUCING SERVICES TO FAMILIES OF PEDIATRIC					SERVICES, GAS, PROFESSIONAL
CANCER	55	0.	307,809.	FMV	LANDSCAPING SERVICES, AAA
		0.0.1111.1	(1)	1.199	
Part IV Supplemental Information. Provide the information red	quired in Part I, Iin	ie 2; Part III, column	(b); and any other a	Idditional Information.	
PART I, LINE 2:					
GRANTS ARE GIVEN IN THE FORM OF G	FT CARDS	SPECIFICA	LLY FOR GA	S STATIONS	
AND GROCERY STORES. FOR GRANTS FOR	PROFESS	TONAT. HOUS	ECT.EANTNG	SERVICES	
THE GROUNT PICKED. FOR GRANTS TO	t IIIOI LDD	10111111 11001	LCLLIMITIC	BLICVICED,	
LANDSCAPING SERVICES, CHILDCARE SI	ERVICES,	AND AAA SE	RVICES, WE	PAY THE	
SERVICE PROVIDERS DIRECTLY.					
(=) procedure of your case - 2222			100 0000		
(F) DESCRIPTION OF NON-CASH ASSIST	CANCE: GI	FT CARDS F	OR GROCERI	ES,	
PROFESSIONAL HOUSE CLEANING SERVICE	CES, GAS.	PROFESSIO	NAL LANDSC	APING	
	,,	2 2 2 2			

SERVICES,	AAA	MEMBERSHIPS,	CHILDCARE,	FLOWERS,	AND	FAMILY	MOVIE/DINNER
PACKAGES.							

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Name of the organization

FOOTPRINTS OF FIGHT

Employer identification number 47-4812821

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROVIDE GIFT CARDS FOR PROFESSIONAL LANDSCAPING SERVICES, AAA

MEMBERSHIPS, CHILDCARE FOR FAMILY DATE NIGHTS, FLOWERS FOR MEMORIALS,

FAMILY MOVIE/DINNER DATE PACKAGES, AND UBEREATS GIFT CARDS FOR FAMILIES

BATTLING PEDIATRIC CANCER, AND CHARITABLE CONTRIBUTIONS.

EXPENSES \$ 75,815. INCLUDING GRANTS OF \$ 75,815. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

JACOB NETTLETON, PRESIDENT, AND BRIANA NETTLETON, VICE PRESIDENT, ARE

MARRIED. DOUG SINCLAIR, TREASURER, AND CHARLYN SINCLAIR, DIRECTOR, ARE

MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

A COMPLETE FORM 990 IS PROVIDED TO ALL BOARD OF DIRECTORS PRIOR TO FILING.

THE TREASURER REVIEWS FORM 990 WITH THE BOARD OF DIRECTORS INCLUDING

IDENTIFICATION OF ANY ITEMS OF SIGNIFICANCE, CONFLICTS OF INTEREST, RELATED

PARTY TRANSACTIONS, AND OTHERS. THE TREASURER PROVIDES A RECOMMENDATION TO

THE BOARD OF DIRECTORS FOR APPROVAL, AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM
ANNUALLY AND ARE REQUIRED TO DISCLOSE ANY CONFLICTS AS THEY ARISE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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