

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization FISHER HOUSE FOUNDATION INC, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) 12300 TWINBROOK PKWY 410, Room/suite, City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20852

D Employer identification number 11-3158401, E Telephone number (301) 294-8560, G Gross receipts \$ 71,244,605

F Name and address of principal officer: DAVID A COKER, 12300 TWINBROOK PKWY 410, ROCKVILLE, MD 20852

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.FISHERHOUSE.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1993, M State of legal domicile: DE

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data with columns for Prior Year and Current Year.

Part II Signature Block

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

<b>Sign Here</b>	Signature of officer DAVID A COKER, PRESIDENT			Date 2025-07-09	
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2025-07-09	Check <input type="checkbox"/> if self-employed	PTIN P00247720
	Firm's name BDO USA			Firm's EIN 13-5381590	
	Firm's address 8401 GREENSBORO DR STE 800 MCLEAN, VA 221023599			Phone no. (703) 893-0600	

May the IRS discuss this return with the preparer shown above? See Instructions.  Yes  No  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2024)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

TO PROMOTE AND ENHANCE THE PUBLIC PERCEPTION AND IMAGE OF FISHER HOUSES AND THE UNITED STATES ARMED FORCES, AND TO PROVIDE FINANCIAL ASSISTANCE TO CURRENT MEMBERS OF THE UNITED STATES ARMED FORCES, VETERANS AND THEIR FAMILIES. TO CONSTRUCT AND FURNISH FISHER HOUSES AND OTHER FACILITIES TO TEMPORARILY HOUSE OR PROVIDE FAMILIES AND LOVED ONES VISITING MILITARY PERSONNEL, OR THEIR FAMILIES, OR OTHER PERSONS QUALIFIED TO USE SUCH FACILITIES.

**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  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  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 revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 61,543,944 including grants of \$ 52,098,676 ) (Revenue \$ 0 )

TO PROMOTE AND ENHANCE THE PUBLIC PERCEPTION AND IMAGE OF FISHER HOUSES AND THE UNITED STATES ARMED FORCES; TO CONSTRUCT AND FURNISH FISHER HOUSES TO TEMPORARILY HOUSE FAMILIES AND LOVED ONES VISITING MILITARY PERSONNEL IN HOSPITALS AND TO PROVIDE THE SAME FOR OTHER PERSONS QUALIFIED TO USE SUCH FACILITIES; TO PROVIDE FINANCIAL ASSISTANCE TO CURRENT MEMBERS OF THE UNITED STATES ARMED FORCES, VETERANS AND THEIR FAMILIES; AND TO MAKE SCHOLARSHIPS. AVAILABLE TO MEMBERS OF MILITARY FAMILIES RECOGNIZING THE READINESS OF THE MILITARY AND THE ROLE OF THE COMMISSARY IN THE MILITARY COMMUNITY.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 61,543,944

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 20a regarding organizational requirements and financial reporting.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

<b>20b</b>		
<b>21</b>	Yes	

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 . . . . .

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Part IV Checklist of Required Schedules (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	Yes	
<b>23</b> 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 . . . . .	Yes	
<b>24a</b> 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 . . . . .		No
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		No
<b>25b</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 . . . . .		No
<b>26</b> 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 . . . . .		No
<b>27</b> 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 . . . . .		No
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>28b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		No
<b>34</b> 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 . . . . .		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>35b</b> 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 . . . . .		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b> 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 . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

Part 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 . . . . .

		Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	23	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> 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 . . . . .	<b>2a</b>	34		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> 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? . . . . .	<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> 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? . . . . .	<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.		<b>16</b>		No
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		<b>17</b>		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> 21		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 21		
<b>2</b> 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? . . . . .	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> 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? . . . . .	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O . . . . .</i>	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		No
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 . . . . .</i>	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done . . . . .</i>	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			

<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	No

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  
 CA, CO, CT, DE, FL, GA, AL, HI, IL, KS, KY, ME, AK, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, AR, WA, WV, WI
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 DAVID A COKER 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852 (301) 294-8560

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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, box 6 of 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, or 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR DAVID FOX TREASURER/CFO/TRUSTEE	1.0 ..... 0.0	X		X				0	0	0
(2) MR KENNETH FISHER CHAIRMAN/CEO/TRUSTEE	10.0 ..... 0.0	X		X				0	0	0
(3) MR WINSTON C FISHER VICE CHAIRMAN/TRUSTEE	1.0 ..... 0.0	X		X				0	0	0
(4) MRS NANCY EDELMAN VICE CHAIRMAN/TRUSTEE	1.0 ..... 0.0	X		X				0	0	0
(5) GEN JOHN QUINTAS USAF RET TRUSTEE	1.0 ..... 0.0	X						0	0	0
(6) GEN RICHARD B MYERS USAF RET TRUSTEE	1.0 ..... 0.0	X						0	0	0

(7) LTGEN JOHN DUBIA USA RET TRUSTEE	1.0 0.0	X								0	0	0
(8) LTGEN MARTIN STEELE USMC RET TRUSTEE	1.0 0.0	X								0	0	0
(9) MR BRUCE MOSLER TRUSTEE	1.0 0.0	X								0	0	0
(10) MR DAVID MCINTYRE TRUSTEE	1.0 0.0	X								0	0	0
(11) MR GERRY BYRNE TRUSTEE	1.0 0.0	X								0	0	0
(12) MR MARK RANGER" JONES TRUSTEE	1.0 0.0	X								0	0	0
(13) MR MARTIN L EDELMAN ESQUIRE TRUSTEE	1.0 0.0	X								0	0	0
(14) MR MONTEL WILLIAMS TRUSTEE	1.0 0.0	X								0	0	0
(15) MR PAUL BUCHA TRUSTEE (DECEASED 07/31/24)	1.0 0.0	X								0	0	0
(16) MRS CRYSTAL FISHER TRUSTEE	1.0 0.0	X								0	0	0
(17) MRS LYNNE PACE TRUSTEE	1.0 0.0	X								0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) MRS MARY JO MYERS TRUSTEE	1.0 0.0	X							0	0	0
(19) MRS SUZIE SCHWARTZ TRUSTEE	1.0 0.0	X							0	0	0
(20) MRS TAMMY FISHER TRUSTEE	1.0 0.0	X							0	0	0
(21) MS CECILY CARSON TRUSTEE	1.0 0.0	X							0	0	0
(22) MS KYRA PHILLIPS TRUSTEE	1.0 0.0	X							0	0	0
(23) RADM TOM LYNCH USN TRUSTEE	1.0 0.0	X							0	0	0
(24) MR BRIAN GAWNE VP, COMMUNITY RELATIONS (RET. AS OF 04/30/2024)	40.0 0.0			X					99,132	0	3,731

(25) MR DAVID A COKEK PRESIDENT	40.0 0.0			X					560,249	0	32,379
(26) MRS DENISE DOLAN VP, DEVELOPMENT	40.0 0.0			X					203,825	0	42,801
(27) MRS JULIE RIGGS VP, COMMUNITY RELATIONS (AS OF 05/20/24)	40.0 0.0			X					110,296	0	11,282
(28) MRS LETICIA STROPE VP, STRATEGIC INITIATIVES	40.0 0.0			X					225,301	0	42,909
(29) MRS MICHELLE HORN VP, COMMUNICATIONS	40.0 0.0			X					192,911	0	36,944
(30) MS MARY B CONSIDINE CHIEF OF STAFF	40.0 0.0			X					258,167	0	19,913
(31) MR ANDREW KAYTON DIRECTOR, DONATIONS	40.0 0.0						X		152,883	0	35,567
(32) MR BRUCE PHILLIPS DIRECTOR, OPERATIONS	40.0 0.0						X		161,135	0	47,160
(33) MR MARSHALL BANKS COMMUNITY LIAISON	40.0 0.0						X		154,188	0	37,638
(34) MRS ANGELA RANERO CHIEF ACCOUNTANT	40.0 0.0						X		185,633	0	43,373
(35) MRS STACY THOMAS DIRECTOR, CORP/FDN. RELATIONS	40.0 0.0						X		156,256	0	33,677
<b>1b Sub-Total</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>									2,459,976	0	387,374

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TONY GARCZYNSKI DEVELOPMENT 13200 KIRKHAM WAY 101 POWAY, CA 92064	CONSTRUCTION	33,321,890
REVISION DESIGN LLC 25 HIGHLAND PARK VILLAGE DALLAS, TX 75205	INTERIOR DESIGN	4,211,104
METRIC CONSTRUCTION 55 HENSHAW STREET BOSTON, MA 02135	CONSTRUCTION	632,031
LINEMARK PRINTING 501 PRINCE GEORGES BOULEVARD UPPER MARLBORO, MD 20774	MAGAZINE & PRINTING	628,897
CONFLUENT DESIGN 6336 SE CR 234 GAINESVILLE, FL 32641	WEBSITE DESIGN SERVICES	600,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns				
<b>1b</b> Contributions, Gifts, Grants, and Membership dues				
<b>1c</b> Other Amounts Similar Fundraising events	591,521			
<b>1d</b> Related organizations				
<b>1e</b> Government grants (contributions)	8,486,987			
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	58,622,154			
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$	2,091,926			
<b>h Total.</b> Add lines 1a-1f	67,700,662			

2a	Business Code				
<b>f</b> All other program service revenue.		0	0	0	0
<b>9 Total.</b> Add lines 2a-2f.		0			

<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,476,402			1,476,402
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>6b</b> Less: rental expenses					
<b>6c</b> Rental income or (loss)	0	0			
<b>d</b> Net rental income or (loss)					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>7b</b> Less: cost or other basis and sales expenses	1,158,021	796,980			
<b>7c</b> Gain or (loss)	1,147,972				
<b>d</b> Net gain or (loss)	10,049	796,980			
<b>a</b> Gross income from fundraising events (not including \$ 591,521 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	112,540			
<b>b</b> Less: direct expenses	<b>8b</b>	93,729			
			807,029		807,029

Less: direct expenses . . . . .					
<b>c</b> Net income or (loss) from fundraising events . . . . .			18,811		18,811
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			
<b>b</b> Less: direct expenses . . . . .		<b>9b</b>			
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			
<b>b</b> Less: cost of goods sold . . . . .		<b>10b</b>			
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>11a</b>	Business Code				
<b>b</b>					
Other Revenue	Misc Amt				
<b>d</b> All other revenue . . . . .			0	0	0
<b>e Total.</b> Add lines 11a-11d . . . . .			0		
<b>12 Total revenue.</b> See instructions . . . . .			70,002,904	0	0
					2,302,242

Form 990 (2024)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	44,130,985	44,130,985		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	6,872,590	6,872,590		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	1,095,102	1,095,102		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,837,225	1,013,979	628,375	194,871
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,595,052	1,432,229	887,570	275,253
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	159,750	88,168	54,638	16,944
<b>9</b> Other employee benefits . . . . .	688,619	380,054	235,524	73,041
<b>10</b> Payroll taxes . . . . .	297,740	164,325	101,834	31,581
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	7,559		7,559	
<b>c</b> Accounting . . . . .	109,024		109,024	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	30,000			30,000
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	943,622	815,820	51,206	76,596
<b>12</b> Advertising and promotion . . . . .				

<b>13</b> Office expenses . . . . .	1,060,886	229,464	473,017	358,405
<b>14</b> Information technology . . . . .	1,023,512	1,023,512		
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	297,092	159,105	106,633	31,354
<b>17</b> Travel . . . . .	1,049,358	933,277	37,798	78,283
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,493	1,319	907	267
<b>23</b> Insurance . . . . .	18,393		18,393	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER EVENT COSTS	2,546,690	2,470,424	8,911	67,355
<b>b</b> EDUCATION AND PROMOTION	486,870	373,388	2,300	111,182
<b>c</b> PRINTING AND PUBLICATIONS	431,128	360,203	1,167	69,758
<b>d</b>				
<b>e</b> All other expenses	0	0	0	0
<b>25 Total functional expenses.</b> Add lines 1 through 24e	65,683,690	61,543,944	2,724,856	1,414,890
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form **990** (2024)

Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	13,739	<b>1</b>	13,379
	<b>2</b> Savings and temporary cash investments . . . . .	47,755,177	<b>2</b>	45,861,380
	<b>3</b> Pledges and grants receivable, net . . . . .	9,753,682	<b>3</b>	14,145,819
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from 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	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	266,645	<b>9</b>	989,967
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 267,642		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 266,629	3,506	<b>10c</b> 1,013
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	47,840,398	<b>15</b>	46,731,686
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	105,633,147	<b>16</b>	107,743,244	
<b>17</b> Accounts payable and accrued expenses . . . . .	5,370,323	<b>17</b>	3,829,455	
<b>18</b> Grants payable . . . . .		<b>18</b>		
<b>19</b> Deferred revenue . . . . .		<b>19</b>		
<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>		

<b>Liabilities</b>	<b>22</b> Loans and other 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 . . . . .	0	<b>22</b>	0	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,751,019	<b>25</b>	2,221,644	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	8,121,342	<b>26</b>	6,051,099	
	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
<b>Net Assets or Fund Balances</b>	<b>27</b> Net assets without donor restrictions . . . . .	76,138,339	<b>27</b>	78,362,865	
	<b>28</b> Net assets with donor restrictions . . . . .	21,373,466	<b>28</b>	23,329,280	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>		
	<b>32</b> Total net assets or fund balances . . . . .	97,511,805	<b>32</b>	101,692,145	
	<b>33</b> Total liabilities and net assets/fund balances . . . . .	105,633,147	<b>33</b>	107,743,244	

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Part XI Reconciliation of Net Assets

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	70,002,904
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	65,683,690
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	4,319,214
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	97,511,805
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	4,607
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-143,481
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	101,692,145

Part XII Financial Statements and Reporting

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

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**Additional Data**

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**Software ID:** 24020961

**Software Version:** 2024v5.1

**Form 990 Special Condition Description:**

SCHEDULE A (Form 990)

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

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (FISHER HOUSE FOUNDATION INC) and Employer identification number (11-3158401)

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2024

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	46,683,704	48,988,955	54,298,238	55,917,211	67,700,662	273,588,770
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	46,683,704	48,988,955	54,298,238	55,917,211	67,700,662	273,588,770
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						273,588,770

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4. . . . .	46,683,704	48,988,955	54,298,238	55,917,211	67,700,662	273,588,770
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	221,423	73,838	215,588	695,287	1,476,402	2,682,538
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		1,201	41,322	12,035	18,811	73,369
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						276,344,677
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	0
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.003 %
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.342 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2024

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are . . . . .						

not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests-2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> 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 (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).*

<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

Schedule A (Form 990) 2024

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b>.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1			

**Section D. All Type III Supporting Organizations**

		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
2			
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
3			

**Section E. Type III Functionally-Integrated Supporting Organizations**

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
  - a  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.
  - c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2 Activities Test. Answer lines 2a and 2b below.**

- a 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.
  - 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
  - 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.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2024

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	

<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2024

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>			<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>		
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>		
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>		
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>		
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>		
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>		
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>		
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>		
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>		
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>		
<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7:			

\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8 Breakdown of line 7:</b>			
<b>a</b> Excess from 2020. . . .			
<b>b</b> Excess from 2021. . . .			
<b>c</b> Excess from 2022. . . .			
<b>d</b> Excess from 2023. . . .			
<b>e</b> Excess from 2024. . . .			

Schedule A (Form 990) (2024)

Schedule A (Form 990) 2024

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2024

Additional Data

Return to Form

**Software ID:** 24020961  
**Software Version:** 2024v5.1

Schedule B (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization FISHER HOUSE FOUNDATION INC

Employer identification number 11-3158401

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization FISHER HOUSE FOUNDATION INC

Employer identification number 11-3158401

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a 'RESTRICTED' label and a 'Person' checkbox.

		\$ RESTRICTED	<input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (Rev. 1-2025)

Name of organization FISHER HOUSE FOUNDATION INC	Employer identification number 11-3158401
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if 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) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 4

Name of organization FISHER HOUSE FOUNDATION INC	Employer identification number 11-3158401
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**Part III** 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 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 information once. See instructions.) \$ \_\_\_\_\_  
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
-	_____	_____	_____
Transferee's name, address, and ZIP 4		(e) Transfer of gift 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
-	_____	_____	_____
Transferee's name, address, and ZIP 4		(e) Transfer of gift 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
-	_____	_____	_____
Transferee's name, address, and ZIP 4		(e) Transfer of gift 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
-	_____	_____	_____
Transferee's name, address, and ZIP 4		(e) Transfer of gift Relationship of transferor to transferee	

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## Additional Data

[Return to Form](#)

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**Software ID:** 24020961  
**Software Version:** 2024v5.1

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of the organization (FISHER HOUSE FOUNDATION INC) and Employer identification number (11-3158401)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, description, and Yes/No options. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and Yes/No options. Includes questions 1a, 1b, and 2 regarding collections of art and historical treasures.

Schedule D (Form 990) (Rev. 1-2025)

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Amount, and rows 1c, 1d, 1e, 1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, Grants or scholarships, Other expenditures, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 0%, b Permanent endowment 100%, c Term endowment 0%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations, (ii) Related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Schedule D (Form 990) (Rev. 1-2025)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RESTRICTED USE	22,579,280
(2) CONSTRUCTION IN PROGRESS	20,150,613
(3) SPLIT-INTEREST AGREEMENT RECEIVABLE	2,873,566
(4) RESTRICTED INVESTMENT	750,000
(5) RIGHT OF USE ASSET	354,300
(6) DEPOSITS	23,927
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	46,731,686

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Federal Income Taxes	
RETAINAGE PAYABLE	1,811,546
LEASE LIABILITY	110,000

	710,000
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,221,644

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Schedule D (Form 990) (Rev. 1-2025)**

Schedule D (Form 990) (Rev. 1-2025)

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	78,812,556
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	4,607
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	8,711,316
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	8,715,923
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	70,096,633
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-93,729
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-93,729
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	70,002,904

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	74,632,216
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	8,711,316
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	237,210
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	8,948,526
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	65,683,690
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	65,683,690

**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.

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE PRINCIPAL IS PERMANENTLY RESTRICTED. INCOME EARNED ON THE PRINCIPAL CAN ONLY BE USED FOR THE SCHOLARSHIP PROGRAM.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ISSUED BY THE FASB, THE FOUNDATION RECOGNIZES TAX LIABILITIES WHEN, DESPITE MANAGEMENT'S BELIEF THAT TAX RETURN POSITIONS ARE SUPPORTABLE, THE FOUNDATION BELIEVES THAT CERTAIN POSITIONS MAY NOT BE FULLY SUSTAINED UPON REVIEW BY TAX AUTHORITIES. BENEFITS FROM TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. TO THE EXTENT THAT THE FINAL TAX OUTCOME OF THESE MATTERS IS DIFFERENT THAN THE AMOUNTS RECORDED, SUCH DIFFERENCES IMPACT INCOME TAX EXPENSE IN THE PERIOD IN WHICH SUCH DETERMINATION IS MADE. INTEREST AND PENALTIES, IF ANY, RELATED TO ACCRUED LIABILITIES FOR POTENTIAL TAX ASSESSMENTS ARE INCLUDED IN INCOME TAX EXPENSE. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2024 AND PRIOR. MANAGEMENT HAS EVALUATED THE

YEARS ENDED DECEMBER 31, 2021 AND PRIOR. MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	FUNDRAISING EVENT EXPENSES - -93729
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	FUNDRAISING EVENT EXPENSES - 93729 CANCELLED GRANTS - 143481

**Schedule D (Form 990) (Rev. 1-2025)**

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## Additional Data

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**Software ID:** 24020961  
**Software Version:** 2024v5.1

SCHEDULE F (Form 990) (Rev. January 2025)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FISHER HOUSE FOUNDATION INC

Employer identification number

11-3158401

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes sub-totals and totals for North America (Canada & Mexico only).

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other). Includes rows for INVICTUS GAMES.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 4

3 Enter total number of other organizations or entities . . . . . 0

Schedule F (Form 990) (Rev. 1-2025)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Table with 8 columns: (a) Type of grant or assistance, (b) Region, (c) Number of recipients, (d) Amount of cash grant, (e) Manner of cash disbursement, (f) Amount of noncash assistance, (g) Description of noncash assistance, (h) Method of valuation (book, FMV, appraisal, other). The table is currently empty.

Schedule F (Form 990) (Rev. 1-2025)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) . . . . . Yes No
2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) . . . . . Yes No
3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) . . . . . Yes No
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) . . . . . Yes No
5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) . . . . . Yes No
6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). . . . . Yes No

Schedule F (Form 990) (Rev. 1-2025)

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); amounts of investments vs. expenditures per region; Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Table with 2 columns: ReturnReference, Explanation. Row 1: Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds | FISHER HOUSE FOUNDATION MONITORS ITS GRANT SPENDING UTILIZING VARIOUS METHODS DEPENDING ON THE TYPE AND AMOUNT OF THE GRANT: 1. PAYMENT FOR THE GRANT AMOUNT IS MADE TO THE VENDOR DIRECTLY OR IN CONJUNCTION WITH THE RECIPIENT. 2. FHF IS INVOLVED IN THE PLANNING AND/OR PARTICIPATE IN THE EVENT WHICH THE GRANTS ARE SUPPORTING. 3. NEEDS RELATIVE TO FISHER HOUSES ARE IDENTIFIED BY PROGRAM MANAGERS AND COMMUNITY GROUPS.



SCHEDULE G (Form 990) (Rev. January 2025)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

Department of the Treasury Internal Revenue Service

Name of the organization FISHER HOUSE FOUNDATION INC

Employer identification number 11-3158401

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes entry for DATOC WITTEN GROUP INC.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<b>GOLF EVENT</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	704,061		704,061	
	2	Less: Contributions . . . . .	591,521		591,521	
	3	Gross income (line 1 minus line 2) . . . . .	112,540	0	0	112,540
Direct Expenses	4	Cash prizes . . . . .	1,000		1,000	
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .	19,933		19,933	
	8	Entertainment . . . . .	17,742		17,742	
	9	Other direct expenses . . . . .	55,054		55,054	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				93,729
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				18,811

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> 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? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers? . . . . .  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No

13 Indicate the percentage of gaming activity conducted in: | |

<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Schedule G (Form 990) (Rev. 1-2025)

**Additional Data**

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**Software ID:** 24020961  
**Software Version:** 2024v5.1

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

(Rev. January 2025) Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

Open to Public Inspection

Name of the organization FISHER HOUSE FOUNDATION INC

Employer identification number 11-3158401

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include entries for NATIONAL MILITARY FAMILY ASSOCIATION, NAVY FISHER HOUSES, ARMY FISHER HOUSES, AIR FORCE FISHER HOUSE FUND, GREENTRIKE, MILITARY TIMES FOUNDATION, HILLVETS FOUNDATION, MUSICIANS ON CALL INC, NATION'S FINEST, STRONGHOLD FOOD PANTRY, VAPORHCS, FISHERNIGHTINGALE HOUSES INC, TAMPA FISHER HOUSE, VA SOUTHERN NEVADA HEALTH CARE SYSTEM, MINNEAPOLIS FISHER HOUSE, HENRY M JACKSON FOUNDATION, CINCINNATI FISHER HOUSE, COLUMBIA VA HEALTHCARE SYSTEM, VA NORTHEAST OHIO HEALTHCARE SYSTEM, WEST PALM BEACH FISHER HOUSE, HINES VA HOSPITAL GPF.

2002 HOLCOMBE BOULEVARD HOUSTON, TX 77030		GOVERNMENT	3,750	721,000				SEE PART IV, TYPE B
(23) PALO ALTO FISHER HOUSE 3801 MIRANDA AVENUE PALO ALTO, CA 94303	94-1179505	GOVERNMENT	32,314	24,000	COST		RENOVATION	SEE PART IV, TYPE B
(24) DEPARTMENT OF VETERANS AFFAIRS (DCVAMC) 50 IRVING STREET NW WASHINGTON, DC 20422	52-1856279	GOVERNMENT	32,005					SEE PART IV, TYPE B
(25) TEE IT UP FOR THE TROOPS 515 WEST TRAVELERS TRAIL BURNSVILLE, MN 55337	20-2974507	501C(3)	30,000					SEE PART IV,TYPE C
(26) DAYTON VA MEDICAL CENTER 4100 WEST THIRD STREET DAYTON, OH 45428	31-0540155	GOVERNMENT	29,310	4,740	COST		DECOR	SEE PART IV, TYPE B
(27) FISHER HOUSE GPF #4227 2215 FULLER ROAD ANN ARBOR, MI 48105	38-3149486	GOVERNMENT	28,497	5,740	COST		MEAL	SEE PART IV, TYPE B
(28) VA BOSTON HCS FISHER HOUSE 1400 VFW PARKWAY WEST ROXBURY, MA 02132	04-3211342	GOVERNMENT	26,558					SEE PART IV, TYPE B
(29) SOUTHERN ARIZONA VA HEALTH CARE SYSTEM 3601 S 6TH AVENUE TUCSON, AZ 85723	86-0096757	GOVERNMENT	25,215					SEE PART IV, TYPE B
(30) GEORGE W BUSH FOUNDATION 2943 SMU BOULEVARD DALLAS, TX 75205	20-4119317	501C(3)	25,000					SEE PART IV,TYPE C
(31) HEALTHCARE HOSPITALITY NETWORK 22640 HAZEL LANE RAPID CITY, SD 57702	38-2693343	501C(3)	25,000					SEE PART IV,TYPE D
(32) OUR MILITARY KIDS 2911 HUNTER MILL ROAD SUITE 203 OAKTON, VA 22124	56-2483648	501C(3)	25,000					SEE PART IV,TYPE C
(33) HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	20-5182295	501C(3)	20,000					SEE PART IV,TYPE C
(34) VAMC ST LOUIS VOLUNTARY SERVICE 1 JEFFERSON BARRACKS ROAD ST LOUIS, MO 63125	01-2315757	GOVERNMENT	19,753					SEE PART IV, TYPE B
(35) FISHER HOUSE OF ALASKA 724 E 15TH AVENUE ANCHORAGE, AK 99501	92-0027934	501C(3)	16,920	7,860	COST		DECOR	SEE PART IV, TYPE B
(36) FORT BRAGG ARMY FH AT WOMACK ARMY MEDICAL CENTER 3120 LOOP ROAD PO BOX 70006 FORT BRAGG, NC 28307	76-0573980	GOVERNMENT	16,524	118,422	COST		RENOVATION, DECOR	SEE PART IV, TYPE B
(37) BLUE STAR FAMILIES PO BOX 230637 ENCINITAS, CA 92023	80-0369895	501C(3)	15,000					SEE PART IV,TYPE C
(38) PURPLE HEART HOMES 755 WASHINGTON AVENUE STATESVILLE, NC 28677	26-3516121	501C(3)	15,000					SEE PART IV,TYPE E
(39) CLEMENT J ZABLOCKI VA MEDICAL CENTER 5555 W NATIONAL AVENUE MILWAUKEE, WI 53295	39-1326366	GOVERNMENT	14,627					SEE PART IV, TYPE B
(40) RICHMOND FISHER HOUSE 300 ARBORETUM PLACE SUITE 660 RICHMOND, VA 23236	27-3852276	501(c)(3)	14,355					SEE PART IV, TYPE B
(41) JOINT BASE LEWIS-MCCHORD ARMY FH 90700 GARDENER LOOP TACOMA, WA 98431	76-0573980	GOVERNMENT	12,694	3,930	COST		DECOR	SEE PART IV, TYPE B
(42) FISHER HOUSE KEESLER INC 509 FISHER STREET KEESLER AFB, MS 39534	53-0228403	501(c)(3)	12,605	12,105	COST		DECOR	SEE PART IV, TYPE B
(43) MIAMI VAHS VOLUNTARY SERVICE 1201 NW 16TH STREET MIAMI, FL 33125	85-8016462	GOVERNMENT	11,952	99	COST		MEAL	SEE PART IV, TYPE B
(44) DEPARTMENT OF VETERANS AFFAIRS (AUDIE) 7400 MERTON MINTER BOULEVARD SAN ANTONIO, TX 78229	74-2112082	GOVERNMENT	11,903	11,379,453	COST		HOUSE, RENOVATIONS, MEALS	SEE PART IV,TYPE A/B
(45) FORT BELVOIR ARMY FH AT FT BELVOIR COMMUNITY HOSPITAL 9201 WOODBURY ROAD FORT BELVOIR, VA 22060	76-0573980	GOVERNMENT	11,645	4,590	COST		DECOR, MEAL	SEE PART IV, TYPE B
(46) DOVER FISHER HOUSE 116 PURPLE HEART DRIVE DOVER, DE 19902	51-0072748	GOVERNMENT	11,616	75,719	COST		STATUE, MEALS	SEE PART IV, TYPE B
(47) FRIENDS OF FISHER HOUSE PUGET SOUND PO BOX 18253 SEATTLE, WA 98118	91-0565166	501C(3)	11,011	155,941	COST		RENOVATION	SEE PART IV, TYPE B
(48) ORLANDO VA MEDICAL	81-1630073	501C(3)	11,002	18,588	COST		DECOR. MEALS	SEE PART IV. TYPE B

CENTER 13800 VETERANS WAY ORLANDO, FL 32827								
(49) BAY PINES VA FISHER HOUSE 10000 BAY PINE BOULEVARD BAY PINES, FL 33744	59-3206683	Government	10,665	1,308,069	COST	RENOVATIONS	SEE PART IV, TYPE B	
(50) FISHER HOUSE INC 7323 WEST HIGHWAY 90 SUITE 107 SAN ANTONIO, TX 782273562	53-0228403	501C(3)	10,000				SEE PART IV,TYPE C	
(51) DEPARTMENT OF VETERANS AFFAIRS 500 FOOTHILL DRIVE SALT LAKE CITY, UT 84148	87-0372919	GOVERNMENT	9,543	150	COST	MEAL	SEE PART IV, TYPE B	
(52) CNVAMC FISHER HOUSE PO BOX 31358 AUGUSTA, GA 30903	74-1612229	501(c)(3)	9,507				SEE PART IV, TYPE B	
(53) FRIENDS OF NEW MEXICO FISHER HOUSE PO BOX 14276 ALBUQUERQUE, NM 87191	83-2292089	501C(3)	8,978				SEE PART IV, TYPE B	
(54) RALPH H JOHNSON VA MEDICAL CENTER 109 BEE STREEET CHARLESTON, SC 29401	46-2521401	Government	8,609				SEE PART IV, TYPE B	
(55) FORT CAMPBELL ARMY FH AT BLANCHFIELD ARMY COMMUNITY HOSPITAL 652 JOEL DRIVE FORT CAMPBELL, KY 42223	76-0573980	GOVERNMENT	7,897	3,930	COST	DECOR	SEE PART IV, TYPE B	
(56) ANDREWS AFB FISHER HOUSE INC 1076 W PERIMETER ROAD ANDREWS AFB, MD 20762	52-1890916	501C(3)	6,000				SEE PART IV, TYPE B	
(57) FORT GORDON ARMY FH AT EISENHOWER ARMY MEDICAL CENTER FISHER HOUSE ROAD - BUILDING 280 FORT GORDON, GA 30905	76-0573980	GOVERNMENT	6,000	3,930	COST	DECOR	SEE PART IV, TYPE B	
(58) FORT HOOD ARMY FH AT CRDAMC 36065 SANTA FE AVENUE FORT HOOD, TX 76544	76-0573980	GOVERNMENT	6,000	3,930	COST	DECOR	SEE PART IV, TYPE B	
(59) TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS 3033 WILSON BOULEVARD ARLINGTON, VA 22201	92-0152268	501C(3)	6,000				SEE PART IV,TYPE E	
(60) DEPARTMENT OF VETERANS AFFAIRS 4500 S LANCASTER ROAD BUILDING DALLAS, TX 75216	75-6108647	GOVERNMENT	5,947	81	COST	MEAL	SEE PART IV, TYPE B	
(61) HARRY S TRUMAN MEMORIAL VETERANS HOSPITAL 800 HOSPITAL DRIVE COLUMBIA, MO 65203	43-6173947	GOVERNMENT	5,822				SEE PART IV, TYPE B	
(62) STRATTON FISHER HOUSE 113 HOLLAND AVENUE ALBANY, NY 12208	74-1612229	GOVERNMENT	5,450	677,330	COST	RENOVATION	SEE PART IV, TYPE B	
(63) VA GREATER LOS ANGELES HEALTHCARE SYSTEM 11301 WILSHIRE BOULEVARD LOS ANGELES, CA 90073	95-3626252	GOVERNMENT	5,135	2,245	COST	MEALS	SEE PART IV, TYPE B	
(64) FISHER HOUSE OF THE EMERALD COAST INC PO BOX 2007 EGLIN AFB, FL 32542	26-0283970	501(c)(3)	5,090	121	COST	MEAL	SEE PART IV, TYPE B	
(65) JOINT BASE SAN ANTONIO ARMY FH AT BAMC 3623 GEORGE C BEACH ROAD JBSA FORT SAM HOUSTON, TX 78234	76-0573980	GOVERNMENT	4,000	25,360	COST	RENOVATION, MEAL	SEE PART IV, TYPE B	
(66) TRIPLER ARMY FH AT TAMC 317 KRUKOWSKI ROAD HONOLULU, HI 96819	76-0573980	GOVERNMENT	3,000	23,433	COST	DECOR, MEAL	SEE PART IV, TYPE B	
(67) FRIENDS OF TRAVIS FISHER HOUSE 100 BODIN CIRCLE TRAVIS AFB, CA 945351804	68-0038761	501C(3)	2,000	7,860	COST	DECOR	SEE PART IV, TYPE B	
(68) VA CONNECTICUT HEALTHCARE SYSTEM 950 CAMPBELL AVENUE WEST HAVEN, CT 06516	06-1379945	GOVERNMENT	2,000	5,600	COST	DECOR	SEE PART IV, TYPE B	
(69) DETROIT HOUSE 7600 WOODWARD AVE DETROIT, MI 48202	81-2586691	GOVERNMENT	1,000	14,756,053	COST	HOUSE	SEE PART IV, TYPE A	
(70) MEMPHIS HOUSE 1030 JEFFERSON AVENUE MEMPHIS, TN 38104	81-2586691	GOVERNMENT	1,000	11,463,862	COST	HOUSE	SEE PART IV, TYPE A	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 70  
 3 Enter total number of other organizations listed in the line 1 table . . . . .

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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
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	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
(1) SCHOLARSHIPS FOR MILITARY CHLDREN	500	1,000,000			
(2) HERO LEGACY SCHOLARSHIP	890	1,780,000			
(3) HERO MILES AIRLINE TICKETS	6241		2,703,939	COST	AIRLINE TICKETS
(4) HOTELS FOR HEROES NIGHTS	8060		1,675,613	COST	HOTEL NIGHTS
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part II, Line 1(h) TYPE DESCRIPTION	A - CONSTRUCTING AND DONATING FISHER HOUSES TO VARIOUS BRANCHES OF THE UNITED STATES ARMED SERVICES AND THE DEPARTMENT OF VETERANS AFFAIRS. B - PROVIDING ASSISTANCE IN CONNECTION WITH THE DONEES' MANAGEMENT AND OPERATION OF THE FISHER HOUSES. C - ENHANCE THE PUBLIC IMAGE OF OUR ARMED FORCES D - SUPPORT HOSPITALITY NETWORK E - RECOGNIZE THOSE HELPING TO SUPPORT OUR ARMED FORCES F - SUPPORT SCHOLARSHIP PROGRAM
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	FISHER HOUSE FOUNDATION MONITORS ITS GRANT SPENDING UTILIZING VARIOUS METHODS DEPENDING ON THE TYPE AND AMOUNT OF THE GRANT: 1. PAYMENT FOR THE GRANT AMOUNT IS MADE TO THE VENDOR DIRECTLY OR IN CONJUNCTION WITH THE RECIPIENT. 2. FHF IS INVOLVED IN THE PLANNING AND/OR PARTICIPATE IN THE EVENT WHICH THE GRANTS ARE SUPPORTING. 3. NEEDS RELATIVE TO FISHER HOUSES ARE IDENTIFIED BY PROGRAM MANAGERS AND COMMUNITY GROUPS.

Schedule I (Form 990) Rev. 1-2025

**Additional Data**

[Return to Form](#)

Software ID: 24020961  
 Software Version: 2024v5.1

<b>Schedule J</b> (Form 990)  (Rev. January 2025)  Department of the Treasury Internal Revenue Service	<h3 style="margin:0;">Compensation Information</h3> <p style="margin:0;"><b>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b></p> <p style="margin:0;">▶ <b>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b></p> <p style="margin:0;">▶ <b>Attach to Form 990.</b></p> <p style="margin:0;">▶ <b>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b></p>	OMB No. 1545-0047  <b>Open to Public Inspection</b>
Name of the organization FISHER HOUSE FOUNDATION INC		Employer identification number 11-3158401

Part I Questions Regarding Compensation	Yes	No									
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width:100%; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b>	Yes									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .	<b>2</b>	Yes									
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table style="width:100%; margin-top: 5px;"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</td> <td style="text-align: center;"><b>4a</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</td> <td style="text-align: center;"><b>4b</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</td> <td style="text-align: center;"><b>4c</b></td> <td style="text-align: center;">No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	No	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	No	<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	No									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	No									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No									
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table style="width:100%; margin-top: 5px;"> <tr> <td><b>a</b> The organization? . . . . .</td> <td style="text-align: center;"><b>5a</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>b</b> Any related organization? . . . . .</td> <td style="text-align: center;"><b>5b</b></td> <td style="text-align: center;">No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	<b>a</b> The organization? . . . . .	<b>5a</b>	No	<b>b</b> Any related organization? . . . . .	<b>5b</b>	No					
<b>a</b> The organization? . . . . .	<b>5a</b>	No									
<b>b</b> Any related organization? . . . . .	<b>5b</b>	No									
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table style="width:100%; margin-top: 5px;"> <tr> <td><b>a</b> The organization? . . . . .</td> <td style="text-align: center;"><b>6a</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>b</b> Any related organization? . . . . .</td> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;">No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	<b>a</b> The organization? . . . . .	<b>6a</b>	No	<b>b</b> Any related organization? . . . . .	<b>6b</b>	No					
<b>a</b> The organization? . . . . .	<b>6a</b>	No									
<b>b</b> Any related organization? . . . . .	<b>6b</b>	No									
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b>	No									
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	No									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>										

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MR DAVID A COKER PRESIDENT	(i)	398,058	158,000	4,191	13,800	18,579	592,628	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 MS MARY B CONSIDINE CHIEF OF STAFF	(i)	227,694	30,000	473	10,054	9,859	278,080	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 MRS LETICIA STROPES VP, STRATEGIC INITIATIVES	(i)	194,387	30,000	914	9,046	33,863	268,210	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 MRS DENISE DOLAN VP, DEVELOPMENT	(i)	192,309	9,808	1,708	8,238	34,563	246,626	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 MRS MICHELLE HORN		191,100						

MRS MICHELLE HORN  
VP, COMMUNICATIONS

	(i)	101,420	11,170	551	7,785	29,161	229,855	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> MRS ANGELA RANERO CHIEF ACCOUNTANT	(i)	169,819	15,000	814	7,600	35,773	229,006	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> MR BRUCE PHILLIPS DIRECTOR, OPERATIONS	(i)	151,222	7,642	2,271	6,419	40,741	208,295	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> MR MARSHALL BANKS COMMUNITY LIAISON	(i)	145,668	7,245	1,275	6,230	31,408	191,826	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> MRS STACY THOMAS DIRECTOR, CORP/FDN. RELATIONS	(i)	149,682	6,113	461	6,360	27,317	189,933	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> MR ANDREW KAYTON DIRECTOR, DONATIONS	(i)	146,309	6,113	461	6,358	29,209	188,450	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	FIRST-CLASS OR CHARTER TRAVEL: FIRST-CLASS TRAVEL WAS PERMITTED TO INVICTUS GAMES AND RELATED MEETINGS WHEN THEY TOOK PLACE IN EUROPE.

Schedule J (Form 990) (Rev. 1-2025)

**Additional Data**

[Return to Form](#)

Software ID: 24020961  
Software Version: 2024v5.1

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization FISHER HOUSE FOUNDATION INC

Employer identification number 11-3158401

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation.

**Schedule M (Form 990) (2024)**

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 25 COLUMN B	THE AMOUNT LISTED IN COLUMN B IS THE TOTAL AIRLINE MILES/HOTEL POINTS RECEIVED AND NOT NUMBER OF CONTRIBUTIONS.
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	FISHER HOUSE FOUNDATION USES A SERVICE TO SELL AUTOMOTIVE DONATIONS AND WE RECEIVE THE NET AMOUNT FROM THE SALE.

**Schedule M (Form 990) (2024)**

**Additional Data**

[Return to Form](#)

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**Software Version:** 2024v5.1

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**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization  
FISHER HOUSE FOUNDATION INC

**Employer identification number**

11-3158401

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE IS MADE UP OF TRUSTEES TO ACT ON BEHALF OF THE SCHEDULED BOARD MEETINGS, EXCEPT FOR ADOPTING, AMENDING OR REPEALING ANY PROVISION OF THE CERTIFICATE OF INCORPORATIONS, BYLAWS, ORGANIZATION'S MISSION OR FILLING BOARD VACANCIES.
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	BOARD MEMBERS KENNETH FISHER AND TAMMY FISHER - Family relationship, BOARD MEMBERS KENNETH FISHER, TAMMY FISHER AND CRYSTAL FISHER - Family relationship, BOARD MEMBERS KENNETH FISHER AND WINSTON FISHER - Family relationship, BOARD MEMBERS GEN. RICHARD B. MYERS (RET.) AND MARY JO MYERS - Family relationship, KENNETH FISHER, WINSTON C. FISHER AND MARTIN L. EDELMAN - Business relationship, KENNETH FISHER AND BRUCE MOSLER - Business relationship
Form 990, Part VI, Line 11b Review of form 990 by governing body	A COPY OF FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF TRUSTEES FOR REVIEW AFTER THE AUDIT COMMITTEE AND PRESIDENT OF THE FOUNDATION HAVE REVIEWED IT FOR ACCURACY AND COMPARISON WITH THE FINANCIAL STATEMENTS. ONCE THE BOARD OF TRUSTEES AND PRESIDENT ARE SATISFIED WITH FORM 990, THE PRESIDENT PROVIDES AUTHORIZATION FOR THE ACCOUNTANTS TO E-FILE THE RETURN.
Form 990, Part VI, Line 12c Conflict of interest policy	CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED. BI-WEEKLY MEETINGS WITH STAFF, MONTHLY REPORTS TO THE CHAIRMAN OF THE BOARD AND TREASURER AND REGULAR BOARD MEETINGS COMMUNICATE EVENTS OCCURRING IN THE FUTURE, ALLOWING TIME FOR CONFLICTS OF INTEREST TO BE DISCLOSED.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	COMPENSATION REVIEW PROCESS THE FOUNDATION'S PRESIDENT IS REVIEWED BY THE CHAIRMAN OF THE BOARD. THE COMPENSATION IS ESTABLISHED BY THE CHAIRMAN AFTER A REVIEW OF INDEPENDENT COMPENSATION STUDIES, AND DATA FROM OTHER SIMILAR ORGANIZATIONS TO ENSURE THAT EXECUTIVE COMPENSATION IS WITHIN THE RANGE OF THAT PAID TO COMPARABLE EXECUTIVES FOR COMPARABLE SERVICES, AND THEREFORE REASONABLE. OTHER OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE PRESIDENT USING THE SAME METHODOLOGY.
Form 990, Part VI, Line 19 Required documents available to the public	PUBLIC DISCLOSURE FORM 990 AND THE ANNUAL FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS, ALONG WITH FORM 1023 ARE ALSO AVAILABLE IN PERSON AT THE ORGANIZATION'S ROCKVILLE, MD OFFICE OR BY WRITTEN REQUEST. THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CANCELLED GRANTS - -143481;

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

**Additional Data**

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