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Form 990

Return of Organization Exempt From Income Tax

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

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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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
% DAVID A COKER
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
12300 TWINBROOK PKWY 410
City or town, state or province, country, and ZIP or foreign postal code
ROCKVILLE, MD 20852

D Employer i

11-315840

E Telephone n

(301) 294

G Gross receiv

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

H(a) Is this a group retur
subordinates?

H(b) Are all subordinates
included?

If "No," attach a list

H(c) Group exemption nu

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO CONSTRUCT AND FURNISH FISHER HOUSES, PROVIDE ASSISTANCE AND SCHOLARSHIPS TO MILITARY FAMILI
ENHANCE THE QUALITY OF LIFE FOR VETERANS AND ARMED FORCES MEMBERS.

2 Check this box

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

Prior Year

8 Contributions and grants (Part VIII, line 1h) 48,988,955

9 Program service revenue (Part VIII, line 2g) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 85,532

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,201

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 49,075,688

Ises

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 16,315,637

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,245,484

16a Professional fundraising fees (Part IX, column (A), line 11e) 27,500

Expenses	b Total fundraising expenses (Part IX, column (D), line 25) 1,208,905	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,562,258
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,150,879
	19 Revenue less expenses. Subtract line 18 from line 12	24,924,809
Net Assets or Fund Balances	Beginning of Current Year	
	20 Total assets (Part X, line 16)	70,108,334
	21 Total liabilities (Part X, line 26)	1,671,785
	22 Net assets or fund balances. Subtract line 21 from line 20	68,436,549

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 furnished to me.

Sign Here	Signature of officer	2023-07-17
	DAVID A COKER PRESIDENT Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTI P01
	Firm's name BDO USA PA			Firm's EIN	
	Firm's address 8401 GREENSBORO DRIVE 800 MCLEAN, VA 22102			Phone no. (703) 893	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

Form 990 (2022)

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; TO PROVIDE FINANCIAL ASSISTANCE TO CURRENT MEMBERS OF THE UNITED STATES ARMED FORCES, VETERANS AND THEIR FAMILIES; TO 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?
 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?
 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 total expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **36,493,709** including grants of \$ **29,276,033**) (Revenue \$)

TO PROMOTE AND ENHANCE THE PUBLIC PERCEPTION AND IMAGE OF FISHER HOUSES AND THE UNITED STATES ARMED FORCES; TO

FISHER HOUSES TO TEMPORARILY HOUSE FAMILIES AND LOVED ONES VISITING MILITARY PERSONNEL IN HOSPITALS AND TO PROVIDE PERSONS QUALIFIED TO USE SUCH FACILITIES; TO PROVIDE FINANCIAL ASSISTANCE TO CURRENT MEMBERS OF THE UNITED STATES AND THEIR FAMILIES; AND TO MAKE SCHOLARSHIPS AVAILABLE TO MEMBERS OF MILITARY FAMILIES RECOGNIZING THE READINESS 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 ▶ 36,493,709

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Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*
- 2** Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? *If "Yes," complete Schedule C, Part I*
- 4 Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*
- 6** Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*

- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* 
- 9** Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* 
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* 
- 11** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, or X, as applicable.
 - a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* 
 - b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its to assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* 
 - c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* 
 - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* 
 - e** Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* 
 - f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* 
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* 
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* 
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for an foreign organization? *If "Yes," complete Schedule F, Parts II and IV* 
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* 
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions. 
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* 
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* 
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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* 

- 22** 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* 
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* 
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a 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*
- 26** Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*
- 27** Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*
- 28** Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
 - a** A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*
 - b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*
 - c** 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*
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M* 
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* 
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*
- 34** Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, as Part V, line 1*
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - 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*
- 36 Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*
- 38** Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Not** All Form 990 filers are required to complete Schedule O.

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

a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
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13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?
Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 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.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. 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.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a 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

1a 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.	1a	
b Enter the number of voting members included in line 1a, above, who are independent	1b	

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

persons other than the governing body?

- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year in the following:
 - a** The governing body?
 - b** Each committee with authority to act on behalf of the governing body?
- 9** 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? *If "Yes," provide the names and addresses in Schedule O*

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

- 10a** Did the organization have local chapters, branches, or affiliates?
 - 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?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
 - b** Describe on Schedule O the process, if any, used by the organization to review this Form 990.
- 12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13*
 - b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 - c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** 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?
 - a** The organization's CEO, Executive Director, or top management official
 - b** Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.
- 16a** 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** 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?

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed▶
 AL , AK , AR , CA , CO , CT , DE , FL , G
 , MD , MA , MI , MN , MS , NH , NJ , NM
 , OR , PA , RI , SC , TN , UT , VA , WA ,
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sections 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

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 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 the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$10,000 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)	Rep comp from orga (W-MIS
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former		
(1) Mr David A Coker President	40.0 0.0			X				520,101	
(2) Mrs Leticia Stropes VP, Strategic Initiatives	40.0 0.0			X				200,026	
(3) Ms Mary B Considine Chief of Staff	40.0 0.0			X				218,186	
(4) Mrs Denise Dolan VP, Development	40.0 0.0			X				181,772	
(5) Mrs Michelle Horn VP, Communications	40.0 0.0			X				169,747	
(6) Mr Brian Gawne VP, Community Relations	40.0 0.0			X				181,900	
(7) Mr Bruce Phillips Director, Operations	40.0 0.0					X		141,013	
(8) Mrs Stacy Thomas Director, Corp/Fdn Relations	40.0 0.0					X		141,450	
(9) Mrs Angela Ranero Chief Accountant	40.0 0.0					X		142,207	
(10) Mr Marshall Banks Community Liaison	40.0 0.0					X		137,448	

(11) Mr Andrew Kayton Director, Donations	40.0 0.0						X		136,164
(12) Mr Kenneth Fisher Chairman/CEO/Trustee	10.0 0.0	X		X					0
(13) Mrs Nancy Edelman Vice Chairman/Trustee	1.0 0.0	X		X					0
(14) Mr Winston C Fisher Vice Chairman/Trustee	1.0 0.0	X		X					0
(15) Mr John Lowe VP/Secretary/Trustee	1.0 0.0	X		X					0
(16) Mr David Fox Treasurer/CFO/Trustee	5.0 0.0	X		X					0
(17) Mr Paul Bucha Trustee	1.0 0.0	X							0

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee**

(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)	Rep comp from orga (W-MIS I
		Individual trustee or director	 Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former		
(18) Mr Gerry Byrne Trustee	1.0 0.0	X						0	
(19) Gen Michael Carns USAF Ret Trustee	1.0 0.0	X						0	
(20) Ms Cecily Carson Trustee	1.0 0.0	X						0	
(21) Mrs Patricia Courter Trustee	1.0 0.0	X						0	
(22) LtGen John Dubia USA Ret Trustee	1.0 0.0	X						0	
(23) Mr Martin L Edelman Esquire Trustee	1.0 0.0	X						0	
(24) Mrs Crystal Fisher Trustee	1.0 0.0	X						0	

Trustee	0.0								
(25) Mrs Tammy Fisher	1.0								
Trustee	0.0	X							0
(26) Mrs Barbara B Gentry	1.0								
Trustee	0.0	X							0
(27) Mr Mark Ranger Jones	1.0								
Trustee	0.0	X							0
(28) RADM Tom Lynch USN Ret	1.0								
Trustee	0.0	X							0
(29) Mr David McIntyre	1.0								
Trustee	0.0	X							0
(30) Mr Bruce Mosler	1.0								
Trustee	0.0	X							0
(31) Mrs Mary Jo Myers	1.0								
Trustee	0.0	X							0
(32) Gen Richard Myers USAF Ret	1.0								
Trustee	0.0	X							0
(33) Mrs Lynne Pace	1.0								
Trustee	0.0	X							0
(34) Ms Kyra Phillips	1.0								
Trustee	0.0	X							0
(35) Gen John Quintas USAF Ret	1.0								
Trustee	0.0	X							0
(36) CPT Will Reynolds USA Ret	1.0								
Trustee	0.0	X							0
(37) Mrs Suzie Schwartz	1.0								
Trustee	0.0	X							0
(38) LtGen Martin Steele USMC Ret	1.0								
Trustee	0.0	X							0
(39) Mr Montel Williams	1.0								
TRUSTEE	0.0	X							0

1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)								2,170,014	

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 **13**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

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*

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*

Section B. Independent Contractors

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

(A)

(B)

Name and business address	Description of service
Tony Garczynski Development, 13200 Kirkham Way 101 POWAY, CA 92064	Construction
METRIC CONSTRUCTION, 55 Henshaw Street BOSTON, MA 02135	CONSTRUCTION
Revision Design LLC, 25 Highland Park Village DALLAS, TX 75205	Interior Design
Linemark Printing, 501 Prince Georges Boulevard UPPER MARLBORO, MD 20774	MAGAZINE & PRINTING
Designtech Associates, 77 North Centre Avenue ROCKVILLE CENTRE, NY 11570	ARCHITECT SERVICES

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100 compensation from the organization ▶ **8**

Form 990 (2022)

Part VIII Statement of Revenue

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) Unrelate business revenue
1a Federated campaigns			
1b Contributions, gifts, grants, and membership dues	934		
1c Other fundraising events	694,356		
1d Related organizations			
1e Government grants (contributions)	4,266,214		
1f All other contributions, gifts, grants, and similar amounts not included above	48,957,734		
1g Noncash contributions included in lines 1a - 1f:\$	2,018,070		
h Total. Add lines 1a-1f	54,298,238		

2a	Business Code			
Revenue				

Program Serv

f All other program service revenue.				
9 Total. Add lines 2a–2f.		0		

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)				
		215,588		
4 Income from investment of tax-exempt bond proceeds		0		
5 Royalties		0		
6a Gross rents	(i) Real	(ii) Personal		
b Less: rental expenses				
c Rental income or (loss)			0	0
d Net rental income or (loss)			0	
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
Less: cost or other basis and sales expenses				
Gain or (loss)				
d Net gain or (loss)			-4,268	
a Gross income from fundraising events (not including \$ <u>694,356</u> of contributions reported on line 1c). See Part IV, line 18				
b Less: direct expenses				
c Net income or (loss) from fundraising events			41,322	
9a Gross income from gaming activities. See Part IV, line 19			0	
b Less: direct expenses			0	
c Net income or (loss) from gaming activities			0	
10a Gross sales of inventory, less returns and allowances			0	
b Less: cost of goods sold			0	
c Net income or (loss) from sales of inventory			0	
11a	Business Code			
b				

Other Revenue	Misc Amt			
d All other revenue				
e Total. Add lines 11a-11d			0	
12 Total revenue. See instructions			54,550,880	

Form 990 (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete only the applicable columns.

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

efile Public Visual Render

ObjectID: 202341999349300234 - Submission: 2023-07-18

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.

Name of the organization

FISHER HOUSE FOUNDATION INC

Employer ider

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)**. (Attach Schedule E (Form 990).)
- 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)(ii)** name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit d **170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the g **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-gran non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or univers
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fe from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry o more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 5** on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 1
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typicall organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting **complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), b management of the supporting organization vested in the same persons that control or manage the supported **must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally in supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported (functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Typ integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)
			Yes	No	

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Total

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Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(c)(2)(B)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	53,217,085	58,621,675	46,683,704	48,988,955	5
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
3 The value of services or facilities furnished by a governmental unit to the organization without charge..					
4 Total. Add lines 1 through 3	53,217,085	58,621,675	46,683,704	48,988,955	5
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					
6 Public support. Subtract line 5 from line 4.					

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
7 Amounts from line 4.	53,217,085	58,621,675	46,683,704	48,988,955	5
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	751,580	491,046	221,423	73,838	
9 Net income from unrelated business activities, whether or not the business is regularly carried on				1,201	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
11 Total support. Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)					12
13 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					<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14
15 Public support percentage for 2021 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b 33 1/3% support test—2021. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>

- box and **stop here**. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, a more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990) 2022

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 the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					
3 Gross receipts from activities that are not an unrelated trade or business under section 513					
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					
5 The value of services or facilities furnished by a governmental unit to the organization without charge					
6 Total. Add lines 1 through 5					
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c Add lines 7a and 7b.					
8 Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
9 Amounts from line 6.					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
c Add lines 10a and 10b.					
11 Net income from unrelated business activities not included on line 10b,					

whether or not the business is regularly carried on.				
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				
13 Total support. (Add lines 9, 10c, 11, and 12.)				
14 First 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

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18

- 19a 33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% 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—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% 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 for Part V.

Schedule A (Form 990) 2022

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 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

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3c below.
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made 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 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, 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 section 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 assets, activities, or interests; (iii) the reasons for each such action; (iv) the authority under the organization's organizing document authorizing such action; and (v) 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 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, an entity 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).*

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Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** 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** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.*

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or members of one or more supported organizations have the power to regulate, appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or 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.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefits carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trust each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organiza tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a signific voice in the organization's investment policies and in directing the use of the organization's income or assets at all tir during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this re*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see in**
 - 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 enti
- 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 suppo 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 of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons 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 e 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.*

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Schedule A (Form 990) 2022

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

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

Section A - Adjusted Net Income		(A) Prior Year
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	

5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount			(A) Prior Year
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	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

efile Public Visual Render

Objectid: 202341999349300234 - Submission: 2023-07-18

Schedule B

Schedule of Contributors

(Form 990)

Department of the Treasury
Internal Revenue Service

▶ 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
11-3158

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1, received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the organization's gross receipts for the year, on Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions were reported on Form 990 or 990-EZ. If this box is checked, enter here the total contributions that were received during the year for an *exclusive* purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it is a religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 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) (2022)

Name of organization FISHER HOUSE FOUNDATION INC	Employer identification number 11-3158401
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Part I			
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
RESTRICTED		\$ RESTRICTED	(C cc
-		\$	(C cc
-		\$	(C cc
-		\$	(C cc
-		\$	(C cc

		\$
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		\$

Schedule B (Form 990) (2022)

Name of organization FISHER HOUSE FOUNDATION INC	Employer identification 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)
-		\$
-		\$
-		\$
-		\$
-		\$
-		\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
-	<hr/> <hr/> <hr/>	<hr/> <p style="text-align: right;">\$</p>

Schedule B (Form 990) (2022)

Name of organization FISHER HOUSE FOUNDATION INC	Employer ident 11-3158401
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8 than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions year. (Enter this information once. See instructions.)* \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descrip
efile Public Visual Render SCHEDULE D <small>(Form 990)</small>	ObjectID: 20234199 Supplement		

- 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) 2022

efile Public Visual Render | **ObjectID: 20234199**

SCHEDULE G | **Supplement**
(Form 990)

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**

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

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
FISHER HOUSE FOUNDATION INC

Employe
11-3158

Part I General Information on Grants and Assistance

- 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?
- 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 or 22. Part II can be duplicated if additional space is needed.

(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) Describe noncash assistance
(1) Columbia VA Healthcare System 6439 Garners Ferry Rd Columbia, SC 29209	84-2424806	government unit		10,384,721		
(2) Lexington Fisher House PO Box 54481 Lexington, KY 40555	61-0443527	government unit		9,773,296		
(3) Joint Base San Antonio Army FH at BAMC George Beach Rd Fort Sam Houston, TX 78234	76-0573980	government unit	494,156			
(4) National Military Family Association 3601 Eisenhower Ave Alexandria, VA 22304	52-0899384	501(C)(3)	300,000			
(5) Army Fisher Houses 2748 Worth Rd Fort Sam Houston, TX 78234	76-0573980	government unit	262,546			
(6) Air Force Fisher House Fund 2261 Hughes Ave Lackland AFB, TX 78236	53-0228403	government unit	235,200			
(7) Navy Fisher Houses DR BLDG 457 Millington, TN 38054	52-0813349	government unit	238,498			
(8) Congressional Medal of Honor Foundation 40 Patriots Point Rd Mt Pleasant, SC 29646	25-1828488	501(C)(3)	150,000			
(9) Southern Arizona VA Health Care System 3601 S 6th Avenue Tucson, AZ 85723	86-0096757	government unit	109,309			
(10) Patient Airlift Services Inc 7110 Republic Airport Farmingdale, NY 11735	27-2370028	501(C)(3)	90,000			
(11) Minneapolis Fisher House One Veterans Drive Minneapolis, MN 55417	41-0696270	government unit	87,160			
(12) Military Charity Organization 9720 Wilshire Blvd Beverly Hills, CA 90212	82-2080731	501(C)(3)	85,000			
(13) MEDVAMC 2002 Holcombe Blvd Houston, TX 77030	74-1612229	government unit	68,602			
(14) Bay Pines VA Fisher House 10000 Bay Pine Blvd Bay Pines, FL 33744	59-3206683	government unit	53,500			
(15) Our Military Kids 2911 Hunter Mill Rd Oakton, VA 22124	56-2483648	501(C)(3)	40,000			
(16) Everyone for Veterans 400 NW Gillman Blvd Issaquah, WA 98027	81-4462476	501(C)(3)	40,000			
(17) The Rosie Network 15336 Mesa Estates Court Ramona, CA 92065	46-1522625	501(C)(3)	40,000			

(18) Armed Services YMCA 14040 Central Loop Woodbridge, VA 22193	36-3274346	501(C)(3)	40,000		
(19) Hines VA Hospital GPF 1056 5000 S 5th Ave Hines, IL 60141	97-8145105	government unit	38,760		
(20) Tee it Up for the Troops 515 W Travelers Trail Burnsville, MN 55337	20-2974507	501(C)(3)	35,000		
(21) Department of Veterans Affairs 500 Foothill Dr Salt Lake City, UT 84148	87-0372919	government unit	33,755		
(22) FisherNightingale Houses Inc PO Box 33871 Wright Patterson, OH 45433	31-1313382	501(C)(3)	31,486		
(23) Friends of New Mexico Fisher House PO Box 14276 Albuquerque, NM 87191	83-2292089	501(C)(3)	29,355		
(24) Tampa Fisher House 13000 Bruce B Downs Blvd Tampa, FL 33612	59-3214855	government unit	26,627		
(25) Palo Alto Fisher House 3801 Miranda Avenue Palo Alto, CA 94303	94-1179505	government unit	25,600		
(26) Travis Fisher House 100 Bodin Circle Travis AFB, CA 945351804	68-0038761	government unit	25,191		
(27) Healthcare Hospitality Network 22640 Hazel Lane Rapid City, SD 57702	38-2693343	501(C)(3)	25,000		
(28) Henry M Jackson Foundation 6720 - A Rockledge Drive Bethesda, MD 20817	52-1317896	501(C)(3)	25,000		
(29) Andrews AFB Fisher House Inc 1076 W Perimeter Rd Andrews AFB, MD 20762	52-1890916	501(C)(3)	24,266		
(30) VA Boston HCS Fisher House 1400 VFW Parkway West Roxbury, MA 02132	04-3211342	government unit	21,080		
(31) VA Northeast Ohio Healthcare System 10701 East Boulevard Cleveland, OH 44106	31-1575142	government unit	19,800		
(32) VA Maine HCS Fisher House 1 VA GPF 8140 Augusta, ME 04330	11-3158401	government unit	19,665		
(33) VAMC St Louis Voluntary Service 1 Jefferson Barracks Rd St Louis, MO 63125	01-2315757	government unit	19,661		
(34) Huntington VA Fisher House 1540 Spring Valley Dr Huntington, WV 25704	43-6173947	government unit	19,429		
(35) Fisher House of Alaska 724 E 15th Ave Anchorage, AK 99501	92-0027934	501(C)(3)	18,880		
(36) Walter Reed Army FH at Forest Glen 2460 Linden Ln Silver Spring, MD 20910	76-0573980	government unit	16,449		
(37) Blue Star Families PO Box 230637 Encinitas, CA 92023	80-0369895	501(C)(3)	15,000		
(38) Intrepid Museum Foundation 1 Intrepid Sq W 46th St New York, NY 10036	13-3062419	501(C)(3)	15,000		
(39) Clement J Zablocki VA Medical Center 5555 W National Ave Milwaukee, WI 53295	39-1326366	government unit	13,826		
(40) KCVVA Medical Center 4801 E Linwood Blvd Kansas City, MO 64128	11-3158401	government unit	13,216		

(41) National Ability Center PO Box 682799 Park City, UT 84068	94-3025807	501(C)(3)	12,423		
(42) Cincinnati Fisher House 3200 Vine Street Cincinnati, OH 45220	74-1612229	government unit	11,877		
(43) Department of Veterans Affairs 4500 S Lancaster Rd Dallas, TX 75216	75-6108647	government unit	10,341		
(44) Friends of Fisher House Puget Sound PO Box 18253 Seattle, WA 98118	91-0565166	501(C)(3)	10,180		
(45) Fisher House Inc 7323 West Hghy 90 San Antonio, TX 78227	53-0228403	501(C)(3)	10,000		
(46) Columbia VA Healthcare System 6439 Garners Ferry Rd Columbia, SC 29209	84-2424806	government unit	8,906		
(47) West Palm Beach Fisher House 7305 Military West Palm Beach, FL 33410	59-3275434	501(C)(3)	8,545		
(48) CNVAMC Fisher House PO Box 31358 Augusta, GA 30903	74-1612229	government unit	8,000		
(49) VA Greater Los Angeles Healthcare System 11301 Wilshire Blvd Los Angeles, CA 90073	95-3626252	government unit	7,380		
(50) Gainesville VAMC #8137 GPF 8137 Gainesville, FL 32601	26-3806088	government unit	7,100		
(51) Joint Base Lewis-McChord Army FH 90700 Gardener Loop Tacoma, WA 98431	76-0573980	government unit	6,190		
(52) Fort Belvoir Army FH 9201 Woodbury Road Fort Belvoir, VA 22060	76-0573980	government unit	6,081		
(53) Stratton Fisher House	74-1612229	government unit	5,300		

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Part I Questions Regarding Compensation

Main table with 3 columns: Question, Yes, No. Contains questions 1a through 9 regarding compensation details.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, desc 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) a

Table with 5 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (C) Retirement and other deferred compensation, (D) Nont benef

			incentive compensation	compensation		
1 Mr David A Coker President	(i)	355,687	158,000	6,414	12,200	20,58
	(ii)	0	0	0	0	0
2 Mrs Leticia Stropes VP, Strategic Initiatives	(i)	174,198	25,000	828	7,994	32,61
	(ii)	0	0	0	0	0
3 Ms Mary B Considine Chief of Staff	(i)	202,755	15,000	431	8,760	9,62
	(ii)	0	0	0	0	0
4 Mrs Denise Dolan VP, Development	(i)	171,481	8,743	1,548	7,344	38,91
	(ii)	0	0	0	0	0
5 Mrs Michelle Horn VP, Communications	(i)	161,067	8,174	506	6,867	26,45
	(ii)	0	0	0	0	0
6 Mr Brian Gawne VP, Community Relations	(i)	171,573	8,743	1,584	8,743	3,54
	(ii)	0	0	0	0	0
7 Mr Bruce Phillips Director, Operations	(i)	132,617	6,812	1,584	5,722	37,92
	(ii)	0	0	0	0	0
8 Mrs Stacy Thomas Director, Corp/Fdn Relations	(i)	134,398	6,812	240	5,722	24,49
	(ii)	0	0	0	0	0
9 Mrs Angela Ranero Chief Accountant	(i)	131,655	10,000	552	5,850	23,26
	(ii)	0	0	0	0	0
10 Mr Marshall Banks Community Liaison	(i)	130,277	6,619	552	5,560	27,45
	(ii)	0	0	0	0	0
11 Mr Andrew Kayton Director, Donations	(i)	129,112	6,812	240	5,722	27,80
	(ii)	0	0	0	0	0

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SCHEDULE M
(Form 990)

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SCHEDULE O

Supplemental Inf