

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FISHER HOUSE FOUNDATION, INC.			D Employer identification number 11-3158401	
	Doing Business As			E Telephone number (301) 294-8560	
	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			G Gross receipts \$ 55,112,380.		
F Name and address of principal officer: DAVID A. COKER SAME AS "C" ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: WWW.FISHERHOUSE.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1993 M State of legal domicile: DE		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO CONSTRUCT AND FURNISH FISHER HOUSES, PROVIDE ASSISTANCE AND SCHOLARSHIPS TO MILITARY FAMILIES AND CHILDREN & ENHANCE THE QUALITY OF LIFE FOR VETERANS AND ARMED FORCES MEMBERS.</u>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	33		
	6 Total number of volunteers (estimate if necessary)	6	28		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE		
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	48,988,955.	Current Year	54,298,238.
	9 Program service revenue (Part VIII, line 2g)		NONE		NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		85,532.		211,320.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,201.		41,322.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,075,688.		54,550,880.
	Expenses	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)			NONE		NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			4,245,484.		4,743,649.
16a Professional fundraising fees (Part IX, column (A), line 11e)			27,500.		30,000.
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.		6,111,834.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,150,879.		40,161,516.	
19 Revenue less expenses. Subtract line 18 from line 12		24,924,809.		14,389,364.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	70,108,334.	End of Year	88,250,689.
	21 Total liabilities (Part X, line 26)		1,671,785.		5,325,348.
	22 Net assets or fund balances. Subtract line 21 from line 20.		68,436,549.		82,925,341.

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 any knowledge.

Sign Here	 Signature of officer		Date		
	DAVID A. COKER Type or print name and title		PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC BERGER	MARC BERGER	07/07/2023		P01871563
	Firm's name ▶ BDO USA, P.A.	Firm's EIN ▶	13-5381590		
Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102		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.

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 [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 36,493,709. including grants of \$ 29,276,033.) (Revenue \$ NONE)

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 on Schedule O.)

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

4e Total program service expenses 36,493,709.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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. 2a 33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	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)? . .		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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		
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? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
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. 16		X
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? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (28), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [X] Other (explain on Schedule O)
19 Describe on 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 X

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 A. COKER PRESIDENT	40.00 NONE			X				520,101.	NONE	32,781.
(2) MRS. LETICIA STROPES VP, STRATEGIC INITIATIVES	40.00 NONE			X				200,026.	NONE	40,607.
(3) MS. MARY B. CONSIDINE CHIEF OF STAFF	40.00 NONE			X				218,186.	NONE	18,387.
(4) MRS. DENISE DOLAN VP, DEVELOPMENT	40.00 NONE			X				181,772.	NONE	46,262.
(5) MRS. MICHELLE HORN VP, COMMUNICATIONS	40.00 NONE			X				169,747.	NONE	33,318.
(6) MR. BRIAN GAWNE VP, COMMUNITY RELATIONS	40.00 NONE			X				181,900.	NONE	12,291.
(7) MR. BRUCE PHILLIPS DIRECTOR, OPERATIONS	40.00 NONE					X		141,013.	NONE	43,647.
(8) MRS. STACY THOMAS DIRECTOR, CORP/FDN RELATIONS	40.00 NONE					X		141,450.	NONE	30,212.
(9) MRS. ANGELA RANERO CHIEF ACCOUNTANT	40.00 NONE					X		142,207.	NONE	29,114.
(10) MR. MARSHALL BANKS COMMUNITY LIAISON	40.00 NONE					X		137,448.	NONE	33,013.
(11) MR. ANDREW KAYTON DIRECTOR, DONATIONS	40.00 NONE					X		136,164.	NONE	33,529.
(12) MR. KENNETH FISHER CHAIRMAN/CEO/TRUSTEE	10.00 NONE	X		X				NONE	NONE	NONE
(13) MRS. NANCY EDELMAN VICE CHAIRMAN/TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE
(14) MR. WINSTON C. FISHER VICE CHAIRMAN/TRUSTEE	1.00 NONE	X		X				NONE	NONE	NONE

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(15) MR. JOHN LOWE ----- VP/SECRETARY/TRUSTEE	1.00 ----- NONE	X		X				NONE	NONE	NONE
(16) MR. DAVID FOX ----- TREASURER/CFO/TRUSTEE	5.00 ----- NONE	X		X				NONE	NONE	NONE
(17) MR. PAUL BUCHA ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(18) MR. GERRY BYRNE ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(19) GEN. MICHAEL CARNS, USAF (RET) ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(20) MS. CECILY CARSON ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(21) MRS. PATRICIA COURTER ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(22) LTGEN. JOHN DUBIA, USA (RET) ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(23) MR. MARTIN L EDELMAN, ESQUIRE ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(24) MRS. CRYSTAL FISHER ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
(25) MRS. TAMMY FISHER ----- TRUSTEE	1.00 ----- NONE	X						NONE	NONE	NONE
1b Sub-total								2,170,014.	NONE	353,161.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,170,014.	NONE	353,161.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

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

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

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(26) MRS. BARBARA B. GENTRY TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(27) MR. MARK "RANGER" JONES TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(28) RADM TOM LYNCH, USN (RET) TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(29) MR. DAVID MCINTYRE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(30) MR. BRUCE MOSLER TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(31) MRS. MARY JO MYERS TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(32) GEN RICHARD MYERS, USAF (RET) TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(33) MRS. LYNNE PACE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(34) MS. KYRA PHILLIPS TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(35) GEN JOHN QUINTAS, USAF (RET) TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(36) CPT WILL REYNOLDS, USA (RET) TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
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? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

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

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

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) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	379,934.					
	b	Membership dues	1b						
	c	Fundraising events	1c	694,356.					
	d	Related organizations	1d						
	e	Government grants (contributions) . .	1e	4,266,214.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	48,957,734.					
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,018,070.					
	h	Total. Add lines 1a-1f			54,298,238.				
	Program Service Revenue	2a	_____	Business Code					
b		_____							
c		_____							
d		_____							
e		_____							
f		All other program service revenue							
g		Total. Add lines 2a-2f			NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			215,588.		215,588.		
	4	Income from investment of tax-exempt bond proceeds .			NONE				
	5	Royalties			NONE				
	6a	Gross rents	6a	(i) Real	(ii) Personal				
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c	NONE	NONE				
	d	Net rental income or (loss)				NONE			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
						480,885.			
	b	Less: cost or other basis and sales expenses . .	7b			485,153.			
	c	Gain or (loss)	7c			-4,268.			
d	Net gain or (loss)				-4,268.	-4,268.			
8a	Gross income from fundraising events (not including \$ 694,356. of contributions reported on line 1c). See Part IV, line 18	8a							
					117,669.				
			b	Less: direct expenses	8b			76,347.	
			c	Net income or (loss) from fundraising events				41,322.	41,322.
			9a	Gross income from gaming activities. See Part IV, line 19	9a			NONE	
								NONE	
			b	Less: direct expenses	9b			NONE	
			c	Net income or (loss) from gaming activities				NONE	
			10a	Gross sales of inventory, less returns and allowances	10a			NONE	
								NONE	
b	Less: cost of goods sold	10b			NONE				
c	Net income or (loss) from sales of inventory				NONE				
Miscellaneous Revenue	11a	_____	Business Code						
	b	_____							
	c	_____							
	d	All other revenue							
	e	Total. Add lines 11a-11d				NONE			
12	Total revenue. See instructions				54,550,880.		252,642.		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,082,096.	23,082,096.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,985,441.	5,985,441.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	208,496.	208,496.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,655,380.	825,567.	623,518.	206,295.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	2,290,677.	1,142,401.	862,810.	285,466.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,564.	40,677.	30,722.	10,165.
9 Other employee benefits	469,486.	234,141.	176,837.	58,508.
10 Payroll taxes	246,542.	122,955.	92,863.	30,724.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	48,695.		48,695.	
c Accounting	83,121.		83,121.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	30,000.			30,000.
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	774,912.	676,571.	597.	97,744.
12 Advertising and promotion	NONE			
13 Office expenses	732,519.	329,168.	323,332.	80,019.
14 Information technology	885,049.	622,919.	64,583.	197,547.
15 Royalties	NONE			
16 Occupancy	245,409.	124,516.	90,472.	30,421.
17 Travel	2,247,715.	2,198,699.	9,135.	39,881.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	43,290.	21,870.	16,030.	5,390.
23 Insurance	17,032.		17,032.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EDUCATION AND PROMOTION	560,013.	442,032.	6,892.	111,089.
b PRINTING AND PUBLICATIONS	361,488.	287,661.	12,263.	61,564.
c OTHER EVENT COSTS	112,591.	148,499.		-35,908.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	40,161,516.	36,493,709.	2,458,902.	1,208,905.
26 Joint costs. 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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	210,743.	1	211,913.
	2 Savings and temporary cash investments.	44,482,786.	2	47,996,166.
	3 Pledges and grants receivable, net	8,042,136.	3	9,098,707.
	4 Accounts receivable, net	NONE	4	NONE
	5 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	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	455,346.	9	234,263.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 267,642.		
	b Less: accumulated depreciation.	10b 244,687.		
		66,244.	10c	22,955.
	11 Investments - publicly traded securities.	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	16,851,079.	15	30,686,685.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	70,108,334.	16	88,250,689.	
Liabilities	17 Accounts payable and accrued expenses.	1,511,176.	17	3,497,213.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 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	160,609.	25	1,828,135.
	26 Total liabilities. Add lines 17 through 25.	1,671,785.	26	5,325,348.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.	53,784,787.	27	66,814,045.
	28 Net assets with donor restrictions.	14,651,762.	28	16,111,296.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	68,436,549.	32	82,925,341.
33 Total liabilities and net assets/fund balances.	70,108,334.	33	88,250,689.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,550,880.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,161,516.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,389,364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,436,549.
5	Net unrealized gains (losses) on investments	5	-9,228.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	108,656.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,925,341.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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 on Schedule O.
- 3a 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**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

2022

**Open to Public
Inspection**

Name of the organization FISHER HOUSE FOUNDATION, INC.	Employer identification number 11-3158401
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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)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53,217,085.	58,621,675.	46,683,704.	48,988,955.	54,298,238.	261,809,657.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	53,217,085.	58,621,675.	46,683,704.	48,988,955.	54,298,238.	261,809,657.
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).						NONE
6 Public support. Subtract line 5 from line 4						261,809,657.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	53,217,085.	58,621,675.	46,683,704.	48,988,955.	54,298,238.	261,809,657.
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.	215,588.	1,753,475.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				1,201.	41,322.	42,523.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11 Total support. Add lines 7 through 10						263,605,655.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.32 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.04 %

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.

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

17a 10%-facts-and-circumstances test - 2022. 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 **stop here**. Explain in Part VI how the organization 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, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization 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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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%, 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 - 2021. 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI 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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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? <i>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.</i>			
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? <i>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.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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 Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

11-3158401

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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 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 of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) 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, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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 totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <p style="text-align: center;">FISHER HOUSE FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">11-3158401</p>
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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	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 4,266,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 1,896,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FISHER HOUSE FOUNDATION, INC.

Employer identification number

11-3158401

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align: center;">FISHER HOUSE FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">11-3158401</p>
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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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

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.

Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

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 make 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 program
 - 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:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	730,833.	730,457.	727,329.	715,774.	715,774.
b Contributions					
c Net investment earnings, gains, and losses	9,895.	376.	3,128.	11,555.	11,105.
d Grants or scholarships	NONE	NONE	NONE	NONE	11,105.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	740,728.	730,833.	730,457.	727,329.	715,774.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,618.	37,618.	NONE
d Equipment		50,520.	41,360.	9,160.
e Other		179,504.	165,709.	13,795.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,955.

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)		
Total. (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)		
Total. (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	15,370,568.
(2) CONSTRUCTION IN PROGRESS	13,564,831.
(3) RIGHT OF USE ASSET	795,401.
(4) RESTRICTED INVESTMENT	750,000.
(5) SPLIT-INTEREST AGREEMENT REC	181,958.
(6) DEPOSITS	23,927.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	30,686,685.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) LEASE LIABILITY	925,819.
(3) RETAINAGE PAYABLE	902,316.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,828,135.

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

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE PRINCIPAL IS PERMANENTLY RESTRICTED. INCOME EARNED ON THE PRINCIPAL CAN ONLY BE USED FOR THE SCHOLARSHIP PROGRAM.

PART X, LINE 2:

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, 2018 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.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B:

FUNDRAISING EVENT EXPENSES: (\$76,347)

PART XII, LINE 2D:

FUNDRAISING EVENT EXPENSES: \$76,347

CANCELLED GRANTS : (\$108,656)

TOTAL : (\$32,309)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(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
(1) EUROPE	NONE	NONE	GRANTMAKING		208,496.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			208,496.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			208,496.

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

Schedule F (Form 990) 2022

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.

1	(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)
(1)			EUROPE/ICELAND/GREENLAND	SUP INVICTUS GAMES	178,496.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SUPPORT FH BIRMINGHAM	30,000.	CHECK			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 2

3 Enter total number of other organizations or entities ▶

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.

(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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).

PART I, LINE 2:

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)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

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 (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				809,025.	30,000.	779,025.

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.

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF EVENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	812,025.		812,025.
	2	Less: Contributions	694,356.		694,356.
	3	Gross income (line 1 minus line 2)	117,669.		117,669.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,000.		1,000.
	6	Rent/facility costs	1,975.		1,975.
	7	Food and beverages	16,534.		16,534.
	8	Entertainment			
	9	Other direct expenses	56,838.		56,838.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			76,347.
11	Net income summary. Subtract line 10 from line 3, column (d)			41,322.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

DATOCWITTEN GROUP, INC.

ADDRESS:

13145 APPLGROVE LN
HERNDON, VA 20171

ACTIVITY :

GOLF EVENT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	809,025.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	30,000.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	779,025.

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

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? Yes No
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLUMBIA VA HEALTHCARE SYSTEM 6439 GARNERS FERRY RD COLUMBIA, SC 29209	84-2424806	GOVERNMENT		10,384,721.			SEE PART IV, TYPE A
(2) LEXINGTON FISHER HOUSE P.O. BOX 54481 LEXINGTON, KY 40555	61-0443527	GOVERNMENT		9,773,296.			SEE PART IV, TYPE A
(3) JOINT BASE SAN ANTONIO ARMY FH AT BAMC GEORGE BEACH RD FORT SAM HOUSTON, TX 78234	76-0573980	GOVERNMENT	494,156.				SEE PART IV, TYPE B
(4) NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE ALEXANDRIA, VA 22304	52-0899384	501(C)(3)	300,000.				SEE PART IV, TYPE B
(5) ARMY FISHER HOUSES 2748 WORTH RD FORT SAM HOUSTON, TX 78234	76-0573980	GOVERNMENT	262,546.				SEE PART IV, TYPE B
(6) AIR FORCE FISHER HOUSE FUND 2261 HUGHES AVE. LACKLAND AFB, TX 78236	53-0228403	GOVERNMENT	235,200.				SEE PART IV, TYPE B
(7) NAVY FISHER HOUSES DR., BLDG. 457 MILLINGTON, TN 38054	52-0813349	GOVERNMENT	238,498.				SEE PART IV, TYPE B
(8) CONGRESSIONAL MEDAL OF HONOR FOUNDATION 40 PATRIOTS POINT RD MT. PLEASANT, SC 29646	25-1828488	501(C)(3)	150,000.				SEE PART IV, TYPE C
(9) SOUTHERN ARIZONA VA HEALTH CARE SYSTEM 3601 S 6TH AVENUE TUCSON, AZ 85723	86-0096757	GOVERNMENT	109,309.				SEE PART IV, TYPE B
(10) PATIENT AIRLIFT SERVICES, INC. 7110 REPUBLIC AIRPORT FARMINGDALE, NY 11735	27-2370028	501(C)(3)	90,000.				SEE PART IV, TYPE E
(11) MINNEAPOLIS FISHER HOUSE ONE VETERANS DRIVE MINNEAPOLIS, MN 55417	41-0696270	GOVERNMENT	87,160.				SEE PART IV, TYPE B
(12) MILITARY CHARITY ORGANIZATION 9720 WILSHIRE BLVD BEVERLY HILLS, CA 90212	82-2080731	501(C)(3)	85,000.				SEE PART IV, TYPE B

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 52

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**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.

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

11-3158401

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? Yes No
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEDVAMC 2002 HOLCOMBE BLVD HOUSTON, TX 77030	74-1612229	GOVERNMENT	68,602.				SEE PART IV, TYPE B
(2) BAY PINES VA FISHER HOUSE 10000 BAY PINE BLVD BAY PINES, FL 33744	59-3206683	GOVERNMENT	53,500.				SEE PART IV, TYPE B
(3) OUR MILITARY KIDS 2911 HUNTER MILL RD OAKTON, VA 22124	56-2483648	501(C)(3)	40,000.				SEE PART IV, TYPE C
(4) EVERYONE FOR VETERANS 400 NW GILLMAN BLVD ISSAQUAH, WA 98027	81-4462476	501(C)(3)	40,000.				SEE PART IV, TYPE B
(5) THE ROSIE NETWORK 15336 MESA ESTATES COURT RAMONA, CA 92065	46-1522625	501(C)(3)	40,000.				SEE PART IV, TYPE F
(6) ARMED SERVICES YMCA 14040 CENTRAL LOOP WOODBRIDGE, VA 22193	36-3274346	501(C)(3)	40,000.				SEE PART IV, TYPE B
(7) HINES VA HOSPITAL GPF 1056 5000 S. 5TH AVE. HINES, IL 60141	97-8145105	GOVERNMENT	38,760.				SEE PART IV, TYPE B
(8) TEE IT UP FOR THE TROOPS 515 W. TRAVELERS TRAIL BURNSVILLE, MN 55337	20-2974507	501(C)(3)	35,000.				SEE PART IV, TYPE B
(9) DEPARTMENT OF VETERANS AFFAIRS 500 FOOTHILL DR SALT LAKE CITY, UT 84148	87-0372919	GOVERNMENT	33,755.				SEE PART IV, TYPE B
(10) FISHER/NIGHTINGALE HOUSES, INC. P.O. BOX 33871 WRIGHT PATTERSON, OH 45433	31-1313382	501(C)(3)	31,486.				SEE PART IV, TYPE B
(11) FRIENDS OF NEW MEXICO FISHER HOUSE P.O. BOX 14276 ALBUQUERQUE, NM 87191	83-2292089	501(C)(3)	29,355.				SEE PART IV, TYPE B
(12) TAMPA FISHER HOUSE 13000 BRUCE B. DOWNS BLVD TAMPA, FL 33612	59-3214855	GOVERNMENT	26,627.				SEE PART IV, TYPE B

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

11-3158401

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? Yes No
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PALO ALTO FISHER HOUSE 3801 MIRANDA AVENUE PALO ALTO, CA 94303	94-1179505	GOVERNMENT	25,600.				SEE PART IV, TYPE B
(2) TRAVIS FISHER HOUSE 100 BODIN CIRCLE TRAVIS AFB, CA 94535-1804	68-0038761	GOVERNMENT	25,191.				SEE PART IV, TYPE B
(3) HEALTHCARE HOSPITALITY NETWORK 22640 HAZEL LANE RAPID CITY, SD 57702	38-2693343	501(C)(3)	25,000.				SEE PART IV, TYPE D
(4) HENRY M. JACKSON FOUNDATION 6720 - A ROCKLEDGE DRIVE BETHESDA, MD 20817	52-1317896	501(C)(3)	25,000.				SEE PART IV, TYPE C
(5) ANDREWS AFB FISHER HOUSE, INC. 1076 W. PERIMETER RD ANDREWS AFB, MD 20762	52-1890916	501(C)(3)	24,266.				SEE PART IV, TYPE B
(6) VA BOSTON HCS FISHER HOUSE 1400 VFW PARKWAY WEST ROXBURY, MA 02132	04-3211342	GOVERNMENT	21,080.				SEE PART IV, TYPE B
(7) VA NORTHEAST OHIO HEALTHCARE SYSTEM 10701 EAST BOULEVARD CLEVELAND, OH 44106	31-1575142	GOVERNMENT	19,800.				SEE PART IV, TYPE B
(8) VA MAINE HCS FISHER HOUSE 1 VA GPF 8140 AUGUSTA, ME 04330	11-3158401	GOVERNMENT	19,665.				SEE PART IV, TYPE B
(9) VAMC ST. LOUIS VOLUNTARY SERVICE 1 JEFFERSON BARRACKS RD ST. LOUIS, MO 63125	01-2315757	GOVERNMENT	19,661.				SEE PART IV, TYPE B
(10) HUNTINGTON VA FISHER HOUSE 1540 SPRING VALLEY DR HUNTINGTON, WV 25704	43-6173947	GOVERNMENT	19,429.				SEE PART IV, TYPE B
(11) FISHER HOUSE OF ALASKA 724 E. 15TH AVE. ANCHORAGE, AK 99501	92-0027934	501(C)(3)	18,880.				SEE PART IV, TYPE B
(12) WALTER REED ARMY FH AT FOREST GLEN 2460 LINDEN LN SILVER SPRING, MD 20910	76-0573980	GOVERNMENT	16,449.				SEE PART IV, TYPE B

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**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.

OMB No. 1545-0047

2022

**Open to Public
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Department of the Treasury
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Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

11-3158401

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? Yes No
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BLUE STAR FAMILIES P.O. BOX 230637 ENCINITAS, CA 92023	80-0369895	501(C)(3)	15,000.				SEE PART IV, TYPE C
(2) INTREPID MUSEUM FOUNDATION 1 INTREPID SQ W 46TH ST NEW YORK, NY 10036	13-3062419	501(C)(3)	15,000.				SEE PART IV, TYPE B
(3) CLEMENT J. ZABLOCKI VA MEDICAL CENTER 5555 W. NATIONAL AVE. MILWAUKEE, WI 53295	39-1326366	GOVERNMENT	13,826.				SEE PART IV, TYPE B
(4) KCVA MEDICAL CENTER 4801 E. LINWOOD BLVD KANSAS CITY, MO 64128	11-3158401	GOVERNMENT	13,216.				SEE PART IV, TYPE B
(5) NATIONAL ABILITY CENTER P.O. BOX 682799 PARK CITY, UT 84068	94-3025807	501(C)(3)	12,423.				SEE PART IV, TYPE B
(6) CINCINNATI FISHER HOUSE 3200 VINE STREET CINCINNATI, OH 45220	74-1612229	GOVERNMENT	11,877.				SEE PART IV, TYPE B
(7) DEPARTMENT OF VETERANS AFFAIRS 4500 S. LANCASTER RD. DALLAS, TX 75216	75-6108647	GOVERNMENT	10,341.				SEE PART IV, TYPE B
(8) FRIENDS OF FISHER HOUSE PUGET SOUND P.O. BOX 18253 SEATTLE, WA 98118	91-0565166	501(C)(3)	10,180.				SEE PART IV, TYPE B
(9) FISHER HOUSE, INC. 7323 WEST HGHY 90 SAN ANTONIO, TX 78227	53-0228403	501(C)(3)	10,000.				SEE PART IV, TYPE B
(10) COLUMBIA VA HEALTHCARE SYSTEM 6439 GARNERS FERRY RD COLUMBIA, SC 29209	84-2424806	GOVERNMENT	8,906.				SEE PART IV, TYPE A
(11) WEST PALM BEACH FISHER HOUSE 7305 MILITARY WEST PALM BEACH, FL 33410	59-3275434	501(C)(3)	8,545.				SEE PART IV, TYPE B
(12) CNVAMC FISHER HOUSE P.O. BOX 31358 AUGUSTA, GA 30903	74-1612229	GOVERNMENT	8,000.				SEE PART IV, TYPE B

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 the latest information.

Name of the organization

FISHER HOUSE FOUNDATION, INC.

Employer identification number

11-3158401

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? Yes No
- 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VA GREATER LOS ANGELES HEALTHCARE SYSTEM 11301 WILSHIRE BLVD LOS ANGELES, CA 90073	95-3626252	GOVERNMENT	7,380.				SEE PART IV, TYPE B
(2) GAINESVILLE VAMC #8137 GPF #8137 GAINESVILLE, FL 32601	26-3806088	GOVERNMENT	7,100.				SEE PART IV, TYPE B
(3) JOINT BASE LEWIS-MCCHORD ARMY FH 90700 GARDENER LOOP TACOMA, WA 98431	76-0573980	GOVERNMENT	6,190.				SEE PART IV, TYPE B
(4) FORT BELVOIR ARMY FH 9201 WOODBURY ROAD FORT BELVOIR, VA 22060	76-0573980	GOVERNMENT	6,081.				SEE PART IV, TYPE B
(5) STRATTON FISHER HOUSE 113 HOLLAND AVENUE ALBANY, NY 12208	74-1612229	GOVERNMENT	5,300.				SEE PART IV, TYPE B
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HERO MILES AIRLINE TICKET	4,079		2,486,941.	COST	AIRLINE TICKETS
2 HERO'S LEGACY SCHOLARSHIPS	677	1,354,011.			
3 HOTELS FOR HEROES HOTEL NIGHTS	4,593		971,971.	COST	HOTEL NIGHTS
4 SCHOLARSHIPS FOR MILITARY CHILDREN	500	967,333.			
5 FAMILY SUPPORT	NONE		96,529.	COST	FOOD & HOUSE ITEMS
6					
7					

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

PART I, LINE 2:

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.

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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
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.

PART II, COLUMN H:

PURPOSE OF GRANT OR ASSISTANCE:

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

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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
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.

E - RECOGNIZE THOSE HELPING TO SUPPORT OUR ARMED FORCES

F - SCHOLARSHIP PROGRAM FOR ORGANIZATION HELPED ARMED FORCES

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FISHER HOUSE FOUNDATION, INC.

Compensation Information

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

11-3158401

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <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 indemnification 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 (such as maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <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 |

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 aren't 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 and/or 1099-MISC and/or 1099-NEC compensation			(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				
MR. DAVID A. COKER 1 PRESIDENT	(i)	355,687.	158,000.	6,414.	12,200.	20,581.	552,882.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MRS. LETICIA STROPES 2 VP, STRATEGIC INITIATIVES	(i)	174,198.	25,000.	828.	7,994.	32,613.	240,633.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MS. MARY B. CONSIDINE 3 CHIEF OF STAFF	(i)	202,755.	15,000.	431.	8,760.	9,627.	236,573.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MRS. DENISE DOLAN 4 VP, DEVELOPMENT	(i)	171,481.	8,743.	1,548.	7,344.	38,918.	228,034.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MRS. MICHELLE HORN 5 VP, COMMUNICATIONS	(i)	161,067.	8,174.	506.	6,867.	26,451.	203,065.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MR. BRIAN GAWNE 6 VP, COMMUNITY RELATIONS	(i)	171,573.	8,743.	1,584.	8,743.	3,548.	194,191.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MR. BRUCE PHILLIPS 7 DIRECTOR, OPERATIONS	(i)	132,617.	6,812.	1,584.	5,722.	37,925.	184,660.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MRS. STACY THOMAS 8 DIRECTOR, CORP/FDN RELATIONS	(i)	134,398.	6,812.	240.	5,722.	24,490.	171,662.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MRS. ANGELA RANERO 9 CHIEF ACCOUNTANT	(i)	131,655.	10,000.	552.	5,850.	23,264.	171,321.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MR. MARSHALL BANKS 10 COMMUNITY LIAISON	(i)	130,277.	6,619.	552.	5,560.	27,453.	170,461.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MR. ANDREW KAYTON 11 DIRECTOR, DONATIONS	(i)	129,112.	6,812.	240.	5,722.	27,807.	169,693.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

PART I, LINE 1B:

FIRST-CLASS OR CHARTER TRAVEL: FIRST-CLASS TRAVEL WAS PERMITTED TO
INVICTUS GAMES AND RELATED MEETINGS WHEN THEY TOOK PLACE IN EUROPE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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 instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

FISHER HOUSE FOUNDATION, INC.

Employer identification number

11-3158401

Part I Types of Property

	(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
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	63	467,390.	FMV DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AIRLINE MILES)	X	34,098,400	1,466,120.	FMV DATE OF USE
26 Other ▶ (HOTEL POINTS)	X	9,433,500	84,560.	FMV DATE OF USE
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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.

SCHEDULE M SUPPLEMENTAL INFO:

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.

PART I, LINE 32A:

FISHER HOUSE FOUNDATION USES A SERVICE TO SELL AUTOMOTIVE DONATIONS AND
WE RECEIVE THE NET AMOUNT FROM THE SALE.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FISHER HOUSE FOUNDATION, INC.

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.

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

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FORM 990, PART VI, SECTION A, LINE 1A:

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, SECTION A, LINE 2:

RELATIONSHIP OF OFFICERS/DIRECTORS

*BOARD MEMBERS KENNETH FISHER AND TAMMY FISHER HAVE A FAMILY RELATIONSHIP.

*BOARD MEMBERS KENNETH FISHER, TAMMY FISHER AND CRYSTAL FISHER HAVE A FAMILY RELATIONSHIP.

* BOARD MEMBERS KENNETH FISHER AND WINSTON FISHER HAVE A FAMILY RELATIONSHIP.

* BOARD MEMBERS GEN. RICHARD MYERS (RET.) AND MARY JO MYERS HAVE A FAMILY RELATIONSHIP.

*KENNETH FISHER, WINSTON FISHER AND MARTIN EDELMAN HAVE A BUSINESS RELATIONSHIP.

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

REVIEW OF FORM 990

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FISHER HOUSE FOUNDATION, INC.

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.

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PRESIDENT PROVIDES AUTHORIZATION FOR THE ACCOUNTANTS TO E-FILE THE
RETURN.

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

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, SECTION B, LINE 15B:

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, SECTION C, LINE 18 & 19:

PUBLIC DISCLOSURE

FORM 990 AND THE ANNUAL FINANCIAL STATEMENTS ARE POSTED ON THE
ORGANIZATION'S WEBSITE. THESE DOCUMENTS, ALONG WITH FORM 1023 ARE ALSO

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

11-3158401

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:

CANCELLED GRANTS: \$108,656

Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

11-3158401

FORM 990, PART III, LINE 1 - 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.

Name of the organization

Employer identification number

FISHER HOUSE FOUNDATION, INC.

11-3158401

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AR, CA, CO, CT, DE,
FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization

FISHER HOUSE FOUNDATION, INC.

Employer identification number

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TONY GARCZYNSKI DEVELOPMENT 13200 KIRKHAM WAY #101 POWAY, CA 92064	CONSTRUCTION	21,433,670.
METRIC CONSTRUCTION 55 HENSHAW STREET BOSTON, MA 02135	CONSTRUCTION	4,133,429.
REVISION DESIGN LLC 25 HIGHLAND PARK VILLAGE DALLAS, TX 75205	INTERIOR DESIGN	2,599,382.
LINEMARK PRINTING 501 PRINCE GEORGES BOULEVARD UPPER MARLBORO, MD 20774	MAGAZINE & PRINTING	495,220.
DESIGNTECH ASSOCIATES 77 NORTH CENTRE AVENUE ROCKVILLE CENTRE, NY 11570	ARCHITECT SERVICES	483,433.