Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

Department of the Treasury 1hternal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calen	dar year 2017 or tax year beginning	, 201	7, and	ending		, 20
		undation				r identification number	r
FIS	H INC.	OF TROY, OHIO				51-0435875	
Nu	mber an	d street (or P O. box number if mail is not delivered to street address)	Room	/surte	B Telephon	e number (see instructi	ons)
P.O	. BOX	764	i			937-339-0253	
Crt	y or town	n, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pend	ng, check here ▶ □
TR	оу, он	IO 45373					<i>,</i>
G	Check	all that apply: Initial return Initial return	of a former public	charity	D 1. Foreig	n organizations, check l	here ▶ 🗍
		Final return	•	•	•	*	_
		Address change Name char	nge	0		n organizations meeting here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation	10	E If private	foundation status was	
		on 4947(a)(1) nonexempt charitable trust Other tax	_	ation	section 5	07(b)(1)(A), check here	▶□
		narket value of all assets at J Accounting method		ccrual	E If the four	ndation is in a 60-monti	h termination
		Every (from Part II col (c) D Other (encerts)				ction 507(b)(1)(B), check	
	line 16						
Р	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books	'	-		(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	60,064.42				
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
Revenue	5a	Gross rents					
	Ь	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10					
	ь	Gross sales price for all assets on line 6a					
š	7	Capital gain net income (from Part IV, line 2)			0		
Œ	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	60,064 42		0	0	
·/	13	Compensation of officers, directors, trustees, etc.					
Expenses	14	Other employee salaries and wages					
e	15	Pension plans, employee benefits VED.					
×	16a						
	b	Accounting fees (attach schedule) A 2018 .					
Ě	С	Accounting fees (attach schedule) Other professional tees (attach schedule)					
Ta	17	III(C) COL					
<u>iš</u>	18	Taxes (attach schedule) (see) (natructions) UT:					
Z.	19	Depreciation (attach-schedule) and depletion : .					
Þ	20	Occupancy		ļ			
þ	21	Travel, conferences, and meetings					
ā	22	Printing and publications					
Ď	23	Other expenses (attach schedule) (STMT1)	60,614.06				60,614.06
Operating and Administrative	24	Total operating and administrative expenses.					_
9	}	Add lines 13 through 23	60,614.06				60,614.06
ğ	25	Contributions, gifts, grants paid					
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	60,614.06		0	0	60,614.06
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	0				
	b	Net investment income (if negative, enter -0-) .			0		
	C	Adjusted net income (if negative, enter -0-)				0	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2017)

Da	rt il	Attached schedules and amounts in the description column	Beginning of year	End o	f year
F 6		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(b) Book Value	(c) Fair Market Value	
•	1	Cash-non-interest-bearing	9614	9065	
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4				
	-	Pledges receivable ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	····		
		disqualified persons (attach schedule) (see instructions)			l
	7	· · · · · · · · · · · · · · · · · · ·			
	′	Other notes and loans receivable (attach schedule)			·_ · · · · · · · · · · · · · · · · · ·
10	_	Less: allowance for doubtful accounts ▶			· · · - ·
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less. accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers-see the			1
		ınstructions. Also, see page 1, item l)	9614	9065	1%
	17	Accounts payable and accrued expenses			
ຜ	18	Grants payable			
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
iak	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ ☑			
Balances		and complete lines 24 through 26, and lines 30 and 31.			
Ĕ	24	Unrestricted	9614	9065	
ag	25	Temporarily restricted			
_	26	Permanently restricted	*		
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ □			
ヸ		and complete lines 27 through 31.		l	
6	27	Capital stock, trust principal, or current funds			
ş	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Š	29	Retained earnings, accumulated income, endowment, or other funds			
۲	30	Total net assets or fund balances (see instructions)	9614	9065	
<u>달</u>	31	Total liabilities and net assets/fund balances (see			
~		instructions)	9614	9065	
	rt III	Analysis of Changes in Net Assets or Fund Balances		-	
1		net assets or fund balances at beginning of year-Part II, colur			
	end-	of-year figure reported on prior year's return)		1	9614
2		r amount from Part I, line 27a			0
3	Othe	r increases not included in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3	. ,	4	9065
5	Decr	eases not included in line 2 (itemize)		5	
6	Total	eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line	30 6	9065
		· · · · · · · · · · · · · · · · · · ·			222 25

Part	V Capital Gains and	d Losses for Tax on Investn	nent Income	71 2 . 5		
		ind(s) of property sold (for example, real e use, or common stock, 200 shs. MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr.)
1a						
<u>b</u>						
С			<u> </u>			
d						L
е				<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		n or (loss) f) minus (g))
а						
b						
<u></u>						· ·
d				 		
<u>e</u>						
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	n on 12/31/69.		. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) ol. (j), if any		t less than -0-) or rom col. (h))
а						
b						
С						
d						
е						
2	Capital gain net income o	or inet canital ineel ("	also enter in Pa		2	
3	If gain, also enter in Part	ın or (loss) as defined in sections : I, line 8, column (c). See instru	ictions. If (loss	s), enter -0- ın (
art		der Section 4940(e) for Redu			3	
	ion 4940(d)(2) applies, leav	rivate foundations subject to the retrieve this part blank.		, tax on not invos	arioni iriooriio.	NH
		section 4942 tax on the distribu qualify under section 4940(e). Do			base period?	☐ Yes ☐ N
1	Enter the appropriate am	ount in each column for each yea	ar; see the instr	ructions before m	akıng any entries.	
Cale	(a) Base period years ndar year (or tax year beginning in	(b) Adjusted qualifying distribution:	s Net value	(c) of nonchantable-use a		(d) inbution ratio divided by col. (c))
	2016				- 	
	2015					
	2014			 .		
	2013					
	2012					
	ZOIL	 				
2	Total of line 1, column (d)) <i></i>			. 2	
3		for the 5-year base period—div				
•		oundation has been in existence				
4	Enter the net value of non	ncharitable-use assets for 2017 f	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4			. 8	0/ Acres - 1 - 0 - 11
	Part VI instructions.	ater than line 7, check the box in	n Part VI, line 1	b, and complete	that part using a 1	% tax rate. See

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948-	-see ir	ıstrı	ıctio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.						
٠.	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b							
С	here \(\subseteq \) and enter 1% of Part I, line 27b						
·	Part I, line 12, col. (b).	-					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0			
3	Add lines 1 and 2			0	L		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0			
6	Credits/Payments:	Ì					
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	1					
b	Exempt foreign organizations—tax withheld at source 6b	}					
c d	Tax paid with application for extension of time to file (Form 8868) . 6c Backup withholding erroneously withheld 6d	1					
7	Total credits and payments. Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	+					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	+					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10						
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11						
Part '	VII-A Statements Regarding Activities				<u> </u>		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or	did it		Yes	No		
	participate or intervene in any political campaign?	. [1a		~		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See instructions for the definition	e the	1b	_	٧		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	enals					
	published or distributed by the foundation in connection with the activities.	l l					
C	Did the foundation file Form 1120-POL for this year?	. [1c	i	V		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$						
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposon foundation managers. ▶ \$	sed					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	-	2		V		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articl incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	les of	3				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		~		
	If "Yes," has it filed a tax return on Form 990-T for this year?	4 . †	4b				
	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	•	5		~		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	- 1					
	By language in the governing instrument, or	- 1					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions						
	conflict with the state law remain in the governing instrument?	. [6	V			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	ntXV [7		~		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ge	neral					
		NA	8b				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)	/ h					
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "V	Yes,"					
	complete Part XIV		9	~			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing names and addresses		10				
		- 1		· 1	-		

Part	/II-A Statements Regarding Activities (continued)				
				Yes	No
`11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	. [11		~
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquali person had advisory privileges? If "Yes," attach statement. See instructions		12		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicati		13	~	
	Nebsite address ► N/A	L			
14	The books are in care of ▶ STEVEN M HAMMAN Telephone no. ▶	937-3	339-0	253	
	Located at ► 536 BARNHART RD. TROY, OHIO ZIP+4 ►		73-94	24	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here		•	.	▶ 🗆
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other author			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		V
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the nan	ne of			
	he foreign country				
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		 -	V	NI
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	\dashv	Yes	No
1a	During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person?] No			
	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ING			
		No	Ì		
	· · · · · · · · · · · · · · · · · · ·	No			
		No	- [
	5) Transfer any income or assets to a disqualified person (or make any of either available for]No			
	6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1	1		
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)]No			
b	f any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulati section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		
	Organizations relying on a current notice regarding disaster assistance, check here		\top		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, t				
	• •	// L-	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a priviperating foundation defined in section 4942(j)(3) or 4942(j)(5)):	/ate			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	_			
	6e, Part XIII) for tax year(s) beginning before 2017?] No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a	a)(2)			
	relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2				
	all years listed, answer "No" and attach statement—see instructions.)		2b		
С	f the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ĺ	1		
0-	► 20 , 20 , 20 , 20			ļ	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?] No	Ì	İ	
b	f "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation	n or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by			- }	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the laps	e of			
	he 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if	, l	_		
	oundation had excess business holdings in 2017.)	· –	3b		
4a	Old the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose		4a		-
р	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20		4b		

-	Da	~	_	i
	-4	u	•	١

Pan	All-R	Statements Regarding Activities	TOP W	nich rorm	4/20	мау ве н	equire	ea (contii	nuea)			
5a	During t	he year, did the foundation pay or incur	any am	ount to:							Yes	No
•		y on propaganda, or otherwise attempt t						☐ Yes	✓ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,											
	directly or indirectly, any voter registration drive?									1		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									1 1	1	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in									1 1		1
	section 4945(d)(4)(A)? See instructions									· }	1	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational									1	}	1
	purp	oses, or for the prevention of cruelty to o	childrer	or animals?				☐Yes	✓ No	1 1		
b		nswer is "Yes" to 5a(1)–(5), did any of the										
	Regulati	ons section 53.4945 or in a current notice	regardi	ng disaster a	ssistand	ce? See inst	ructions	3	NA	5b		
	_	ations relying on a current notice regardi	-								i	{
С		nswer is "Yes" to question 5a(4), does t								1 1		
		e it maıntaıned expenditure responsibility					NA	🗌 Yes	☐ No			
		attach the statement required by Regula					,				1	-
6a		foundation, during the year, receive any								i i		
	•	rsonal benefit contract?						☐ Yes	✓ No			
b		foundation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefit	contract	? .	6b		
_		to 6b, file Form 8870.						_				
		me during the tax year, was the foundation						Yes				
		did the foundation receive any proceeds										
Par	VIII	Information About Officers, Direc	tors,	rustees, F	ounda	uon man	agers,	Highly F	ald En	npioy	ees,	
1	Liet all	and Contractors officers, directors, trustees, and found	lation	managore or	d their	COMPON	ation 6	Soo instru	iotione			
	List all v	officers, directors, trustees, and round		e, and average		mpensation		Contribution	e to			
		(a) Name and address	hou	rs per week ed to position	(1f ı	not paid, nter -0-)	emplo	yee benefit erred compe	plans	e) Expe) other a	nse acc allowan	count,
See A	Itachment	2 (Attached)	devoi	ed to position	- 6,	1101 -0-)	and dele	sireu compe	risation			
		Z (Titodilou)							}			
							 -					
									}			
												
2	Compe	nsation of five highest-paid employee	s (oth	er than thos	se incl	uded on li	ne 1—:	see instr	uctions). If no	one, e	enter
	"NONE.	"										
				(b) Title, and a	verage			(d) Contribu	utions to	/a\ Ev=a		
	(a) Name an	d address of each employee paid more than \$50,00	0	hours per v devoted to p	veek	(c) Comper	nsation	employee plans and o	deferred (other a	ilowan	ces
								compens	sation			
None				1		{	l		1			
		 										
						<u> </u>						
									1			
						 						
								ı	j			
						 			}			
									}			
Total	number o	f other employees paid over \$50,000 .		L		L						
. V.ai	UGI U	. only employees paid over 400,000 .	<u></u>	· · · · · · · · · · · · · · · · · · · 		· · · · ·		 -		orm 99 (n_PF	(2017)
									F:	いいい フラリ	0-1-I	1201/1

3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	57
<u> </u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
lone		
		
	······································	
		
ota	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
1 19	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of	
	anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	See Attachment 3 (Attached)	
		60,614.0
2		
3		
_		
4		
Par	IX-B Summary of Program-Related Investments (see instructions)	
_	coribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	N/A	
2		
All	other program-related investments. See instructions.	
3	, •	
-		
	. Add lines 1 through 3	

Part	see instructions.)	ign to	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	· 0
ь	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	(o
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► ☐ and do not complete this part.)		(
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments, Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	/
6	Deduction from distributable amount (see instructions)	6/	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	60,614 06
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	60,614.06
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60,614 06
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ether the foundation
			Form 990-PE (2017)

Part	Vill Unaistributed Income (see instruction	2(15)			
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years pnor to 2016	(c) 2016	(d) 2017
_				-	
2	Undistributed income, if any, as of the end of 2017:				
a	Enter amount for 2016 only				/
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012				
b	From 2013			/	(
С	From 2014				
đ	From 2015				
е	From 2016				
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$				
а	Applied to 2016, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2017 distributable amount				
е	Remaining amount distributed out of corpus		/		
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable	/			
u	amount—see instructions	/			
e	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount—see instructions				
					
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be	į		ļ	
	distributed in 2018			ļ	
_					
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	ļ		ļ	ĺ
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)			Į	
0	Excess distributions carryover from 2012 not				
8	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2018.		· 		
9	Subtract lines 7 and 8 from line 6a		ĺ		
10	Analysis of line 9;				
	Excess from 2013	1)	
a b	Excess from 2014]	
	Excess from 2015	ı.	ì	ļ	
G	Excess from 2016				
u	Excess from 2017				
	Enougo nom Eo i i i i i				

Part	XIV Private Operating Founda	tions (see instru	ctions and Part \	/II-A, question 9)	
	If the foundation has received a ruling foundation, and the ruling is effective for			, ,	July 2	2003
b	Check box to indicate whether the four		•			
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	10.120/	
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed	X \$0.00		\$0.00		\$ \$0.00
b	85% of line 2a	——————————————————————————————————————	\$0.00		\$0.00	
	Qualifying distributions from Part XII,	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ŭ	line 4 for each year listed	\$60,614.06	\$54,959.97	\$54,570.20	\$51,100.27	\$221,244.50
d	Amounts included in line 2c not used directly for active conduct of exempt activities	\$0.00	\$0,00	\$0.00	\$0,00	\$0,00
е	Qualifying distributions made directly	70.50			70.00	
•	for active conduct of exempt activities.				}	
	Subtract line 2d from line 2c	\$60.614.06	454 050 07	es4 570 20	* 54 100 27	¢221 244 E0
3	Complete 3a, b, or c for the	\$60,614.06	\$54,959.97	\$54,570.20	\$51,100.27	\$221,244.50
	alternative test relied upon:			ı		
а	"Assets" alternative test-enter:				!	
	(1) Value of all assets	\$9,065.27	\$9,614.91	\$8,748.62	\$6,066.62	\$33,495.42
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(ı)	\$9,065.27	\$9,614.91	\$8,748.62	\$6,066.62	\$33,495.42
þ	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	\$60,064.42	\$55,826.26	\$ 57,252.20	\$53,072. 6 5	\$226,215.53
	(2) Support from general public				, , , , , , , , , , , , , , , , , , , ,	
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	\$ 60,064.42	\$55,826.2 6	\$57,252.2 0	\$53,072.65	\$22 <u>6,215.5</u> 3
	(3) Largest amount of support from					
	an exempt organization	\$31,800.00	\$25,950.00	\$26,500.00	\$23,800.00	\$108,050
	(4) Gross investment income	\$0.00	\$0.00	\$0.00	\$0.01	\$0.01
Part	XV Supplementary Information	n (Complete thi	is part only if th			
	any time during the year-					
1	Information Regarding Foundation		- '			
	List any managers of the foundation of before the close of any tax year (but of	who have contribut	ted more than 2%	of the total contr	ibutions received	by the foundation
	belove the close of any tax your (but o	iny ii tiloy havo oo	minouted more the	in φο,σοσ). (σου σι	3011011 007 (0)(2).)	
N/A	Tiek and managed of the foundation	400/			7	
þ	List any managers of the foundation ownership of a partnership or other er					ge portion of the
N/A						
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See in	only makes contri oundation makes g	butions to presele	ected charitable of		
a	The name, address, and telephone nu		ress of the nerson	to whom applies:	tions should be ad	drossad:
u	The hame, address, and telephone ha	iniber of email add	ress of the person	i to whom applica	nons should be ad	uresseu.
N/A						
b	The form in which applications should	be submitted and	information and n	naterials they sho	uld include:	
N/A						
	Any submission deadlines:					
N/A	-	•				
d	Any restrictions or limitations on aw factors:	ards, such as by	geographical are	eas, charitable fie	lds, kinds of inst	itutions, or other
N/A						
					F	orm 990-PF (2017)

Part XV

					
Part	XV Supplementary Information (conti	nued)			
3	Grants and Contributions Paid During t	he Year or Approv	ed for Ful	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
N/A					
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	Total	L — — — — — — — — — — — — — — — — — — —		▶ 3a	
h	Approved for future payment				
N/A	rippiored for father paymont		j		
		j			
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	j)		
			}		
		1	}		

		Allarysis of income-rioddeling Ac		isiness income	Evaluded by costs	an 512 512 ar 51 <i>1</i>	
•	Ū	oss amounts unless otherwise indicated. ogram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1	a	ogram service revenue.					
	b		<u> </u>		<u> </u>	<u></u>	
	c		L	 			
	ď		<u></u> _				
	e		· · · · · · · · · · · · · · · · · · ·	l			
	f						
		Fees and contracts from government agencies		 	 		
2	_	,					
_		embership dues and assessments					
3		ridends and interest from securities					
5		t rental income or (loss) from real estate:					<u> </u>
J		` '					
		Debt-financed property					ļ
•		Not debt-financed property					
		t rental income or (loss) from personal property				·	
7		ner investment income					
8		in or (loss) from sales of assets other than inventory					ļ
9		t income or (loss) from special events					
10		oss profit or (loss) from sales of inventory				·	<u> </u>
11	_	ner revenue: a				 	
	b						
	_						ļ
	C						
	d					·	
	c d e						
		btotal. Add columns (b), (d), and (e)		0	L	0	
13	To	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e)		0	L		0
13 Sec	To wo	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations	s.)				
13 See Pa	To wo	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
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13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	To wo rt X e No ▼	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the Additional Relationship of Activities Relationship Relatio	s.) ccomplishm	ent of Exemp	t Purposes	13	0

		Ol gainzan	0110									
				engage in any of the 501(c)(3) organizat							Yes	No
		nizations?		,,,,	•		,					
а			-	o a noncharitable ex								
										1a(1)		~
										1a(2)		~
р		er transactions:								41.443		
				empt organization					• •	1b(1)		-
				able exempt organiz						1b(2)		V
				er assets						1b(3) 1b(4)		7
									• •	1b(4) 1b(5)		~
				hip or fundraising so						1b(6)		7
С				sts, other assets, or					• •	1c		· ·
				s," complete the fol							fair m	arket
-	value	e of the goods, of	ther assets, or serv	ices given by the rep	porting fo	undation	n. If the found	dation rece	ived less	than	fair m	arket
	value	e in any transaction	on or sharing arrang	gement, show in colu	ımn (d) th	e value	of the goods	, other asse	ets, or se	vices	recei	ved.
(a) Line	no.	(b) Amount involved	(c) Name of nonc	hantable exempt organiza	tion	(d) Desc	enption of transfe	ers, transaction	ns, and sha	nng arra	angeme	ents
N/A												
				- 								
	-+		! - 									
	-+											
	-+											
	{-											
												
2a	ls th	e foundation dire	ectly or indirectly af	filiated with, or relat	ed to or	ne or mo	re tax-exem	nt organiza	ations			
	desc	ribed in section 5	601(c) (other than se	ection 501(c)(3)) or in	section 5	27? .				l Yes	П	No
			following schedule						_	,		
		(a) Name of organi		(b) Type of or	ganization		F	(c) Descriptio	n of relation	ship		
NIA												
01	Unde	er penalties of perjury, I	declare that I have examine	ed this return, including acco an taxpayer) is based on all i	mpanying so	chedules an	d statements, and	to the best of	my knowled	ge and t	oelief, it	ıs true,
Sign	Lone	ect, and complete Decia		7//	a L	n winch pre	parer nas any kno	wieuge	May the IR			
Here	ر ا	Sleven m.	Hamman	MINARY	_ ′	ASURER	! 		with the pro			
	Sign	nature of officer or trus		Date	Title	 						
Paid		Print/Type preparer	's name	Preparer's signature			Date		k [_] # [TIN		
Prepa	arer	ļ	. 	<u> </u>		·	1	self-e	mployed			
Use C		Firm's name						Firm's EIN	•			
		Firm's address ▶						Phone no.				
									Fo	m 99	U-PF	(2017)

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

FISH INC. OF TROY, OHIO

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

51-0435875

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ✓ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

FISH INC. OF TROY, OHIO

Employer identification number 51-0435875

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	FIRST UNITED METHODIST CHURCH 110 W. FRANKLIN ST. TROY, OHIO 45373	\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	THE TROY FOUNDATION 210 W. FRANKLIN ST. TROY, OHIO 45373	\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Occash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroil Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

FISH INC OF TROY, OHIO . I.D. # 51-0435875

FYE: 12/31/2017

FEDERAL STATEMENTS Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses

Descrition		Total	Net Investment	Adjusted Net	Charitabl	e Purpose
PARTICIPANTS EXPENSES						
Utilities and Water	\$	28,177			\$	28,177
Lodging	\$	25,256			\$	25,256
Prescriptions	\$	329			\$	329
Transportation	\$	1,738			\$	1,738
Telephone	\$	468			\$	468
Clothing	\$	456			\$	456
Food	\$	3,919			\$	3,919
Miscellaneous	\$	272			\$	272
Total	\$	60,614	\$ -	\$ -	\$	60,614

FISH-INC OF TROY, OHIO

, I.D. # 51-0435875

FYE: 12/31/2017

FEDERAL STATEMENTS

Statement 2 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Composition	Benefits	Expenses
Myrna Yoder	Title	Hours	Compensation	benefits	Expenses
4520 State Route 41 East	Chief Executive Officer	30	0	0	0
Troy, Ohio 45373	omer executive officer		G	· ·	J
·					
Steven M. Hamman					
536 Barnhart Rd	Treasurer	10	0	0	0
Troy, Ohio 45373					
Mary Davis					
145 Finsbury Lane	Secretary	5	0	0	0
Troy, Ohio 45373					
Nadine Myers					
805 Westlake Dr.	Trustee	1	0	0	0
Troy, Ohio 45373					
Eva Marie Rieck					
1675 Laurel Creek Drive	Trustee	1	0	0	0
Troy, Ohio 45373					
Neda Davidson					
4200 W. SR 41	Trustee	3	0	0	0
Troy, Ohio 45373					
Barbara Wesbecher					
533 Brookmeade Court	Trustee	1	0	0	0
Troy, Ohio 45373					
Ted Holcomb					
7011 Fowler Drive	Trustee	2	0	0	0
Cincinnati, Ohio 45243				_	-
Jan Hamman					
536 Barnhart Rd	Trustee	5	0	0	0
Troy, Ohio 45373		-	-	ŭ	•

FISH.INC OF TROY, OHIO I.D. # 51-0435875

FYE: 12/31/2017

FEDERAL STATEMENTS

Statement 3 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

DESCRIPTION

This organization furnishes emergency assistance to persons in need. Assistance consists of rent, utilities, transportation, medical and other needs. During 2017, 679 families received assistance. The average benefit per family was \$89.27.

FISH INC OF TROY, OHIO , I.D. # 51-0435875 FYE: 12/31/2017

FEDERAL STATEMENTS

DIRECT PUBLIC SUPPORT

CONTRIBUTOR	CASH CONTRIBUTION	NONCASH CONTRIBUTION		
	\$17,048	\$0		
TOTAL	\$17,048	\$0		

Note:

(1) This is the difference between Line 12, Part 1 of 990-PF and the sum of Part 1 of Schedule B.