990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016

Department of the Treasury

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

Open to Public Inspection

	nem	as neves	ue Service	- Internation about the time of		10110 10 00 177		,,,,,				
,	\ Fo	or the	2016 calenda	ar year, or tax year beginning	January 1	, 2016,	and ending	De	ecember	, 20 16		
E	3 CH	Check if applicable		C Name of organization ?				D Empl	oyer ident	ification number ?		
	□ ^	ddress cl	nange	FISH INC.	51	<i>1-152</i>	<i>3</i> 0581		<u> </u>	152305		
Ļ	_	lame cha	•	Number and street (or P.O. box, if mail is not d	lelivered to street addr	ess) ?	Room/surte	E Telep	hone numb	oer		
Ļ	=	utual retur		312 Waller Mill Road			800		757-2	20-9379		
ŀ	Final return/terminated Amended return			City or town, state or province, country, and Z	P or foreign postal coo	de		F Grou	Jp Exemp	tion		
Ē	=		pending	Williamsburg, VA 23185-3030				Nun	nber 🕨	?		
7	a A	ccount	ing Method	☑ Cash ☐ Accrual Other (specify)	<i>i</i>) ▶		НС	heck I	▶ ☐ if th	e organization is not		
- 1	W	ebsite	.		Schedule B							
- J	l Ta	fax-exempt status (check only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 (Form 990, 990-EZ, or 990-PF).										
		Form of organization: Corporation Trust Association Other										
			-	7b to line 9 to determine gross receipts. If	gross receipts are	\$200,000 or r	nore, or if total	assets				
(1	Part	II, colu	ımn (B) belov	w) are \$500,000 or more, file Form 990 ins	tead of Form 990-E	Z			▶ \$			
	Pa	rt I	Revenu	e, Expenses, and Changes in No	et Assets or Fu	nd Balanc	es (see the i	nstruc	ctions fo	r Part I) 2		
-				the organization used Schedule O			•			· —		
Ī	?	1		ons, gifts, grants, and similar amounts					1	164,736.03		
**	2	2		ervice revenue including government		s			2	·		
g	?	3	_						3			
	2	4	Investment	•					4	451.97		
0	<u>ه</u> ا	5a		ount from sale of assets other than inv	rentory	. 5a	1					
6	<u> </u>	ь		or other basis and sales expenses .	-	. 5b						
MAD	₹	C	Gain or (los	ss) from sale of assets other than inve	entory (Subtract lin	ne 5b from I	ine 5a)		5c			
2	≥	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events										
F)	a Gross income from gaming (attach Schedule G if greater than										
	9		\$15,000) .	·		. 6a	I					
乭	ē	b	Gross inco	ome from fundraising events (not inclu	dina \$	<u> </u>	f contributions	 }				
90 85	é			raising events reported on line 1) (att								
Ø	,		sum of suc	ch gross income and contributions ex	ceeds \$15,000) .	. 6b						
		С	Less: direc	ct expenses from gaming and fundrais	sing events	. 6c						
		d		ome or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
			line 6c) .						6d			
	J	7a	Gross sale	s of inventory, less returns and allowa	ances	. 7a						
		b		of goods sold		. 7b						
	ŀ	С	Gross prof	fit or (loss) from sales of inventory (Su	btract line 7b fron	n line 7a) .			7c			
	ŀ	8							8			
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a				. ▶	9	165,188 00		
_		10		d similar amounts paid (list in Schedul					10	100,554.11		
		11	Benefits paid to or for members						11			
	S	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping						12			
	Expenses	13							13			
	e l	14							14	19,461.30		
-	ŭ	15							15	1,022.78		
	- 1	16	Other expe	enses (describe in Schedule O) 🛂	· · · · · · · · · · · · · · · · · · ·	MCOL.			16	4,773.22		
		17	Total expe	enses. Add lines 10 through 16	<u> </u>	7214 N	<u> </u>	. ▶	17	125,991.41		
-	40 Evenes or (deficial for the year (C) betweet line 47 from line 0)								18	39,196 59		
	Net Assets	19		or fund balances at beginning of ye		column (A)) (must agree	with				
,	¥		end-of-yea	ar figure reported on prior year's retur	n)				19	262,799.04		
,	<u>ह</u>	20	Other char	nges in net assets or fund balances (e	xplain in Schedul	eO)			20			
	z	21		or fund balances at end of year. Con	-	-	<u> </u>	. ▶	21	301,995.63		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2016)



Par							
n GI	t II	Balance Sheets (see the instructions					_
		Check if the organization used Schedu	e O to respond to a			<u> </u>	
^^	01	h accident and increasing arts		-	(A) Beginning of year	201	(B) End of year
22 23		h, savings, and investments	• • • • • • •	· · · · · - -	262,799.04	23	301,995.63
23 24		er assets (describe in Schedule O)		· · · · · · -		24	
25		al assets	· · · · · · · · ·	· · · · · -	262,799 04		301,995 63
26		al liabilities (describe in Schedule O) .				26	
27		assets or fund balances (line 27 of colum	n (B) must agree with	n line 21)	262,799 04		301,995.63
Parl		Statement of Program Service Accor			art III)		
		Check if the organization used Schedu					Expenses
Nhat	is the	organization's primary exempt purpose?	Distribution of fo	od + dothing to The	redy		quired for section (c)(3) and 501(c)(4)
		ne organization's program service accomp				orga	anizations, optional for
		ed by expenses. In a clear and concise		e services provided	, the number of	othe	ers.)
		nefited, and other relevant information for				<u> </u>	
28		bution of food and sanitary items to needy an		s and families.		ļ	
	F000	provided to 10,003 individuals, for an estimat	ed 150,045 meals.				ļ
?	(Grant	te \$) If the amoun	it includes foreign gra	inte chack hara		28	94,164.99
		bution of clothing items to needy and homele			<u></u> _	200	74,104.77
20		ing provided to 3,567 individuals, for an estim	ated 9 815 outfite				}
						İ	
	(Grant	ts\$) If this amour	it includes foreign gra	ints, check here .	▶ 🗆	298	6,389.1
30							
						Ì	ì
			it includes foreign gra			l	
	(Grant	302	3				
31	Other	1	ł				
						١	1
20	(Grant	ts\$) If this amour	t includes foreign gra	ints, check here .	▶ □	312	
	Total	program service expenses (add lines 28:	through 31a)	ints, check here .		32	100,554.1
	Total	program service expenses (add lines 28a List of Officers, Directors, Trustees, and K	through 31a) ey Employees (list each	nnts, check here .	▶ □ ▶ bensated—see the in	32 nstru	100,554.1 ctions for Part IV)
32 Part	Total	program service expenses (add lines 28:	through 31a)	nnts, check here none even if not company question in this I	▶ □ ▶ bensated—see the in	32 nstru	100,554.1
	Total	program service expenses (add lines 28a List of Officers, Directors, Trustees, and K	a through 31a)	none even if not company question in this l	ensated—see the in	32 nstru	tions for Part IV)
	Total	program service expenses (add lines 28: List of Officers, Directors, Trustees, and K Check if the organization used Schedu	a through 31a) ey Employees (list each e O to respond to an (b) Average	nnts, check here none even if not company question in this I	ensated—see the in	32 nstru	100,554.11 ctions for Part IV)
Part	Total	program service expenses (add lines 28a List of Officers, Directors, Trustees, and K Check if the organization used Schedu (a) Name and title	ey Employees (list each e O to respond to an (b) Average hours per week devoted to position	nnts, check here n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstru	tions for Part IV)
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Pert	instructions for Part V) Check if the organization used Schedule O to respond to any question in this		٧	
22	Did the appropriate and the propriate of		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		-
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		•
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	 	~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	200	 	_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	 	
39	Section 501(c)(7) organizations. Enter:	1 1	{ {	ı
а	Initiation fees and capital contributions included on line 9			
þ	Gross receipts, included on line 9, for public use of club facilities]		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		i	I
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ Virginia			
42a			0-9740)
h	Located at ► 111 Shoreham Lane Williamsburg, VA 23185 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	23185	5-4932	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	7
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. i	▶ [
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	N
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		,
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		[]
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		_	
	Form 990-EZ (see instructions)	45b	1 1	, ,

onn 99	U-EZ (2016)						P	age 4		
,	Did the constitution of the affice and						Yes	No		
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of									
Part			, raiti			· 46	L			
ı aı t	All section 501(c)(3) organization		stions 47–49h an	d 52 and c	omplete th	e tables f	or line	20		
	50 and 51.	o mast amovior quo	otiono ir iob an	a oz, ana o	ompioto a	10 (40)00 /	O. 1111	00		
	Check if the organization used Sc	hedule O to respond	I to any question in	this Part V	i					
							Yes	No		
47	Did the organization engage in lobbying	activities or have a	section 501(h) elec	tion in effect	during the	tax				
	year? If "Yes," complete Schedule C, Par	. 47		~						
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
49a	Did the organization make any transfers to an exempt non-charitable related organization?									
b	If "Yes," was the related organization a section 527 organization?									
50	Complete this table for the organization's							d key		
	employees) who each received more than	1 \$100,000 of comper	nsation from the org			ie, enter "N	lone."			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable		th benefits, is to employee	(e) Estimate	d amou	unt of		
	(a) Name and the or each employee	devoted to position	compensation (Forms W-2/1099-MIS		s, and deferred ensation	other con	pensat	non		
No co:	npensated employees		 	COMP	- Addition					
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		L	<u>l</u>			L				
	Total number of other employees paid ov Complete this table for the organization							46		
51	\$100,000 of compensation from the organization			ni comracio	rs who eac	ii receiveu	more	: trian		
	(a) Name and business address of each independ		(b) Type of s	andra	T ,,) Compensati	on.			
	(a) Name and bosinose abordos of cash indepon		(b) Type of a		ļ	, compensati				
None			1							
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			4		İ					
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			<u></u>		<u>L</u>					
d	Total number of other independent contra	actors each receiving	over \$100,000 .	.▶						
52	Did the organization complete Schede	ule A? Note: All se	ection 501(c)(3) or	ganizations	must attac		_			
	completed Schedule A	· · · · · · · ·	 	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · · · · </u>	.► ✓ Yes				
	enalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other tha					nowledge and	belief,	, it is		
	1									
Sign	Signature of officer			ate						
Here	A John Kueser, Treasurer		_	ebruary 26,	2017					
	Type or print name and title			<u>·</u>						
Paid	Print/Type preparer's name	Preparer's signature		Date	Check [7 if PTIN				
Prep					self-empl					
Use	1 - .			F	rm's EIN ▶					
	Firm's address ▶			Р	hone no.					
May th	ne IRS discuss this return with the prepare	r shown above? See	instructions	<u> </u>	<u></u>	► ☐ Yes		No		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number FISH Inc. 54-1523058 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33½% 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 331/3% 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.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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Part								
	(Complete only if you checked the						lify under	
C = -4!	Part III. If the organization fails to	quality unde	r the tests iis	tea below, pl	ease comple	te Part III.)		
	on A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and	Ì]		
	membership fees received. (Do not]				1		
_	include any "unusual grants.")	141,427.74	145,424 46	152,893.99	180,872.02	164,736.03	785,354.24	
2	Tax revenues levied for the	ļ	i			1		
	organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the							
	organization without charge)	1			}		
4	Total. Add lines 1 through 3	141,427 74	145,424.46	152,893.99	180,872.02	164,736.03	785,354.24	
5	The portion of total contributions by							
•	each person (other than a							
	governmental unit or publicly							
	supported organization) included on					1		
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)			L		L		
6	Public support. Subtract line 5 from line 4	ll		[[L		
	on B. Total Support	1 1 2 2 4 2 1					45 75 1	
_	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	141,427.74	145,424.46	152,893.99	180,872.02	164,736.03	785,354 24	
8	Gross income from interest, dividends,					,		
	payments received on securities loans, rents, royalties and income from similar							
	sources	1,349.48	1,350.66	1,287.98	1,451 21	451.97	5,891.30	
9	Net income from unrelated business	7,347.40	1,330.00	1,207.70	1,431 21	431.77	3,871.30	
•	activities, whether or not the business	i i				[
	is regularly carried on	{				[
10	Other income. Do not include gain or							
	loss from the sale of capital assets		1					
	(Explain in Part VI.)					ļ		
11	Total support. Add lines 7 through 10						791,245.54	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for the							
	organization, check this box and stop he			· · · · ·	<u> </u>	· · · · ·	<u>···▶□</u>	
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2016 (line		-			14	99 %	
15	Public support percentage from 2015 Scl					15	99 %	
16a	331/3% support test—2016. If the organization qua							
b	331/3% support test—2015. If the organi			-				
U	this box and stop here. The organization	qualifies as a	oublicly suppo	rted organizati	on		▶ 🗆	
17a	10%-facts-and-circumstances test—2016. 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							
ь	10%-facts-and-circumstances test—2					6a 16b or 17	a and line	
	15 is 10% or more, and if the organization resplain in Part VI how the organization re	ation meets the meets the "fact	e "facts-and-c s-and-circum:	circumstances" stances" test.	test, check The organizati	this box and son qualifies as	a publicly	
18	supported organization							

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ 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.

Name of the organization Employer identification number FISH, Inc. 54-1523058 Part 1, Line 10 (Details as shown in Part III) **Food Purchases** \$81,453.72 Sanitary Purchases \$12,911 27 Clothing Purchases \$6,389.12 Total - Line 10 - Expenses \$125,991.41 Part 1, Line 16 (Details as shown in Part III) Insurance \$1,358.00 Other Expenses \$3,415 22 Total - Line 16 - Expenses \$4,773.22