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)

2017

Department of the Treasury

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

Open to Public Inspection

		Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form99			0	mspection	
A	For the 2	or the 2017 calendar year, or tax year beginning , 2017, and ending				, 20	
	•	ck if applicable C Name of organization D Em			er identif	fication number	
X	Address ch	ange	FISHTOWN CO	82-	82-0966633		
	Name chan	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Teleph	one numb	er	
X	Initial return						
	Final return	sturn/terminated PO BOX 29392			7)687-	7220	
	Amended re	eturn	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemption	 1	
X	Application	pending	PHILADELPHIA, PA 19123	Numbe	r Þ		
			☐ Cash ☒ Accrual Other (specify) ►	H Check ►	X If the	organization is not	
ı	Website	-	FISHTOWN.CO.COM	required to			
J	Tax-exe		check only one) - ☐ 501(c)(3) 🔀 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 990,			
			☑ Corporation ☐ Trust ☐ Association ☐ Other	(* 555,555,555,555,555,555,555,555,555,55			
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal assets			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	42,250	
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see				
Ŀ	<u></u> _		the organization used Schedule O to respond to any question in this Part I				
_	1	· · · · · · · · · · · · · · · · · · ·	s, gifts, grants, and similar amounts received		1		
	2		vice revenue including government fees and contracts		2		
	3	-	dues and assessments		3	42,250	
	4	Investment			4		
	_		nt from sale of assets other than inventory		 		
			r other basis and sales expenses				
			s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Gaming and		30			
	1 1	Gross incom			•		
ā	a .	\$15,000)					
Revenue	.	Gross incom	utions				
ě	, D		duois				
_		from fundrais sum of such					
	F	Less: direct					
	a	Net income					
		,			6d		
			of inventory, less returns and allowances				
		Less: cost of			7c		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
	8		ue (describe in Schedule O)		8		
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> ▶</u>	9	42,250	
	10		d to or for members		10		
	11	•		11	8,770		
S	12	Salaries, oth		12			
Š	13	Professional		13	12,125		
Expenses	14	Occupancy,	18·· 8 ··	14			
	1	Printing, pub	ॐ	15			
	16	Other expen	٠٠٠ اگال ٠٠٠	16	<u>547</u> 21,442		
_	17						
G	18			18	20,808		
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		- -		
As		_	figure reported on prior year's return)		19		
Ret	20	_	es in net assets or fund balances (explain in Schedule O)		20		
_	21					20,808	
Fo EE		vork Reducti	on Act Notice, see the separate instructions.			Form 990-EZ (2017)	

Folm 990-EZ (2017) FISHTOWN CO				82-0	966	533 Page 2
Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to re	spond to any questior	n in this Part				<u></u>
•		-	(A) Begin	nning of year	├ ─┬	(B) End of year
22 Cash, savings, and investments		, , , , , , ,		0	22	20,808
23 Land and buildings		· · · · · ·		0	23	0
24 Other assets (describe in Schedule O)				0_	24	
25 Total assets				0	25	20,808
26 Total liabilities (describe in Schedule O)		-		0	26	
27 Net assets or fund balances (line 27 of column (B) must agre				0	27	20,808
Part III Statement of Program Service Accomplishm	•		•	_		Expenses
Check if the organization used Schedule O to re				<u></u>	(Reg	uired for section
What is the organization's primary exempt purpose? PROMOTE E	CONOMIC LONG-TER	M DEVELO	PMENT.		1, ,	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ea	ch of its three largest pro	gram service	S,		i '	nizations, optional for
as measured by expenses. In a clear and concise manner, describe to		e number of			othe	
persons benefited, and other relevant information for each program to 28 PROMOTING FISHTOWN THROUGH VARIOUS MEDIUM					}	
FESTIVALS, ADVERTISING, MARKETING&PROMOTI			_		ļ	
VISUAL APPEARANCE OF NEIGHBORHOOD.			··		1	
	ncludes foreign grants, cl	neck here		▶ ∏	28a	8,770
29	<u></u>			<u> </u>	-	
			_			
(Grants \$) If this amount is	ncludes foreign grants, cl	neck here .		▶ □	29a	
30						
					l	
					1	
(Grants \$) If this amount i	ncludes foreign grants, cl	neck here .		▶ 🔲	30a	
31 Other program services (describe in Schedule O)						
	ncludes foreign grants, cl				31a	İ
32 Total program service expenses (add lines 28a through 31a)	<u> </u>				32	8,770
Part IV List of Officers, Directors, Trustees, and Key Emp					ructio	ns for Part IV)
Check if the organization used Schedule O to respond	I to any question in this P	art IV		<u> </u>	<u></u> .	<u> </u>
	(b) Average	(c) Reportat		(d) Health benefits,		(a) Fahrrated amount of
(a) Name and title	hours per week	compensati (Forms W-2/109		ontnbutions to empl benefit plans, and		(e) Estimated amount of other compensation
	devoted to position	(if not paid, e		deferred compensa		
PAUL KIMPORT			İ		ł	
PRESIDENT	20.00		<u> </u>		<u>d</u>	0
KATE HARTMAN						
TREASURER	10.00		<u> </u>		q	0
MARK GOODHEART					ĺ	
SECRETARY	5.00		q	_ _	_0	
JASON BRAY						
TRUSTEE	5.00		q		<u> </u>	0
RANDY COOK					i	
TRUSTEE	5.00	<u> </u>	q		<u> </u>	
	 -		+		+	
	1				- 1	
	+					
	+					
	 				-+	
					- 1	
		 	 +		-+	
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]			
	 	 				
			1			
EEA		·				Form 990-EZ (2017)

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
_	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u>. LL</u>
22			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	22		X
34	detailed description of each activity in Schedule O	33		_^_
•	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		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ı	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
(
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			T
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ı	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		X
1	o If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
•	Initiation fees and capital contributions included on line 9	_		}
ı	Gross receipts, included on line 9, for public use of club facilities	_		•
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			Ì
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1		1
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	1	l	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		├
,	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			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
•	40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		1
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed PA			
	The organization's books are in care of ► KATE HARTMAN Telephone no. ► 267-6	87-7	220	
	Located at ▶ 1400 N FRONT STREET, PHILADELPHIA, PA ZIP+4 ▶ 19122			
1	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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).			
(At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			_
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 ▶ 43		T	т
			Yes	No
44 :	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			\ .
	completed instead of Form 990-EZ	44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	AAL		\ _v
	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b	 	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c	╁	+^
,	explanation in Schedule O	44d	.)-	
45 :	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 -	x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	750	1	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b		X
_				

Form 9	990-EZ (2 0 17)	FISHTOWN CO	·			82-096	6633	F	age 4
46	D.4#		14 1					Yes	No
46		on engage, directly or indirectly, it		•			40		37
Par		bublic office? If "Yes," complete 9 501(c)(3) organizations		· · · · · · · · · · · · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	46_		_X
- 41		on 501(c)(3) organizations		ons 47 - 49h and 53	2 and compl	ete the tal	hles for	lines	
	50 and 5		mast anonor quoda	one are reputing of	z, and comp		5100 101		
		the organization used Sch	nedule O to respond	to any question in t	his Part VI				. П
						<u></u>		Yes	No
47	Did the organization	on engage in lobbying activities o	or have a section 501(h) e	lection in effect during th	e tax				
	year? If "Yes," con	nplete Schedule C, Part II					47_		
48	Is the organization	a school as described in section	า 170(b)(1)(A)(แ)? If "Yes,	" complete Schedule E			48_		
49 a	Did the organization	on make any transfers to an exen	npt non-charitable related	organization?			49a		
b	If "Yes," was the re	s," was the related organization a section 527 organization?					49b		
50		e for the organization's five highes							
	employees) who e	ach received more than \$100,00	0 of compensation from th	e organization. If there is	s none, enter "N	one "	_	_	
			(b) Average	(c) Reportable	(d) Health ben		(e) Estimated		at of
	(a) Name an	nd title of each employee	hours per week	compensation	contributions to e benefit plans, and		other co		
			devoted to position	(Forms W-2/1099-MISC)	compensa	tion		_	
		1							
			<u> </u>	 					
		•							
					 				
					Į.				
			 						
									
				İ	1				
	Total number of of	ther employees paid over \$100,0	00	L	<u>. </u>				_
51		e for the organization's five highe		not contractors who cook	-	thon			
31		ensation from the organization.			received more	ulan			
	\$100,000 OI COMP	ed sation nom the organization.	Tulere is none, enter 1401						
	(a) Name and bu	usiness address of each independent contra	actor	(b) Type of servic	e	(c) (Compensatio	n	
		•			ľ				
		7							
					ļ				
							_		
								_	
đ	Total number of of	ther independent contractors eac	h receiving over \$100,000) , , , , ▶					
52	Did the organization	on complete Schedule A? Note:	All section 501(c)(3) orga	anizations must attach a			_		
	completed Schedu	ıle <u>A </u>	<u> </u>	<u> </u>	<u> </u>	▶	Yes	X	No
Unde	r penalties of perjury, I	I declare that I have examined this re-	turn, including accompanying	schedules and statements,	and to the best of	my knowledg	e and belie	f, ıt ıs	
true,	correct_and complete	Declaration of preparer (other than	officer) is based on all inform	ation of which preparer has	any knowledge				
(×) 07-11-							018		
Sign Signature of officer Date									
Her		KIMPORT, PRESIDENT		10001	<u> </u>			,	
		r print name and title	<u> </u>						
_	1	preparer's name	Preparer's agnatura	Date	<u> </u>	ck 🗌 ıf 📗	PTIN		
Paid	· <u> </u>	azzola (Thou/ May	07-11-20	018 self-	employed	P00355	365	
	parer Firm's name	e FINANCIAL SE	RVICES UC		Firm's EIN	<u> </u>			
Use	Only Firm's addr	ess > 1700 FRANKFORD	AVENUE						
		PHILADELPHIA PA			Phone no	215-42	26-0100		
May	the IRS discuss this	s return with the preparer shown	above? See instructions	<u> </u>	<u> </u>	<u> ▶</u>	X Yes	<u> </u>	No
EEA							Form 99	90-EZ	(201)

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

2017

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Employer identification number Name of the organization

Open to Public Inspection

FISHTOWN CO		82-0966633
01. Description of other expenses (Part I, line	a 16)	
DESCRIPTION	AMOUNT	
BANK CHARGES	15	
INSURANCE	532	
,		