

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2019

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning Oct 1, 2019, and ending Sep 30, 2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization FRIENDS OF FISHER HOUSE PUGET SOUND
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 18253
 City or town, state or province, country, and ZIP or foreign postal code
SEATTLE, WA 98118

D Employer identification number 86-1175590
E Telephone number (206) 501-8860
G Gross receipts \$ 229,987.

F Name and address of principal officer:
ROXANE RUSCH, PO BOX 18253, SEATTLE, WA 98118

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.FISHERHOUSEVAPS.ORG

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2006 **M** State of legal domicile: WA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION'S MISSION IS TO EASE THE BURDEN ON OUR ACTIVE DUTY MILITARY AND VETERANS AND THEIR FAMILIES DURING DIFFICULT TIMES. THE ORGANIZATION RAISES FUNDS TO "CREATE A HOME AWAY FROM HOME" AT FOUR WASHINGTON FISHER HOUSES. IN THESE BEAUTIFUL HOMES ACROSS WASHINGTON, FAMILIES FIND PEACE, RESPITE, AND A PLACE FOR THE ENTIRE FAMILY TO HEAL TOGETHER.</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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	209,379.	227,909.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,681.	2,078.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	211,060.	229,987.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	142,159.	130,149.
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	142,159.	130,149.	
19 Revenue less expenses. Subtract line 18 from line 12	68,901.	99,838.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 602,804.	End of Year 732,677.
	21 Total liabilities (Part X, line 26)	2,274.	7,309.
	22 Net assets or fund balances. Subtract line 21 from line 20	600,530.	725,368.

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: Roxane Rusch Date: 01/11/2021
 Type or print name and title: ROXANE RUSCH, PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: Barbara B Petty Preparer's signature: Barbara B Petty Date: 01/21/2021 Check if self-employed PTIN: P01025395
 Firm's name: Accounting & Management Service Firm's EIN: 91-1652816
 Firm's address: 4010 Stone Way N Suite 400, Seattle, WA 98103 Phone no.: (206) 285-0883

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No