_{Form} 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)

2018

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

ΑI	For the	2018 calenda	ar year, or tax year beginning Ju	ily 1 , 2018,	and ending	Ju	ne 30	, 20 19	
В	Check if ap	oplicable:	C Name of organization			D Employ	yer identification	n number	
	Address c	hange	Tennessee Fisher House Foundation, Inc.				26-107618	3	
	Name change		Number and street (or P.O. box, if mail is not delivered	to street address)	Room/suite	E Teleph	one number		
	Initial retur		PÖ Box 774				615-804-53	79	
===		n/terminated	City or town, state or province, country, and ZIP or for	eign postal code		F Group	Exemption		
=	Amended Application		Brentwood, TN 37024-0774				oer ►		
		ting Method:	✓ Cash		L		if the orga	nization is net	
	Nebsite	•	TennesseeFisherHouse.org				to attach Sche		
JΤ	ax-exen			(insert no.) 4947(a)(1) or			0, 990-EZ, or 9		
			production of the second secon	sociation Other		<u>(, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
		-	7b to line 9 to determine gross receipts. If gross		nore, or if total	assets			
			5500,000 or more, file Form 990 instead of Form			>	• •		
_	art l		e, Expenses, and Changes in Net Ass			instruct	tions for Par	+ 1)	
			the organization used Schedule O to res						
	1		ons, gifts, grants, and similar amounts received				1	117,332.55	
	2		ervice revenue including government fees a				2	117,332.00	
	3		ip dues and assessments			· ·	3		
	4	Investment					4	1,076.07	
	5a		unt from sale of assets other than inventor,	, , , , , , , , , , , , , , , , , , ,		· · -	-	1,070.07	
	Ь		or other basis and sales expenses						
	C		ss) from sale of assets other than inventory		no 5a)		5c		
	6		d fundraising events:	ii mon de am tabridad,	ne Ja,		30		
	а		ome from gaming (attach Schedule G	if greater than					
ā									
Revenue	b	Gross inco	me from fundraising events (not including		contribution	e .			
ě			aising events reported on line 1) (attach So		oor an action				
-			h gross income and contributions exceeds			Ī			
	С		t expenses from gaming and fundraising ev				İ		
	ď		e or (loss) from gaming and fundraising ev		6b and sub	otract			
							6d		
	7a	Gross sale	s of inventory, less returns and allowances	7a			00		
	b		of goods sold	· · · · · · · · · · · · · · · · · · ·					
	С		it or (loss) from sales of inventory (Subtract				7c		
	8	· ·				· -	8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			· •	9	118,408.62	
Expenses	10		I similar amounts paid (list in Schedule O)				10	87,796.60	
	11		aid to or for members				11		
	12		ther compensation, and employee benefits			<u> </u>	12		
	13		al fees and other payments to independent				13	1,000.00	
찚	14		y, rent, utilities, and maintenance				14	230.63	
Ä	15		ublications, postage, and shipping				15	2,884.71	
	16	Other expe	enses (describe in Schedule O)				16	4,618.13	
	17	Total expe	enses. Add lines 10 through 16			▶ -	17	96,530.07	
	18	Excess or	(deficit) for the year (Subtract line 17 from lin	ne 9)			18	21,878.55	
ě	19		or fund balances at beginning of year (fro	,					
455			r figure reported on prior year's return) .				19	212,247.52	
Net Assets	20		ges in net assets or fund balances (explain				20		
	21		or fund balances at end of year. Combine				21	234,126.07	

Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a				<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			212,247.52	22	234,126.07
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		· · · · · <u> </u>	212,247.52	+	234,126.07
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			212,247.52	27	234,126.07
Par		•		— I		Expenses
107	Check if the organization used Schedule				(Re	quired for section
		· · · · · · · · · · · · · · · · · · ·	Military and Veteran fa		501	(c)(3) and 501(c)(4)
as m	cribe the organization's program service accompli- neasured by expenses. In a clear and concise means benefited, and other relevant information for ea	anner, describe the ach program title.				anizations; optional for ers.)
28	Unrestricted grant to the Fisher House Foundation, Inc. 9	Rockville, MD				
				*		*
	75.000.00					
-00	(Grants \$ 75,000.00) If this amount		ants, check here .	<u> ▶ ⊔</u>	28	75,000.00
29	Grant to the Fisher House located on the Alvin C. York V	A campus.		•		
	(Grants \$ 12,796.60) If this amount	includes foreign ar	anto obook boro		20.	12 706 60
30					298	12,796.60
00	·····					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)	000				
			ants, check here .		318	•
32	Total program service expenses (add lines 28a t	through 31a)		>	32	
	t IV List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
-	Check if the organization used Schedule					<u> </u>
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		on our parieti
Don	Wrignt	5				
Pres	dent	3	0		0	0
Andr	ea Lawrence	5				
Secr	etary	3	0		0	0
Keith	B Lawrence	10	•			
	surer		0	-	0	0
	nas Allard	1				
	d Member		0		0	
Joe E		1				_
	d Member		0		0	0
	da Henslee	1				_
	d Member		0		0	. 0
	Hickerson	2				
	nce Committee		0		0	0
	er Hudson	1				^
	d Member randon Hulette		0		0	0
	nce Committee	2	0		0	0
Mike					0	0
	d Member	1	0		0	0
	ald Wright		-		-	0
	d Member	1	0		0	0
	Young		9		-	
	d Member	1			0	0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	mandenons for rail v., Check if the organization used Schedule O to respond to any question in this	rant	ν. 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	169	Nb ✓
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		1
35a	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		1
c b	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 35c		√ √
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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 0.00 Did the organization file Form 1120-POL for this year?			1
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	JJa		•
	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		✓
d	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			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	✓
41	List the states with which a copy of this return is filed ▶	-		
42a	9		4-537	
h	Located at ► 5616 Green Apple Lane ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	3/02/	'-4731 Yes	
~	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	103	√
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40		
	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 Section 4047(a)(1) and a section to the first of the section of the foreign country Section 4047(a)(1) and a section of the first of the section of	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	• •	Yes	No
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	163	√
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
þ	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	45h		./

46 Did	the organization engage, directly or in	ndirectly, in political o	ampaign activities or	n behalf of o	r in opposit	tion	res	NU
	andidates for public office? If "Yes," o		, Part I		<u> </u>	46	Ш.,	√
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organization		estions 47–49h and		mnlete th	e tables t	for lin	100
	50 and 51.	o mast answer que	טוא מכד יד פווטואס	JZ, and co	Milpiete tir	e tables	OI III	.C3
	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI				. 🗆
							Yes	No
	the organization engage in lobbying		section 501(h) election	on in effect	during the	tax		
-	r? If "Yes," complete Schedule C, Par					47	₩	√
	ne organization a school as described in the organization make any transfers t						-	√
	es," was the related organization a se						+	
50 Con	nplete this table for the organization's	five highest compen	sated employees (oth	her than offic	cers, directo	ors, truste	es, an	id key
emp	ployees) who each received more than	1 \$100,000 of comper	nsation from the orga			e, enter "N	Vone.	
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	benefit plans,	to employee and deferred nsation			
None				0011100				
	·							
# Tp+	al number of other employees paid ov	\$1.00.000						
51 Cor	nplete this table for the organization 0,000 of compensation from the organization	s five highest compo	ensated independent	t contractors	who each	received	more	e than
(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)	Compensat	ion	
None						· · · · · · · · · · · · · · · · · · ·		
			-					
 								
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	al number of other independent contra the organization complete Schedu	J	- ,,	. P	augt ottook			
	npleted Schedule A		ection sortoj(s) orga	amzauons n	iusi aitaci	≀a .▶∐ Yes	s 🗆	No
Under penaltic	es of perjury, I declare that I have examined this	return, including accompan	lying schedules and statem	nents, and to the	best of my kr			
true, correct, a	and complete. Declaration of preparer (other that	n officer) is based on all info	ormation of which preparer	has any knowle	edge. 			
Sign	Signature of officer				·			
Here	▶ Donald M Wright, President				NOV 8, 201			
,,,,,	Type or print name and title		1000 3,001					
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check	if PTIN	-	
Prepare	r				self-emplo			
Use Only	y Firm's name ►				n's EiN ▶			
May the IP	Firm's address ► RS discuss this return with the preparer shown above? See instructions				one no.	▶ □ v		Ma
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						1011110		≖ (∠υ Ια)