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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 30 September For the 2008 calendar year, or tax year beginning 1 October , 2008, and ending . 20 09 C Name of organization Fish of Laurel, Inc. D Employer identification number Please B Check if applicable Doing Business As ALSO KNOWN AS: Elizabeth House 1182320 Address change label or print or Number and street (or PO box if mail is not delivered to street address) E Telephone number Room/suite Name change PO Box 36 (301) 776-9296 Initial return City or town, state or country, and ZIP + 4 Termination Instruc Laurel, MD 20725-0036 54.007.33 Amended return G Gross receipts \$ F Name and address of principal officer Henry Borger Application pending H(a) Is this a group return for affiliates? Yes **☑** No 8714 Crystal Rock Lane, Laurel, MD 20708 H(b) Are all affiliates included? ☐Yes ☐ No √ 501(c) (3)

√ (insert no)

√ 4947(a)(1) or

√ 527 If "No," attach a list (see instructions) Website: ▶ www.fishoflaurel.org H(c) Group exemption number ▶ Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1979 M State of legal domicile MD Summary Briefly describe the organization's mission or most significant activities: Fish of Laurel, Inc. provides the needy in the greater Laurel, MD area with - primarily: hot meals daily, groceries on a prearranged basis - secondarily: financial assistance with prescriptions, rent, utilities 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 12 4 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 none 6 300+ 6 Total number of volunteers (estimate if necessary) 7a 611.37 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34 -0-**Current Year** 49,078.28 53,395.96 8 Contributions and grants (Part VIII, line 1h) . -0-9 Program service revenue (Part VIII, line 2g) . -0-611.37 603.70 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -0--0-Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 49,681.98 54,007.33 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 27,662,66 29,428.42 -0--0--0-16a Profession fundraising fees (Part IX, Column (A), line 11e) -0--0-b Total fundatising தைஇரைத்து(Part 1X), co முற்ற (D), line 25) ▶ 21.413.07 17 Other explenses (Part IX, column (A), ff2es 11a-11d, 11f-24f) 16,930.48 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 49,075.73 46,358.90 Revenue less experises Subtract line 18 from line 12 606.25 7,648.43 Beginning of Year End of Year 69,344.91 20 Total assets (Part X, line 16) . 61.696.48 Total liabilities (Part X, line 26) -0-Net assets or fund balances. Subtract line 21 from line 20 61,696.48 69,344.91 Signature Block Under penalties of Sign Here Date Type or print name and title Check if Date Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours EIN Use Only if self-employed), address, and ZIP + 4 Phone no ▶ May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: provides the needy in the greater Laurel, MD area with
	- primarily: hot meals daily, groceries on a prearranged basis
	- secondarily: financial assistance with prescriptions, rent, utilities
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	45 450 40
4a	(Code:) (Expenses \$ 45,458.42 including grants of \$ -0-) (Revenue \$ -0-)
	maintained 24 hours a day, 7 days a week phone referral service;
	provided housing, utility, prescription assistance;
	distributed donated (including gov't distributions - e.g., USDA) supplemented with purchased food;
	served daily hot dinner and bag lunch
	•
41-	(Onder) (Foregoes C) including greats of C) (Foregoes C)
4D	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	<u>NA</u>
40	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	
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4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Code:) (Expenses \$including grants of \$) (Revenue \$) NA
	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	990 (2008) rt IV Checklist of Required Schedules		P	Page 3
	Oncokiist of frequired contenties		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"]		
10	complete Schedule D, Part IV	10		√
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	-	•
	Parts VI, VIII, IX, or X as applicable	11		✓
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		√
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	-
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25.	24a 24b		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	-Did-the-organization-act-as-an-"on behalf of"-issuer for bonds-outstanding-at-any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	٥٢.		,
26	person from a prior year? If "Yes," complete Schedule L, Part I	25b		√
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		√
	substantial contributor, or to a person related to such an individual? If "Yes." complete Schedule L. Part III	27	1 .	✓

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			:
	Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	:	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		✓

Form **990** (2008)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		
-	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			 _
	gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	j		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a none			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ï	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		1
	Regarding Prohibited Tax Shelter Transaction?	5c		1
	Did the organization solicit any contributions that were not tax deductible?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		all the call
7	Organizations that may receive deductible contributions under section 170(c).		2	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		1
_	\$75?	7b		 -
	Did the organization roting the donor of the value of the goods of services provided?			
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	71.		,
	required?	7h		✓
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	·]		
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		√
10	Section 501(c)(7) organizations. Enter:			
-a-	- Initiation-fees and capital-contributions-included-on-Part-VIII,-line-12-,	}		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	amounto duo di 1000ivod nom mem,	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management										
			Yes	No							
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the										
	circumstances, processes, or changes in Schedule O. See instructions.										
1a	Enter the number of voting members of the governing body			_							
b	Enter the number of voting members that are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
-	any other officer, director, trustee, or key employee?	2		✓							
3	Did the organization delegate control over management duties customarily performed by or under the direct										
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1							
_	6 Does the organization have members or stockholders?										
7a	Does the organization have members, stockholders, or other persons who may elect one or more members										
, a	of the governing body?	7a		✓							
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, :	w.;	Ŷ.							
Ü	the year by the following:	3 - 5 後	•								
_	The governing body?	8a	1	A Separation is							
	Each committee with authority to act on behalf of the governing body?	8b	1								
	Does the organization have local chapters, branches, or affiliates?	9a		1							
	·										
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b									
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1								
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11									
Sec	tion B. Policies										
<u> </u>	uon b. roncies		Yes	No							
120	December of the control of the contr	12a	✓								
	Does the organization have a written conflict of interest policy? If "No," go to line 13		-								
U		12b	1								
	rise to conflicts?										
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓								
13	Does the organization have a written whistleblower policy?	13		✓							
14	Does the organization have a written document retention and destruction policy?	14	75 T	√							
15	Did the process for determining compensation of the following persons include a review and approval by		, Jan.								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	ليستشم	1300								
а	The organization's CEO, Executive Director, or top management official?	15a		✓							
b	Other officers or key employees of the organization?	15b	•	√							
	Describe the process in Schedule O. (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-								
	with a taxable entity during the year?	16a		✓							
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate										
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard										
	the organization's exempt status with respect to such arrangements?	16b		L							
Sec	tion ₋ CDisclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ Maryland			-							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	s(8)(3	only)								
	available for public inspection. Indicate how you make these available. Check all that apply.										
	☐ Own website ☐ Another's website ☑ Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest								
	policy, and financial statements available to the public.										
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the								
	organization: ► Greg Flowers, 17490 Timberleigh Way, Woodbine, MD 21797-7931, 410-489-4267			. 							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if the organization did not co	mpensate	any o	offic	er,	dire	ctor,	trus	tee, or key em	ployee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		ion (d		•	that ap		Reportable	Reportable	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Henry Borger President	2	1		1				-0-	-0-	-0-
John Martin Vice-president	1	1		1				-0-	-0-	-0-
Michael Crotty Secretary	1	1		1				-0-	-0-	-0-
Greg Flowers Treasurer	2	√		1				-0-	-0-	-0-
Tom Bresson Board Member	2	1						-0-	-0-	-0-
Charles Cosner Board Member	2	1						-0-	-0-	-0-
Jean Hannagan Board Member	6	1						-0-	-0-	-0-
Perry lannaconi Board Member	1	1						-0-	-0-	-0-
Judi Kuntz Board Member	4	1						-0-	-0-	-0-
Jean Lawrence Board Member	1	√						-0-	-0-	-0-
Carol Plotnick Board Member	1	1						-0-	-0-	-0-
Steve Sternheimer Board Member	6	1						-0-	-0-	-0-

Pa	t VII Section A. Officers, Directors, Tru	istees, Key	y Employees, and Highest Compensated							nsated Employees (continued)				
	(A)	(B)		1	•	C)	4L-4		(D)	(E)		(F)		
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	stimated nount of other pensation om the janization d related anization	f on on d	
									_					
				•										
		. :						:						
1b	Total							•	-0-	-0-			-0-	
2	Total number of individuals (including thos organization ► none	e in 1a) wh	o rec	eive	ed r	nore	e thar	n \$1	00,000 in repo	rtable compens	sation 1	irom th	he	
_												Yes	No	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o	ompensated	3		✓	
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabl	ес	omp	ens	sation							
	ındıvidual	•							·		4		✓	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp plete	sen: Sch	satı edu	on 1 le J	rom a for s	any <i>uch</i>	unrelated org person	anization for	5		1	
Se	ction B. Independent Contractors													
1 	Complete this table for your five highest concentration from the organization.	ompensate		•					rs that receive	d more than \$1	00,000	· of		
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Comper) nsation		
NO	NE													
_														
_														
_					43			<u> </u>						
2	Total number of independent contractors compensation from the organization ▶ n		those	in	1) W	/ho	recei	ved	more than \$10	00,000 in				

Pari	VIII	Statement of Re	venue			· - · -		
		Otationioni et ile			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, gand similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	butions). 1e grants, ded above	30,457.48 -0- -0- -0- -0- 22,938.48 -0-	53,395.96	·		
Program Service Revenue	2a b c d e f		ce revenue .	Business Code	-0-			
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties	f tax-exempt bond	▶	611.37 -0- -0-			611.37
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	-0- -0- -0-	-0- -0-	-0-			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other -0-				-
	c	Less: cost or other basis and sales expenses . Gain or (loss) Net gain or (loss)	-0- -0-	-0- -0-	-0-		,	~
Other Revenue		Gross income from events (not including \$ of contributions reported See Part IV, line 18	fundraisingd on line 1c).	-0-				-
Othe		Less: direct expenses Net income or (loss) fro		-0- vents . ▶	-0-			
	ь	Gross income from gam See Part IV, line 19 Less: direct expenses. Net income or (loss) from	a	-0- -0- ities				
- -	10a b	Gross sales of inverteurns and allowances Less:-cost of-goods so Net income or (loss) fror	entory, less a ldb n sales of invento	-0- 0- ory ►	-0-			
	b d			Business Code	-0-			
		Total Revenue. Add line 9c, 10c, and 11e	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	54,007.33	-0-	-0-	611.37

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to comp	nete columns (b),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	-0-			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	29,428.42	29,428.42		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	-0-			
4	Benefits paid to or for members	-0-			
5	Compensation of current officers, directors,				
	trustees, and key employees	-0-		-	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-			
7	Other salaries and wages	-0-			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-0-			
9	Other employee benefits	-0-			
10	Payroll taxes	-0-			
11	Fees for services (non-employees):				
а	Management	-0-			
b	Legal	-0-			
С	Accounting	-0-			
d	Lobbying	-0-			
е	Professional fundraising services. See Part IV, line 17	-0-	, ,	ž.	
f	Investment management fees	-0-			
9	Other	-0-			
12	Advertising and promotion	-0-			
13	Office expenses	1,356.91	1,356.91		
14	Information technology	-0-			
15	Royalties	-0-	44 672 00	· -	·-···
16	Occupancy	14,673.09	14,673.09		
17	Travel	-0-			
18	Payments of travel or entertainment expenses	-0-			
40	for any federal, state, or local public officials	-0-			
19 20	Conferences, conventions, and meetings .	-0-			
20 21	Interest	-0-			-,,
22	Depreciation, depletion, and amortization	-0-			
23	Insurance	-0-			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_ a.	registration/permit, po box,	900.48		900.48	
_ a. b	safe deposit box, check printing,				
C	meeting room use fees		***		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	46,358.90	45,458.42	900.48	-0-
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Pa	irt X [Balance Sheet									
			(A) Beginning of year		(E End o	B) of year					
	1	Cash-non-interest-bearing	20,278.45	1		27,315.5					
	2	Savings and temporary cash investments		2		42,029.4					
	3	Pledges and grants receivable, net		3		-0					
	4	Accounts receivable, net		4		-0					
	5	Receivables from current and former officers, directors, trustees, key	20,278.45 1 41,418.03 2 -0- 3 -0- 4 ey -0- 5 -0- 6 -0- 7 -0- 8 -0- 9 -0- 9 -0- 11 -0- 12 -0- 13 -0- 14 -0- 15 -0- 13 -0- 14 -0- 15 -0- 18 -0- 17 -0- 18 -0- 19 -0- 20 -0- 21 -0- 21 -0- 23 -0- 24 -0- 25 -0- 26								
	3	employees, or other related parties. Complete Part II of Schedule L	-0-	5							
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	-0-	6		-0					
'n	_	Part II of Schedule L		_		<u>-0</u>					
Assets	7	Notes and loans receivable, net				-0					
Ass	8	Inventories for sale or use				-0					
•	9	Prepaid expenses and deferred charges		3							
	10a	Land, buildings, and equipment. cost basis	<i>i</i>	٠.	464	4 4					
	b	Less: accumulated depreciation. Complete		100		-0					
	مدا	Tat VI of Concadic D		-		-0					
	11	Investments—publicly traded securities									
	12	Investments—other securities. See Part IV, line 11				-0					
	13	Investments—program-related. See Part IV, line 11				-0					
	14	Intangible assets				-0					
	15 16	Other assets. See Part IV, line 11				69,344.9					
_	17			_		-0					
	18	Accounts payable and accrued expenses	-			-0					
	19	Grants payable				-0					
	20	Tax-exempt bond liabilities				-0					
Ś	21	Escrow account liability. Complete Part IV of Schedule D	-0-			-0					
Liabilities	22	• •	- 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		·/š.						
ģ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	2			£ - `					
Ë		persons. Complete Part II of Schedule L		22		-0					
	23	Secured mortgages and notes payable to unrelated third parties		23		-0					
	24	Unsecured notes and loans payable	_	24		-0					
	25	Other liabilities. Complete Part X of Schedule D	-0-	25		-0					
	26	Total liabilities. Add lines 17 through 25		26		-0					
-Ses		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.		Ĺ,		** *					
lances	27	Unrestricted net assets				26,391.9					
	28	Temporarily restricted net assets	42,953.00	28		42,953.0					
2	29	Permanently restricted net assets	-0-	29		-0					
Net Assets or Fund Ba		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	*	-							
8	30	Capital stock or trust principal, or current funds		30							
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
As	32	Retained earnings, endowment, accumulated income, or other funds		32							
<u>e</u>	33	Total net assets or fund balances	61,696.48	33		69,344.9					
~	34	Total liabilities and net assets/fund balances				69,344.9					
Pa	irt XI	Financial Statements and Reporting									
						Yes No					
1	Acc	ounting method used to prepare the Form 990: 🗹 Cash 🛛 Accrual	☐ Other								
		e the organization's financial statements compiled or reviewed by an ind		t?	2a	✓					
b		e the organization's financial statements audited by an independent according			2b	✓					
c		es" to lines 2a or 2b, does the organization have a committee that assumes		sight o	f						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?										
3a	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in										
						✓					
_ <u>b</u>	If "Y	'es," did the organization undergo the required audit or audits?	<u> </u>		. 3b						

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number 52 1182320

		Laurei, inc.							J 32 1		1102320	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	<u>e instru</u>	ctions)	
The	orga	anization is no	ot a private foun	dation because it is:	(Please o	check onl	y one org	ganizatioi	n.)			
1		A church, co	nvention of chu	rches, or association	of churc	hes desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2	_			on 170(b)(1)(A)(ii). (At						• • • •		
3				nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).	(Attach S	Schedule H.)	
4		•		ition operated in conj								
•	ш		_	ate:			opital ac	JOINDOG 1	5001101		January Lines the	
5		•	•	the benefit of a colle			upod or a	norotod	by a gay	oromonto	Lunit decembed in	
5		section 170	(b)(1)(A)(iv). (Co	mplete Part II.)		-					i unit described in	
6	Ш	A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(b)(1)(A)(v)).		
7	Z	_		/ receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental uni	t or from	the general public	
8				in section 170(b)(1)		Complete	Part II.)					
9				receives: (1) more that		•		m contrib	outions. m	embersh	p fees, and gross	
•	_	-	•	ed to its exempt function							•	
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
				after June 30, 1975.							,	
10		-	•	nd operated exclusive				•	•	(a)(A) (co	o inetrilatione)	
11	Η	•	_	•	-	-	-				•	
11				and operated exclusively blicly supported organ								
				at describes the type								
			_	_					•	_		
		a ☐ Type		•	• •	e III-Fun	-	•			Type III-Other	
е	Ш			tify that the organizat								
		-		n managers and othe	r than on	e or more	publicly	supporte	ed organiz	ations de	escribed in section	
		509(a)(1) or	section 509(a)(2)	•								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	I, Type II	, or Type	III supporting	
		organization	, check this box								🗌	
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	any of the	•		
		following pe	rsons?	-		-					,	
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or too	ether wit	th persor	ns descrit	oed in (ii)	Yes No	
			•	ning body of the supp		-		. '			11g(i)	
				rson described in (i) a							11g(ii)	
				of a person described							11g(iii)	
h				ation about the organ				upports.				
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	1	organization		ou notify	(vi)	s the	(vii) Amount of	
• • •		anization	, ,	(described on lines 1-9		sted in your	the organ	nization in	organizat	ion in col	support	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?		
				(00000.200.0)	Yes	No	Yes	No	Yes	No	1	
				· · · · · · · · · · · · · · · · · · ·	1.00	110	100	110	100	- 110	_	
								1				
								 	-		_	
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		-	-					-	-			
						,		1	1			
								<u> </u>	 			
					ļ	ļ		ļ	<u> </u>			

Total

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support					•	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,834.14	38,125.89	40,511.07	49,078.28	53,395.96	220,945.34
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-0-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-0-
4	Total. Add lines 1-3	39,834.14	38,125.89	40,511.07	49,078.28	53,395.96	220,945.34
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		~ ×	\$ 7°.			40.000.00
	shown on line 11, column (f)	200		3 1			18,000.00
<u>6</u>	Public support. Subtract line 5 from line 4.		A.	i da	** *		202,945.34
	tion B. Total Support	(=) 2004	(h) 2005	(a) 2006	(4) 2007	(a) 0000	(f) Total
	lendar year (or fiscal year beginning in)	(a) 2004 39,834.14	(b) 2005 38,125.89	(c) 2006 40,511.07	(d) 2007 49,078.28	(e) 2008 53,395.96	220,945.34
7	Amounts from line 4	35,034.14	30,123.09	40,511.07	49,070.20	55,353.50	220,545.54
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	356.33	541.34	631.18	603.70	611.37	2,743.92
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			~			
11	Total support. Add lines 7 through 10 ,	, =,,2%		\$	A AGE		223,689.26
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	-0-
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	nd, third, fourth	•		n 501(c)(3) \blacktriangleright \Box
360 14				1 actions (6)		14	91 %
	Public support percentage for 2008 (line	• • • • • • • • • • • • • • • • • • • •	•			15	92 %
15	Public support percentage from 2007 Scl		•				- 70
16a	33% % support test—2008. If the organization qualifies	as a publicly s	upported orgai	nization			▶ ☑
ь	33% % support test – 2007. If the organization qua			-			
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum"	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "f organization meets the "facts-and-circumsta-Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, o organization qua	check this box a alifies as a public	and stop here . cly supported org	Explain in Part I	V how the

Par	Support Schedule for Orga (Complete only if you checke)(2)			
Sec	tion A. Public Support				-			
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge				-			
6	Total. Add lines 1-5		ļ <u>.</u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)			~ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	* * *	1		
Sec	tion B. Total Support		• • • • • • • • • • • • • • • • • • •					
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e	2008	(f) Total
9	Amounts from line 6							
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2008 (lin	e 8, column (f) divided by lin	e 13, column	(f)	15		-%_
16	Public support percentage from 2007 \$					16		%
Sec	tion D. Computation of Investmer	nt Income Po	ercentage				· -	
17	Investment income percentage for 200	B (line 10c, co	lumn (f) divided	d by line 13, c	olumn (f)) .	17		%
18	Investment income percentage from 20					18		
19a								
b	33% % support tests – 2007. If the organ line 18 is not more than 33% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is m	ore than	331/3 %, and
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	ox and	see inst	tructions 🕨 🔲

` Schedule A (F	form 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instrumental part III) and the supplemental information information information.	II, line 10; ructions)
		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Attach to Form 990.

7 7	2008	an to Dublic
2	₩	9
		å

OMB No 1545-0047

% □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Employer identification number 1182320 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 25 . . (f) Method of valuation (book, FMV, appraisal, other) the selection criteria used to award fire grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Serial General Information on Grants and Assistance (p) EIN Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Fish of Laurel, Inc. Part II NONE

Page **2**

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

Ose Scriedule I-II (FOILI 990) II additional space is fleeded.	Julioliai space is ile	seded.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
kitchen meals - dinners/lunches	13,460/14,800	7,284.08		cash basis actual cost	
client assistance - groceries	494/72 fam/sing	12,109.56		cash basis actual cost	***
- rent	31 families	6,000.00		cash basis actual cost	
- utility assistance	34 families	2,875.00		cash basis actual cost	
- pharmacy	none this year	-Ģ		cash basis actual cost	
- Thanksgiving/Christmas baskets	189 families	part of "groceries"		cash basis actual cost	
phone service in direct support of clients	see suppl.	1,159.78		cash basis actual cost	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	lete this part to pr	ovide the informatic	on required in Part	I, line 2, and any other	additional information.

The Board monitors actual expenditures via its budget review. Record keeping is the responsibility of each group managing an assistance category. USDA and similarly controlled food distribution is monitored in accordance with donating agency policy with required reports submitted to those agencies Because Fish operates on a cash basis, though we do not figure the cost of food or supplies donated to us, these donations are logged. For kitchen meals & groceries,

The costs in column (c) represent Fish's actual cash expenditures in support of the particular form of assistance. In the case of rent, utility, and pharmacy assistance, our client assistance is significantly augmented by such community and agency food donations - religious/school groups, US Post Office, Boy Scouts, USDA, etc.

the cash payments are made to the client's rental/utility/pharmacy company and not to the client. We minimize the risk of clients "double dipping" by

coordinating assistance with other community organizations.

Kitchen meals are served daily on site and provided to all who come to the "kitchen". The approximate counts are based on sign in sheet totals.

Groceries assistance is provided to a family/single no more than once every 30 days - 3 full bags. Rent, utility, and pharmacy assistance are provided no more than

once a year. In addition, Fish provides Thanksgiving and Christmas baskets, providing a holiday meal for a family/single. Accurate counts are based on logs.

The "phone service" is for our client contact phone service and for reimbursement of reasonable phone expenses of those coordinating the assistance requests.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Fish of Laurel, Inc.

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

1182320

Employer identification number

52

Part IV, 2) Since it's not clear that federal Combined Federal Campaigns are excluded, this only source over \$10.7K
is reported in Schedule B.
Part V, 7g/h) There were NO such contributions. A third option of "NA" would be a better answer to the question as asked.
Part VI, 8) The activities of Fish are carried out by groups of volunteers which implement group responsibilities within the
scope (responsibilities, resources, etc) laid out by the Board. These groups are represented on the Board where
each group's scope is defined and significant group actions are reported in Board minutes.
Part VI, Section A, 10)
- Typically via email, each Board member is provided with a copy of the completed Form 990.
- Questions are addressed and any necessary changes made.
- The Board is then asked to approve the Form 990, requiring majority vote.
- The approval is noted in the Board minutes - next Board minutes if the approval is via an email poling of Board
members.
Part VI, Section B, 12) Board members are required to promptly disclose any potential conflict of interest and refrain from
involvement in any Board decisions related to that conflict of interest. Since the Board has the sole responsibility for
significant actions on behalf of the corporation, Board monitoring and enforcement of conflict of interest policy is
straight forward.
Part VI, Section B, 15) NO personnel are compensated.
Part VI, Section C, 19) Currently the public access documents are made available on as-requested basis, via a hardcopy of
the requested document(s). We are discussing posting these documents on our web site.
Part XI 1) Currently the Board believes that it is sufficient that the financial records be reviewed (not audited) by an
independent person (not necessarily an accountant) appointed by the Board. This person submits a review letter
for Board information/action and inclusion with Board minutes.