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Form 990-EZ

Department of the Treasury Internal Revenue Service

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)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Contributions of the organization Contributions Cont	A For the 2013 calendar year, or tax year beginning , 2013, and ending ,							
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Room/builde Room-builde	-	╡	19 Figh Foundation	46-4239434				
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G Accounting Method X Cash Accrual Other (specify) He Check If the organization is not required to the state of Schedule B (Form 990, 990-EZ, or 990-PF). K Form of organization X Corporation Trust Association Other Add lines 50, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 5 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O to respond to any question in this Part I 1 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O to respond to any question in this Part I 1 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O to respond to any question in this Part I 1 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O to respond to any question in this Part I 1 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization is the part I 1 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O 1 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 1 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 1 105, 900. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for II 1 105, 900. Part I Revenue, Expenses in International Internatio	-	=	City or town plate or province country and 7ID or foreign postel and	(223)	241-3492			
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Tax-exempt status (check only one) —	G							
K Form of organization	1							
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Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 1 1 05, 900. 2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments. 3 Investment income. 4 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory. 5 a Gross amount from sale of assets other than inventory. 5 a Gross and sales expenses. 5 b c Caln or (loss) from sale of assets other than inventory (Subtract line 5b). 5 c Garning and fundraising events 5 a Gross income from fundraising events (not including S of contributions of such gross income from fundraising events (not including S from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 c Cess' direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross spelit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 8 Other revenue (describe in Schedule O) 9 Total revenue (describe in Schedule O) 10 Grants and smillar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 S Printing, publication, pastage, and shopping O Septiment (line spenses) and other Dayright (script) pendent contractors 13 Total expenses (add lines, 10 through 16 O Septiment (line 9). 15 Printing, publication, pastage, and shopping O Septiment (line 9). 16 Cother expenses (leafche) in Schedule O) 17 Total expenses (leafche) in Schedule O Septiment (line 9). 18 Excess or (defice) for the septiment of year (from line 9). 19 Net assets or fund balances at end of year (from line 9). 20 Other changes in net assets								
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	990-EZ (2013) 2Fish Foundation				46-	423	9434 Page 2
Par	Balance Sheets (see the instr	ructions for Part II)	thus Deat II				
	Check if the organization used Schedi	ule O to respond to any question	on in this Part II	(A) Beginnin			(B) End of year
22	Cash; savings, and investments		<i></i> 	Vy Bog	0.	22	105,851.
23	Land and buildings				0.	23	0.
24	Other assets (describe in Schedule O)				0.	24	0.
25	Total assets		[0.	25	105,851.
26	Total liabilities (describe in Schedule O).		[0.	26	0.
27	Net assets or fund balances (line 27 of co	` `			0.	27	105,851.
Par	t III Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)			/D	Expenses
Mhot	Check if the organization used Sche			<u> </u>	<u>· 니</u>	(c)(3)	uired for section 501 and 501(c)(4)
Desc	s the organization's primary exempt purpose? See ribe the organization's program service accurated by expenses. In a clear and concise mitted, and other relevant information for each	omplishments for each of its the nanner, describe the services t	pt <u>Purpose</u> ree largest program s provided, the number o	ervices, as of persons		òrgan 4947(nizations and section (a)(1) trusts, optional hers.)
28	The organization began op		er of		T I	F	
	2013. No program service					į	
	December 31, 2013. Focus	was in forming th	ne organizatio	on.	- 1	l	
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	(Grants \$) If the	s amount includes foreign grai	nts check here		 [-]	30 a	
31	Other program services (describe in Sched	fule O)			 - - - -		
٠,		s amount includes foreign grai				31 a	
32	Total program service expenses (add lin					32	0.
Pai	List of Officers, Directors,	Trustees, and Key Emp	lovees (list each one	even if not comp	ensated —	see th	
	Check if the organization used Sche						
		(b) Average hours per week devoted to	(c) Reportable compensation	on (d) Hea	Ith benefits,		
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plan	ns to employ is, and defer pensation	red	(e) Estimated amount of other compensation
Bra			(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plan	s, and defer	red	
	(a) Name and Tite		(If not paid, enter -0-)	benefit plan	s, and defer	ee red	
Pre	ıdd Meadors	position	(If not paid, enter -0-)	benefit plar com	s, and defer	red	other compensation
Pre Bre Vic	dd Meadors esident ent Mellon ee President	position	(If not paid, enter -0-)	benefit plar com	s, and defer	red	other compensation
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	dd Meadors esident ent Mellon ee President	1.00	(If not paid, enter -0-)	benefit plar	s, and defer	0 .	other compensation 0.
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .
Pre Bre Vic	edd Meadors esident ent Mellon e President unifer Meadors	1.00 1.00	(If not paid, enter -0-)	benefit plar com	s, and defer	0. 0.	O .

Par	tV 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			
			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	.00	X
34		ļ <u>.</u>		<u> </u>
	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)?	35 a		Х
t	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
•	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	35 c		7.
	Did the organization undergo a liquidation, dissolution, termination, or significant	350	<u> </u>	X
30	disposition of net assets 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 > 37 a 0.			<u> </u>
	Did the organization file Form 1120-POL for this year?	37 b		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?	38 a	-	X
t	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		<u> </u>	
30	amount involved	ł		
	Initiation fees and capital contributions included on line 9			ĺ
		ļ		
		ł		
40 8	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			1
	section 4911 , section 4912 , section 4955 , section 4955			
	Section 501(c)(3) and 501(c)(4) 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		1	i
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	1	Х
(Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			1
(d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e 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	40 e		X
41	List the states with which a copy of this return is filed			
40.	The organizations			
42	a The organization's books are in care of ▶ Jennifer Meadors Telephone no ▶ (225)	241	-549	12
	Located at 8149 Olivia Dr Denham Springs LA ZIP+4 70706			=
	b At any time duning the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country	$\vdash \neg$		<u> </u>
		1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	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			
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead	L.	_	l
	of Form 990-EZ	44 a		X
1	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	44 ь	l	
	c Did the organization receive any payments for indoor tanning services during the year?	44 c	 	X
	d If 'Ves' to line 44c, has the organization filed a Form 720 to report these payments?			 ^
	If 'No,' provide an explanation in Schedule O	44 d	1	
45	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		Х
1	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)	45 b		X

			_	10 123	39434		ag
6 Did th	e organization engage, directly or indirectly	. in political campaign s	activities on hehalf of or in	opposition to		Yes	!'
	dates for public office? If 'Yes,' complete Sc				46		-
art VI	Section 501(c)(3) organizations All section 501(c)(3) organizations for lines 50 and 51.	s must answer que		•			'
	Check if the organization used Schedule (O to respond to any que	estion in this Part VI		· · · · · · · ·	T	i
	e organization engage in lobbying activities				47	Yes	
•	organization a school as described in section						t
b if Yes	ne organization make any transfers to an exist, was the related organization a section 52 olete this table for the organization's five higologees) who each received more than \$100,00	?7 organization?	oloyees (other than officer		49 b d key		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
one							
						٠,	
					 		_
	number of other employees paid over \$100			-	- £100 000		
1 Comp	number of other employees paid over \$100 plete this table for the organization's five hig idensation from the organization. If there is no (a) Name and business address of each independent contains	hest compensated inde	· • • • • • • • • • • • • • • • • • • •	each received more tha	<u>,</u>	of pensation	П
1 Comp	plete this table for the organization's five hig ensation from the organization. If there is n	hest compensated inde	· • • • • • • • • • • • • • • • • • • •		<u>,</u>		'n
1 Comp	plete this table for the organization's five hig ensation from the organization. If there is n	hest compensated inde	· • • • • • • • • • • • • • • • • • • •		<u>,</u>		п
1 Comp	plete this table for the organization's five hig ensation from the organization. If there is n	hest compensated inde	· • • • • • • • • • • • • • • • • • • •		<u>,</u>		in
1 Comp	plete this table for the organization's five hig ensation from the organization. If there is n	hest compensated inde	· • • • • • • • • • • • • • • • • • • •		<u>,</u>		
1 Comp	plete this table for the organization's five hig ensation from the organization. If there is n	hest compensated inde	· • • • • • • • • • • • • • • • • • • •		<u>,</u>		n -
1 Comp	plete this table for the organization's five hig ensation from the organization. If there is n	ach receiving over \$10	(b) Type	of service	<u>,</u>	pensation	
d Total 2 Did th	plete this table for the organization's five highensation from the organization. If there is not also have and business address of each independent confidence or a supplier of other independent contractors enderganization complete Schedule A? Note table trusts must attach a completed Schedule A?	ach receiving over \$10 e. All section 501(c)(3) ule A.	(b) Type	of service	(c) Com	pensation	
d Total 2 Did the channel der penalte e. correct, and ign	plete this table for the organization's five highensation from the organization. If there is not also have and business address of each independent confidence or a supplementation of the response of the organization complete. Schedule A? Note	ach receiving over \$10 e. All section 501(c)(3) ule A.	(b) Type	of service	(c) Com	pensation	
d Total 2 Did the channel der penalte e. correct, and ign	number of other independent contractors ene organization complete Schedule A? Note table trusts must attach a complete Schedule Schedule domplete Declaration of peparer (other than officer) is signature of officer Jennifer Meadors Type or print name and title	ach receiving over \$10 a. All section 501(c)(3) rule A	0,000	of service (1) nonexempt of my knowledge and belief, it is Date	(c) Com	pensation	
d Total charitee, correct, as	number of other independent contractors ene organization complete Schedule A? Note table trusts must attach a completed Schedus of pepury, I declare that I have examined this return, inclind complete, Declaration of pieperar (other than officer) is Jennifer Meadors	ach receiving over \$10 e. All section 501(c)(3) ule A	(b) Type	of service (1) nonexempt of my knowledge and belief, it is	(c) Com	pensation	
d Total charmeder penaltee, correct, and	number of other independent contractors ene organization complete Schedule A? Note table trusts must attach a completed Schedus of perjury. I declare that I have examined this return, included complete conficer. Jennifer Meadors Type or print name and title Print/Type preparer's name Troy D Jones	ach receiving over \$10 a. All section 501(c)(3) ule A	0,000	of service (1) nonexempt of my knowledge and belief, it is Date Check X if	(c) Com	s [
d Total charited correct, as ign ere	number of other independent contractors energy of the first and business address of each independent contractors energy of the first and complete and complete schedule A? Note table trusts must attach a completed Schedule of penjury, I declare that I have examined this return, including complete. Declaration of preparer (other than officer) is signature of officer Jennifer Meadors Jennifer Meadors	ach receiving over \$10 a. All section 501(c)(3) ule A	(b) Type (b) Type	of service (1) nonexempt of my knowledge and belief, it is Date Check is if self-employed	(c) Com	s [
one d Total change	number of other independent contractors energanization complete Schedule A? Note table trusts must attach a complete Schedule Acrand complete Declaration of peparer (other than officer) signature of officer Jennifer Meadors Type or print name and title Print/Type preparer's name Troy D Jones	ach receiving over \$10 a. All section 501(c)(3) ule A	0,000	of service (1) nonexempt of my knowledge and belief, it is Date Check X if self-employed Firm's EIN	(c) Com	s [
d Total charmeder penaltue c, correct, ar ign ere	number of other independent contractors energy of the first and business address of each independent contractors energy of the first and complete and complete schedule A? Note table trusts must attach a completed Schedule of penjury, I declare that I have examined this return, including complete. Declaration of preparer (other than officer) is signature of officer Jennifer Meadors Jennifer Meadors	ach receiving over \$10 a. All section 501(c)(3) ule A	0,000	of service (1) nonexempt of my knowledge and belief, it is Date Check is if self-employed	(c) Com	s [

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Attach to Form 990 or Form 990-EZ.

2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

Department of the Treasury Internal Revenue Service

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

46-4239434 2Fish Foundation Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 lx from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% 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.) 10 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 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 that describes the type of supporting organization and complete lines 11e through 11h. Type II c Type III - Functionally integrated Type III — Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify (vi) Is the (vii) Amount of monetary (I) Name of supported organization (iv) is the organization in column (i) organized in the US? he organization in column (i) of your organization in olumn (i) listed in your governing support document? Yes Yes Yes No No No (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support		.		· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	,	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							
2	Tax revenues levied for the 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							
4	Total. Add lines 1 through 3							
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 shown on line 11, column (f)	·						
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	-		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	,	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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							
12	Gross receipts from related activiti	es, etc (see ınstru	ctions)				12	
13	First five years. If the Form 990 is organization, check this box and s							▶ □
	tion C. Computation of Pu				* * ******			
	Public support percentage for 201						14	<u>%</u>
15	Public support percentage from 20)12 Schedule A, P	art II, line 14			[15	%_
16 a	33-1/3% support test — 2013. If and stop here. The organization of	the organization d qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and to nization	the line 14 is 33-1/3	3% or more, c	heck th	is box
b	33-1/3% support test — 2012. If t and stop here. The organization of							
17 a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and	l-circumstances' te	st, check this box a	and stop here. Exp	olain in Part I	/ how	▶ □
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' tes	l-circumstances' te st. The organization	st, check this box a n qualifies as a put	and stop here. Exp blicly supported org	olain in Part I\ janization	/ how t	he ·····► □
18	Private foundation. If the organiz	ation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	k and see inst	ruction	s ▶ []
RΔΔ					Scl	hedule A (For	m 990	or 990-FZ) 2013

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	tion A. Public Support							
Calend	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')					105,9	00.	105,900.
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							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons					105,9	00.	105,900.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							105,900.
Sec	tion B. Total Support		,		_			
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
9	Amounts from line 6					105,9	00.	105,900.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	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 Ins 9,10c, 11 and 12)					105,9	00.	105,900.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second,	third, fourth, or fift	h tax year as a sec	tion 501(c)(3)		
	tion C. Computation of Pu							
15	Public support percentage for 201	3 (line 8, column (f) divided by line 1:	3, column (f))		[15	100.00 %
16	Public support percentage from 20					<u> </u>	16	ક
Sec	tion D. Computation of Inv	estment Inco	me Percentag	е				
17	Investment income percentage for	•				L	17	e e
18	Investment income percentage fro	om 2012 Schedule	A, Part III, line 17			[18	9
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check t	f the organization d his box and stop h	lid not check the b i ere. The organiza	ox on line 14, and tion qualifies as a	line 15 is more that publicly supported	n 33-1/3%, ai organization	nd line	17 X
t	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	the organization of the check this box and	lid not check a box I stop here. The o	con line 14 or line rganization qualifi	19a, and line 16 is es as a publicly sur	more than 33 ported organ	-1/3%, ization	, and ▶ 🗍
20	Private foundation. If the organiz	ation did not checl	k a box on line 14,	19a, or 19b, chec	k this box and see	instructions.		▶ □

Schedule A	(Form 990 or 990-EZ) 2013	2Fish Fo	oundation			46-4239434	Page 4
Ramiva	Supplemental Informat or 17b; and Part III, line (See instructions).	ion. Provid 12. Also cor	le the explanat mplete this part	ions required by Par for any additional in	t II, line 10; F nformation.	Part II, line 17a	
							
			· -				
			· 				
							
						. – – – – – – –	-
							
-							
							-
							

BAA

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

Open to Public Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

46-4239434 2Fish Foundation

2Fish Foundation 46-4239434		1
Schedule O (Form 990 or 990-EZ), Supplemental Info Form 990-EZ, Part I, Line 16 Other Expenses	ormation to Form 990 or 990-EZ	
Other expenses (describe in Schedule O) Office supplies	49.	
Total	49.	
Form 990-EZ, Part III, Statement of Program Service Organization's Primary Exempt Purpose	Accomplishments	
Educational and charitable function with focus in the area of drug	s	

awareness programs for adolescents.