

Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052 2018 Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation FISHER BROTHERS FOUNDATION INC % FISHER BROTHERS A Employer identification number 13-3118286 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (212) 752-5000 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10171 G Check all that apply H Check type of organization I Fair market value of all assets at end of year (from Part II, col (c), line 16) J Accounting method F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27-29).

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	15,853	36,613	36,613
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,271	1,081	1,081
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	17,124	37,694	37,694	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,000	10,000	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	10,000	10,000	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	7,124	27,694	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	0	0		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	7,124	27,694		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	17,124	37,694		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	7,124
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	20,570
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	27,694
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	27,694

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b> THROUGH I/A ACCOUNT	P	2017-01-01	2018-12-01
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>		576	-576
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			-576
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	-576
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	3,857,331	1,796,656	2 146950
2016	4,432,596	604,620	7 331210
2015	3,434,229	289,502	11 862540
2014	2,967,527	229,968	12 904087
2013	2,691,126	144,526	18 620359

<b>2</b> Total of line 1, column (d)	2	52 865146
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	10 573029
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	226,761
<b>5</b> Multiply line 4 by line 3	5	2,397,551
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	0
<b>7</b> Add lines 5 and 6	7	2,397,551
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	3,753,431

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 1,081.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for Yes/No.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care of Kenneth Fisher.

Located at 299 PARK AVENUE 42ND FLOOR NEW YORK NY ZIP+4 10171

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year. 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements for 2018.



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> N/A	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> N/A	0
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	230,214
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	230,214
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	230,214
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	3,453
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	226,761
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	11,338

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	11,338
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	11,338
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	11,338
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	11,338

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	3,753,431
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	3,753,431
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	3,753,431

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				11,338
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	2,683,954			
<b>b</b> From 2014. . . . .	2,956,055			
<b>c</b> From 2015. . . . .	3,419,796			
<b>d</b> From 2016. . . . .	4,423,730			
<b>e</b> From 2017. . . . .	3,767,688			
<b>f</b> Total of lines 3a through e. . . . .	17,251,223			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>3,753,431</u>				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				11,338
<b>e</b> Remaining amount distributed out of corpus	3,742,093			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,993,316			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .		0		
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	2,683,954			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	18,309,362			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	2,956,055			
<b>b</b> Excess from 2015. . . . .	3,419,796			
<b>c</b> Excess from 2016. . . . .	4,423,730			
<b>d</b> Excess from 2017. . . . .	3,767,688			
<b>e</b> Excess from 2018. . . . .	3,742,093			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

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**b** The form in which applications should be submitted and information and materials they should include

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**c** Any submission deadlines

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**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b>





**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
ABNY FOUNDATION 115 BROADWAY 5TH FLOOR NEW YORK, NY 10006	NONE	PC	GENERAL	5,000
AHRC NEW YORK CITY FOUNDATION 845 THIRD AVENUE 6TH FLOOR NEW YORK, NY 10022	NONE	PC	GENERAL	25,000
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	NONE	GROUP	GENERAL	500
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE SUITE 300 SUITE 300 ROCKVILLE, MD 20852	NONE	PC	GENERAL	1,000
ANDY BOVIN MEMORIAL FUND 36 UPPER OVERLOOK RD SUMMIT, NJ 07901	NONE	PC	GENERAL	5,000
BANK STREET COLLEGE OF EDUCATION 610 WEST 112TH STREET NEW YORK, NY 10025	NONE	PC	GENERAL	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BMCC FOUNDATION 199 CHAMBERS STREET FH 1330 NEW YORK, NY 10007	NONE	SO	GENERAL	15,000
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	NONE	PC	GENERAL	23,600
BUSINESS EXECUTIVE FOR NATIONAL SECURITY 1030 15TH STREET NW SUITE 200 EAST WASHINGTON, DC 20005	NONE	PC	GENERAL	43,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC CHARITIES 1011 FIRST AVENUE 11TH FLOOR NEW YORK, NY 10022	NONE	PC	GENERAL	15,000
CENTER FOR AN URBAN FUTURE 120 WALL ST 20TH FL NEW YORK, NY 10005	NONE	PC	GENERAL	150,000
CENTRAL PARK CONSERVANCY 14 E 60TH ST NEW YORK, NY 10022	NONE	PC	GENERAL	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHALLENGED ATHLETES FOUNDATION 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	PC	GENERAL	10,000
CHARITYWATER40 WORTH ST 330 NEW YORK, NY 10013	NONE	PC	GENERAL	36,000
CHECKERED FLAG FOUNDATION 258 WEST AVIATION DRIVE STATESVILLE, NC 28677	NONE	PC	GENERAL	10,000
<b>Total . . . . .</b>				<b>3,742,750</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHIMERA1352 RUFINA CIRCLE SANTA FE, NM 87507	NONE	PC	GENERAL	5,000
CITIZENS UNION FOUNDATION 299 BROADWAY SUITE 700 NEW YORK, NY 10007	NONE	PC	GENERAL	1,500
CIVIC BUILDERS 180 VARICK STREET SUITE 1414 NEW YORK, NY 10014	NONE	PC	GENERAL	5,000
<b>Total . . . . .</b>				<b>3,742,750</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CLINTON FOUNDATION 1271 AVENUE OF THE AMERICAS 42ND FLOOR NEW YORK, NY 10020	NONE	PC	GENERAL	200,000
CREATIVE ART WORKS 520 8TH AVENUE SUITE 201A NEW YORK, NY 10018	NONE	PC	GENERAL	2,500
EDUCATION THROUGH MUSIC 122 E 42ND ST SUITE 1501 NEW YORK, NY 10168	NONE	PC	GENERAL	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ENCOURAGE KIDS FOUNDATION 1560 BROADWAY SUITE 600 NEW YORK, NY 10036	NONE	PC	GENERAL	5,000
FDNY FOUNDATION 9 METROTECH CENTER ROOM 5E-10 BROOKLYN, NY 11201	NONE	PC	GENERAL	23,500
FISHER HOUSE FOUNDATION 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 208521650	NONE	PC	GENERAL	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF KAREN 118 TITICUS ROAD NORTH SALEM, NY 10560	NONE	PC	GENERAL	5,000
GRAND CENTRAL PARTNERSHIP 122 E 42ND ST SUITE 601 NEW YORK, NY 10168	NONE	PC	GENERAL	25,000
GREEK ORTHODOX CHURCH 111 SAINT ANDREWS ROAD SOUTHAMPTON, NY 11968	NONE	PC	GENERAL	12,500
<b>Total . . . . .</b>				<b>3,742,750</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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<b>a</b> <i>Paid during the year</i>				
HEADSTRONG PROJECT 655 MADISON AVENUE 18TH FLOOR NEW YORK, NY 10065	NONE	PC	GENERAL	10,000
HEART & SOUL CHARITABLE FUND 1157 LEXINGTON AVENUE NEW YORK, NY 10075	NONE	PC	GENERAL	5,000
HEBREW HOME AT RIVERDALE 5901 PALISADE AVENUE RIVERDALE, NY 10471	NONE	PC	GENERAL	10,000
<b>Total . . . . .</b>				<b>3a</b> 3,742,750

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INTREPID MUSEUM FOUNDATION ONE INTREPID SQUARE W 46TH ST AND 12TH AVE NEW YORK, NY 10036	NONE	PC	GENERAL	502,000
JACKIE ROBINSON FOUND ONE HUDSON SQUARE 75 VARICK STREET 2ND FLOOR NEW YORK, NY 10013	NONE	PC	GENERAL	67,500
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON STREET SUITE 400 ALEXANDRIA, VA 22314	NONE	PC	GENERAL	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAYOR'S FUND TO ADVANCE NEW YORK 253 BROADWAY NEW YORK, NY 10007	NONE	PC	GENERAL	10,000
MENTAL HEALTH ASSOCIATION OF NY 194 WASHINGTON AVE 415 ALBANY, NY 12210	NONE	PC	GENERAL	15,000
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	NONE	PC	GENERAL	7,500
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
MICHAEL TYLER FISHER FOUNDATION 299 PARK AVE NEW YORK, NY 10017	NONE	PC	GENERAL	25,000
MULTIPLE MYELOMA RESEARCH 383 MAIN AVENUE 5TH FLOOR NORWALK, CT 06851	NONE	GROUP	GENERAL	10,000
NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80206	NONE	PC	GENERAL	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
NATIONAL KIDNEY FOUNDATION 30 E 33RD STREET NEW YORK, NY 10016	NONE	PC	GENERAL	1,000
NEW YORK CITY POLICE FOUNDATION 555 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	PC	GENERAL	23,000
NEW YORK PRESBYTERIAN HOSPITAL 654 WEST 170TH STREET NEW YORK, NY 10032	NONE	PC	GENERAL	1,000,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW YORK ROAD RUNNERS 320 WEST 57TH STREET NEW YORK, NY 10019	NONE	PC	GENERAL	2,000
NYSPIA EMERGENCY ASSISTANCE FUND 1202 TROY SCHENECTADY ROAD BUILDING 3 LATHAM, NY 12110	NONE	PC	GENERAL	1,000
OLD BRIDGE PREDATORS 240 HIGGINS RD OLD BRIDGE, NJ 08857	NONE	PC	GENERAL	500
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

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<b>a</b> <i>Paid during the year</i>				
POLICE ATHLETIC LEAGUE 34 1/2 EAST 12TH STREET NEW YORK, NY 10003	NONE	PC	GENERAL	22,250
PROJECT RENEWAL INC 200 VARICK STREET 9TH FLOOR NEW YORK, NY 10014	NONE	PC	GENERAL	10,000
REGIONAL PLAN ASSOCIATION ONE WHITEHALL ST 16TH FLOOR NEW YORK, NY 10004	NONE	PC	GENERAL	22,400
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RIDERS ALLIANCE 121 SIXTH AVENUE 6TH FLOOR NEW YORK, NY 10013	NONE	PC	GENERAL	2,500
RIVERKEEPER20 SECOR ROAD OSSINING, NY 10562	NONE	PC	GENERAL	5,000
SKYSCRAPER MUSUEM 39 BATTERY PLACE NEW YORK, NY 10280	NONE	PC	GENERAL	5,000
<b>Total . . . . .</b>				<b>3,742,750</b>

▶ **3a**

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPORTS & ARTS IN SCHOOL FOUNDATION 58-12 QUEENS BLVD WOODSIDE, NY 11377	NONE	PC	GENERAL	10,000
ST JUDE CHILDREN'S HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	GENERAL	5,000
STORYVILLE CENTER FOR THE SPOKEN WORDS 75 BROAD STREET SUITE 2601 NEW YORK, NY 10004	NONE	PC	GENERAL	10,000
<b>Total . . . . . ▶ 3a</b>				3,742,750

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUSAN G KOMEN FOR THE CURE 246 WEST 38TH STREET SUITE 503 NEW YORK, NY 100185805	NONE	PC	GENERAL	1,000
TEMPLE ISRAEL112 EAST 75TH STREET NEW YORK, NY 10021	NONE	PC	GENERAL	25,000
THIRD WAY INSTITUTE 1025 CONNETICUT AVENUE NW SUITE 501 WASHINGTON, DC 20036	NONE	PC	GENERAL	100,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THOMAS SCULLY FOUNDATION PO BOX 7060 MILLER PLACE, NY 11764	NONE	PC	GENERAL	25,000
TRIP OF A LIFETIME PO BOX 185 H SCARSDALE, NY 10583	NONE	GROUP	GENERAL	10,000
TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET MAIL CODE 4524 NEW YORK, NY 10025	NONE	PC	GENERAL	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
UNITED JEWISH APPEAL 130 EAST 59TH STREET NEW YORK, NY 10022	NONE	PC	GENERAL	1,000,000
US HOLOCAUST MEMORIAL MUSEUM 110 RAOUL WALLENBERG PLACE SW WASHINGTON, DC 20024	NONE	PC	GENERAL	25,000
WARRIOR CANINE CONNECTION 14934 SCHAEFFER ROAD BOYDS, MD 20841	NONE	PC	GENERAL	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,742,750

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Name and address (home or business)				
<i>a Paid during the year</i>				
WILD EARTH2307 LUCAS TURNPIKE HIGH FALLS, NY 12440	NONE	PC	GENERAL	5,000
WORLD AFFAIRS COUNCIL OF CT 1049 ASYLUM AVE HARTFORD, CT 06105	NONE	PC	GENERAL	10,000
<b>Total . . . . . ▶ 3a</b>				3,742,750

**TY 2018 Accounting Fees Schedule****Name:** FISHER BROTHERS FOUNDATION INC

% FISHER BROTHERS

**EIN:** 13-3118286

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	10,496	0		10,496

**TY 2018 Other Expenses Schedule****Name:** FISHER BROTHERS FOUNDATION INC

% FISHER BROTHERS

**EIN:** 13-3118286**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSES	160	0		160
OTHER EXPENSES	25,250	0		0

**TY 2018 Taxes Schedule**

**Name:** FISHER BROTHERS FOUNDATION INC  
% FISHER BROTHERS

**EIN:** 13-3118286

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
NYS FILING FEES	25	0		25
EXCISE TAX ON INVESTMENT INCOME	190	0		0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
FISHER BROTHERS FOUNDATION INC  
% FISHER BROTHERS

**Employer identification number**  
13-3118286

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> FISHER BROTHERS FOUNDATION INC % FISHER BROTHERS	<b>Employer identification number</b> 13-3118286
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1345 CLEANING SERVICE COMPANY II LP	\$ 950,000	Person <input checked="" type="checkbox"/>
	C/O FISHER BROTHERS 299 PARK AVENUE		Payroll <input type="checkbox"/>
	NEW YORK, NY 10171		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
2	299 CLEANING SERVICE COMPANY LLP	\$ 950,000	Person <input checked="" type="checkbox"/>
	C/O FISHER BROTHERS 299 PARK AVENUE		Payroll <input type="checkbox"/>
	NEW YORK, NY 10171		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
3	605 CLEANING SERVICE COMPANY II LP	\$ 950,000	Person <input checked="" type="checkbox"/>
	C/O FISHER BROTHERS 299 PARK AVENUE		Payroll <input type="checkbox"/>
	NEW YORK, NY 10171		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
4	PLAZA CLEANING SERVICE COMPANY II LP	\$ 950,000	Person <input checked="" type="checkbox"/>
	C/O FISHER BROTHERS 299 PARK AVENUE		Payroll <input type="checkbox"/>
	NEW YORK, NY 10171		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )



<b>Name of organization</b> FISHER BROTHERS FOUNDATION INC % FISHER BROTHERS	<b>Employer identification number</b> 13-3118286
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<b>Part II</b> <b>Noncash Property</b>
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(See instructions) Use duplicate copies of Part II if additional space is needed _____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____
	_____ _____ _____	_____ \$ _____	_____

<b>Name of organization</b> FISHER BROTHERS FOUNDATION INC % FISHER BROTHERS	<b>Employer identification number</b> 13-3118286
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee