

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

	nt of the Treasury evenue Service Note. The foundation may	be able to use a copy of this		rting requirements	2010
	ndar year 2010, or tax year beginning FE		, and ending	DEC 31, 2010	
	k all that apply X Initial return	Initial return of a fo	ormer public charity	Final return	
	Amended return	Address chan	ge 🔲	Name change	
Name o	of foundation			A Employer identification i	number
	FISCHER FAMILY FOUND	ΑΤΤΟΝ		80-0604315	
Number	and street (or P O box number if mail is not delivered to stre		Room/suite	B Telephone number	-
	623 14TH STREET			310-458-420	00
City or 1	town, state, and ZIP code		· -	C If exemption application is per	nding, check here
		402		D 1. Foreign organizations,	check here
		exempt private foundation		Foreign organizations mee check here and attach corr	ting the 85% test, L putation
	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		E If private foundation statu	is was terminated
	parket value of all assets at end of year J Accoun	=	Accrual	under section 507(b)(1)(·
(trom		Other (specify) Iumn (d) must be on cash l	hasis)	F If the foundation is in a 60	
Part			(b) Net investment	under section 507(b)(1)((c) Adjusted net	(d) Disbursements
* 147F Th	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	Income	for chantable purposes (cash basis only)
1		35,000.	7	N/A	······································
2	Check In the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities				··· · · · · · · · · · · · · · · · · ·
5	a Gross rents				
	Net rental income or (loss)		,,,,,,,		****** *** ** ** ** ** **
g 6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue 2	assets on line 6a	duding a modifier a	0.		
رُ عُ 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain		V •		***************************************
9	Income modifications	**	1444444		· · · · · · · · · · · · · · · · · · ·
10	Grace calce loce returns				······································
	D Less Cost of goods sold	1 11110 10 10 1011 1		1	·*····
- - (Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	35,000.	0.		<u></u>
13	, , , , , , , , , , , , , , , , , , , ,	0.	0.		
14	Other employee salaries and wages				
8 15 8 15	Pension plans, employee benefits a Legal fees				
Sua I	b Accounting fees	•	-, ·		
Ř,	C Other professional fees				
§ 17					
Administrative Expense 12 12 12 12 12 12 12 12 12 12 12 12 12	Taxes				
[일]	Depreciation and depletion				
Ē 20	Occupancy				
TB	Travel, conferences, and meetings				
22	Printing and publications 1 2 2011 Cil				· · · · · · · · · · · · · · · · · · ·
Operating 24	Other expenses				
E 24		0.	0.		
٥٠	expenses. Add lines:13 through-23	29,200.	<u> </u>		29,20
		27,200.			29,20
20		29,200	0.		29,20
27	Subtract line 26 from line 12	23,200	<u> </u>		23,20
	2 Excess of revenue over expenses and disbursements	5,800.			
	D Net investment income (if negative, enter -0-)		0.		dan in ih
	Adjusted net income (if negative, enter -0-)			N/A	
27	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements to Net investment income (if negative, enter -0-)	29,200.	0.		

1

023511 12-07-10 5,800.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

See the Part VI instructions
023521 12-07-10

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

Form **990-PF** (2010)

orm	990-PF (2010) FISCHER FAMILY FOUNDATION		80-	-0604	315		Page 4
Par	rt VI Excise Tax Based on Investment Income (Section 4940(a)	, 4940(b), 4940(e), c	r 4948	- see i	nstru	ctio	ns)
1a'l	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "	N/A" on line 1					
-	Date of ruling or determination letter (attach copy of letter if necessa	ry-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	ļ	<i></i>		0.
	of Part I, line 27b						•
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of P	Part I, line 12, col(b) 丿					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others	enter -0-) .	2	↓			0.
3	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others	s enter -0-)	4_	↓			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•	5	<u> </u>			0.
6	Credits/Payments	1					
a	2010 estimated tax payments and 2009 overpayment credited to 2010	a	_				
b I	Exempt foreign organizations - tax withheld at source	b	_				
C .	Tax paid with application for extension of time to file (Form 8868) .	c	_				
d I	Backup withholding erroneously withheld	d	_				
7	Total credits and payments Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	,	▶ g				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		► 10				
	Enter the amount of line 10 to be Credited to 2011 estimated tax	Refunded	<u> </u>	<u> </u>			
	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or did it participate or interv	ene in			Yes	No
6	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s	see instructions for definition)?	-	1b		X
i	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	oles of any materials publi	shed or				
(distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?		-		10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
((1) On the foundation ▶ \$ O . (2) On foundation managers ▶	\$	<u>).</u>				
e I	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	tax imposed on foundation					
-	managers > \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
1	If "Yes," attach a detailed description of the activities.						
3 1	Has the foundation made any changes, not previously reported to the IRS, in its governing instru	iment, articles of incorporation	n, or				
- 1	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .				3		X
4a 1	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
b i	If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	4b		<u></u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			-	5		X
- 1	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
•	By language in the governing instrument, or						
•	 By state legislation that effectively amends the governing instrument so that no mandatory direction 	ections that conflict with the s	tate law				
	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			-	7	X	<u> </u>
1	If "Yes," complete Part II, col. (c), and Part XV.						
	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u> </u>					
-	CA						
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ey General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			-	8b	X	
9 1	Is the foundation claiming status as a private operating foundation within the meaning of section	4942(j)(3) or 4942(j)(5) for	calendar				
}	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," comp	elete Part XIV			9		X
10 [Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list	ing their names and addresses			10		X
				For	m 990	-PF	2010)

023531

Form 990-PF (2010)

Form 990-PF (2010) FISCHER FAMILY FOUNDATION			80-06043	15 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to		•		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	, 🗀 Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y:	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	27./-	
section 53 4945 or in a current notice regarding disaster assistance (see instri	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check l		•		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		,		
expenditure responsibility for the grant?	•	//A L Ye	s L No	
If "Yes," attach the statement required by Regulations section 53 494	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		∟ Ү∈	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?	•	· []	6b X
If "Yes" to 6b, file Form 8870.			(TE)	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If Yes, did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>	
List all officers, directors, trustees, foundation managers and their	compensation.			
, , , , , , , , , , , , , , , , , , , ,	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
BILLIE B. FISCHER	CHIEF EXECUTI		compensation	allowances
623 14TH STREET				
SANTA MONICA, CA 90402	0.00	0.	0.	0.
STEVEN G. FISCHER	SECRETARY/CHI			
623 14TH STREET				
SANTA MONICA, CA 90402	0.00	0.	0.	0.
	•			
	1			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NONE				
		<u> </u>		
	+			
	-			
	1			
		 		
	1			
	-			
Total number of other employees paid over \$50,000		<u> </u>		0

Form 990-PF (2010) FISCHER FAMILY FOUNDATION		604315	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati			
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
Total 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 statistic number of organizations and other beneficiaries served, conferences convened, research papers product.	al information such as the ced, etc	Expenses	 S
1 NONE			
			0.
2			
3			
<u> </u>			
4			
			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2	Amount	
1 NONE			
			0.
2			
All other program-related investments. See instructions 3 NONE			

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. For	oreign foundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	5,118.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	. 1d	5,118.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation) 1e	0.	
2 Acquisition indebtedness applicable to line 1 assets	. 2	0.
3 Subtract line 2 from line 1d	3	5,118.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	77.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,041.
6 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIO	D 6	224.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four foreign organizations check here and do not complete this part)	ndations and certain	-
1 Minimum investment return from Part X, line 6	1	224.
2a Tax on investment income for 2010 from Part VI, line 5		
b Income tax for 2010 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	224.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	224.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	. 7	224.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		20 200
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	29,200.
b Program-related investments - total from Part IX-B	. <u>1b</u>	<u> </u>
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	. <u>3a</u>	
b Cash distribution test (attach the required schedule)	3b	29,200.
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	29,200.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
Income Enter 1% of Part I, line 27b	5	29,200.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the 1 4940(e) reduction of tax in those years	oundation qualifies for the	section

Form **990-PF** (2010)

Part XIII	Undistributed	Income	(see	instructions
-----------	---------------	--------	------	--------------

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				224.
2 Undistributed income, if any, as of the end of 2010		······································	· · · · · · · · · · · · · · · · · · ·	1111 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Enter amount for 2009 only			0.	
b Total for prior years				· · · · · · · · · · · · · · · · · · ·
,		0.		
3 Excess distributions carryover, if any, to 2010.				
a From 2005 .				
b From 2006				
c From 2007				
d From 2008 .				
e From 2009				
f Tota! of lines 3a through e	0.	······		
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 29, 200.			_	
a Applied to 2009, but not more than line 2a	" II		0.	·,
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	
d Applied to 2010 distributable amount .				224.
e Remaining amount distributed out of corpus	28,976.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	28,976.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		, ,+,++ ,,++++++++++++++++++++++++++++		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	20.076			
Subtract lines 7 and 8 from line 6a	28,976.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
E Excess from 2008				
d Excess from 2009 e Excess from 2010 28,976.				
e Excess from 2010 28,976.	i			Form QQQ - DE /2010\

023601 12-07-10

Form 990-PF (2010)

FISCHER FAMILY FOUNDATION

Form **990-PF** (2010)

80-0604315

Page 10

3 'Grants and Contributions Paid During the		Pavment		T
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor		Purpose of grant or contribution	
Name and address (home or business)	any foundation manager or substantial contributor	Foundation status of recipient	contribution	Amount
a Paid during the year SEE STATEMENT 2	or substantial contributor	recipient		
Total		<u></u>	. ▶ 3a	29,200.
NONE				
Total .	- .		<u>▶ 3b</u>	0.

Part XVI-A	Analysis of Income-Pro	ducing Activities

nter gross amounts unless otherwise indicated		ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
8					
b	_				
C					
d					
e					
f					
g Fees and contracts from government agencies	_				
Membership dues and assessments	•				
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate.					
a Debt-financed property			1		
b Not debt-financed property		_			
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events	-				
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b	-				
			1		
			l		
d					
d		0.		0.	(
d e Subtotal. Add columns (b), (d), and (e)		0.		0.	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.		0.	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations)			<u>-</u> .	. 13 _	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	emp	t Purposes	(
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	(
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	emp	t Purposes	(
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	(
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities ine No. Explain below how each activity for which inc	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities line No. Explain below how each activity for which inc	to the Acco	omplishment of Ex	emp	t Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Acco	omplishment of Ex	emp	t Purposes	(

sen- employed	
 Firm's EIN	

Phone no

Check

Form **990-PF** (2010)

301-571-1900

Paid

Preparer

Use Only

Preparer's signature

Firm's address ▶ 6500 ROCK SPRING DRIVE, SUITE 200

BETHESDA, MD 20817

Print/Type preparer's name

PAUL WILNER

Firm's name ► GROSSBERG COMPANY

Date

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.

_OMB No 1545-0047

▶ \$

2010

Name of the organization **Employer identification number** FISCHER FAMILY FOUNDATION 80-0604315 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 X 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribution, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2010)

	4		
Page P	1	of	

Name of organization

1 of Part I Employer identification number

FISCHER FAMILY FOUNDATION

80-0604315

Part I Contribute	ors (see instructions)
-------------------	------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STEVEN G. FISCHER 623 14TH STREET SANTA MONICA, CA 90402	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	BILLIE B. FISCHER 623 14TH STREET SANTA MONICA, CA 90402	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

of Part II

Name of organization

Employer identification number

FISCHER FAMILY FOUNDATION

80-0604315

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
002452 12 22		\$	00 000 F7 or 000 PE) (2010)

a) No. from (b) Purpose of gift Part I		(c) Use of gift	(d) Description of how gift is held			
- 1						
	<u> </u>					

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee		

FORM ·990-PF PART XV - LINE 1A STATEMENT 1
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

BILLIE B. FISCHER STEVEN G. FISCHER

FORM 990-PF GRANTS AND CONTRIBUTIONS STATEMENT 2
PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
COMMUNITY PARTNERS FBO FERTILE ACTION 6420 WILSHIRE BLVD, SUITE 1240 LOS ANGELES, CA 90048	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	500.
BOYS AND GIRLS CLUBS 1275 PEACHTREE STREET, NE ATLANTA, GA 30309	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	250.
SUSAN G. KOMEN CANCER FUND 5005 LBJ FREEWAY DALLAS, TX 75244	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	50.
AMERICAN JEWISH COMMITTEE 9911 WEST PICO BLVD LOS ANGELES, CA 90035	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	500.
CROHN'S AND COLITIS FOUNDATION 386 PARK AVENUE SOUTH, 17TH FLOOR NEW YORK, NY 10016	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	250.
THE GROWING PLACE 1406 MARINE STREET SANTA MONICA, CA 90405	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	10,000.

TRUSTEE OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILDELPHIA, PA 19104	FOR THE CHARITABLE	PUBLIC CHARITY	13,400.
575 MADISON AVENUE, SUITE 703	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	2,000.
6730 EAST CARSON STREET LONG	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	250.
LOEW VISION 1880 CENTURY PARK EAST, SUITE 1000 LOS ANGELES, CA 90067	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	500.
FRIENDS OF SEMAL INSTITUTE 760 WESTWOOD PLAZA, 37-425 LOS ANGELES, CA 90024	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	1,000.
ZETA BETA TAU FOUNDATION 3905 VINCENNES ROAD INDIANAPOLIS, IN 46268	N/A FOR THE CHARITABLE PURPOSE OF THE ORG.	PUBLIC CHARITY	250.
CHILDREN'S HOSPITAL OF DC 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	FOR THE CHARITABLE	PUBLIC CHARITY	250.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A		29,200.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

-	are filing for an Automatic 3-Month Extension, comple	-	***************************************			X
-	are filing for an Additional (Not Automatic) 3-Month Ex					
	omplete Part II unless you have already been granted a		•			
	ic filing (e-file). You can electronically file Form 8868 if y				•	
-	to file Form 990-T), or an additional (not automatic) 3-mo		_			
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Trans	sfers .	Associated With Cer	taın
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	ne elec	ctronic filing of this fo	orm,
	v.irs gov/efile and click on e-file for Charities & Nonprofits					
Part I						
•	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		
Part I on	•					
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to request ar	exter	ision of time	
				T		 -
Type or	Name of exempt organization			Emp	loyer identification	number
print	FISCHER FAMILY FOUNDATION			8	0-0604315	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 623 14TH STREET	ee instruc	tions.	·		
return See Instructions		oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			04
			· · · · · · · · · · · · · · · · · · ·			
Applicat	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02 Form 1041-A			08	
Form 990		03 04	Form 4720 Form 5227			09
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			10
	-T (trust other than above)	06	Form 8870			11 12
Louin aac	STEVEN FISCHER		FORTH 8870			
■ The b	ooks are in the care of ▶ 623 14TH STREE	r - sa	ANTA MONICA, CA 9040	2		
	none No. ► 310-458-4200		FAX No. ▶			
•	organization does not have an office or place of business	ın the Lin				
	is for a Group Return, enter the organization's four digit (eck this
box 🕨	. If it is for part of the group, check this box	1				
	quest an automatic 3-month (6 months for a corporation		**			
		-	tion return for the organization named a		The extension	
is fo	or the organization's return for:	•	· ·			
▶	calendar year or					
▶[X tax year beginning FEB 10, 2010	, and	d ending DEC 31, 2010		<u> </u>	
2 fth	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: X Initial return Fina	l retur	n	
<u> </u>						
3a If th	us application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. er	nter the tentative tax, less any			
	refundable credits. See instructions.	5550,01	tomanto tany loss arry	За	\$	0.
	us application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		_ -	
	mated tax payments made. Include any prior year overp	-		зь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				·	
	using EFTPS (Electronic Federal Tax Payment System). S		-	3c	\$	0.
	If you are going to make an electronic fund withdrawal w				O for payment instr	

LHA

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	ort I and check this box		▶	X
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led For	rm 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	o file (6	6 months for a corpo	oration
required	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	tension
	to file any of the forms listed in Part I or Part II with the exc		•		•	
	al Benefit Contracts, which must be sent to the IRS in pap					
	w irs.gov/efile and click on e-file for Charities & Nonprofits		,			,
Part			bmit original (no copies needed).			
	ration required to file Form 990-T and requesting an autor		, <u> </u>	plete		
Part I or	·				•	
	r corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to request an	exten	sion of time	
	come tax returns.					
Туре о	Name of exempt organization			Emp	loyer identification	number
print	FISCHER FAMILY FOUNDATION				0 0604315	
File by the				1 0	0-0604315	
due date f	623 14TH STREET	ee Instruc	tions.			
return Sec instruction	· · · · · · · · · · · · · · · · · · ·	oreign add	lress, see instructions.	_		
				-		
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	20	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A		···	08
Form 99		03	Form 4720			09
Form 99		03	Form 5227			
		05			 	10
	90-T (sec. 401(a) or 408(a) trust)	06	Form 6069			11
rom 9	90-T (trust other than above) STEVEN FISCHER	1 00	Form 8870			12
• The	books are in the care of 623 14TH STREET	r _ 9	ANTA MONICA, CA 9040	2		
	books are in the care of \triangleright 023 1411 STREE.	_ 52				
		45 1 1	FAX No.			
	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit			-	ala da a de m	 -
	. If it is for part of the group, check this box	7	· · · · · · · · · · · · · · · · · · ·			
<u>box</u> ▶			ch a list with the names and EINs of all		ers the extension is	tor.
• 11	request an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exemption of the company	•	to file Form 990-1) extension of time unt tion return for the organization named a		The suderness	
	for the organization's return for:	t organiza	tion return for the organization named a	bove.	The extension	
) is						
	X tax year beginning FEB 10, 2010		d ending DEC 31, 2010			
	A tax year beginning 1110 107 2010	, an	deliding DEC 31, 2010		_·	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: X Initial return Fina	d retur	n	
[Change in accounting period				•	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
_	onrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
<u>e</u> :	stimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.
с В	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
	y using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	n. If you are going to make an electronic fund withdrawal v		orm 8868, see Form 8453-EO and Form	8879-		
LHA	For Paperwork Reduction Act Notice, see Instructions	i .			Form 8868 (Re	v. 1-2011)

023841