Extended to November 15, 29
Return of Private Foundation 2017

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.
 ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Depa	rtment sal Rev	of the Treasury		social security numbers on n 990-PF and its separate			Open to Public Inspection
		dar year 2016 or tax year b			, and ending		
_		foundation				A Employer identification	number
T	he	Nelson & San	ra Fishman	Family		' '	
		ndation, Inc.		_		26-3853840	
Nun	nber a	nd street (or PO box number if n	nail is not delivered to street	address)	Room/suite	B Telephone number	
4	30	9 St Paul Sti	reet		_	410-467-08	29
City	or to	own, state or province, coun	try, and ZIP or foreign p	ostal code		C If exemption application is pe	ending, check here
_B	<u>al</u>	timore, MD 2	21218				
G (	heck	all that apply:	nitial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
		<u></u>	inal return	Amended return		2 -	
			Address change	Name change		Foreign organizations med check here and attach con	mputation P
H_C	_	• •	Section 501(c)(3) ex	The state of the s	$a \psi$	E If private foundation stat	us was terminated
	Se	ction 4947(a)(1) nonexemp	t charitable trust	Other taxable private founda	ation	under section 507(b)(1)	(A), check here
l Fa	ıır ma	rket value of all assets at en	· · · —	ng method: X Cash	Accrual	F If the foundation is in a 6	
		Part II, col. (c), line 16)		her (specify)	<del></del>	under section 507(b)(1)	(B), check here $ ightharpoonup$
	\$			mn (d) must be on cash i	basis)		
<u> Pa</u>	art I	Analysis of Revenue and (The total of amounts in column necessarily equal the amounts	ns (b), (c), and (d) may not in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants,	, etc., received	288,000.			
-	2	<u> </u>	s not required to attach Sch B				
	3	Interest on savings and tempora cash investments	ary	8.	8.		Statement 1
	4	Dividends and interest from	n securities	26,126.	26,051.	ļ	Statement 2
-	5a	Gross rents					
	b	Net rental income or (loss)		22 24 2			
ē	6a	Net gain or (loss) from sale of as Gross sales price for all		33,210.			
Revenue	b	assets on line 6a	37,670.	<del></del>	22 010		
è	7	Capital gain net income (from Pa	art IV, line 2)		33,210.		
	8	Net short-term capital gain				<del></del>	
	9	Income modifications Gross sales less returns					
	Ι.	and allowances Less Cost of goods sold					
	1	Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 through	11	347,344.	59,269.	0.	
	13	Compensation of officers, direct		0.	0.		0.
	14	Other employee salaries an					
	15	Pension plans, employee b	enefits				
ses	16a	Legal fees					
Sen Sen	b	Accounting fees	Stmt 3	1,294.	0.	0.	0.
Ĭ	C	Other professional fees					
¥¥	17	Interest					
亞不	18	Taxes	Stmt-4	219.	0.	0.	0.
a∋ :≅	19	Depreciation and depletion	RECEIVED	<u> v </u>		ļ	
SCAMMED DEC 6 2017 Operating and Administrative Expenses	20	Occupancy	0017	750.			
試	21	Travel, conferences and m	ieetings 2 1 2017	750.	0.	0.	0.
Pá	22	Printing and publications		7 <u></u>			
٥	23	Other expenses  Total operating and admir	CODEN. UT	<u></u>	<u> </u>	<del>                                     </del>	
料	24	lotal operating and admir	ustrative L.	2 262	_		_
核		**************************************		0/2001	0,	0.	0.
1	25	Contributions, gifts, grants		83,000.		<del> </del>	83,000.
do	26	Total expenses and disbut	isements.	85,263.		. 0.	93 000
	27	Add lines 24 and 25 Subtract line 26 from line 1		05,403.		<u></u>	83,000.
	1	Excess of revenue over expense		262,081.			
		Net investment income (if		202,001.	59,269		
	1	Adjusted net income (if neg				0.	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

The Nelson & Sara Fishman Family
Form 990-PF (2016) Foundation, Inc.

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P:	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	41 L	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
ŀ	1	Cash - non-interest-bearing	102,032.	356,089.	356,089.
	2	Savings and temporary cash investments	51,110.		
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
က္က	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
8	10a	Investments - U.S. and state government obligations	~~		· · · · · · · · · · · · · · · · · · ·
ļ		Investments - corporate stock Stmt 5	244,375.	240,879.	785,747.
		Investments - corporate bonds	244,373.	240,075.	105,1476
		Investments - land, buildings, and equipment basis			
	••	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 6	465,110.	527,740.	597,731.
	14	Land, buildings, and equipment; basis	403,110.	321,140.	331,131.
	14	Less accumulated depreciation			
_	15				
		Other assets (describe )			
	10	Total assets (to be completed by all filers - see the	062 627	1 124 700	1 720 567
_	47	Instructions. Also, see page 1, item I)	862,627.	1,124,708.	1,739,567.
		Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
<u>≣</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe )		-	
		<b>-</b>			
$\dashv$	23		0.	0.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
ala	25	Temporarily restricted			
g	26	Permanently restricted			
Fund Balanc		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31.		_	
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ţ	29	Retained earnings, accumulated income, endowment, or other funds	862,627.	1,124,708.	
ž	30	Total net assets or fund balances	862,627.	1,124,708.	
$\Box$	<u>31</u>	Total liabilities and net assets/fund balances	862,627.	1,124,708.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
		····			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		t agree with end-of-year figure reported on prior year's return)		1	862,627.
		amount from Part I, line 27a		2	262,081.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	1,124,708.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,124,708.
		<del></del>			Form <b>990-PF</b> (2016)

		ind(s) of property sold (e.g. or common stock, 200 shs			`P-	Purchase	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a ADIENT PLC 0.3	<u>_</u>				U -	- Donation	11/0		11/03/16
b Joshson Contro				<del></del> -			Vari		09/06/16
c ADT Corp. 340		<u> </u>		<del></del>			Vari		05/02/16
d Capital Gains		dende					Vall	<u> </u>	03/02/10
	DIVI	dends							-
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis				ain or (loss (f) minus	
a 14.	_	· · · · · · · · · · · · · · · · · · ·		<del></del>	4.				0.
b 25.	_				5.				0.
c 14,280.	-			4,42					9,859.
d 23,351.		<del>-</del> -	<del>,</del>						23,351.
e 23/3321		<del>-</del>							23/3321
Complete only for assets showing	ng gain in	column (h) and owned by t	he foundation	on 12/31/69			(I) Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			òl. (k), but r		n -0-) <b>or</b>
						<del></del> -			0.
b									0.
C		<del>-</del>							9,859.
d							-		23,351.
e									
-2 Capital gain net income or (net ca	apıtal loss	) If gain, also enter If (loss), enter -0-			}	2			33,210.
3 Net short-term capital gain or (lo	ss) as def								
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (				}	3			0.
Part V   Qualification U	Inder S	Section 4940(e) for	Reduced	Tax on Net	Inve	estment Ir	come		
(For optional use by domestic private	e foundat	ions subject to the section 4	1940(a) tax on	net investment ir	ncome	.)			
			, ,			•			
If section 4940(d)(2) applies, leave t	his part b	lank.							
Was the foundation liable for the sec	tion 4942	tax on the distributable am	ount of any ye	ear in the base pei	rıod?				Yes X No
If "Yes," the foundation does not qua	lify under	section 4940(e). Do not co	mplete this pa	ırt					<del></del>
1 Enter the appropriate amount in	each colu	mn for each year; see the ir	structions be	fore making any e	ntries.				
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dist		Net value of no	(c) onchar	ıtable-use asse	ts	Dıstrıl (col. (b) dı	(d) bution ratio vided by col. (c))
2015		7	6,500.		1	,375,40	3.		.055620
2014		7	0,500.		1	<u>,384,08</u>	7.		.050936
2013		5	1,000.			999,98	3.		.051001
		4	8,435.			618,87	3.		.078263
2011		3	0,423.			57 <u>8,47</u>	6		.052592
2 Total of line 1, column (d)							2		.288412
3 Average distribution ratio for the	5-year ba	ise period - divide the total o	on line 2 by 5,	or by the number	of yea	ars			
the foundation has been in existe	nce if les	s than 5 years					3		.057682
4 Enter the net value of noncharital	ole-use as	ssets for 2016 from Part X,	line 5				4		1,498,740.
								İ	
5 Multiply line 4 by line 3							5		86,450.
6 Enter 1% of net investment incor	ne (1% o	f Part I, line 27b)					6		593.
7 Add lines 5 and 6							7		87,043.
							[		
8 Enter qualifying distributions from	n Part XII	, line 4					8		83,000.
If line 8 is equal to or greater that	n line 7, c	heck the box in Part VI, line	1b, and comp	olete that part usir	ng a 19	% tax rate.			
See the Part VI instructions.									

The Nelson & Sara Fishman Family

	990-PF(2016) Foundation, Inc.		<u> 38538</u>			Page 4
Pa	rt·VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	see in	stru	ctior	1S)
1a	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 necessary-see instructions)	ŀ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1		:	1,1	<u>85.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
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			1,1	<u>85.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1,1	85.
6	Credits/Payments:					
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)  6c					
d	Backup withholding erroneously withheld 6d					
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				36.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	_		1,2	<u>21.</u>
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 2017 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	ie in			Yes	
	any political campaign?		<u> </u>	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	ıu)?		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public	shed or	·			l
	distributed by the foundation in connection with the activities					l
	Did the foundation file Form 1120-POL for this year?		<u> </u>	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		}			
	(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .					v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities					ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, UI	Ì	3		v
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		''	5		X
J	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					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.</li> </ul>	ite law	1			
	remain in the governing instrument?			6	X	1
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	(V		7	Х	
	ζ,,,,,,,,,					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					1
	MD		<del></del>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	ılendar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		x /
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	Х	
			Form	990	)-PF	(2016)

	The Nelson & Sara Fishman Family  990-PF (2016) Foundation, Inc.  art.VII-A   Statements Regarding Activities (continued)	<u> 26-3853</u>	840		Page 5
ن ت	- The state of the		1	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			.00	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileges?		<u> </u>	
	If "Yes," attach statement (see instructions)		12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A			<u>,</u>	
14	The books are in care of ▶ Jonathan Fishman Telephone no.	►410- <del>4</del> 6	7-0	829	
	Located at ▶ 4309 St Paul Street, Baltimore, MD	ZIP+4 ▶21			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				$\overline{}$
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	•		Yes	No
	securities, or other financial account in a foreign country?		16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign country				
Pa	art 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.			Yes	No
18	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	s X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
_	a disqualified person?	s X No		}	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	s X No		ļ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	s X No		[	
-	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	s X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	If the foundation agreed to make a grant to or to employ the official for a period after				
		s X No			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2016?		1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin	g			
	before 2016?	s X No			
	If "Yes," list the years 🛌 ,,,,				
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions.)	N/A	2b		
0	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
	<b>&gt;</b>				
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
		s X No			
t	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons aft				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C	-			
	Form 4720, to determine if the foundation had excess business holdings in 2016)	N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	•	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that			† <del></del>
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?		4b		x

The Nelson & Sara Fishma	n Family			
orm 990-PF (2016) Foundation, Inc.	F 4700 M D- F		<u> 26-38538</u>	40 Page 6
Part VII-B   Statements Regarding Activities for Which I	-orm 4/20 May Be F	tequirea (continu	ıed)	
5a During the year did the foundation pay or incur any amount to:	- 4045/->>0	г.,	(T).	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire		. <b>.</b>	
any voter registration drive?	0		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	,		
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to			
the prevention of cruelty to children or animals?	d		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	37/3	e.
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for			l	
expenditure responsibility for the grant?		I∕A ∐ 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		[TE]	
a personal benefit contract?		∟ Ye	s X No	,,,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		∟ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trust				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Hignly	<b>7</b>	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
Sara Fishman	Vice-Presiden	<del> </del>	0011190113010011	4.10174.1000
3704 North Charles St.#803	1	]		
Baltimore, MD 21218	1.00	0.1	0.	0.
	President & T			
1309 St. Paul Street				
Baltimore, MD 21218	1.00	0.	0.	0.
	İ			
	<u> </u>			
	1			
	1			
Compensation of five highest-paid employees (other than those inc	luded 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	(a) Componentian	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
		<u>                                     </u>		
	I	1		İ

Total number of other employees paid over \$50,000

Form **990-PF** (2016)

The Nelson & Sara Fishman Family Form 990-PF (2016) Foundation, Inc.

Form 990-PF (2016) Foundation, Inc.	26-	-3853840 Page 7
Part VIII Information About Officers, Directors, Trustees, Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If no	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include rele	vant statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research p	apers produced, etc.	
1 N/A		-
		-
2		-
		+
3		<del>                                     </del>
3	·	
4	<del>-</del>	
		-
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the t	ax year on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		_
		4
		4
		4
		4
		1

0.

Total. Add lines 1 through 3

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form 990-PF (2016) Foundation, Inc. 26-3853840 Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 1,283,253. a Average monthly fair market value of securities 1a 238,310. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 1,521,563. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 1,521,563. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 22,823. 4 1,498,740. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 74,937. Minimum investment return. Enter 5% of line 5 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.) 74,937. Minimum investment return from Part X, line 6 1,185. Tax on investment income for 2016 from Part VI, line 5 2a Income tax for 2016. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 73,752. Add lines 3 and 4 5 6 0 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 83,000. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 83,000.

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

Form **990-PF** (2016)

83,000.

4

# Part XIII Undistributed Income (see instructions)

<del></del>				
	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
Distributable amount for 2016 from Part XI,	συρμο	rears prior to 2015	2010	2010
line 7				73,752.
2 Undistributed income, if any, as of the end of 2016				13,132.
a Enter amount for 2015 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 2,153.				
<b>b</b> From 2012 17,621.				
c From 2013 1,419.				
d From 2014 3, 279.				
e From 2015 8,994.				
f Total of lines 3a through e	33,466.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 83,000.				
a Applied to 2015, but not more than line 2a			0.	<u> </u>
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.	FMR37M0E-11	
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			72 750
d Applied to 2016 distributable amount     e Remaining amount distributed out of corpus	9,248.			73,752.
5 Excess distributions carryover applied to 2016	9,240.		/-181.1.1	0.
(If an amount appears in column (d), the same amount	U •			<u> </u>
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,714.			
<b>b</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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 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.			
8 Excess distributions carryover from 2011	2 152			
not applied on line 5 or line 7	2,153.	TIRMINAL .		
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	40,561.			
10 Analysis of line 9:	40,301.			····
a Excess from 2012 17,621.	1			
b Excess from 2013 1,419.				
c Excess from 2014 3, 279.				
d Excess from 2015 8,994.				
e Excess from 2016 9, 248.				
623581 11-23-16		<u></u>		Form <b>990-PF</b> (2016)

	lson & Sara F tion, Inc.	Fishman Fam	ily	26-38	53840 Page 10
Part XIV Private Operating		ructions and Part VII-	A, question 9)	N/A	<u> </u>
1 a If the foundation has received a ruling foundation, and the ruling is effective to		· · · · · · · · · · · · · · · · · · ·			
<b>b</b> Check box to indicate whether the four		<del>-</del>	o cection	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Touridation described in	Prior 3 years	1 4342(J)(3) UI	42())(0)
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	<del></del>		·	<del>                                     </del>	
each year listed					
b 85% of line 2a				/	
c Qualifying distributions from Part XII,				//	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		l			
exempt activities					
e Qualifying distributions made directly		_			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets				<u> </u>	
(2) Value of assets qualifying					į
under section 4942(j)(3)(B)(i) <b>b</b> "Endowment" alternative test - enter	<del></del>				
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<del>/</del> -		<del> </del>	<del></del>
(1) Total support other than gross	1	,			
investment income (interest,					
dividends, rents, payments on securities loans (section					1
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	Sum etion (Complet	a this new entry	f the formulation	- bod &E 000 or	and in coorts
Part XV Supplementary Inf at any time during			ii the foundatio	in nau \$5,000 or me	ore in assets
1 Information Regarding Foundat			<del></del>		
a List any managers of the foundation w		han 2% of the total cont	ributions received by th	ne foundation before the clo	se of any tax
year (but only if they have contributed					·· <b>,</b> ··
Sara Fishman					
<b>b</b> List any managers of the foundation v			or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation h	nas a 10% or greater interest	i.			
None					
2 Information Regarding Contribu					conto for friends. If
Check here <b>\(\big  \bar{X}\)</b> if the foundation the foundation makes gifts, grants, et					
a The name, address, and telephone nu	- <del></del>				
<u> </u>					
1 The farm of the bank of the first					
<b>b</b> The form in which applications should	ı ve submitteo and informati	on and materials they si	ionia iucinge:		
c Any submission deadlines:					
d Any restrictions or limitations on awar	ds, such as by geographica	l areas, charitable fields,	kınds of institutions, o	or other factors:	

The Nelson & Sara Fishman Family Form 990-PF (2016) Foundation, Inc. 26-3853840 Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year Fuel Fund of Maryland Public None Unrestricted 1800 Washington Blvd Baltimore, MD 21230 1,000. The Associated None Public Unrestricted 101 W Mt Royal Ave Baltimore MD 21201 1,500. Doctors Without Borders USA None Public Unrestricted PO Box 5030 2,000. Hagerstown, MD 21741 Baltimore Lyric Opera None Public Unrestricted 140 W Mt Royal Ave Baltimore, MD 21201 2,500. The Jewish Museum of MD Public None Unrestricted 15 Lloyd St Baltimore MD 21202 2 500 See continuation sheet(s) Total **▶** 3a 83,000. b Approved for future payment None

Form **990-PF** (2016)

Total

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded t	oy section 512, 513, or 514	(0)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	code	<del></del>	COGE		
b			1 - 1		
c					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	8.	
4 Dividends and interest from securities			14	26,126.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			<u> </u>		
b Not debt-financed property					· · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal					
property					
7 Other investment income			+ +		
8 Gain or (loss) from sales of assets other				22 010	
than inventory			14	33,210.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory 11 Other revenue:			+ + -		
a b					
c					
d		<del></del>			
0					
12 Subtotal. Add columns (b), (d), and (e)		0.		59,344.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	59,344.
(See worksheet in line 13 instructions to verify calculate	ions.)				<del>-</del> :
Part XVI-B Relationship of Activi	ties to the Accom	plishment of E	xempt P	urposes	
Line No. Explain below how each activity for whi					lichment of
the foundation's exempt purposes (oth			r contributet	importantly to the accomp	iisiiiiciit ui
		реграссоја	<del></del>	-	<del></del>
	<del></del>				<del></del>
				·	
				- V	
					***************************************
	<del></del>				
		- t			
		<del></del>		· · · · · · · · · · · · · · · · · · ·	
	··			· · · · · · · · · · · · · · · · · · ·	

Part X	/II · Information Req		rs To and	Transactions a	and Relations	hips With Noncha			ge 13
4 Did th	Exempt Organization directly or under		o following wit	h any other organizate	na deserbed in cost	on E01(a) of	1	Yes	No
	ie organization directly or indire ode (other than section 501(c)(					an 50 i(c) ai		163	110
	fers from the reporting foundat			- · ·	iizations*				
(1)	• •	on to a nonorial readio of	Admpt organiz	allon or.			1a(1)	1	X
, ,	Other assets	•					1a(2)		X
• •	transactions:	•					10127		
_	Sales of assets to a noncharitable	le exempt organization					1b(1)		X
	urchases of assets from a none	· -	uzation				1b(2)		X
	Rental of facilities, equipment, or						1b(3)		X
, ,	Reimbursement arrangements						1b(4)		X
, ,	oans or loan guarantees	•					1b(5)		X
, ,	Performance of services or mem	nbership or fundraising	solicitations				1b(6)		X
• •	ng of facilities, equipment, maili			ees			1c		X
d If the	answer to any of the above is "	Yes," complete the follow	ving schedule.	. Column (b) should al	ways show the fair n	narket value of the goods,	other as:	sets,	
	vices given by the reporting fol								
colun	nn (d) the value of the goods, of	ther assets, or services	received.						
a) Line no	(b) Amount involved	(c) Name of non	charitable exei	mpt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	nts
			N/A						
	,								
		<u> </u>							
		·			<del></del>				
			<del> </del>						
		<del></del> -		<del></del>					
		· · · · · · · · · · · · · · · · · · ·		***					
			······································	-			-		
ın sed	foundation directly or indirectly tion 501(c) of the Code (other to s," complete the following sched	than section 501(c)(3))		, -	izations described		Yes	X	] No
<u> </u>	(a) Name of orga		(b)	Type of organization		(c) Description of relations	ship		
	N/A								
		·							
	Inder penalties of perjury, I declare that deleter, it is true, correct, and comp			payer) is based on all inform	nation of which prepared	has any knowledge rei	ay the IRS turn with the own below	ne prepar / (see ins	er
L	Signature of officer or trusted	no   D	mararh arana	Date	Title	Check If PTIN			
Paid	Print/Type preparer's nan	`	parer's signet	LON	Date 2017	self- employed	1450		
Prepar Use O			slow,	P.A.	vijiop (* )	Firm's EIN ► 52-1	1452 8386		
OSE O	· ————	Nonth Oh-	mla= 0			<del> </del>			
	Firm's address > 821		rles S 21201	treet		Dhono no A10 7	27 7	717	
		retunte' III	<u>, 41401</u>			Phone no. 410 – 7	41-2	<u> </u>	

Form **990-PF** (2016)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		<del></del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
American Jewish World Services	None	Public	Unrestricted	
45 West 36Th Street, 11Th Floor				2 000
New York, NY 10018		<del> </del>		3,000
WBJC 6776 Reisterstown Rd, Suite 202	None	Public	Unrestricted	
Baltimore, MD 21215				3,000
WYPR	None	Public	Unrestricted	
2216 North Charles Street				
Baltimore, MD 21218		<del> </del>		3,000
		1		
American Joint Distribution Committee PO Box 4124	None	Public	Unrestricted	
New York, NY 10163				4,000
Innovation:Africa	None	Public	Unrestricted	
520 8Th Avenue, 15Th Floor				
New York, NY 10018	<del> </del>			4,000
Maryland Public Television	None	Public	Unrestricted	
11767 Owings Mills Blvd Owings Mills, MD 21117				4.000
Mazon	None	Public	Unrestricted	
10495 Santa Monica Blvd, Suite 100				
Los Angeles, CA 90025				4,000
	ļ			
American Technion Society	None	Public	Unrestricted	
55 East 59Th Street New York, NY 10022				5,000
New 101K, N1 10022		<del> </del>		3,000
Beth Am	None	Public	Unrestricted	
seth Am 2501 Eutaw Place	None	FUDITO	Dillegelieed	
Baltimore, MD 21217	<del> </del>	<del> </del>		5,000
Enoch Pratt Free Library	None	Public	Unrestricted	
400 Cathedral Street Baltimore, MD 21201				5,000
Total from continuation sheets				73 500

The Nelson & Sara Fishman Family Foundation, Inc.

26-3853840

Part XV Supplementary Information  3 Grants and Contributions Paid During the Year (Continuation)						
Recipient	If recipient is an individual	<del></del>				
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
Taino and add 000 (nome of business)	or substantial contributor	recipient				
Drchkids	None	Public	Unrestricted			
212 Cathedral Street						
Baltimore, MD 21201				5,00		
Baltimore Museum of Arts	None	Public	Unrestricted			
10 Art Museum Dr Baltimore, MD 21218				8,50		
Saltimore, MD 21218				8,50		
Baltimore Symphony Orchestra	None	Public	Unrestricted			
1212 Cathedral Street Baltimore_MD 21201				10,00		
Baltimole, ab 21201				10,00		
Planned Parenthood of MD	None	Public	Unrestricted			
330 N Howard St				10.00		
Baltimore, MD 21201				10,00		
· · · · · · · · · · · · · · · · · · ·						
				<u> </u> 		
<del></del>						
Total from continuation sheets						

### Schedule B (Form:990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

The Nelson & Sara Fishman Family

OMB No 1545-0047

**Employer identification number** 

	Foundation, Inc.	26-3853840
Organization type (che	ck one).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalii any one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo 0-EZ, line 1. Complete Parts I and II	a, or 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fror tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edu of cruelty to children or animals Complete Parts I, II, and III	-
year, contribut is checked, en purpose. Don'	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totaled ter here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the <b>General Rule</b> applies to this organization because stable, etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box us, charitable, etc,
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B " on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	• • • • • • • • • • • • • • • • • • • •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name Of organization
The Nelson & Sara Fishman Family
Foundation, Inc.

Employer identification number

26-3853840

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed.	Part I	Contributors (See instructions)	Use duplicate copies of Part	Lif additional space is needed.
--	--------	---------------------------------	------------------------------	---------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Sara Fishman  3704 North Charles St.#803  Baltimore, MD 21218	\$ 288,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

The Nelson & Sara Fishman Family Foundation, Inc.

26-3853840

Part	artii	Noncash Property (See instructions). Use duplicate copies of Pa	irt ii if additional space is needed.	
(a) No. from Part I  (a) No. (b) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. (e) FMV (or estimate) (See instructions)  (e) FMV (or estimate) (See instructions)  (from Description of noncash property given (See instructions)  (a) No. (b) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. (e) FMV (or estimate) (See instructions)  (e) FMV (or estimate) (See instructions)  (from Description of noncash property given (See instructions)  (a) No. (c) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	(d) Date received
No. Description of noncash property given  (a) No. Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. Description of noncash property given  (a) No. Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. Description of noncash property given  (e) FMV (or estimate) (See instructions)  (f) FMV (or estimate) (See instructions)  (g) FMV (or estimate) (See instructions)  (g) FMV (or estimate) (See instructions)  (g) FMV (or estimate) (See instructions)				
(a) No. (b) FMV (or estimate) (See instructions)  (a) No. (c) FMV (or estimate) (See instructions)  (b) (c) FMV (or estimate) (See instructions)  (a) No. (c) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. (e) FMV (or estimate) (See instructions)  (a) No. (b) FMV (or estimate) (See instructions)  (a) No. (c) FMV (or estimate) (See instructions)  (a) No. (b) FMV (or estimate) (See instructions)	No. rom		FMV (or estimate)	(d) Date received
No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  Date of the property given (C) FMV (or estimate) (See instructions)  (a) No. rom Description of noncash property given (See instructions)  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. rom Description of noncash property given (See instructions)  (a) No. rom Description of noncash property given (See instructions)  (b) FMV (or estimate) (See instructions)			<b>\$</b>	
(a) No. Tom Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. Tom Description of noncash property given  (c) FMV (or estimate) (See instructions)  Date  (a) No. (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  Date  (a) No. (b) FMV (or estimate)  (c) FMV (or estimate)  (c) FMV (or estimate)	No. rom		FMV (or estimate)	(d) Date received
No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (C) FMV (or estimate) (See instructions)  (a) No. rom Description of noncash property given  (a) No. (b) (c) FMV (or estimate) (See instructions)  (a) No. (b) FMV (or estimate) FMV (or estimate) (See instructions)			<b>\$</b>	
(a) No. Tom Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) No. (b) FMV (or estimate)  FMV (or estimate)	No. rom		FMV (or estimate)	(d) Date received
No. rom Description of noncash property given  (a) No. (b) The property given (b) The property given (c) FMV (or estimate) (See instructions)  (a) No. (b) FMV (or estimate) FMV (or estimate) FMV (or estimate)			\$	
(a) No. (b) FMV (or estimate)	No.		FMV (or estimate)	(d) Date received
No. (b) FMV (or estimate)			\$	
Part I (See instructions)	No. rom	(b)  Description of noncash property given		(d) Date received
\$	_		     s	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization **Employer identification number** The Nelson & Sara Fishman Family Foundation. 26-3853840 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 info once) Part III Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

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

Form 990-PF Intere	st on Savin	gs and Temp	porary	Cash In	vestments	Stateme	ent 1
Source		(a) Rever Per Bo	nue	Net In	(b) vestment come	(c) Adjus Net Ir	sted
Wells Fargo			8.		8.		0.
Total to Part I, li	ne 3		8.		8.		0.
Form 990-PF	Dividends	and Inter	est fr	om Secur	ities	Stateme	ent 2
Source	Gross Amount	Capital Gains Dividend	R	(a) evenue r Books	(b) Net Inves ment Inco	t- Ad	(c) justed Income
T Rowe Price - 1310	17,126.		0.	17,126.	17,05	1.	0.
T Rowe Price - 3597	4,717.		0.	4,717.	4,71	.7.	0.
T Rowe Price - 5769	10.	(	0.	10.	1	.0.	0.
T.Rowe Price - 3597 T.Rowe Price -	22,901.	22,90	1.	0.		0.	0.
3597	450.	45	0.	0.		0.	0.
T.Rowe Price - 3597	4,273.	ı	0.	4,273.	4,27	<b>'3</b> .	0.
To Part I, line 4	49,477.	23,35	1.	26,126.	26,05	1.	0.
Form 990-PF		Accounti	ng Fee	S		Stateme	ent 3
Description		(a) Expenses Per Books	Net I	b) nvest- Income	(c) Adjusted Net Incom	l Cha	(d) ritable rposes
Gross Mendelsohn Gross Mendelsohn Solomon & Nislow	_	0. 0. 1,294.	<del></del>	0. 0. 0.		0. 0. 0.	0. 0. 0.
To Form 990-PF, Pg	1, ln 16b	1,294.		0.		0.	0.

Mergers - Cost Basis

Total to Form 990-PF, Part II, line 10b

Form 990-PF	Taxes				Statement 4		
Description	(a) Expenses Per Books	(b) Net Invest ment Incom		(c) Adjusted Net Incom		(d) Charitabl Purposes	
Foreign Tax Paid	219.	· <del></del>	0.		0.	(	
To Form 990-PF, Pg 1, ln 18	219.		0.		0.	(	
Form 990-PF	Corporat	e Stock			St	atement	
Description			Book	k Value	Fa	ir Market Value	
100 SHS Market Coro 119 SHS Valmont Industries I 12 Shs Advansix Inc 136 SHS Caterpillar Inc Com 155 SHS Procter & Gamble Co 170 SHS Intl Paper 177 SHS Crescent PT Energy C 1880 SHS Williams Cos Inc 24 Adient PLC 243 Johnson LTD CTLS 287 SHS Metlife Inc 3 SHS Veritiv Corp Com 300 SHS Honeywell Intl Inc 310 SHS Intl Business Machs 388 SHS ABB LTD Sponsored A 394 SHS Royal Dutch Shell PL 400 SHS Prudential Finl Inc 485 SHS News Corp New CL 500 SHS Invesco LTD 543 SHS General Electric Co 550 SHS Berkshire Hathaway I 600 SHS Lowes Cos Inc	Com orp Corp Com DR C	New BRK		12,759. 7,198. 0. 5,222. 7,423. 4,582. 3,185. 16,476. 2,482. 7,848. 66. 6,843. 25,742. 5,640. 19,179. 12,050. 5,321. 7,888. 7,945. 10,206.		90,450 16,767 266 12,612 13,032 9,020 2,409 58,543 1,400 10,009 15,467 34,750 51,458 8,179 21,420 41,624 5,558 15,170 17,150 89,639 42,673	

0.

785,747.

925.

240,879.

Form 990-PF Ot	her Investments		Statement 6
Description	Valuation Method	Book Value	Fair Market Value
T Rowe Price Prime Reserve	COST	71,897.	71,897.
T Rowe Price Spectrum Growth	COST	318,273.	385,366.
T Rowe Price Spectrum Income	COST	137,570.	140,468.
Total to Form 990-PF, Part II, li	ne 13	527,740.	597,731.