

Form 990-T

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0087

**2017**

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)Open to Public Inspection for  
501(c)(3) Organizations OnlyA Check box if  
address changed

Name of organization ( Check box if name changed and see instructions.)

D Employer identification number  
(Employees' trust, see  
instructions)

B Exempt under section

Print  
or  
Type**THE FISH FAMILY FOUNDATION****04-6905753**☒ 501(c)(3)

Number, street, and room or suite no. If a P.O. box, see instructions.

E Unrelated business activity codes  
(See instructions)☐ 408(e) ☐ 220(e)**75 STATE STREET**☐ 408A ☐ 530(a)

City or town, state or province, country, and ZIP or foreign postal code

**523000**☐ 529(a)**BOSTON, MA 02109**C Book value of all assets  
at end of year

F Group exemption number (See instructions.)

**13,075,357.**G Check organization type ☐ 501(c) corporation ☒ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.

**SEE STATEMENT 18**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group?

☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **TREF BORDEN**Telephone number **617-428-3775****Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

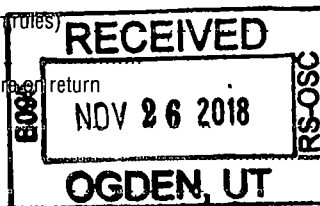
(C) Net

|                                                                                    |  |    |               |                |
|------------------------------------------------------------------------------------|--|----|---------------|----------------|
| 1 a Gross receipts or sales                                                        |  | 1c |               |                |
| b Less returns and allowances                                                      |  | 2  |               |                |
| 2 Cost of goods sold (Schedule A, line 7)                                          |  | 3  |               |                |
| 3 Gross profit. Subtract line 2 from line 1c                                       |  | 4a | <b>8,313.</b> |                |
| 4 a Capital gain net income (attach Schedule D)                                    |  | 4b |               |                |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 |  | 4c |               |                |
| c Capital loss deduction for trusts                                                |  | 5  | <b>754.</b>   | <b>STMT 19</b> |
| 5 Income (loss) from partnerships and S corporations (attach statement)            |  | 6  |               |                |
| 6 Rent income (Schedule C)                                                         |  | 7  |               |                |
| 7 Unrelated debt-financed income (Schedule E)                                      |  | 8  |               |                |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) |  | 9  |               |                |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) |  | 10 |               |                |
| 10 Exploited exempt activity income (Schedule I)                                   |  | 11 |               |                |
| 11 Advertising income (Schedule J)                                                 |  | 12 |               |                |
| 12 Other income (See instructions; attach schedule)                                |  | 13 | <b>9,067.</b> | <b>9,067.</b>  |
| 13 Total. Combine lines 3 through 12                                               |  |    |               |                |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

|                                                                                                                                               |     |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|
| 14 Compensation of officers, directors, and trustees (Schedule K)                                                                             | 14  |               |
| 15 Salaries and wages                                                                                                                         | 15  |               |
| 16 Repairs and maintenance                                                                                                                    | 16  |               |
| 17 Bad debts                                                                                                                                  | 17  |               |
| 18 Interest (attach schedule)                                                                                                                 | 18  |               |
| 19 Taxes and licenses                                                                                                                         | 19  |               |
| 20 Charitable contributions (See instructions for limitation rules)                                                                           | 20  |               |
| 21 Depreciation (attach Form 4562)                                                                                                            | 21  |               |
| 22 Less depreciation claimed on Schedule A and elsewhere on return                                                                            | 22a |               |
| 23 Depletion                                                                                                                                  | 23  |               |
| 24 Contributions to deferred compensation plans                                                                                               | 24  |               |
| 25 Employee benefit programs                                                                                                                  | 25  |               |
| 26 Excess exempt expenses (Schedule I)                                                                                                        | 26  |               |
| 27 Excess readership costs (Schedule J)                                                                                                       | 27  |               |
| 28 Other deductions (attach schedule)                                                                                                         | 28  |               |
| 29 Total deductions. Add lines 14 through 28                                                                                                  | 29  | <b>43.</b>    |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | 30  | <b>9,024.</b> |
| 31 Net operating loss deduction (limited to the amount on line 30)                                                                            | 31  |               |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30                                                 | 32  | <b>9,024.</b> |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)                                                        | 33  | <b>1,000.</b> |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34  | <b>8,024.</b> |



**Part III Tax Computation****35 Organizations Taxable as Corporations** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34

35c

**36 Trusts Taxable at Trust Rates** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☒ Schedule D (Form 1041)

36

821.

**37 Proxy tax** See instructions

37

**38 Alternative minimum tax**

38

**39 Tax on Non-Compliant Facility Income.** See instructions

39

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40

821.

**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

**b** Other credits (see instructions)

41b

**c** General business credit. Attach Form 3800

41c

**d** Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

**e Total credits.** Add lines 41a through 41d

41e

**42** Subtract line 41e from line 40

42

821.

**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

**44 Total tax.** Add lines 42 and 43

44

821.

**45a** Payments: A 2016 overpayment credited to 2017

45a

247.

**b** 2017 estimated tax payments

45b

**c** Tax deposited with Form 8868

45c

**d** Foreign organizations. Tax paid or withheld at source (see instructions)

45d

**e** Backup withholding (see instructions)

45e

**f** Credit for small employer health insurance premiums (Attach Form 8941)

45f

**g** Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

45g

**46 Total payments.** Add lines 45a through 45g

46

247.

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☒

47

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed

48

574.

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

**50** Enter the amount of line 49 you want Credited to 2018 estimated tax

Refunded

50

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes No

X

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

X

**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

TRUSTEE

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

PAUL FORD, CPA

11/14/2018

P01332603

Firm's name SAMET &amp; COMPANY PC

Firm's EIN 04-3027605

1330 BOYLSTON STREET

Firm's address CHESTNUT HILL, MA 02467-2111

Phone no. (617) 731-1222

Form 990-T (2017)

|            |                                                                      |              |
|------------|----------------------------------------------------------------------|--------------|
| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED<br>BUSINESS ACTIVITY | STATEMENT 18 |
|------------|----------------------------------------------------------------------|--------------|

UNRELATED BUSINESS INCOME RECEIVED FROM INVESTMENTS REPORTED ON K-1'S  
TO FORM 990-T, PAGE 1

|            |                                                       |              |
|------------|-------------------------------------------------------|--------------|
| FORM 990-T | INCOME (LOSS) FROM PARTNERSHIPS<br>AND S CORPORATIONS | STATEMENT 19 |
|------------|-------------------------------------------------------|--------------|

| DESCRIPTION                                    | AMOUNT |
|------------------------------------------------|--------|
| INCOME FROM PARTNERSHIPS                       | 301.   |
| INTEREST AND DIVIDEND INCOME FROM PASSTHROUGHS | 453.   |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5            | 754.   |

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Go to [www.irs.gov/F1041](http://www.irs.gov/F1041) for instructions and the latest information

OMB No. 1545-0092

**2017**

Name of estate or trust

Employer identification number

**THE FISH FAMILY FOUNDATION**

**04-6905753**

**Note:** Form 5227 filers need to complete only Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                           | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1 a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked                                                                                                                                                                                                 |                                  |                                 |                                                                                           |                                                                                                           |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked                                                                                                                                                                                                   |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked                                                                                                                                                                                                   |                                  |                                 | <b>41.</b>                                                                                | <b>&lt;41.&gt;</b>                                                                                        |
| <b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824                                                                                                                                                                                                          |                                  |                                 | <b>4</b>                                                                                  |                                                                                                           |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts                                                                                                                                                                                     |                                  |                                 | <b>5</b>                                                                                  |                                                                                                           |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2016 Capital Loss Carryover Worksheet                                                                                                                                                            |                                  |                                 | <b>6</b>                                                                                  |                                                                                                           |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2                                                                                                                                           |                                  |                                 | <b>7</b>                                                                                  | <b>&lt;41.&gt;</b>                                                                                        |

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|                                                                                                                                                                                                                                                                                          | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8 a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8 b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked                                                                                                                                                                                                |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked                                                                                                                                                                                                  |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked                                                                                                                                                                                                 |                                  |                                 | <b>8,354.</b>                                                                              | <b>8,354.</b>                                                                                             |
| <b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824                                                                                                                                                                                                   |                                  |                                 | <b>11</b>                                                                                  |                                                                                                           |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts                                                                                                                                                                                    |                                  |                                 | <b>12</b>                                                                                  |                                                                                                           |
| <b>13</b> Capital gain distributions                                                                                                                                                                                                                                                     |                                  |                                 | <b>13</b>                                                                                  |                                                                                                           |
| <b>14</b> Gain from Form 4797, Part I                                                                                                                                                                                                                                                    |                                  |                                 | <b>14</b>                                                                                  |                                                                                                           |
| <b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2016 Capital Loss Carryover Worksheet                                                                                                                                                          |                                  |                                 | <b>15</b>                                                                                  |                                                                                                           |
| <b>16</b> <b>Net long-term capital gain or (loss)</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on page 2                                                                                                                                        |                                  |                                 | <b>16</b>                                                                                  | <b>8,354.</b>                                                                                             |

**Part III Summary of Parts I and II**

Caution: Read the instructions before completing this part

|                                                               | (1) Beneficiaries' | (2) Estate's or trust's | (3) Total |
|---------------------------------------------------------------|--------------------|-------------------------|-----------|
| 17 Net short-term gain or (loss)                              | 17                 | <41.>                   | <41.>     |
| 18 Net long-term gain or (loss):                              |                    |                         |           |
| a Total for year                                              | 18a                | 8,354.                  | 8,354.    |
| b Unrecaptured section 1250 gain (see line 18 of the wrksht.) | 18b                |                         |           |
| c 28% rate gain                                               | 18c                |                         |           |
| 19 Total net gain or (loss) Combine lines 17 and 18a          | 19                 | 8,313.                  | 8,313.    |

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

**Part IV Capital Loss Limitation**

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:

a The loss on line 19, column (3) or b \$3,000

20 ( )

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers** Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if

- Either line 18b, col (2) or line 18c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts** Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col (2) or line 18c, col (2) is more than zero.

|                                                                                                                                                                       |    |        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|--|
| 21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)                                                                                              | 21 | 8,024. |  |
| 22 Enter the smaller of line 18a or 19 in column (2) but not less than zero                                                                                           | 22 | 8,313. |  |
| 23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)         | 23 |        |  |
| 24 Add lines 22 and 23                                                                                                                                                | 24 | 8,313. |  |
| 25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-                                                                    | 25 | 0.     |  |
| 26 Subtract line 25 from line 24. If zero or less, enter -0-                                                                                                          | 26 | 8,313. |  |
| 27 Subtract line 26 from line 21. If zero or less, enter -0-                                                                                                          | 27 | 0.     |  |
| 28 Enter the smaller of the amount on line 21 or \$2,550                                                                                                              | 28 | 2,550. |  |
| 29 Enter the smaller of the amount on line 27 or line 28                                                                                                              | 29 |        |  |
| 30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%                                                                              | 30 | 2,550. |  |
| 31 Enter the smaller of line 21 or line 26                                                                                                                            | 31 | 8,024. |  |
| 32 Subtract line 30 from line 26                                                                                                                                      | 32 | 5,763. |  |
| 33 Enter the smaller of line 21 or \$12,500                                                                                                                           | 33 | 8,024. |  |
| 34 Add lines 27 and 30                                                                                                                                                | 34 | 2,550. |  |
| 35 Subtract line 34 from line 33. If zero or less, enter -0-                                                                                                          | 35 | 5,474. |  |
| 36 Enter the smaller of line 32 or line 35                                                                                                                            | 36 | 5,474. |  |
| 37 Multiply line 36 by 15% (0.15)                                                                                                                                     | 37 | 821.   |  |
| 38 Enter the amount from line 31                                                                                                                                      | 38 | 8,024. |  |
| 39 Add lines 30 and 36                                                                                                                                                | 39 | 8,024. |  |
| 40 Subtract line 39 from line 38. If zero or less, enter -0-                                                                                                          | 40 | 0.     |  |
| 41 Multiply line 40 by 20% (0.20)                                                                                                                                     | 41 |        |  |
| 42 Figure the tax on the amount on line 27. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 42 | 0.     |  |
| 43 Add lines 37, 41, and 42                                                                                                                                           | 43 | 821.   |  |
| 44 Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 44 | 1,812. |  |
| 45 Tax on all taxable income Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)                              | 45 | 821.   |  |

## Sales and Other Dispositions of Capital Assets

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

OMB No 1545-0074

2017

Attachment Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification no.

04-6905753

THE FISH FAMILY FOUNDATION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis **was** reported to the IRS (see 1099 above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

04-6905753