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2020

OMB No. 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2020, or tax year beginning 01-01-20)20 , aı	nd ending 12-31-	2020	
		ındation J FISHER AND		A Employer id	entification numbe	r
DC	ORIS FIS	SHER FOUNDATION	.	20-8973776		
		d street (or P.O. box number if mail is not delivered to street address) EY DRIVE	Room/suite	B Telephone nu	ımber (see instructior	ns)
City	or town	s state or provinger country, and ZID or fareign postal code		(802) 472-6547	7	
		n, state or province, country, and ZIP or foreign postal code , MD 21401		C If exemption	application is pending	g, check here
G Cł	neck al	ll that apply: \qed Initial return \qed Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	re
		\square Final return \square Amended return			ganizations meeting	
		\square Address change $\ \square$ Name change		· ·	k here and attach cor	· _
		rpe of organization: Section 501(c)(3) exempt private			undation status was t n 507(b)(1)(A), chec	
			e private foundation			
of	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 14,198,918 J Accounting method: □ Other (specify) (Part I, column (d) must	Cash Accru		ation is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc., received (attach				(cash basis only)
	*	schedule)				
	2	Check \blacktriangleright \checkmark if the foundation is not required to attach				
	_	Sch. B				
	3	Interest on savings and temporary cash investments Dividends and interest from securities	122,610	122,610	122,610	
	5a	Gross rents	122,010	122,010	122,010	
	ь	Net rental income or (loss)				
e	6a	Net gain or (loss) from sale of assets not on line 10	997,719			
Revenue	b	Gross sales price for all assets on line 6a				
Sev	7	4,570,340 Capital gain net income (from Part IV, line 2)		997,719		
_	8	Net short-term capital gain		337,713		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	1,120,329	1,120,329	122,610	
	13	Compensation of officers, directors, trustees, etc.	0	0	0	(
	14	Other employee salaries and wages				
ès	15	Pension plans, employee benefits				
ens	16a	Legal fees (attach schedule)				
Ž.	b	Accounting fees (attach schedule)	5,600	0	_	5,600
9	C	Other professional fees (attach schedule)	59,990	57,270	0	(
Operating and Administrative Expenses	17	Interest	06-1			
<u> </u>	18	Taxes (attach schedule) (see instructions)	2,000	0	0	(
Ē	19	Depreciation (attach schedule) and depletion				
ΑG	20	Occupancy	667	0	0	66-
פ	21	Travel, conferences, and meetings	667	0	0	667
6 5	23	Other expenses (attach schedule)				
3	24	Total operating and administrative expenses.				
ě		Add lines 13 through 23	68,257	57,270	0	6,267
5	25	Contributions, gifts, grants paid	1,860,237			1,860,237
	26	Total expenses and disbursements. Add lines 24 and				
	27	25 Subtract line 36 from line 13.	1,928,494	57,270	0	1,866,504
	27	Subtract line 26 from line 12: Excess of revenue over expenses and				
	a	disbursements	-808,165			
	b	Net investment income (if negative, enter -0-)		1,063,059		
	С	Adjusted net income (if negative, enter -0-)			122,610	

Page 2

	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	8,368,399	6,437,621	12,548,515
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	8,740,059	8,088,024	14,198,918
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			

Liabilities	17 18 19 20 21 22 23
let Assets or Fund Balances	24 25
ets o	26
155	27 28
o	- 20
Net ,	29

2

3

Total liabilities (add lines 17 through 22) . . .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

Foundations that follow FASB ASC 958, check here ▶

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

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25 Net assets with donor restrictions . Foundations that do not follow FASB ASC 958, check here ▶ and complete lines 26 through 30. Capital stock, trust principal, or current funds . . . 26 27 Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds 8,740,059 8,088,024 28 29 Total net assets or fund balances (see instructions) . . . 8,740,059 8,088,024 30 Total liabilities and net assets/fund balances (see instructions) . 8,740,059 8,088,024 Part III **Analysis of Changes in Net Assets or Fund Balances** Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with endof-year figure reported on prior year's return) 8,740,059 1 Enter amount from Part I, line 27a 2 -808,165 3 Other increases not included in line 2 (itemize) 156,130 4 8,088,024 Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶ 5

6

8,088,024 Form **990-PF** (2020)

Page **3**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)						(b) How acqu P—Purch D—Donal	ase	Date (mo.	(c) acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1 a SECURI	TIES					Р				
b CAPITA	GAINS DIVIDE	NDS				Р				
С										
d										
e										
Gro	(e) ss sales price		(f) Depreciation allowed (or allowable)		Cost or	(g) other basis ense of sale			Gain o	r (loss)) minus (g)
а	4,55	55,623				3,57	72,621			983,002
b	1	14,717								14,717
С										
d										
e										
				ı						
Comple	te only for assets	s showing gain	in column (h) and ow	vned by t	he foundation of	on 12/31/69				1)
Comple		3 3110 Willing gaint	(j)	Thea by c		(k)		(יי h) gain minus
EMA	(i) /. as of 12/31/69	,	Adjusted basis			of col. (i)			(k), but not	less than -0-) or
F.IYI.V	7. as of 12/31/69	<u>'</u>	as of 12/31/69		over col	. (j), if any			Losses (fr	om col.(h))
a										983,002
b										14,717
С										
d										
е										
3 Net sh If gain in Part	, also enter in Pa : I, line 8	gain or (loss) a art I, line 8, col	ts defined in sections umn (c) (see instruct	If (loss) 1222(5) ions). If	(loss), enter -0	Part I, line 7	. }	3		997,719
			on 4940(e) for R				nt Inc	ome		
SECTION 4	940(e) REPEA	ALED ON DE	CEMBER 20, 2019	9 - DO I	NOT COMPLI	ETE				
1 Reserve	ed									
	(a) served		(b) Reserved		(c) Reserved				(d) Reserved	
1000	sei veu		veser veu		Reserved				itesei veu	
2 Reserve	d			٠			2			-
3 Recerve	d						3			•
							<u> </u>			-
4 Reserve							4			
5 Reserve	d						_ 5			
6 Reserve	d						6			
7 Reserve	d						7			
8 Reserve	d ,						8			
	-									-
									Fo	orm 990-PF (2020)

Pa	rt VII-B Statements Regard	ling Activities for Whi	ch Form 4720 May Be	Required (continue	ed)			
5a	During the year did the foundation p	pay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
	(2) Influence the outcome of any sp	pecific public election (see s	ection 4955); or to carry	□ Tes	ı y ı	10		
	on, directly or indirectly, any vo	ter registration drive?		· · 🔲 Yes	✓ r	No		
	(3) Provide a grant to an individual	for travel, study, or other s	imilar purposes?	Yes		No I		
	(4) Provide a grant to an organizati	on other than a charitable,	etc., organization described			•		
	in section 4945(d)(4)(A)? See ir	nstructions	✓ r	No.				
	(5) Provide for any purpose other the	han religious, charitable, sci	entific, literary, or	· · L Yes				
	educational purposes, or for the	•		⊔ Yes	✓ 1	No		
b	If any answer is "Yes" to $5a(1)-(5)$,	-		•				
	Regulations section 53.4945 or in a			_	•	5b		
		ns relying on a current notice regarding disaster assistance check here						
С	•	• • •						
	tax because it maintained expenditu			· · Yes	□ r	No		
_	If "Yes," attach the statement require	· -	• •					
ба	Did the foundation, during the year,							
	a personal benefit contract?			I I Yes	✓ 1			
D	Did the foundation, during the year,	, pay premiums, directly or	indirectly, on a personal be	nefit contract?	•	6b		No
-	If "Yes" to 6b, file Form 8870. At any time during the tax year, was							
7a	If "Yes", did the foundation receive a	• • •	•	∟ Yes	✓ 1	No 7b		
8	Is the foundation subject to the sect				•	75		
•	excess parachute payment during th							
		Officers, Directors, Tru				No L		
Pa	and Contractors	Jilicers, Directors, 110	istees, Foundation Ma	mayers, nigiliy Fa	iu Eili	pioyees	,	
1	List all officers, directors, trustee	es, foundation managers	and their compensation.	See instructions				
		(b) Title, and average	(c) Compensation (If	, ,		(e) Expe	nse acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plar deferred compensa		other a		
LAU	DIA GOHL	DIRECTOR	(<u> </u>	0			0
	GATES FARM ROAD	1.00						
	COTT, VT 05680	DDECIDENT						
	DEKORNFELD DEWEY DRIVE	PRESIDENT 1.00		7	0			U
	POLIS, MD 21401							
IINA	FISHER	SECRETARY/TREASURER	C)	0			0
	DEWEY DRIVE POLIS, MD 21401	1.00						
	ERINE GIBB	DIRECTOR		1	0			
	DEWEY DR	1.00			1			·
	POLIS, MD 21401			L		,		•
2	Compensation of five highest-pai	id employees (other than	those included on line 1			e, enter "	NONE.	·"
(a)	Name and address of each employee	paid (b) Title, and average		(d) Contributions employee benefit		(e) Expen	se acco	ount,
	more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferre	d	other al	lowanc	es
1011				compensation				
ION	<u> </u>							
ota	I number of other employees paid over	er \$50,000	· · · · · · · · ·					0
						- 00		(

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(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	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	4
	\dashv
Total. Add lines 1 through 3	0
	5 000 DE (2020)

Doub VI		tain foreign
Minimum investment return from Part X, line 6	1	630,990
Tax on investment income for 2020 from Part VI, line 5		
Income tax for 2020. (This does not include the tax from Part VI.) 2b		
Add lines 2a and 2b	2c	14,777
Distributable amount before adjustments. Subtract line 2c from line 1	3	616,213
	organizations check here ▶ □ and do not complete this part.) Minimum investment return from Part X, line 6	Minimum investment return from Part X, line 6

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

6

7

1a

1b

2

За 3h

4

5

616.213

1,866,504

1,866,504

1,866,504

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Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

6

1

2

3

4

5

b

Part XII

Part XIII Undistributed Income (see instr	uctions)			
	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				616,213
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			379,466	
b Total for prior years: 20		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
- Francisco 2017	1	1		

From 2017. From 2018. e From 2019. . . . f Total of lines 3a through e.

(If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b 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. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. **b** Excess from 2017. . c Excess from 2018. . d Excess from 2019. . e Excess from 2020. .

Subtract lines 7 and 8 from line 6a . . .

indicated below:

same amount must be shown in column (a).)

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 1,866,504 a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

required—see instructions). **d** Applied to 2020 distributable amount. . . e Remaining amount distributed out of corpus

870.825

5 Excess distributions carryover applied to 2020.

870.825

870,825

870,825

379,466

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616,213

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

c Any submission deadlines:

factors:

		_

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Part XV Supplementary Informa	tion (continued)			
3 Grants and Contributions Paid	During the Year or Appr	oved for Futui	re Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	1,860,237
b Approved for future payment				_
Total			▶ 3b	0

	I-A Analysis of Income-Producing	Activities		T		r age L
Enter gros	s amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt function income
_	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions.)
-	and contracts from government agencies					
2 Memb	ership dues and assessments					
3 Intere	st on savings and temporary cash ments			14		
	nds and interest from securities			14	122,610	
	ntal income or (loss) from real estate:					
	-financed property					
	ntal income or (loss) from personal property					
	investment income					
8 Gain o	r (loss) from sales of assets other than ory			10	007.740	
	come or (loss) from special events:			18	997,719	
10 Gross	profit or (loss) from sales of inventory					
	revenue: a					
е						
	tal. Add columns (b), (d), and (e).		0		1,120,329	
	Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calcu			1	3	1,120,329
Part XV			hment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
	,					

orm 990-PF	· /							Pa	ge 13
Part XVII	Information Rec Exempt Organize		sfers To a	nd Transactio	ns and Relat	ionships With None	haritable		
	rganization directly or inc than section 501(c)(3) o						501	Yes	No
	from the reporting found	-			-				
(1) Cash							1a(1)		No
	er assets						. 1a(2)		No
b Other tran	nsactions:								
(1) Sales	s of assets to a noncharit	table exempt org	ganization.				. 1b(1)		No
(2) Purcl	hases of assets from a no	oncharitable exe	mpt organiz	ation			. 1b(2)		No
(3) Rent	al of facilities, equipmen	t, or other asset	s				. 1b(3)		No
(4) Reim	nbursement arrangement	s					1b(4)		No
(5) Loan	s or loan guarantees						. 1b(5)		No
(6) Perfo	rmance of services or me	embership or fun	ndraising soli	citations			1b(6)		No
c Sharing o	f facilities, equipment, m	ailing lists, othe	r assets, or _l	paid employees.			. 1c		No
of the goo in any tra	wer to any of the above ods, other assets, or serv nsaction or sharing arrar	rices given by th ngement, show i	e reporting f n column (d	oundation. If the the value of the	foundation recei	ived less than fair marke sets, or services receive	et value ed.	n a o na o n	.+-
(a) Line No.	(b) Amount involved	(c) Name of none	naritable exen	npt organization	(a) Description	of transfers, transactions, a	ing snaring arra	ngemen	its
	ndation directly or indire	•	•			_	_		
described	in section 501(c) (other	than section 50	1(c)(3)) or in	n section 527? .		∐Yes	✓ No		
b If "Yes," o	complete the following sc								
	(a) Name of organization	n	(b) Type of organizati	on	(c) Description o	f relationship		
of n whi	ler penalties of perjury, I ny knowledge and belief, ch preparer has any know	it is true, correc							
Sign Here L	*****			2021-11-01	*****		May the IRS d return with the prepa		
 	Signature of officer or tr	Signature of officer or trustee		Date			below (see instr.)	_	
	Print/Type preparer's	name Pre	parer's Sign	ature	Date	Check if self-	IN		
	PHILIP J WIMBISH	JR			2021-11-01	employed ▶ □	P0128	5171	
Paid Preparer	СРА		MIMPICLLO	STONE DA	2021 11 01				
Use Only		EN SONDBERG '	MATMRT2H Ø ;	STUNE PA		Fi	rm's EIN ▶52	-11979	902
	Firm's address ► 888	B BESTGATE ROA	AD SUITE 31	.0					
	ANNAPOLIS, MD 21401							Phone no. (410) 224-4920	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ABINGTON HOSPITAL NONE NONPROFIT TO HELP BUILD A HEALTHIER 6,000 125 S 9TH STREET SUITE 600 ORGANIZATI COMMUNITY LIFE PHILADELPHIA, PA 19107

ACADEMY OF MUSIC RESTORATION FUND ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000
ACE MENTOR PROGRAM OF AMERICA INC	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500

ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107		ORGANIZATI	COMMUNITY LIFE	
ACE MENTOR PROGRAM OF AMERICA INC 1501 CHERY STREET PHILADELPHIA, PA 19102	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500
Total	1 860 237			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AMERICAN CANCER SOCIETY	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	15,000

237 EAST AVE BURLINGTON, VT 05401		ORGANIZATI	COMMUNITY LIFTE	·
AMERICAN CHESTNUT LAND TRUST PO BOX 2363 PRINCE FREDERICK, MD 20678	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFTE	2,000

AMERICAN CHESTNUT LAND TRUST PO BOX 2363 PRINCE FREDERICK, MD 20678	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFTE	2,000
AMERICAN VISIONARY ARTS MUSEUM 800 KEY HIGHWAY BALTIMORE, MD 21230	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000

PO BOX 2363 PRINCE FREDERICK, MD 20678		ORGANIZATI	COMMUNITY LIFTE	,
AMERICAN VISIONARY ARTS MUSEUM 800 KEY HIGHWAY BALTIMORE, MD 21230	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000
Total			▶ 3a	1,860,237

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

ANNADOLIS ELIM EESTIVAL	NONE	NONDBOETT	TO HELD BLITLD & HEALTHIED	7.5
a Paid during the year				
Name and address (home or business)	or substantial contributor	Гестрісті		

ANNAPOLIS FILM FESTIVAL 107 ANNAPOLIS STREET STE J ANNAPOLIS, MD 21401	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	7,500
ANNAPOLIS OPERA COMPANY	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	333,500

ANNAPOLIS, MD 21401				
ANNAPOLIS OPERA COMPANY 801 CHASE STREET ANNAPOLIS, MD 21401	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	333,500
ANNAPOLIS SYMPHONY ORCHESTRA	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	5,000

ANNAPOLIS OPERA COMPANY 801 CHASE STREET ANNAPOLIS, MD 21401	NONE	ORGANIZATI	COMMUNITY LIFE	333,500
ANNAPOLIS SYMPHONY ORCHESTRA 801 CHASE STREET ANNAPOLIS, MD 21401	NONE		TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000

ANNAPOLIS, MD 21401			
ANNAPOLIS SYMPHONY ORCHESTRA 801 CHASE STREET ANNAPOLIS, MD 21401	NONE	 TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000
Total		 > 3a	1,860,237

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE 5,000 APPALACHIAN TRAIL CONSERVANCY NONPROFIT TO HELP BUILD A HEALTHIER

700 WASHINGTON STREET DO BOY 907

BALTIMORE, MD 21201

Total . .

HARPERS FERRY, WV 25425		ONGANIZATI	COMMONITY EITE	
AWAREPO BOX 307 HARDWICK, VT 05843	NONE	NONPROFIT ORGANIZATI	TO ASSIST A COMMUNITY ARTS CENTER	5,000
BALTIMORE SYMPHONY ORCHESTRA 1212 CATHERDRAL STREET	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000

ORGANIZATI

COMMUNITY LIFE

■ 3a

1,860,237

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAAPAPO BOX 411608 NONE NONPROFIT TO HELP BUILD A HEALTHIER 4,500

FORT WASHINGTON, MD 20744		ORGANIZATI	COMMUNITY LIFE	,
CAMP THORPEPO BOX 82 BRANDON, VT 05733	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	13,000
CENTER FOR AN AGRICULTURAL ECONOMY PO BOX 422 140 JUNCTION ROAD	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	7,500

■ 3a

1,860,237

Total

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CHILD HAVEN INTERNATIONAL	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	7,500

PO BOX 5099 MASSENA, NY 13662	NONE	ORGANIZATI	COMMUNITY LIFE	7,300
COLLEGE TO CONGRESS 712 H STREET NE SUITE 1089	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,000

11A33ENA, N1 13002				
COLLEGE TO CONGRESS 712 H STREET NE SUITE 1089 WASHINGTON, DC 20002	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,000
COMMITTEE ON TEMPORARY SHELTER PO BOX 1616	NONE	NONPROFIT ORGANIZATI	FOR ASSISTANCE IN PROVIDING SHELTER FOR THE HOMELESS	7,000

712 H STREET NE SUITE 1089 WASHINGTON, DC 20002		ORGANIZATI	COMMUNITY LIFE	
COMMITTEE ON TEMPORARY SHELTER PO BOX 1616 BURLINGTON, VT 05402	NONE		FOR ASSISTANCE IN PROVIDING SHELTER FOR THE HOMELESS	7,000

Total			▶ 3a	1,860,237
COMMITTEE ON TEMPORARY SHELTER PO BOX 1616 BURLINGTON, VT 05402	NONE	NONPROFIT ORGANIZATI	FOR ASSISTANCE IN PROVIDING SHELTER FOR THE HOMELESS	7,000
WASHINGTON, DC 20002				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
CRAFTSBURY CHAMBER PLAYERS PO BOX 37 EAST CRAFTSBURY, VT 05842	NONE	NONPROFIT ORGANIZATI	TO PROVIDE ASSISTANCE IN EDUCATION	6,000

,				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	80,000
ENVIRONMENTAL DEFENSE FUND	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	3,000

DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	80,00
ENVIRONMENTAL DEFENSE FUND 1875 CONNECTICUT AVENUE NW WASHINGTON DC 20009	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,00

BOSTON, MA 02215		ORGANIZATI	COMMONITY LIFE	
ENVIRONMENTAL DEFENSE FUND 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,000
Total			▶ 3a	1,860,237

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
GODDARD COLLEGE COMMUNITY RADIO 123 PITKIN ROAD PLAINFIELD, VT 05667	NONE	NONPROFIT ORGANIZATI	TO PROVIDE ASSISTANCE IN EDUCATION	10,000
GRACEPO BOY 960	NONE	NONDROFIT	TO ASSIST IN BUILDING	3 000

TEATM TEED, VT 05007				
GRACEPO BOX 960 HARDWICK, VT 05667	NONE	NONPROFIT ORGANIZATI	TO ASSIST IN BUILDING HEALTHIER COMMUNITY LIFE	3,000
GREEN MOUNTAIN FARM TO SCHOOL 194 MAIN ST SUITE 301 NEWPORT VT 05855	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,000

Total			> 3a	1,860,237
GREEN MOUNTAIN FARM TO SCHOOL 194 MAIN ST SUITE 301 NEWPORT, VT 05855	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,000
GRACEPO BOX 960 HARDWICK, VT 05667	NONE	NONPROFIT ORGANIZATI	TO ASSIST IN BUILDING HEALTHIER COMMUNITY LIFE	3,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial continuator			
a Paid during the year				
GREEN MOUNTAIN FILM FESTIVAL 194 MAIN ST SUITE 301	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	8,000

NEWPORT, VT 05855				
HARDWICK AREA FOOD PANTRY PO BOX 1075 HARDWICK, VT 05843	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500
·	1		· · · · · · · · · · · · · · · · · · ·	

HARDWICK AREA FOOD PANTRY PO BOX 1075 HARDWICK, VT 05843	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500
HARDWICK HISTORICAL SOCIETY PO BOX 177 HARDWICK, VT 05843	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500

PO BOX 1075 HARDWICK, VT 05843		ORGANIZATI	COMMUNITY LIFE	
HARDWICK HISTORICAL SOCIETY PO BOX 177 HARDWICK, VT 05843	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500
Total			▶ 3a	1,860,237

118 TOWN FARM ROAD HARDWICK, VT 05843	NONE	ORGANIZATI	COMMUNITY LIFE	5,000
HISTORIC ANNAPOLIS42 EAST STREET ANNAPOLIS, MD 21401	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,000

HISTORIC ANNAPOLIS42 EAST STREET ANNAPOLIS, MD 21401	NONE		TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,000
JEUDEVINE MEMORIAL LIBRARY PO BOX 536 HARDWICK, VT 05843	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	13,000
Total				1,860,237

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LIGHT HOUSE INC10 HUDSON STREET NONE NONPROFIT FOR ASSISTANCE IN PROVIDING 5.000

ANNAPOLIS, MD 21401	1.0	ORGANIZATI	SHELTER FOR THE HOMELESS	5,555
LIVEWELL FOUNDATION 1906 S RITTENHOUSE SQUARE PHILADELPHIA, PA 19103	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000
LYMPHOMA RESEARCH FOUNDATION	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	10,000

1,860,237

■ 3a

1906 S RITTENHOUSE SQUARE PHILADELPHIA, PA 19103		ORGANIZATI	COMMUNITY LIFE	3,33
LYMPHOMA RESEARCH FOUNDATION 99 PINE ST STE 2400 NEW YORK, NY 10269	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	10,00

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MARYLAND HALL FOR THE CREATIVE NONE NONPROFIT TO HELP BUILD A HEALTHIER 25,000

ARTS 801 CHASE STREET ANNAPOLIS, MD 21401		ORGANIZATI	COMMUNITY LIFE	
MARYLAND NATIVE PLANT SOCIETY PO BOX 4877 SILVER SPRING, MD 20914	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	4,000
NATURE CONSERVANCY MDDC	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	10,000

PO BOX 4877 SILVER SPRING, MD 20914		ORGANIZATI	COMMUNITY LIFE	.,,
NATURE CONSERVANCY MDDC 425 BARLOW PLACE SUITE 100 BETHESDA, MD 20814	NONE		TO HELP BUILD A HEALTHIER COMMUNITY LIFE	10,000
Total			▶ За	1.860.237

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
OLD GROWTH FOREST NETWORK PO BOX 21	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000

ASTON, MD 21601				
DYSTER RECOVERY PARTNERSHIP .805A VIRGINIA STREET ANNAPOLIS, MD 21401	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	

Total .

OYSTER RECOVERY PARTNERSHIP 1805A VIRGINIA STREET ANNAPOLIS, MD 21401	NONE	ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500
PARKS & PEOPLE FOUNDATION 2100 LIBERTY HGTS AVENUE	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	7,500

ANNAPOLIS, MD 21401			
PARKS & PEOPLE FOUNDATION 2100 LIBERTY HGTS AVENUE BALTIMORE, MD 21217	NONE	 TO HELP BUILD A HEALTHIER COMMUNITY LIFE	7,500

1,860,237

,			
PARKS & PEOPLE FOUNDATION 2100 LIBERTY HGTS AVENUE BALTIMORE, MD 21217	NONE	 TO HELP BUILD A HEALTHIER COMMUNITY LIFE	7,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PENNYPACK ECO RESTORATION TRUST NONE NONPROFIT TO HELP BUILD A HEALTHIER 10,000

2955 EDGE HILL ROAD HUNTINGDON VALLEY, PA 19006		ORGANIZATI	COMMUNITY LIFE	
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 19101	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	10,000
PHILADELPHIA ORCHESTRA ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	10,000

Total .

1,860,237

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **PIERSOUARED** NONE NONPROFIT TO HELP BUILD A HEALTHIER 2,500 2300 WASHINGTON STREET ORGANIZATI COMMUNITY LIFE ROXBURY, MA 02119

r e e e e e e e e e e e e e e e e e e e				
PLANNED PARENTHOOD FEDERATION OF AMERICA INC 123 WILLIAM ST 10TH FLOOR NEW YORK, NY 10038	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	10,000
PRESERVATION MARYLAND 3600 CLIPPER MILL ROAD SUITE 248	NONE	NONPROFIT ORGANIZATI	TO PROVIDE ASSISTANCE IN MUSIC EDUCATION	6,000

1,860,237

123 WILLIAM ST 10TH FLOOR NEW YORK, NY 10038		ONGANIZATI	COMMONATO ESTE	
PRESERVATION MARYLAND 3600 CLIPPER MILL ROAD SUITE 248 BALTIMORE, MD 21211	NONE	NONPROFIT ORGANIZATI	TO PROVIDE ASSISTANCE IN MUSIC EDUCATION	6,00

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

PUBLIC ASSETS INSTITUTEPO BOX 942 MONTPELIER, VT 05601	NONE	 TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,000
RAILS-TO-TRAIL CONSERVANCY 2121 WARD COURT NW PO BOX 96014	NONE	 TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500

RAILS-10-TRAIL CONSERVANCY 2121 WARD COURT NW PO BOX 96014 WASHINGTON, DC 20077	NONE	ORGANIZATI	COMMUNITY LIFE	2,500
SCENIC RIVERS LAND TRUST 177 ADMIRAL COCHRANE DR ANNAPOLIS MD 21401	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	1,077,237

177 ADMIRAL COCHRANE DR ORGANIZATI COMMUNITY LIFE	WASHINGTON, DC 2007/			
74444 613,115 21161		NONE		1,077,237

Total .

1,860,237

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SPA CREEK CONSERVANCYPO BOX 2199 ANNAPOLIS, MD 21401	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,500
THOMAS JEFFERSON UNIVERSITY- OFFICE OF INSTITUTIONAL ADVANCEMENT 125 S 9TH STREET SUITE 600 PHILADELPHIA, PA 19107	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	6,000

OFFICE OF INSTITUTIONAL ADVANCEMENT 125 S 9TH STREET SUITE 600 PHILADELPHIA, PA 19107	NONE	ORGANIZATI	COMMUNITY LIFE	3,000
UNADILLA THEATRE501 BLACHLY ROAD MARSHFIELD, VT 05658	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,500

1,860,237

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNITED METHODIST CHURCH IN NONE NONPROFIT TO HELP BUILD A HEALTHIER 3,500 WOLCOTT ORGANIZATI COMMUNITY LIFE

WOLCOTT, VT 05680				
VERMONT ARTS COUNCIL 136 STATE STREET MONTPELIER, VT 05633	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000
VERMONT JOURNALISM TRUST - VERMONT DIGGER C/O VTDIGGERORG 64 MAIN STREET STE 27 MONTPELIER. VT 05602	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,000

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1,860,237

Total .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VERMONT LAND TRUSTS BATLEY AVE NONE l nonprofit TO HELP BUILD A HEALTHIER 20,000

MONTPELIER, VT 05602		ORGANIZATI	COMMUNITY LIFE	,
VERMONT PUBLIC RADIO 365 TROY AVENUE COLCHESTER, VT 05446	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,000
WATERSHED STEWARDS ACADEMY	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	10,000

COLCHESTER, VT 05446				
WATERSHED STEWARDS ACADEMY 975 INDIAN LANDING ROAD MILLERSVILLE, MD 21108	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	10,000
Total			▶ 3a	1.860.237

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

MANABARA AL CHARLES STREET			TO D. D A	4 500
WHEELOCK MOUNTAIN FARM 91 WEST WHEELOCK ROAD GREENSBORO, VT 05842	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,000
,				

GREENSBORO, VI US842				
WYPR2216 N CHARLES STREET BALTIMORE, MD 21218	NONE		TO HELP BUILD A HEALTHIER COMMUNITY LIFE	1,500
JENNA'S PROMISE117 ST JOHNS RD	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	7,000

WYPR2216 N CHARLES STREET BALTIMORE, MD 21218	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	1,500
JENNA'S PROMISE117 ST JOHNS RD JOHNSON, VT 05656	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	7,000

JENNA'S PROMISE117 ST JOHNS RD JOHNSON, VT 05656	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	7,000

1,860,237

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CYSTIC FIBROSIS FOUNDATION 10626 YORK ROAD SUITE A COCKEYSVILLE, MD 21030	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	5,000
GOOD SAMARITAN HAVEN	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	3,000

COCKEYSVILLE, MD 21030				
GOOD SAMARITAN HAVEN 105 NORTH SEMINARY ST BARRE, VT 05641	NONE		TO HELP BUILD A HEALTHIER COMMUNITY LIFE	3,000
FEEDING AMERICA1627 I ST NW	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	1,500

105 NORTH SEMINARY ST BARRE, VT 05641		ORGANIZATI	COMMUNITY LIFE	
FEEDING AMERICA1627 I ST NW WASHINGTO, DC 20006	NONE		TO HELP BUILD A HEALTHIER COMMUNITY LIFE	1,500

Total .

1,860,237

■ 3a

Recipient If recipient is an individual, show any relationship to status of contribution any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
MITCHELL GALLERY60 COLLEGE AVE	NONE	NONPROFIT	TO HELP BUILD A HEALTHIER	2,500

MITCHELL GALLERY60 COLLEGE AVE ANNAPOLIS, MD 21401	NONE	NONPROFIT ORGANIZATI	TO HELP BUILD A HEALTHIER COMMUNITY LIFE	2,5
Total			▶ 3a	1,860,237

efile GRAPHIC print - DO NO	T PROCESS	As Filed Da	ata -		D	LN: 93491308018231
TY 2020 Accounting Fees Schedule						
	Name:	NORMAN	J FISHER A	ND		
DORIS FISHER FOUNDATION						
EIN: 20-8973776						
Category	Am	ount	Net Inves Incon		Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES		5,600		0	0	5,600

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491308018231					
TY 2020 Investments Corporate Stock Schedule								
Name:	NORMAN J FISHER	R AND						
	DORIS FISHER FO	DUNDATION						
ETN:	20-8973776							

Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
SCHWAB 4288	455,381	818,762			
JANNEY 4224	721,435	964,432			
CHARLES SCHWAB 9819	3,985,154	7,405,028			

GGHC 0183

1,275,651

3,360,293

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TY 2020 Other Increases Schedule					
Name:	NORMAN J FIS	SHER AND			
	DORIS FISHER	R FOUNDATION			
EIN:	20-8973776				
Other Increases Schedule			1		
De	escription		Amount		
PASSIVE GAIN ADJUSTMENT			156,130		

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491308018231	
TY 2020 Other Professional Fees Schedule					
Na	me: NORMAN J F	ISHER AND			
DORIS FISHER FOUNDATION					
EIN: 20-8973776					
Category	Amount	Net Investment	Adjusted Net	Disbursements	
Category	Amount	Income	Income	for Charitable	
				Purposes	
INVESTMENT FEES	57,270	57,270	0	0	
MISCELLANEOUS	2,720	0	0	0	

efile GRAPHIC print - DO NOT PROC	CESS As Filed Data	-1	DLN	N: 93491308018231		
TY 2020 Taxes Schedule						
Name: NORMAN J FISHER AND						
DORIS FISHER FOUNDATION						
EIN: 20-8973776						
Taxes Schedule						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
990PF TAXES	2,000	0	0	0		