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# SCANNED NOV 29 2016

Form **990-PF** Department of the Treasury Internal Revenue Service EXTENDED TO NOVEMBER 15, 2016 Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

For calendar year 2015 or tax year beginning , and ending						
Name of foundation					A Employer identification	number
-		E AND PAUL MARCUS FAMII	01-6220476			
		and street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
		FRANKLIN STREET	··· <del>····</del> ···	6TH FL		
_		own, state or province, country, and ZIP or foreign parters. TON, MA 02110	postal code		C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			,
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H (	Check	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
	_		Other taxable private founda	ation	under section 507(b)(1)	
I Fa		arket value of all assets at end of year   J   Account			F If the foundation is in a	
			ther (specify)		under section 507(b)(1)	
•	\$	2,918,842. (Part I, colu		basis.)		(-), 6.1.6.1.1.1.1.
Pa	art I		(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	1,162,337.			
	2	Check In the foundation is not required to attach Sch. B		· • • • • • • • • • • • • • • • • • • •		
	3	Interest on savings and temporary cash investments	145.	145.	145.	STATEMENT 2
	4	Dividends and interest from securities	14,095.	13,877.		STATEMENT 3
	5a	Gross rents			-	
	Ь	Net rental income or (loss)				
a)	6a	Net gain or (loss) from sale of assets not on line 10	4,791.			STATEMENT 1
Š	b	Gross sales price for all assets on line 6a 589,940.			<u></u>	
Revenue	7	Capital gain net income (from Part IV, line 2)		133,239.		
<b>~</b>	8	Net short-term capital gain			0.	
	9	Income modifications Gross sales less returns		PARTING AND		
	10a	and allowances				
		Less Cost of goods sold				<del></del>
	l	Gross profit or (loss)				<del></del>
	11	Other income	1 101 260	1.45 0.61	14 040	
	12	Total. Add lines 1 through 11	1,181,368.	147,261.	14,240.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages Pension plans, employee benefits			-	
S		Legal fees				
ŠUŠ		Accounting fees STMT 4	10,020.	5,010.	5,010.	5,010.
ğ.		Other professional fees STMT 5	106,050.	0.	0.	106,050.
Æ.	17		1 200,000.	<u> </u>	<u> </u>	200,030.
Operating and Administrative Expense	18	Taxes RECEIVED	3,018.	3,018.	3,018.	0.
iistr	19	Depreciation and deptetion a 2016	191	- /	-,	
Ē	20	Occupancy  Travel, conferences, and meetings	<del>                                    </del>			
Ad	21	Travel, conferences and meetings	<del> </del> 1			,
gue	22	Printing and publications OGDEN, U1				
ng :	23	Other expenses STMT 7	8,882.	1,248.	1,062.	7,634.
rati	24	Total operating and administrative				
) Del		expenses. Add lines 13 through 23	127,970.	9,276.	9,090.	118,694.
J		Contributions, gifts, grants paid	1,427,987.			1,427,987.
26 Total expenses and disbursements			4 555 355		<b>.</b>	
Add lines 24 and 25			1,555,957.	9,276.	9,090.	1,546,681.
	27	Subtract line 26 from line 12:	384 500			
	l	Excess of revenue over expenses and disbursements	-374,589.	137 005		
		Net investment income (if negative, enter -0-)		137,985.	5,150.	
5235 11-2	01	Adjusted net income (if negative, enter -0-)  LHA For Paperwork Reduction Act Notice, see	instructions	<del>.</del>	5,150.	Form <b>990-PF</b> (2015)
11-24	+- 15	I OI I apointoik iteautullii Aut Hulle, See			\	101111 <b>330-11</b> (2013)

Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (b) Book Value (c) Fair Market Value (a) Book Value 1 Cash - non-interest-bearing 2,636,483. 2,629,845. 2,629,845. 2 Savings and temporary cash investments 543. 3 Accounts receivable ▶ 1,087. 543. 543. 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 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 625,942. 277,163. 233,003. b Investments - corporate stock STMT 8 c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 57,332. STMT 9 75,960. 55,451. 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 3,339,472. 2,964,883. 2,918,842. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe > 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted **▶** X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 3,339,472. 2,964,883 29 Retained earnings, accumulated income, endowment, or other funds 3,339,472. 2,964,883 30 Total net assets or fund balances 2,964,883 3,339,472 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 3,339,472. (must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2,964,883.

ANNE AND PAUL MARCUS FAMILY FOUNDATION

01-6220476

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	E AND PAUL MA			ATI	ON	0	1-622	0476	Page 3
(a) List and desc	and Losses for Tax	old (e.g., real estate,	t income	( <b>b)</b> Ho	w acquired Purchase		acquired lay, yr.)	(d) Da <sup>*</sup>	
<del></del>	arehouse; or common stock, 2	200 SNS. MLC CO.)		D-0	Donation	(1110., 0	ay, yi.)	(1110., 0	
b SEE ATTACHED	STATEMENT			<del>                                     </del>					
C SEE ATTACHED	DIRIEMENT	<del></del>		<del> </del>					
d				<del>                                     </del>	-				
<u>e</u>									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				aın or (loss) s (f) mınus (		
<u>a</u>									
<u>b</u>									
<u>c</u>							_		
d			456 50	_					
<u>e</u> 589,940.	1 (1)	15 11 6 115 1	456,70	11.					<u>,239.</u>
Complete only for assets shown	<del>1</del>	<del></del>					ol. (h) gain not less thar		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				(from col. (		
<u>a</u>									
<u>b</u>				-					
<u>C</u>				_					
<u>d</u>								122	,239.
<u>e</u>		<del>-</del>		_			_		, 433.
2 Capital gain net income or (net ca	apital loss) { If gain, als	o enter in Part I, line inter -0- in Part I, line	<i>7</i> 7	}	2			133	,239.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	column (c).	2(5) and (6):		7					
If (loss), enter -0- in Part I, line 8	Inder Section 4940(e	N for Bodyood	l Toy on Not	<u> </u>	3				<u>,990.</u>
<del></del>	<del></del>				sunent in	Collie			
(For optional use by domestic private	e foundations subject to the se	ection 4940(a) tax on	net investment in	icome.)					
If section 4940(d)(2) applies, leave t	his part blank.								
Was the foundation liable for the sec	tion 4040 toy on the distribute	able amount of any ve	one in the bose nor	riod?					X No
lf "Yes," the foundation does not qua			•	ilou :					LAL NU
1 Enter the appropriate amount in				ntries.					
(a) Base period years		b)		(c)	<del></del> -			(d) ution ratio	
Base period years Calendar year (or tax year beginni		ring distributions	Net value of no	ncharita	ble-use assets	s	(col. (b) div	ution ratio ided by col.	. (c))
2014	<del>g</del> /	734,435.		3,	177,06		·,		31168
2013		621,543.			973,11				09054
2012		407,703.			500,28			.1	63063
2011		,098,740.		3,	298,99	5.		. 3	33053
2010	1	,463,905.		3,	554,48	1.		4	00578
2 Total of line 1, column (d)						2		<u> </u>	<u> 36916</u>
3 Average distribution ratio for the		e total on line 2 by 5,	or by the number	of years	3			_	
the foundation has been in existe	nce if less than 5 years					3			<u>67383</u>
4 Enter the net value of noncharital	ble-use assets for 2015 from I	Part X, line 5				4		3 <u>,</u> 286	,242.
5 Multiply line 4 by line 3						5		878	,685.
6 Enter 1% of net investment incor	me (1% of Part I line 27h)					6			,380.
	( 170 011 art i, and 270)								
7 Add lines 5 and 6						7			,065.
8 Enter qualifying distributions from						8	L	1,546	<u>,681.</u>
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part	VI, line 1b, and comp	olete that part usin	ig a 1%	tax rate.				
					<del></del>	-		orm QQA	<b>PF</b> (2015)
523521 11-24-15							T	OHH SOU.	■ (∠U15)

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_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ictio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		1,3	80.
	of Part I, line 27b			
	e All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			•
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4 -	<u>0.</u>
-	Add lines 1 and 2		1,3	80.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  4		1 7	<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,3	80.
	Credits/Payments: 1 2015 estimated tax payments and 2014 overpayment credited to 2015  3 , 0 5 2 .			
	E Tax paid with application for extension of time to file (Form 8868)  I Backup withholding erroneously withheld  66 5,000.			
			۰ ۵	52.
	Total credits and payments. Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  8		0,0	<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6 6	72.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax		0,0	0.
	art VII-A Statements Regarding Activities			<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	-	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	·		
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. $\blacktriangleright$ \$ \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0 .			
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			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	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?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
-	remain in the governing instrument?	6	X	
1	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 XV	7	X	
۵.	Enter the states to which the foundation reports or with which it is registered (see matrice).			
υä	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
J	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 calendar	100	^	
•	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  STMT 10	10	X	

b 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.)
 c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

\_

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

Yes X No ersons after

N/A

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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 2015)

N/A 3b X

2b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Part VII-B   Statements Regarding Activities for Which			UI-622U4	. / 0	Page 6
<del></del>	I OI III TIZO INAY DE I	redaired (contin	ueu)		
5a During the year did the foundation pay or incur any amount to:  (1) Carry on propagation or otherwise attempt to influence legislation (section).	n 4045(a)\2		es X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)		S LALINO		1	
(2) Influence the outcome of any specific public election (see section 4955);		s X No	İ	ı	
any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes	• •		es X No		
		10	s LA NU	}	- }
(4) Provide a grant to an organization other than a charitable, etc., organization	m described in section	v	es X No		
4945(d)(4)(A)? (see instructions)	or advectional numbers or t		S LALINO		j
(5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?	, or educational purposes, or i		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i		S LALINU	-	
section 53.4945 or in a current notice regarding disaster assistance (see instri		in negulations	N/A	5b	- [
Organizations relying on a current notice regarding disaster assistance (see mistri	·			30	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ınad		ł	ł
expenditure responsibility for the grant?		I/A 🗀 Ye	es 🗀 No	İ	
If "Yes," attach the statement required by Regulations section 53.494		·/ A 10	;s NO	}	ļ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay promiumo un		es X No		]
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	narconal henefit contract?		:5 LAL 110	6b	x
If "Yes" to 6b, file Form 8870.	personal benefit contract.		j-	-	
7a At any time during the tax year, was the foundation a party to a prohibited tax:	shelter transaction?	□ v <sub>4</sub>	es X No	ĺ	
b If "Yes," did the foundation receive any proceeds or have any net income attrib			. –	7b	<del></del>
Part VIII Information About Officers, Directors, Trust		nagers, Highly		70	
Paid Employees, and Contractors	,		•		
List all officers, directors, trustees, foundation managers and their	compensation.				
4.10	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	allo	owances
ANNE P MARCUS	TRUSTEE				
77 HEATH STREET					
BROOKLINE, MA 02445	8.00	0.	0.		0.
PAUL R MARCUS	TRUSTEE			l	
77 HEATH STREET					
BROOKLINE, MA 02445	2.00	0.	0.		0.
RICHARD R RUDMAN	TRUSTEE				
PIPER RUDNICK, 33 ARCH STREET, 26TH F	-				
BOSTON, MA 02110	0.00	0.	0.	ļ	<u> </u>
	-		1		
	_	1			
Commendation of first bishoot waid and large states than the said	luded on line 4). If name	enter INONE II	<u> </u>	L	
Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(0)	Fynense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
MONTE	devoted to position	<del> </del>	compensation	and	owances
NONE	1		}		
		<del> </del>		-	
	1				
	<del>                                     </del>	<del> </del>		<del>                                     </del>	
	†				
	-	<del> </del>		<del> </del>	
<del></del>	†	}			
		t		<del> </del>	
	1				
'atal number of other ampleyage paid over \$50,000	<u> </u>	L	<u> </u>	Щ.	

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Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	tion Managers, Highly	_
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
DIERDRA PHILLIPS/MARCUS PARTNERS	STRAEGIC ADVISOR	<u> </u>
15 SELDEN STREET, WABAN, MA 02468	AUTISM CONSORTIU	M = 97,548.
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the uced, etc.	Expenses
1 DESIGN AND IMPLEMENTATION OF AUTISM RESEARCH AND MANAGEMENT OF THE AUTISM CONSORTIUM.	. COORDINATION	98,223.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li  N/A	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 505,722. a Average monthly fair market value of securities 1a 2,830,564. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 3,336,286. 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) Acquisition indebtedness applicable to line 1 assets 3,336,286. 3 Subtract line 2 from line 1d 50,044. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 3,286,242 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 164.31 Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here \( \neq \mathbb{X} \) and do not complete this part.) Minimum investment return from Part X, line 6 Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 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: 1,546,681. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 16 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

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

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.

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1,546,681.

1,380. 545,301.

4

5

6

Part XIII Undistributed Income (see	e instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for prior years:				
			ļ	
3 Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010				
<b>b</b> From 2011				
c From 2012				
<b>d</b> From 2013				
e From 2014				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$				
a Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				<u> </u>
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				<del></del>
line 4b from line 2b				
c Enter the amount of prior years'		<del></del>	<u>.                                    </u>	<del> </del>
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	<del></del>	<del></del>		<del>                                     </del>
amount - see instructions				
e Undistributed income for 2014. Subtract line	<del></del>			†
4a from line 2a. Taxable amount - see instr.		ļ		}
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must		1		
be distributed in 2016		-		1
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 2010				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2016.			<u> </u>	
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2011				1
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating F	OUNDATIONS (see Instr			01-62	204/6 Page IC
	<del></del>		, question 9)		<del></del>
1 a If the foundation has received a ruling o			_		
foundation, and the ruling is effective fo		-	section X 49	40(1)(2) ==	40(.)(5)
<b>b</b> Check box to indicate whether the found	Tax year	iouridation described in s	Prior 3 years	42(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(4) 2010	(0) 2014	(6) 2010	(4) 2012	(6) 10(4)
investment return from Part X for	5 150	10 045	25 142	11 (71	71 000
each year listed	5,150. 4,378.	19,945. 16,953.	35,143.	11,671.	71,909.
<ul> <li>b 85% of line 2a</li> <li>c Qualifying distributions from Part XII,</li> </ul>	4,3/0.	10,953.	29,872.	9,920.	61,123.
	1,546,681.	734,435.	621,543.	407 703	2 210 262
line 4 for each year listed  d Amounts included in line 2c not	1,340,001.	134,433.	021,343.	407,703.	3,310,362.
used directly for active conduct of	}				
exempt activities	1,452,702.	694,511.	481,498.	251,938.	2,880,649.
•	1,452,702.	034,311.	401,430.	451,930.	4,000,043.
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities.</li> </ul>					
Subtract line 2d from line 2c	93,979.	39,924.	140,045.	155,765.	429,713.
3 Complete 3a, b, or c for the	33,313.	33,324.	140,043.	155,765.	445,113.
alternative test relied upon:				ļ	
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>				ļ	0.
` '	<del> </del>				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					0.
2/3 of minimum investment return	}	1		ſ	
shown in Part X, line 6 for each year	109,541.	105,902.	99,104.	83,343.	397,890.
listed	109,341.	103,902.	77,104.	03,343.	391,090.
c "Support" alternative test - enter:  (1) Total support other than gross					
investment income (interest,	j	}			
dividends, rents, payments on		į			
securities loans (section 512(a)(5)), or royalties)		{		ļ	0.
(2) Support from general public					
and 5 or more exempt			1		
organizations as provided in section 4942(j)(3)(B)(iii)	}				0.
(3) Largest amount of support from					
an exempt organization				)	0.
(4) Gross investment income			<del>-</del>		0.
Part XV Supplementary Info	rmation (Complete	this part only if t	the foundation ha	id \$5,000 or mo	re in assets
at any time during t	he year-see instruc	ctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	o have contributed more tha	n 2% of the total contribu	itions received by the four	ndation before the clos	e of any tax
year (but only if they have contributed m	iore than \$5,000). (See sect	ion 507(d)(2).)			
SEE STATEMENT 11					
<ul> <li>b List any managers of the foundation who other entity) of which the foundation has</li> </ul>		tock of a corporation (or a	an equally large portion of	f the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan, Sc	cholarship, etc., Prog	rams:		
Check here 🕨 🔲 if the foundation of	nly makes contributions to p	reselected charitable org	anizations and does not a	ccept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc. (	(see instructions) to individu	als or organizations unde	er other conditions, compl	ete items 2a, b, c, and	d.
a The name, address, and telephone numb	per or e-mail address of the	person to whom applicati	ons should be addressed	<del></del> :	
SEE STATEMENT 12					
b The form in which applications should be	e submitted and information	and materials they shoul	ld include:		
c Any submission deadlines:		<del></del>			
d Any restrictions or limitations on awards	s, such as by geographical ai	reas, charitable fields, kin	ds of institutions, or other	factors:	
			-, -: - <del></del>		

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid dunng the year EXCEPTIONAL LIVES NONE PUBLIC CHARITY UNRESTRICTED 77 HEATH STREET BROOKLINE, MA 02445 284,000. BIG BROTHER BIG SISTER OF PUBLIC CHARITY UNRESTRICTED NONE MASSACHUSETTS BAY 75 FEDERAL STREET BOSTON MA 02110 1,000. SCITUATE RECREATION DEPARTMENT NONE PUBLIC CHARITY UNRESTRICTED 600 CHIEF JUSTICE CUSHING HWY SCITUATE, MA 02066 200. PUBLIC CHARITY UNRESTRICTED BOSTON ARTS ACADEMY NONE 174 IPSWICH STREET 1,000. BOSTON, MA 02215 DISABLITY RIGHTS FUND NONE PUBLIC CHARITY UNRESTRICTED 89 SOUTH STREET, SUITE 203 BOSTON MA 02111 10,000, SEE CONTINUATION SHEET(S) ➤ 3a Total 427,987. b Approved for future payment NONE Total

### Part XVI-A **Analysis of Income-Producing Activities**

Enter aross	amounts unless otherwise indicated.	Unrelate	d business income		led by section 512, 513, or 514	(e)
_		(a) Business	<b>(b)</b> Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program	n service revenue:	code	AMOUNT	code	Amount	function income
a						
b		<b> </b>		<b>↓</b>		
c		<b></b>		1		
d						
e		<u> </u>		<del>                                     </del>		
f		}				
g Fees	and contracts from government agencies					
	rship dues and assessments					
3 Interest	on savings and temporary cash	1				
investm		<b></b>		14	145.	
	ds and interest from securities	<b></b>	<del></del>	14	14,095.	
	al income or (loss) from real estate:			<del>                                     </del>		<del></del>
<b>a</b> Deb	t-financed property	<b></b>		<del>                                     </del>		
<b>b</b> Not	debt-financed property					
6 Net rent	al income or (loss) from personal	]				
propert	/	<u> </u>		11		
7 Other in	vestment income	<u></u>		<u> </u>		
8 Gain or	(loss) from sales of assets other	1				
than inv				18	4,791.	
9 Net inco	ome or (loss) from special events		<u> </u>	1		
<b>10</b> Gross p	rofit or (loss) from sales of inventory					
11 Other re	venue:					
a						
c						
d				1_1		
е						
12 Subtota	l. Add columns (b), (d), and (e)		0.		19,031.	0.
13 Total. A	dd line 12, columns (b), (d), and (e)				13	19,031.
(See works	heet in line 13 instructions to verify calculations.)					
Part X	/I-B Relationship of Activities to	o the Acco	mplishment of Ex	empt	Purposes	
Line No.	Explain below how each activity for which incor			contribi	uted importantly to the accomp	olishment of
	the foundation's exempt purposes (other than l					<del></del>
	INTEREST ON FOUNDATION				·	
	DIVIDENDS ON FOUNDATION				<del></del>	
8	GAINS ON TRADING OF FOU	INDATION	N SECURITIES			
_						<u></u>
_						
			<u> </u>			
	<u> </u>					
						<del></del>

Part X		ation Re ot Organi	_	sfers To a	and Transaction	s and	d Relationsh	ips With Nonc	haritable	•	
1 Did 1				of the followin	g with any other organ	zation (	described in sectio	on 501(c) of		Yes	No
	-	-			?7, relating to political o						
	•		tion to a noncharital			•					
	Cash			-	-				1a(1)		X
(2)	Other assets								1a(2)		X
<b>b</b> Othe	er transactions:										
(1)	Sales of assets to a	a noncharitat	ile exempt organizat	ion					1b(1)		X
(2)	Purchases of asse	ts from a nor	icharitable exempt o	rganization					1b(2)		X
(3)	Rental of facilities,	equipment, o	or other assets						1b(3)		<u> </u>
(4)	Reimbursement ar	rangements							1b(4)		X
	Loans or loan guar								1b(5)		X
,			mbership or fundrais	-					1b(6)		X
	-		ling lists, other asse						1c		X
or s	ervices given by the	e reporting fo		ndation receiv	dule. Column <b>(b)</b> shou ed less than fair market					ets,	
(a) Line no					e exempt organization		(d) Description of	of transfers, transactions,	and sharing ar	rangeme	nts
	<del> </del>		· · ·	N/A							
			<del> </del>								
			-								
								<u> </u>			
	-										
	<u> </u>										
	-										
											_
ın sı		Code (other	than section 501(c)		or more tax-exempt or tion 527?	ganızat	ions described		Yes	X	No
	(a)	Name of org	anization		(b) Type of organizat	ion	(1	c) Description of relati	onship		
		M/A				_					
		<u>/</u>	/								
			/								
	<del>+</del>	/				-					
_ · I	Under penalties of pe	ury declare t	that I have examined the	s return, includir	g accompanying schedule:	s and sta	stements, and to the b	est of my knowledge			
Sign Here	and belief, it is true, c	orrect and corr	plate Declaration of pro	eparer (other tha	in taxpayer) is based on all	informatio	on of which preparer I	has any knowledge	May the IRS return with the shown below <b>X</b> Yes	e prepar (see ins	er
			PULR. MA	Preparer's s	THE Date	ا ا	Title Pate , ,	Check If P1	TIN	^	
Paid	, , ,	preparer's na		richaisi 2 2	A A A A A A A A A A A A A A A A A A A		, ,	self- employed			
Prepa Use C	rer Firm's nam	r FREN e ►GIA	CH RDINA & F	RENCH	CPAS, LLC		- 1 1114	Firm's EIN ► 46	<u>201402</u> -13070		
USE C			BROAD ST		5TH FL			64.7	700 5		
		BO	STON, MA	02109				Phone no. 617	- /2U-5	520	

Part IV   Capital Gains and Lo	sses for Tax on Investment Income			
(a) List and 2-story b	d describe the kind(s) of property solution describe the kind(s) of property solution stock, 20	l, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a RECEPTOS INC C	OM 279 SHRS	_	D	01/06/15
b SPD GOLD TR GO			P	12/03/15
c ZAYO GROPU HLD	GS INC.COM 4591	SHRS	D	10/01/15
d ACCELERON PHAR	MA.COM 1276 SHRS		D	01/06/15
	CIAL SERVICES 89		P	
	CIAL SERVICES 89		P	
	CIAL SERVICES 89		P	
	AGRICULTURE S/T		P	
	AGRICULTURE L/T	1256	P	
) POWERSHARES DB			P	
k POWERSHARES DB				
US BRENT OIL F				
m US BRENT OIL F				<del>                                     </del>
n CAPITAL GAINS	DIVIDENDS			
_0	T			) O (I)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) blus (f) minus (g)
a 34,747.		2,846.		31,901.
b 250.		364.		-114.
c 114,653.		8,998.		105,655.
d 48,607.		53,299.		<u>-4,692.</u>
e 151,276.		156,022.		-4,746.
<u>f</u> 5.		4.		1.
g 239,617.		217,056.		22,561.
<u>h</u>		3,061.		-3,061.
1		4,591.		-4,591.
1		2,282.		<u>-2,282.</u>
<u>k</u>		3,422.	···	-3,422.
<u>l</u>		1,902.		-1,902.
m TOE		2,854.		-2, <u>854</u> . 785.
<u>n</u> 785.				765.
Complete only for accets chave	ng gain in column (h) and owned by	the foundation on 12/31/69	#N L or	page (from eal (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	sses (from col. (h)) of col. (h) gaın over col. (k), not less than "-0-")
		(,,,		31,901.
<u>a</u>				-114.
<u>c</u>				105,655.
<u>d</u>				-4,692.
e			**	-4,746.
f			**	1.
g				22,561.
h			**	-3,061.
1				-4,591.
			**	-2,282.
k				-3,422.
<u> </u>			**	-1,902.
m				-2,854.
n				785.
0				
2 Capital gain net income or (net c	apıtal loss) {   If gain, also enter	in Part I, line 7	2	133,239.
-	apital loss) \ \ If (loss), enter "-( iss) as defined in sections 1222(5) ar	, I		1,33,233.
If gain, also enter in Part I, line 8 If (loss), enter "-0-" in Part I, line	, column (c).	}	3_	-11,990.

ANNE AND PAUL MARCUS FAMILY FOUNDATION 01-6220476

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. . Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient ST FRANCIS HOUSE WHOLE HEALTH CLINIC NONE PUBLIC CHARITY UNREATRICTED 39 BOYLSTON STREET BOSTON, MA 02116 500. NONE HOSPICE OF KONA PUBLIC CHARITY UNRESTRICTED PO BOX 4130 KAILUA-KONA, HI 96745 500. FIRST PARISH OF BROOKLINE NONE PUBLIC CHARITY UNRESTRICTED 382 WALNUT STREET BROOKLINE, MA 02445 1,000. NF NORTHEAST NONE PUBLIC CHARITY UNRESTRICTED 9 BEDFORD STREET BURLINGTON, MA 01803 250. NONE DANA FARBER MARATHON CHALLENGE PUBLIC CHARITY UNRESTRICTED 10 BROOKLINE PLACE WEST, 6TH FLOOR BROOKLINE, MA 02445 250. BOSTON CHILDREN'S HOSPITAL NONE PUBLIC CHARITY TRANSLATIONAL 300 LONGWOOD AVE NEUROSCIENCE CENTER BOSTON, MA 02115 60,000. NONE PUBLIC CHARITY UNRESTRICTED THE BASE 11 WALNUT PARK ROXBURY MA 02119 5,000. NONE PUBLIC CHARITY UNRESTRICTED AUTISM CONSORTIUM 260 FRANKLIN STREET BOSTON, MA 02110 51,562. BEST BUDDIES CHALLENGE PUBLIC CHARITY UNRESTRICTED NONE 45 BROOMFIELD STREET, 7TH FLOOR BOSTON MA 02108 1,250. MASSACHUSETTS INSTITUTE OF TECHNOLOGY NONE PUBLIC CHARITY WHITEHEAD INSTITUTE - WHITEHEAD INSTITUTE NINE CAMBRIDGE CENTER CAMBRIDGE, MA 02142 2,500. Total from continuation sheets 1,131,787.

ANNE AND PAUL MARCUS FAMILY FOUNDATION 01-6220476

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient AANE NONE PUBLIC CHARITY UNRESTRICTED 51 WATER STREET, SUITE 206 WATERTOWN, MA 02472 500. MASSACHUSETTS INSTITUTE OF TECHNOLOGY NONE PUBLIC CHARITY MARCUS FELLOWSHIP FUND 77 MASSACHUSETTS AVE NORMAN B LEVENTHAL CAMBRIDGE, MA 02139 CENTER FOR ADVANCED URBANISM 500,000. FROM THE TOP NONE PUBLIC CHARITY UNRESTRICTED 295 HUNTINGTON AVE, SUITE 20 BOSTON MA 02115 2,500. DANA FARBER CANCER INSTITUTE NONE PUBLIC CHARITY SUSAN F SMITH CENTER FOR WOMEN'S CANCERS 450 BROOIKLINE AVE BOSTON MA 02215 2,500. THE PARK SCHOOL NONE PUBLIC CHARITY SUMMER AT THE PARK 171 GODDARD AVENUE BROOKLINE, MA 02445 8,000. NATIONAL CENTER ON TIME AND LEARNING PUBLIC CHARITY 1647 TEAM NONE 24 SCHOOL STREET, 3RD FLOOR BOSTON, MA 02108 2,500. PUBLIC CHARITY UNRESTRICTED CAMP JABBERWOCKY NONE PO BOX 1357 VINEYARD HAVEN, MA 02568 5,000. LESLEY UNIVERSITY NONE PUBLIC CHARITY THRESHOLD PROGRAM 29 EVERETT ST 55,000. CAMBRIDGE, MA 02138 CONCORD ACADEMY NONE PUBLIC CHARITY ANNUAL FUND 166 MAIN STREET CONCORD MA 01742 70,000. AKBTC FOUNDATION NONE PUBLIC CHARITY UNRESTRICTED 98 RANDOM FARMS DRIVE CHAPPAQUA NY 10514 2,500. Total from continuation sheets

ANNE AND PAUL MARCUS FAMILY FOUNDATION 01-6220476 Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient PUBLIC CHARITY UNRESTRICTED CITY YEAR NONE 287 COLUMBUS AVENUE BOSTON MA 02116 1,000. PUBLIC CHARITY UNRESTRICTED STRIVE NONE 217 W 18TH STREET, #208 NEW YORK, NY 10011 600. PUBLIC CHARITY UNRESTRICTED PAN MASS CHALLENGE NONE 77 4TH AVENUE NEEDHAM, MA 02494 10,500. PUBLIC CHARITY FOUNDERS CELEBRATION NONE MRHP 125 LINCOLN STREET 500. BOSTON, MA 02111 PUBLIC CHARITY UNRESTRICTED THE COREY C GRIFFIN CHARITABLE NONE FOUNDATION 205 NEWBURY STREET, SUITE 410 FRAMINGHAM, MA 01701 10,000. PUBLIC CHARITY THE JOEY FUND THE CYSTIC FIBROSIS FOUNDATION NONE 220 NORTH MAIN STREET, SUITE 104 2,500. NATICK, MA 01760 PUBLIC CHARITY CAPITAL CAMPAIGN -BRIDGE BOSTON FOUNDATION NONE \$50,000, ANNUAL FUND 2 MCLELLAN STREET DORCHESTER, MA 02121 \$10,000 ANNUAL FUND - \$10 000 60,000. NONE PUBLIC CHARITY UNRESTRICTED NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL STREET, SUITE 200 NEWTON, MA 02458 250. NONE PUBLIC CHARITY UNRESTRICTED FAMILIES FIRST 99 BISHIP RICHARD ALLEN DRIVE CAMBRIDGE MA 02139 5,000. PUBLIC CHARITY UNRESTRICTED RETTSYNDROME, ORG NONE PO BOX 706143 CINCINNATI OH 45270 10,000.

Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient NONE THE BASE PUBLIC CHARITY UNRESTRICTED 11 WALNUT PARK 6,000. ROXBURY MA 02119 PUBLIC CHARITY UNRESTRICTED DEAN COLLEGE NONE 99 MAIN STREET FRANKLIN, MA 02038 10,000. PUBLIC CHARITY MCGOVERN INSTITUTE FOR MASSACHUSETTS INSTITUTE OF TECHNOLOGY NONE 77 MASSACHUSETTS AVE, 46-3160 BRAIN RESEARCH CAMBRIDGE, MA 02138 1,500. PUBLIC CHARITY UNRESTRICTED THE DANE ESTATE AT PINE MANOR COLLEGE NONE 400 HEATH STREET CHESTNUT HILL MA 02467 2,000. THE CHILDREN'S TRUST, INC. NONE PUBLIC CHARITY UNRESTRICTED 55 COURT STREET, 4TH FLOOR BOSTON, MA 02108 2,000. NONE PUBLIC CHARITY UNRESTRICTED MIDDLEBRIDGE SCHOOL 333 OCEAN ROAD 1,500. NARRAGANSETT, RI 02882 PUBLIC CHARITY ADVANCED LEADERSHIP HARVARD UNIVERSITY NONE 14 STORY STREET, SUITE 100 INITIATIVE CAMBRIDGE, MA 02138 15,000. BRIGHAM AND WOMEN'S HOSPITAL NONE PUBLIC CHARITY WOMEN'S HEALTH FUND 116 HUNTINGTON AVENUE, 3RD FLOOR BOSTON MA 02116 500. CONCORD ACADEMY NONE PUBLIC CHARITY ANNUAL FUND 166 MAIN STREET CONCORD MA 01742 10,000. NONE PUBLIC CHARITY UNRESTRICTED COMMON IMPACT 50 MILK STREET BOSTON, MA 02109 10 000. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY UNRESTRICTED NONE AFL-AMERICAN FRIENDS OF LIBI 420 HARVARD STREET BROOKLINE, MA 02446 10,000. NONE PUBLIC CHARITY UNRESTRICTED BROTHERS FOR LIFE 270 SOUTH HANFORD STREET SEATLE WA 98134 10,000. FULL FRAME INITIATIVE NONE PUBLIC CHARITY UNRESTRICTED 308 MAIN STREET, SUITE 2A GREENFIELD MA 01301 2,500, ONE DEGREE NONE PUBLIC CHARITY UNRESTRICTED 2370 MARKET STREET, SUITE 162 SAN FRANCISCO, CA 94114 2,500, METROMORPHOSIS NONE PUBLIC CHARITY UNRESTRICTED 4242 GOVERNMENT ST. SUITE 103 BATON ROUGE, LA 70806 5,000. FRIENDS OF FOUNDATION DE FRANCE PUBLIC CHARITY UNRESTRICTED NONE 275 MADISON AVE., 6TH FLOOR 10,000. NEW YORK, NY 10016 PUBLIC CHARITY UNRESTRICTED AARP FOUNDATION NONE PO BOX 93207 5.000. LONG BEACH CA 90809 NONE PUBLIC CHARITY BIALIK-ROGOZIN SCHOOL TEL AVIV-YAFO FOUNDATION 1201 BROADWAY, SUITE 802 10,000. NEW YORK. NY 10001 UNIVERSITY OF MASSACHUSETTS MEMORIAL NONE PUBLIC CHARITY FUNDING OF FAMILY SUPPORT NETWORK FOUNDATION 333 SOUTH STREET SHREWSBURY, MA 02545 18,000. BOSTON CHILDREN'S HOSPITAL TRUST NONE PUBLIC CHARITY FUNDING OF FAMILY 401 PARK DRIVE, SUITE 602 SUPPORT NETWORK BOSTON, MA 02215 18,000. Total from continuation sheets

Part XV Supplementary Information						
3 Grants and Contributions Paid During the						
. Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTIDUCTOR			
		}				
BOSTON MEDICAL CENTER	NONE	PUBLIC CHARITY	FUNDING OF FAMILY			
88 EAST NEWTON STREET, ROOM 421			SUPPORT NETWORK			
BOSTON, MA 02118		<del>                                     </del>		18,000		
TUFTS MEDICAL CENTER TRUST 800 WASHINGTON STREET, BOX 231	NONE	PUBLIC CHARITY	FUNDING OF FAMILY SUPPORT NETWORK			
BOSTON, MA 02111				18,000		
MASSACHUSETTS GENERAL HOSPITAL	NONE	PUBLIC CHARITY	FUNDING OF FAMILY			
125 NASHUA STREET, SUITE 540			SUPPORT NETWORK	40.000		
BOSTON, MA 02114		<del></del>		18,000		
BOSTON CHILDREN'S HOSPITAL TRUST	NONE	PUBLIC CHARITY	CONFERENCE EXPENSE -			
401 PARK DRIVE BOSTON, MA 02215			\$31,625 MUSTAFA SAHIN			
			LEADERSHIP - \$25_000	56_625		
		1				
		1		<del></del>		
	_					
		<del></del>				
		}				
		1				
		<del> </del>	<del> </del>			
		1				
Total from continuation sheets	<del></del>		<u> </u>			

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

Department of the Treasury Internal Revenue Service **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.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	ANNE AND PAUL MARCUS FAMILY FOUNDATION	01-6220476
Organization type (cho	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 5	tion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
General Rule		
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot in any one contributor. Complete Parts I and II. See instructions for determining a contribution	
Special Rules		
sections 509( any one conti	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the ar 30-EZ, line 1 Complete Parts I and II.	16a, or 16b, and that received from
year, total cor	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fintributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or earn of cruelty to children or animals Complete Parts I, II, and III	-
year, contribu is checked, ei purpose. Do r	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received futions exclusively for religious, charitable, etc., purposes, but no such contributions totale inter here the total contributions that were received during the year for an exclusively religion to the parts unless the <b>General Rule</b> applies to this organization becausitable, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000 If this box gious, charitable, etc,
but it <b>must</b> answer "No	tion that is not covered by the General Rule and/or the Special Rules does not file Sched o" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization

Employer identification number

# ANNE AND PAUL MARCUS FAMILY FOUNDATION

01-6220476

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	ıf addıtıonal s	pace is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNE AND PAUL MARCUS  77 HEATH STREET  BROOKLINE, MA 02445	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANNE AND PAUL MARCUS  77 HEATH STREET  BROOKLINE, MA 02445	\$\$ <u>48,526.</u>	Person Payroll Noncash X (Complete Part il for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANNE AND PAUL MARCUS  77 HEATH STREET  BROOKLINE, MA 02445	\$ <u>113,811.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
!		\$	Person Payroll Omnicash 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

# ANNE AND PAUL MARCUS FAMILY FOUNDATION

01-6220476

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ARKETABLE SECURITIES - STOCKS		
		\$ 48,526.	01/19/15
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3 <u>M</u> 2	ARKETABLE SECURITIES - STOCKS		
		s <u>113,811.</u>	09/29/15
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—   — — —		\$	
(a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<sub>\$</sub>	

Employer identification number

NNE Al art III	the year from any one contributor. Complete colur	tions to organizations described	$\frac{01-6220476}{lin section 501(c)(7), (8), or (10) that total more than $1,000 that$
	completing Part III, enter the total of exclusively religious, che Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or Dace is needed.	r less for the year (Enter this into once)
n) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	t
-	Transferee's name, address, and Z	LIP + 4	Relationship of transferor to transferee
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-  -  -			
1		(e) Transfer of gift	t
-	Transferee's name, address, and Z	(IP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
-	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
) ·		(e) Transfer of gif	
-	Transferee's name, address, and 2		Relationship of transferor to transferee
-			

FORM 990-PF . G	AIN OR (LOSS) F	FROM SALE	OF A	SSETS	ST	ATEMENT
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOL
RECEPTOS INC COM 279 SH	RS		DO	NATED		01/06/1
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	C. GAI	(F) N OR LOSS
34,747.	31,254.		0.		0.	3,493
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOL
SPD GOLD TR GOLD SHS	<del></del>		PUR	CHASED		12/03/1
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	C. GAI	(F) N OR LOSS
250.	364.		0.		0.	-114
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOL
ZAYO GROPU HLDGS INC.CC	M 4591 SHRS		DO	NATED		10/01/1
(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)		(F)
SALES PRICE	TIME OF ACQ.	SALE		DEPRE	C. GAI	N OR LOSS
114,653.	113,811.		0.		0.	842

DESCRIPT	(A) ION OF PROPERTY				IANNER QUIRED		TE IRED	DATE	SOLD
ACCELERON	N PHARMA.COM 12	- 76 SHRS		DC	NATED			01/0	06/15
	(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)	_	<b></b>	(F)	
_	SALES PRICE		SALE		DEPRE	C. ——	GAIN	OR LO	
	48,607.	48,526.		0.		0.			81.
DESCRIPT	(A) ION OF PROPERTY	_			IANNER QUIRED		TE	DATE	SOLD
NATIONAL	FINANCIAL SERV			PUR	CHASED				
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	c.	GAIN	(F) I OR LO	oss
<u> </u>	151,276.	156,022.		0.		0.		-4	,746.
DESCRIPTI	(A) ION OF PROPERTY	_			ANNER QUIRED		TE IRED	DATE	SOLD
NATIONAL	FINANCIAL SERV	ICES 8997 S/T		PUR	CHASED				
	(B)	(C)	(D)	O.E.	(E)			(F)	
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	Or	DEPRE	c.	GAIN	OR LO	oss
<del></del>	5.	4.		0.		0.			1.
DESCRIPT	(A) ION OF PROPERTY	_			IANNER QUIRED		TE	DATE	SOLD
NATIONAL	FINANCIAL SERV			PUF	CHASED				
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C	CA TX	(F) IOR LO	<b>1</b> 00
	239,617.	217,056.		0.		0.			.561.

(A) DESCRIPTION OF	PROPERTY				IANNER QUIRED		TE VIRED	DATE SOLD
POWERSHARES DB	AGRICULT	URE S/T 1256		PUR	CHASED			
GRO	3) DSS	(C) COST OR	(D) EXPENSE SALE	OF	(E) DEPRE	C	CATN	(F)
SALES	PRICE	OTHER BASIS 3,061.	SALE	0.	—————	0.		-3,061.
	0.	3,061.			<del></del>	· ·		
(A) DESCRIPTION OF	PROPERTY				ANNER QUIRED		TE	DATE SOLD
POWERSHARES DB	AGRICULT	URE L/T 1256		PUR	CHASED			
GRO	3) DSS	(C) COST OR	(D) EXPENSE	OF	(E)	_		(F)
SALES	PRICE	OTHER BASIS	SALE		DEPRE		GAIN	OR LOSS
	0.	4,591.		0.	<u> </u>	0.		-4,591. 
(A) DESCRIPTION OF		_		AC	ANNER QUIRED		TE IRED	DATE SOLD
POWERSHARES DB	OIL S/T			PUR	CHASED			
	3) DSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)
		OTHER BASIS	SALE		DEPRE	c.	GAIN	OR LOSS
	0.	2,282.		0.		0.		-2,282.
(A) DESCRIPTION OF	PROPERTY				IANNER CQUIRED		TE IIRED	DATE SOLD
POWERSHARES DB	OIL L/T			PUR	CHASED	<u> </u>		
	B)	(C) COST OR	(D) EXPENSE	OF	(E)			(F)
GRO SALES	PRICE	OTHER BASIS	SALE	-	DEPRE	c.	GAIN	OR LOSS

(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DA ACQU		DATE S	SOLE
US BRENT OIL FUND S/T 1	_ 256		PUR	CHASED				_
(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)		( I	₹)	
SALES PRICE	OTHER BASIS	S SALE		DEPRE	c.	GAIN (	OR LOS	SS
0.	1,90	02.	0.		0.		-1,9	02
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DA'		DATE S	SOLI
US BRENT OIL FUND L/T 1	 256		PUR	CHASED				
(B)	(C)	(D)		(E)		( I	?)	
GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF	DEPRE	c.	GAIN (	OR LOS	ss
0.	2,85	54.	0.		0.		-2,8	354.
CAPITAL GAINS DIVIDENDS	FROM PART	ιν					7	785.
TOTAL TO FORM 990-PF, PA	ART I, LINE	6A			-		4,7	791.
					=	<del></del>	<del></del>	<del></del>
FORM 990-PF INTEREST OF	N SAVINGS AN	ND TEMPORARY	CASH	INVEST	MENTS	STATI	EMENT	2
		(A) REVENUE	NET	(B) INVEST		AD	(C) JUSTEI	
SOURCE		PER BOOKS		INCOME	i 	NET -	INCON	1E 
NATIONAL FINANCIAL SERV POWERSHARES DB AGRCULTU		126. 9.			126. 9.		1	26 9
POWERSHARES DE AGRECOTION POWERSHARES DE OIL FUND US BRENT OIL FUND	TOMD	3. 7.			3. 7.			3.7
TOTAL TO PART I, LINE 3	<del></del>	145.			145.			L45.

FORM 990-PF	DIVIDEND	S AND INTER	EST :	FROM SECUR	ITIES ST	TATEMENT 3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND:		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NATIONAL FINANCIAL SERVICES NATIONAL FINANCIAL	7,249	. 28	3.	6,966.	6,966.	6,966.
SERVICES	7,631	. 502	2.	7,129.	6,911.	7,129.
TO PART I, LINE 4	14,880	. 78	5. =====	14,095.	13,877.	14,095.
		<del></del>			<del></del>	
FORM 990-PF		ACCOUNTI	NG F	EES 	S1	PATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	_	10,020.	· <del></del>	5,010.	5,010.	5,010.
TO FORM 990-PF, PG 1		10,020.		5,010.	5,010.	5,010.
FORM 990-PF	0	THER PROFES:	SION	AL FEES	Sī	TATEMENT 5
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTANTS	_	106,050.		0.	0.	106,050.
TO FORM 990-PF, PG 1	, LN 16C	106,050.		0.	0.	106,050.

FORM 990-PF	TAX	ES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES FEDERAL EXCISE TAX	18. 3,000.		3,000	
TO FORM 990-PF, PG 1, LN 18	3,018.	3,018.	3,018	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
STATE FILING FEES INVESTMENT EXPENSES SUPPLIES AND OFFICE DELIVERY CONFERENCES AND MEETINGS TRAVEL	250. 1,062. 372. 14. 6,584. 600.	1,062.	1,062 0 0	250. 2. 0. 186. 14. 0. 6,584. 0. 600.
TO FORM 990-PF, PG 1, LN 23	8,882.	1,248.	1,062	7,634.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 8
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE
FIDELITY INVESTMENTS 472433 FIDELITY INVESTMENTS 168997			0. 277,163.	0. 233,003.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		277,163.	233,003.

FORM 990-PF OTHE	R INVESTMENTS		STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE VALUE	т
POWERSHARES DB AGRCULTURE FUND POWERSHARES DB OIL FUND US BRENT OIL FUND	COST COST	40,730. 8,319. 8,283.	39,5 8,5 7,3	98.
TOTAL TO FORM 990-PF, PART II, LINE	13	57,332.	55,4	51.
	ANTIAL CONTRIB	UTORS	STATEMENT	10
		UTORS	STATEMENT	10
PART VI	I-A, LINE 10	ET	STATEMENT	10

NAME OF MANAGER

ANNE P MARCUS PAUL R MARCUS

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 12 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PAUL MARCUS 260 FRANKLIN STREET BOSTON, MA 02110

TELEPHONE NUMBER NAME OF GRANT PROGRAM

617 556-5200 NONE

FORM AND CONTENT OF APPLICATIONS

LETTER OUTLINING NEED AND USE OF FUNDS

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION FAVORS PROGRAMS BENEFITING CHILDREN

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANNE MARCUS 260 FRANKLIN STREET BOSTON, MA 02110

TELEPHONE NUMBER NAME OF GRANT PROGRAM

617 556-5200 NONE

FORM AND CONTENT OF APPLICATIONS

LETTER OUTLINING NEED AND USE OF FUNDS

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION FAVORS PROGRAMS BENEFITING CHILDREN