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Form **990-PF**

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

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

| For cal | lendar year 2016 or tax year beginning Ma | r 11 , 2016 , | and ending Dec | 31 , 2016 | | |
|---------------|--|---------------------------|---|---|-------------------------|--|
| | foundation | | | | nber | |
| Marr | -Anderson Family Foundation and street (or P O box number if mail is not delivered to street add | Room/suite F | 81-2191147 B Telephone number (see instructions) | | | |
| | Sox 6039 | uress) | TOOM/SUITE | (207) 781-511 | • | |
| | wn, state or province, country, and ZIP or foreign postal code | | | | | |
| Falm | outh | ME | 04105 | If exemption application is p | pending, check here. | |
| G Che | eck all that apply X Initial return | Initial return of a forme | r public charity | 1 Foreign organizations, chec | k here | |
| | Final return | Amended return | - | 5 5 | | |
| | | Name change | | 2 Foreign organizations meet here and attach computation | ing the 85% test, check | |
| H Che | eck type of organization 💢 Section 501(c | c)(3) exempt private fou | | nore and attach computation | | |
| | Section 4947(a)(1) nonexempt charitable trust | Other taxable pr | rivate foundation | If private foundation status | | |
| I Fair | | unting method XC | ash Accrual | under section 507(b)(1)(A), | CHECK Here | |
| • | . \ | other (specify) | | If the foundation is in a 60- | | |
| ► \$ | | olumn (d) must be on c | ash basis) | under section 507(b)(1)(B), | check here | |
| Part | | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements | |
| | | expenses per books | income | income | for charitable purposes | |
| | sanly equal the amounts in column (a) | | | | (cash basis only) | |
| | (see instructions)) 1 Contributions, gifts, grants, etc., received (attach schedule) | 4,085,200. | | | | |
| | | 4,005,200. | | | | |
| | 2 Check If the foundation is not required to attach Sch B | | | | | |
| | 3 Interest on savings and temporary cash investments | 1. | | . 0. | | |
| | 4 Dividends and Interest from securities | 0. | 0 | | | |
| | 5 a Gross rents | 0. | | 0. | | |
| _ | or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 | 44. | T C- Ch | | | |
| R E | b Gross sales price for all 520 964 | 44. | L-6a Stmt | | | |
| <u>v</u> | 7 Capital gain net income (from Part IV, line 2) | | 510,336 | | | |
| E | 8 Net short-term capital gain | | _510,550 | 0. | | |
| U | 9 Income modifications | | | 0. | | |
| E | 10 a Gross sales less returns and | | | | | |
| | allowances D | | | | | |
| | goods sold U . | | | | | |
| | c Gross profit or (loss) (attach schedule) G | 0. | | 0. | | |
| | N/A | | | | | |
| | 12 Total. Add lines 1 through 11 | 4,085,245. | 510,337 | 0. | · | |
| | 13 Compensation of officers, directors, trustees, etc | 0. | | 0. | 0. | |
| | 14 Other employee salaries and wages | 0. | C | 0. | 0. | |
| | 15 Pension blans, employee benefits 16 a Legal fees (attach schedule) | 0. | C | 0. | 0. | |
| A | | 0. | | 0. | 0. | |
| M M | b Accounting fees (attach sch). c Other professional rest Autrach Jech 5 - 2-0-17 - 6 | 0. | | 0. | 0. | |
| , N | | 0. | | 0. | 0. | |
| O P S T R A T | 17 Interest 18 Taxes (attach schedule)(see instrs) | 0. | | 0. | 0. | |
| RR | 19 Deprecuation (attach © D) [M. U5] | | | | | |
| | schedule) and depletion | 0. | | 0. | | |
| S N N | | 0. | | 0. | 0. | |
| GE | 1 | 0. | | 0. | 0. | |
| AEX | 22 Printing and publications | 0. | | 0. | 0. | |
| D P E N | N/A | | | | | |
| | 24 Total operating and administrative | | | | | |
| S E S | | 0. | (| 0. | 0. | |
| SES | 25 Contributions, gifts, grants paid | 40,000. | | | 40,000. | |
|) N | 26 Total expenses and disbursements. | 40 000 | , | , | 40 000 | |
| | Add lines 24 and 25 | 40,000. | (| 0. | 40,000. | |
| | a Excess of revenue over expenses | | | | | |
| | and disbursements | 4,045,245. | | | | |
| | b Net investment income (if negative, enter -0-) | | 510,33 | | | |
| | C Adjusted net income (if negative, enter -0-) | | | 0. | l | |

| Dari | TITLE | Balance Sheets column should be for end-of-year amounts only | Beginning of year | Elia of 3 | real |
|------------------|-------|--|--|----------------|-----------------------|
| Fait | | Balance Sheets column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | • 1 | Cash — non-interest-bearing | 0. | 0. | 0. |
| | 2 | Savings and temporary cash investments | 0. | 480,847. | 480,847. |
| | 3 | Accounts receivable | | · | 1 |
| | | Less allowance for doubtful accounts | 0. | 0. | 0. |
| | 4 | Pledges receivable | | | |
| | - | Less: allowance for doubtful accounts | 0. | 0. | 0. |
| | 5 | Grants receivable | 0. | 0. | 0. |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | ľ | disqualified persons (attach schedule) (see instructions) | 0. | 0. | 0. |
| | 7 | Other notes and loans receivable (attach sch) . • 0. | | | |
| A | | Less allowance for doubtful accounts | 0. | 0. | 0. |
| S | 8 | Inventories for sale or use | 0. | 0. | 0. |
| A S E T | 9 | Prepaid expenses and deferred charges | 0. | 0. | 0. |
| S | 10 a | Investments – U S and state government | | | |
| _ | l | obligations (attach schedule) | 0. | 0. | 0. |
| | t | Investments — corporate stock (attach schedule) . L-10b. Stmt | 0. | 3,497,865. | 3,497,865. |
| | (| Investments — corporate bonds (attach schedule) | 0. | 0. | 0. |
| | 11 | Investments – land, buildings, and | | | |
| | | equipment basis | | | |
| | | Less accumulated depreciation | | | • |
| | | (attach schedule) | 0. | 0. | <u> </u> |
| | | Investments – mortgage loans | 0. | 0. | 0. |
| | 13 | Investments – other (attach schedule) | 0. | 0. | 0. |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach schedule) | 0. | 0. | 0. |
| | 15 | Other assets (describe N/A | 0. | 0.1 | 0. |
| | | Total assets (to be completed by all filers — | 0. | - 0.1 | 0. |
| | | see the instructions Also, see page 1, item I) | 0. | 3,978,712. | 3,978,712. |
| Ļ | 17 | Accounts payable and accrued expenses | 0. | 0. | |
| Ä | 18 | Grants payable | | 0. | |
| В | 19 | Deferred revenue | 0. | 0. | |
| Ŀ | 20 | Loans from officers, directors, trustees, & other disqualified persons | 0. | 0. | |
| Ţ | 21 | Mortgages and other notes payable (attach schedule) | 0. | 0. | |
| i | 22 | Other liabilities (describe N/A) | _0. | 0. | |
| E | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| <u> </u> | 23 | Foundations that follow SFAS 117, check here | 0. | <u> </u> | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| N F | 24 | Unrestricted | | | |
| E U T N | 25 | Temporarily restricted | | | |
| , D | 26 | | | | |
| A B S L T A | | Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31. | | | |
| E L T A | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| SN | 28 | | | 0. | |
| С | 29 | Retained earnings, accumulated income, endowment, or other funds | — | 3,978,712. | |
| O E R S | 30 | Total net assets or fund balances (see instructions) | | 3,978,712. | |
| | 31 | Total liabilities and net assets/fund balances (see instructions) | | 3,978,712. | |
| Par | t III | Analysis of Changes in Net Assets or Fund Balanc | | | |
| 1 | Tota | I net assets or fund balances at beginning of year — Part II, column of-year figure reported on prior year's return) | (a), line 30 (must agree w | ith1 | |
| • | | er amount from Part I, line 27a | | | 0. |
| 2 | Dth: | ringroses not instruded in line 2 (itemize) | | | 4,045,245. |
| 3 | Otnei | r increases not included in line 2 (itemize) | | | 4 045 045 |
| 4 | Aaa | lines 1, 2, and 3 · · · · · · · · · · · · · · · · · · | | 4 | 4,045,245. |
| 5 | | eases not included in line 2 (itemize) Unrealized Dec | | | 66,533. |
| 6 | ı ota | I net assets or fund balances at end of year (line 4 minus line 5) - P | aπ II, column (b), line 30 | 6 | 3,978,712. |

| Part | | osses for Tax on Investmer | | | | _ | |
|----------|---|--|---|---|-----|---|----------------------------------|
| | (a) List and describe to 2-story brick warehold | the kind(s) of property sold (e g , real use, or common stock, 200 shares M | estate, LC Company) | (b) How acqu P — Purcha D — Donat | ase | (C) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1 a | Publicly Traded Sec | urities | <u> </u> | D _ | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| <u>е</u> | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sale | | | (h) Gain or (e) plus (f) mil | |
| a | 520,864. | 0. | 1 | 0,528. | | <u>.</u> | 510,336. |
| b | | | | | | _ | |
| <u>c</u> | | | | | | | _ |
| d | | | | | | | |
| <u>e</u> | Complete only for assets shown | es sain in column (h) and owned by th | ne foundation on 12/21/60 | | | | |
| | · | g gain in column (h) and owned by th | (k) Excess of col (i) | | a. | (I) Gains (Col ain minus col (k), bu | |
| _ | (i) F M V as of 12/31/69 | as of 12/31/69 | over col (j), if any | | | nn -0-) or Losses (fro | om col (h)) |
| a | | | | | | | 510,336. |
| <u> </u> | | | | | | | |
| <u>c</u> | | | | | | | |
| d | | | | | | | |
| е | | | <u> </u> | | | ··· | |
| 2 | Capital gain net income or (net c | apital loss) If gain, also If (loss), ent | enter in Part I, line 7 er -0- in Part I, line 7 | | 2 | | E10 220 |
| 3 | Net short-term capital gain or (lo | ess) as defined in sections 1222(5) an | | | | | 510,336. |
| | If gain, also enter in Part I, line 8 | B, column (c) (see instructions) If (los | s), enter -0- | _ | | | |
| | | | | • • • • | 3 | | |
| Part | | r Section 4940(e) for Reduce | | | me | | |
| (For o | ptional use by domestic private t | foundations subject to the section 494 | 10(a) tax on net investment i | ncome) | | | |
| If sect | tion 4940(d)(2) applies, leave this | s part blank | | | | | |
| \A/oo t | he foundation liable for the costs | on 4942 tax on the distributable amou | int of any year in the base in | oriod? | | ∏Yes | □Na |
| | | y under section 4940(e) Do not comp | • | ellou / | | | ∐No |
| | <u></u> | each column for each year, see the i | | ny entries | | | |
| <u> </u> | (a) | (b) | (c) | Try Citation | | (d) | . |
| (| Base periód years Calendar year (or tax year beginning in) | Adjusted qualifying distributions | Net value of nonchantable-use ass | ets | | Distribution (col (b) divided | |
| | 2015 | | | | | | |
| | 2014 | | | | | | |
| | 2013 | | | | | | |
| | 2012 | | | | | | |
| | 2011 | | | | | | |
| 2 | Total of line 1, column (d) | | | | 2 | | _ |
| 3 | Average distribution ratio for the number of years the foundation | 5-year base period — divide the total has been in existence if less than 5 y | on line 2 by 5, or by the ears | | 3 | | |
| 4 | Enter the net value of noncharita | able-use assets for 2016 from Part X, | line 5 | [| 4 | | |
| | | | | Ī | | | |
| | | | | Ī | 5 | | |
| | | me (1% of Part I, line 27b) | | Ī | 6 | | |
| 7 | Add lines 5 and 6 | | | · · · · · | 7 | | |
| | C. 4 | | | | | 1 | |
| 8 | · | m Part XII, line 4.......... an line 7, check the box in Part VI, line | | L | 8 | <u> </u> | |

| Form 990-PF (2016) | Marr-Anderson | Family | Foundation |
|--------------------|---------------|--------|------------|
|--------------------|---------------|--------|------------|

| _ | _ | | | - | _ | | |
|---|---|-----|---|---|-----|-----|--|
| х | | -21 | ч | 1 | - 1 | 4 / | |

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| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | instru | ctions | 5) | | <u> </u> |
|-----|--|--------|-----------|--------------|--------|----------|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1 | | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary – see instructions) | | | | - | - |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 | | | 10,2 | :07. |
| | check here . ► and enter 1% of Part I, line 27b | | | | | |
| С | : All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | | 10,2 | 207. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | 5 | | | 10,2 | 207. |
| 6 | Credits/Payments | - } | | | | |
| а | 2016 estimated tax pmts and 2015 overpayment credited to 2016 | 1 | | | | |
| b | Exempt foreign organizations — tax withheld at source 6 b | } | | | | |
| С | : Tax paid with application for extension of time to file (Form 8868) | • | | | | |
| d | Backup withholding erroneously withheld | - 1 | | | | 1 |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | | | . – | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | 8 | | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | 10,2 | 207. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | ··· ' | 0. |
| 11 | Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded | 11 | | | | |
| Par | t VII-A Statements Regarding Activities | | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | | Yes | No |
| | participate or intervene in any political campaign? | | [| 1 a | | Х |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? | | [| 1 b | | Х |
| | 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 | | | | | |
| | Did the foundation file Form 1120-POL for this year? | | [| 1 c | | x |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | _ [| | | |
| _ | (1) On the foundation • \$ 0. (2) On foundation managers • \$ | | <u>0.</u> | | | |
| - | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | l | 2 | - | |
| - | 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 | | | - <u>-</u> - | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | ⊢ | 4 a | | X |
| | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | | - | 4 b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | If 'Yes,' attach the statement required by General Instruction T. | | İ | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | |
| | By language in the governing instrument, or | | | İ | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict | | | | | İ |
| | with the state law remain in the governing instrument? | | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV | | | 7 | X | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | Ī | | | |
| | MAINE | | - | | | 1 |
| b | o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | - [| | | l |
| | (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | | [| 8 b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) | (5) | Ī. | | | |
| - | for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part X | ΊV . | [| 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names | | ſ | | | |
| | and addresses | | | 10 | Χ | <u> </u> |
| BAA | | | For | m 990 |)-PF (| 2016) |

| | m 990-PF (2016) Marr-Anderson Family Foundation 81-219 art VII-A Statements Regarding Activities (continued) | | | <u> </u> |
|----|---|-------------|----------|---|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions) | 11 | | Х |
| 12 | 2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | † |
| | Website address https://www.marrandersonfamilyfoundatio | n.org | | |
| 14 | The books are in care of Christopher E. Dyer, CPA Telephone no (2 | 07) 781 | -511 | _9 |
| | Located at ▶ 215 Foreside Road Falmouth ME ZIP+4 ▶ 04105 | | | |
| 15 | 5 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a | | Yes | No |
| | bank, securities, or other financial account in a foreign country? | 16 | <u> </u> | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | <u> </u> | <u>' </u> |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | Yes | No |
| 1 | a During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X | No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | No | | |
| | | No | | |
| | | No | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | | No | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | No | | |
| | b If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 11 | | - |
| | Organizations relying on a current notice regarding disaster assistance check here | | † | |
| | c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? | 10 | | X |
| 2 | 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)). | | | <u> </u> |
| | | | | |
| | a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? | No | | |
| | If 'Yes,' list the years ▶ 20 _ , 20 _ , 20 , 20 | | | |
| | 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) | 21 | | - |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20 | | | |
| 3 | Ba Did the foundation hold more than a 2% direct or indirect interest in any business | No | | |
| | b If 'Yes,' did it have excess business holdings in 2016 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 2016) | 31 | , | |
| | | · · · -3' | +- | \vdash |
| 4 | 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4; | | l x |

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4 b

| Form 990-PF (2016) Marr-Anderson Fami | | , | 81-219 | 91147 | Page 6 |
|--|---|-----------------------------|---|---------------------------|---------------------|
| Part VII-B Statements Regarding Activit | | 1 4720 May Be Req | uired (continued) | | |
| 5a During the year did the foundation pay or incur a | * | | | | |
| (1) Carry on propaganda, or otherwise attempt t | o influence legislation (se | ection 4945(e))? | ···· ∐Yes ⊠ | No | İ |
| (2) Influence the outcome of any specific public on, directly or indirectly, any voter registration | n drive? | | | No | |
| (3) Provide a grant to an individual for travel, stu | idy, or other similar purpo | oses? | · · · · L Yes X | No | |
| (4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions) . | a charitable, etc , organ | ızatıon described | · · · · · · · Yes X | No | |
| (5) Provide for any purpose other than religious, educational purposes, or for the prevention of | charitable, scientific, lite of cruelty to children or ai | erary, or nimals? | · · · · · · · Yes X | No | |
| b If any answer is 'Yes' to 5a(1)—(5), did any of the described in Regulations section 53 4945 or in a (see instructions)? | current notice regarding | disaster assistance | | 5 b | |
| Organizations relying on a current notice regardi | ng disaster assistance ch | neck here | ▶ □ | | |
| c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib | foundation claim exemptions for the grant? | tion from the | Yes | No | |
| If 'Yes,' attach the statement required by Regula | tions section 53 4945–5(| (d) | | ' | |
| 6 a Did the foundation, during the year, receive any on a personal benefit contract? | | | | No _ | |
| b Did the foundation, during the year, pay premium | is, directly or indirectly, o | n a personal benefit con | tract? | · · · 6b | X |
| If 'Yes' to 6b, file Form 8870 | | | п. п | . | |
| 7 a At any time during the tax year, was the foundation | | | | | |
| b If 'Yes,' did the foundation receive any proceeds | | | | | |
| Part VIII Information About Officers, D and Contractors | irectors, i rustees, | Foundation Manag | gers, Highly Paid E | mployees | , |
| List all officers, directors, trustees, foundation | n managers and their s | componentian (see inst | =uotiono\ | | |
| List all officers, directors, trustees, foundation | (b) Title, and average | (c)Compensation | (d)Contributions to | <u> </u> | - |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred compensation | (e) Expense other alk | account, owances |
| Rebecca L. Marr | | - | | | |
| PO Box 6039 | President | | _ | | |
| Falmouth ME 04105 | 5.00 | 0. | 0. | | 0. |
| John S. Marr, Jr | m | | | | |
| PO Box 6039 | Treasurer | 0 | 0 | | 0 |
| | 1.00 | 0. | 0. | | 0. |
| Stephanie R. Marr PO Box 6039 | Vice-President | | | | |
| Falmouth ME 04105 | 5.00 | 0. | 0. | | 0. |
| See Information about Officers, Directors, Trustees, Etc | 3.00 | <u>.</u> | | | |
| | | | | | |
| | | 0. | 0. | ļ | 0. |
| 2 Compensation of five highest-paid employee | s (other than those inc | luded on line 1 – see ir | nstructions). If none, e | nter 'NONE.' | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d)Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | account, owances |
| NONE | | | | | |
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| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 . | | | · | | None |
| ВАА | TEEA0306 12/ | | | Form 990 - | |

| Form | 990-PF (2016) Marr-Anderson Family Foundation | . 81~219 | 1147 Page 7 |
|---------|---|---------------------------------------|--------------------|
| | t VIII Information About Officers, Directors, Trustees, Foundation Information (continued) | | |
| 3 | Five highest-paid independent contractors for professional services (see instruction | s). If none, enter 'NONE.' | - |
| | | (b) Type of service | (c) Compensation |
| NON | E | | |
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| | | | |
| Tota | I number of others receiving over \$50,000 for professional services | · · · · · · · · · · · · · · · · · · · | None |
| Par | t IX-A Summary of Direct Charitable Activities | | |
| List th | e foundation's four largest direct charitable activities during the tax year Include relevant statistical information s izations and other beneficiaries served, conferences convened, research papers produced, etc | such as the number of | Expenses |
| 1 | N/A | | |
| | | | 0. |
| 2 | | | |
| | | | |
| 3 | | | |
| | | | |
| 4 | | | • |
| | | | |
| | t IX-B Summary of Program-Related Investments (see instructions) | | |
| | cribe the two largest program-related investments made by the foundation during the tax year | ar on lines 1 and 2 | Amount |
| 1 | N/A | | |
| | | | 0. |

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|---|------------------|-----------------|
| Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.) | n foundatior | ns, |
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities | 1 a | 145,744. |
| b Average of monthly cash balances | 1 b | 20,660. |
| C Fair market value of all other assets (see instructions) | 1 c | 0. |
| d Total (add lines 1a, b, and c) | 1 d | 166,404. |
| e Reduction claimed for blockage or other factors reported on lines 1a and | | |
| 1c (attach detailed explanation) | İ | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 166,404. |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 | _ | |
| (for greater amount, see instructions) | | 2,496. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 163,908. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 foundations | <u>6,605.</u> |
| and certain foreign organizations check here and do not complete this part) | iounuations _ | <u> </u> |
| 1 Minimum investment return from Part X, line 6 | 1 | 6 <u>,</u> 605. |
| 2 a Tax on investment income for 2016 from Part VI, line 5 | | |
| b Income tax for 2016 (This does not include the tax from Part VI) | _ | |
| c Add lines 2a and 2b | 2 c | 10,207. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 0. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 0. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 0. |
| Part XII Qualifying Distributions (see instructions) | _ | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | 1 a | 40,000. |
| b Program-related investments – total from Part IX-B | 1 b | 0. |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 0. |
| 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) | 3 a | 0. |
| b Cash distribution test (attach the required schedule) | 3 b | 0. |
| 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 40,000. |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2016)

40,000.

Part XIII Undistributed Income (see instructions)

| , | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|---|--|----------------------------|-------------|----------------------|
| 1 Distributable amount for 2016 from Part XI, line 7 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2016 | | | | |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years 20 , 20 , 20 | | | <u> </u> | |
| 3 Excess distributions carryover, if any, to 2016 | | | | · · · · · · · |
| a From 2011 | | | | |
| b From 2012 | | | | |
| c From 2013 | | | | |
| d From 2014 | | | | |
| e From 2015 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2016 from Part | | | | |
| XII, line 4 \\$ 40,000. | | | | |
| a Applied to 2015, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years | | | - | |
| (Election required — see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required — see instructions) | 0. | | | ! |
| d Applied to 2016 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 40,000. | | | |
| 5 Excess distributions carryover applied to 2016 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| Same amount must be shown in column (a) | | | | |
| 6 Enter the net total of each column as | | | | |
| indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 40,000. | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has | | | | |
| been issued, or on which the section 4942(a) | | | | |
| tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount — see instructions | | 0. | | |
| e Undistributed income for 2015 Subtract line 4a from | | ! | ^ | |
| line 2a Taxable amount — see instructions | | | 0. | |
| f Undistributed income for 2016 Subtract lines | | | | |
| 4d and 5 from line 1 This amount must be distributed in 2017 | | | | 0 |
| 7 Amounts treated as distributions out of | | | | 0. |
| corpus to satisfy requirements imposed by | | | | n |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions) | 0. | | | |
| , , | 0. | - | | |
| 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| | · · | " | | |
| 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a | 40,000. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2012 0 . | | | | |
| b Excess from 2013 0. | 1 | | | |
| c Excess from 2014 0 . | 1 | | | |
| d Excess from 2015 0 . | 1 | | | |
| e Excess from 2016 40,000. | 1 | | | |
| | ' | | | F 000 DF (0040) |

| 2 <u>a</u> | Private Operating Foundat | ions (see instru | ctions and Part | VII-A, question 9 |) 81-219114 | N/A |
|------------|--|-----------------------------------|-------------------------------|--------------------------|-------------------------|---------------|
| 1 8 | a If the foundation has received a ruling or dete is effective for 2016, enter the date of the ruli | | | | the ruling | |
| 1 | Check box to indicate whether the foundation | = | | | 4942(J)(3) or | 4942(j)(5) |
| | a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum investment return from Part X for | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| | each year listed | | | | | |
| ı | 5 85% of line 2a | | | | | |
| | c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| | d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| (| e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | _ | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| | a 'Assets' alternative test — enter | | | | | |
| | (1) Value of all assets | _ | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| ļ | b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| | c 'Support' alternative test — enter | | | | | |
| | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| <u>P</u> e | Supplementary Information assets at any time during th | (Complete this e year — see in | part only if the structions.) | e foundation had | d \$5,000 or more | e in |
| 1 | Information Regarding Foundation Managa List any managers of the foundation who have close of any tax year (but only if they have co | e contributed more | than 2% of the total | contributions receive | ed by the foundation t | pefore the |
| | John S. Marr, Jr. (See Sch | | , 40,000) (500 500 | | | |
| | b List any managers of the foundation who ow | n 10% or more of th | e stock of a corpora | ition (or an equally la | rge portion of the owr | nership of |
| | a partnership or other entity) of which the fou | indation has a 10% | or greater interest | | | |
| | N/A | | | | | |
| 2 | Information Regarding Contribution, Gran | | | | | |
| | Check here if the foundation only marequests for funds if the foundation makes grouplete items 2a, b, c, and d | | | | | |
| | a The name, address, and telephone number | or e-mail address of | the person to whom | n applications should | be addressed | |
| | Andrea Casanueva | | | | | |
| | PO Box 6039 | | | | | |
| | Falmouth | ME 0410 | | | foundation@ | marrgroup.com |
| | b The form in which applications should be sul | | | | 0 101 = | . |
| | See https://www.marranders | onfamilyfour | idation.org/ | our-grant Fo | or Specific I | nformation |
| | c Any submission deadlines | | | | | |
| | See https://www.marranders | onfamilyfour | ndation.org/ | our-grant Fo | or Specific I | nformation |
| | d Any restrictions or limitations on awards, suc | ch as by geographic | al areas, charitable | fields, kinds of institu | tions, or other factors | |
| | See https://www.marranders | | | | For Specific | |
| | | | - | | | |

Form 990-PF (2016) Marr-Anderson Family Foundation

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient and individual show any relationship to any foundation manager or substantial contributor or contribution or contrib | Amount |
|--|-----------------|
| A Paid during the year Dempsey Center (Central Maine Medical Center) 29 Lowell Street 5th Flr Lewiston ME 04240 Brigham & Women's Hospital 75 Francis Street Boston MA 02115 Cheverus High School 267 Ocean Avenue Portland ME 04103 Morrison Center Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road Funding for a Personalized Holistic and Integrated Approach to Cancer Prevention, Education and Support Asymptomatic Alzheimer's Disease (A4) Study Funding PC Support Essential Programs Including Educational, Athletic and Fine Arts Support Comprehensive programing, individualized support and employment services For people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| Dempsey Center (Central Maine Medical Center) 29 Lowell Street 5th Flr Lewiston ME 04240 Brigham & Women's Hospital 75 Francis Street Boston MA 02115 Cheverus High School 267 Ocean Avenue Portland ME 04103 Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road Funding for a Personalized Holistic and Integrated Approach Holistic and Integrated Approach Education and Support Asymptomatic Alzheimer's Disease (A4) Study Funding PC Support Essential Programs Including Educational, Athletic PC and Fine Arts Support Comprehensive programing, individualized support and employment services PC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| 29 Lowell Street 5th Flr Lewiston ME 04240 Brigham & Women's Hospital 75 Francis Street Boston MA 02115 Cheverus High School 267 Ocean Avenue Portland ME 04103 Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road ME 04240 PC Holistic and Integrated Approach to Cancer Prevention, Education and Support Asymptomatic Alzheimer's Disease (A4) Study Funding Boston MA 02115 PC Support Essential Programs Including Educational, Athletic PC and Fine Arts Support Comprehensive programing, individualized support and employment services PC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| Lewiston ME 04240 Brigham & Women's Hospital 75 Francis Street Boston MA 02115 Cheverus High School 267 Ocean Avenue Portland ME 04103 Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road PC to Cancer Prevention, Education and Support Asymptomatic Alzheimer's Disease (A4) Study Funding Support Essential Programs Including Educational, Athletic and Fine Arts Support Comprehensive programing, individualized support and employment services FC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| Brigham & Women's Hospital 75 Francis Street Boston MA 02115 Cheverus High School 267 Ocean Avenue Portland ME 04103 Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road Asymptomatic Alzheimer's Disease (A4) Study Funding Support Essential Programs Including Educational, Athletic and Fine Arts Support Comprehensive programing, individualized support and employment services PC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | 5,000. |
| 75 Francis Street Boston MA 02115 Cheverus High School 267 Ocean Avenue Portland ME 04103 Morrison Center 60 Chamberlain Road Scarborough Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road (A4) Study Funding Support Essential Programs Including Educational, Athletic and Fine Arts Support Comprehensive programing, individualized support and employment services PC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | 3,000. |
| Boston MA 02115 Cheverus High School 267 Ocean Avenue Portland ME 04103 Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road PC Support Essential Programs Including Educational, Athletic and Fine Arts Support Comprehensive programing, individualized support and employment services PC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| Cheverus High School 267 Ocean Avenue Portland ME 04103 Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road Support Essential Programs Including Educational, Athletic and Fine Arts Support Comprehensive programing, individualized support and employment services PC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | 10,000. |
| 267 Ocean Avenue Portland ME 04103 Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road Including Educational, Athletic and Fine Arts Support Comprehensive programing, individualized support and employment services for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| Morrison Center 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road Support Comprehensive programing, individualized support and employment services PC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| 60 Chamberlain Road Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road support and employment services for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | 10,000 |
| Scarborough ME 04070 Sarah's House (Cancer Hospitality House of Maine) 346 Main Road PC for people of all ages with disabilities Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| Sarah's House (Cancer Hospitality House of Maine) Provide Temporary Lodging to Cancer Patients (and Their Caregivers) | |
| 346 Main Road to Cancer Patients (and Their Caregivers) | 10,000 |
| | |
| Holden ME 04429 PC Receiving Treatments at Cancer Care | |
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| Total | 40,000 |
| b Approved for future payment | |
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| Total 3b | |

| Par | t XVI-A Analysis of Income-Producing | Activities | | | | |
|------------|---|-----------------|-------------------|--|-------------------------------|---------------------------------------|
| | gross amounts unless otherwise indicated | | d business income | Exclude | d by section 512, 513, or 514 | (-) |
| Line | gross amounts amous construct materials | (a) Business | (b) Amount | (c) Exclu- | (d) Amount | (e) Related or exempt function income |
| 1 | Program service revenue | code | | sion code | | (See instructions) |
| а | | | - | | | |
| t | | | | | | |
| c | - | | | | | |
| c | | | | | | |
| e | | | | | | |
| f | | | | | | |
| ç | Fees and contracts from government agencies | | | | | |
| 2 | Membership dues and assessments | | | | | |
| 3 | Interest on savings and temporary cash investments | | | 14 | 1. | |
| 4 | Dividends and interest from securities | | | ļ | | |
| 5 | Net rental income or (loss) from real estate: | | | | | |
| | Debt-financed property | | | ļ | | |
| t | Not debt-financed property | | | ļ | | |
| 6 | Net rental income or (loss) from personal property | | | | | |
| 7 | Other investment income | | | ļ | | |
| 8 | Gain or (loss) from sales of assets other than inventory | _ | | 18 | 510,336. | |
| 9 | Net income or (loss) from special events | | | - | | |
| 10 | Gross profit or (loss) from sales of inventory | | | 1 | | |
| 11 | Other revenue | | | ļ | | |
| 6 | | | | | | <u> </u> |
| 1 | | | - | | | |
| (| | | | | <u> </u> | |
| ì | | | | 1 | | |
| 12 | | | | | 510,337. | |
| | Cubicial Add columns (b), (d), and (c) | L | | ļ | J10, 337. | |
| 13 | Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 510.337. |
| 13 (See | Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations | | | • • • • | 13 | 510,337. |
| (See | worksheet in line 13 instructions to verify calculations | S.) | | | | 510,337. |
| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
| (See | worksheet in line 13 instructions to verify calculations | Accomp | lishment of Exem | pt Puri | poses | the |
| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
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| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
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| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
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| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
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| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |
| (See | worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the | Accomp | lishment of Exem | pt Puri | poses | the |

Form 990-PF (2016) Marr-Anderson Family Foundation 81-2191147

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | • | | | | | | | | Yes | No |
|----------|---------|--|--|---|---|-------------------------------|--|--|-------------------|-----------------------|------------|
| de | scribed | rganization directly I in section 501(c) o political organizat | of the Code (othe | age in any of the er than section 5 | e following with a 601(c)(3) organiza | ny other o tions) or i | rganization n section 527, | | | | |
| | _ | from the reporting | | noncharitable ex | empt organizatio | n of | | | | | |
| | | | | | | | | | 1 a (1) | <u> </u> | X |
| | | | | | | | | | 1 a (2) | | X |
| | | nsactions | | | | | | | 14 (2) | _ | |
| | | | ahawtahla ayam | -+ | | | | | 1 h (1) | | |
| | | | | | | | | | 1 b (1) | <u> </u> | <u>X</u> |
| | | | | | | | | | 1 b (2) | _ | <u>X</u> |
| | | | | | | | | | 1 b (3) | | X |
| | | | | | | | | | 1 b (4) | | X |
| | | | | | | | | [| 1 b (5) | | X |
| , , | | | • | _ | | | | | 1 b (6) | | X |
| ¢ Sh | aring o | of facilities, equipm | ent, mailing lists, | other assets, or | r paid employees | | | [| 1 c | | X |
| | | | | | | | - hl-d | 11 | -l£ | | |
| the | e aoods | | services given by | the reporting fo | undation If the fo | oundation | received less that | ow the fair market van An fair market value i Vices received | | | |
| (a) Line | no | (b) Amount involved | (c) Name | of noncharitable exe | empt organization | (d) | Description of trans | fers, transactions, and sl | naring arran | gement | <u></u> |
| | | | | - | - | T | | | | - | |
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| de | escribe | | of the Code (oth | ed with, or relate er than section 5 | d to, one or more 501(c)(3)) or in se | tax-exem ction 527 | ipt organizations | | . Yes | X | No |
| TI CI | | omplete the follow Name of organiza | | /b) T:: | e of organization | _ | 10 |) Description of relati | onehin | | |
| | (a) | Name of organiza | uon | (0) 1 91 | be of organization | | , , , | Description of relati | OHSHIP | | |
| | | | | | | | | | | | |
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| | | | 1 1 | | | | | | | | |
| | Under p | enalties of pérjury₄ i decla and complété Déclaration | are that linave examp in of preparer (gither/th | ∮ d this return, includii an taxpayer) is baseo | ng accompanying sche d on all information of v | dules and sta hich prepare | atements, and to the b or has any knowledge | est of my knowledge and b | elief, it is true |), | |
| Sign | | | Th 1/// | , , , | | | , | | May the | IRS disc | uss |
| Here | | LA MARA | 2 / 1 X VI | 1 ~ | 104/11/17 | ▶, | | | this retur | n with the shown b | e below |
| | Signa | ture of officer or trustee | y va | | 04/11/17 Date | | President Mule | | (see inst | | |
| | Jigi ia | Print/Type preparer's n | ame | Prendra | s signaturė | | Date | 1 | PTIN | Yes | No |
| | | | | | - / IN | | 5/4/201 | Check X ff | | | |
| Paid | | Christophe | | | | CIA | 3/7/201 | | P0144 | 1542 | |
| Prepa | rer | Firm's name | CHRISTOPH | <u>ER E. DYÉF</u> | R, CPA | | | Firm's EIN ► 81-12 | 214797 | | |
| Use O | nly | Firm's address | 215 Fores | ide Rd | | | | | | | |
| | | <u> </u> | Falmouth | | | ME 04 | 105 | Phone no (207 | 781- | 5119 |) |
| BAA | | | | | | | _ | | Form 99 | 0-PF (| (2016) |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2016

Employer identification number

| Marr-Anderson Family Foundation | | 81-2191147 | | | | |
|---|---|---|--|--|--|--|
| Organization type (check one) | <u> </u> | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | on | | | | |
| | 4947(a)(1) nonexempt charitable trust not | treated as a private foundation | | | | |
| | 527 political organization | · | | | | |
| | ozr political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | ac a pivate leanacies | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| Check if your organization is covered by the | General Rule or a Special Rule. | | | | | |
| Note. Only a section 501(c)(7), (8), or (10) or | ganization can check boxes for both the General Ru | le and a Special Rule See instructions | | | | |
| General Rule | | | | | | |
| Y For an organization filing Form 990, 990- | EZ, or 990-PF that received, during the year, contrib | outions totaling \$5,000 or more (in money or | | | | |
| property) from any one contributor Comp | plete Parts I and II See instructions for determining a | a contributor's total contributions | | | | |
| | | | | | | |
| Special Rules | | | | | | |
| For an organization described in section | 501(c)(3) filing Form 990 or 990-EZ that met the 33- | 1/3% support test of the regulations | | | | |
| received from any one contributor, during | (vi), that checked Schedule A (Form 990 or 990-EZ the year, total contributions of the greater of (1) \$5, | 000 or (2) 2% of the amount on (i) | | | | |
| Form 990, Part VIII, line 1h, or (ii) Form § | 990-EZ, line 1 Complete Parts I and II | | | | | |
| For an organization described in section | 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that | received from any one contributor | | | | |
| during the year, total contributions of mor | re than \$1,000 <i>exclusively</i> for religious, charitable, so | cientific, literary, or educational | | | | |
| purposes, or for the prevention of cruelty | to children or animals Complete Parts I, II, and III | | | | | |
| Π | | . d for an area and debuden | | | | |
| For an organization described in section | 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that for religious, charitable, etc., purposes, but no such | contributions totaled more than | | | | |
| | the total contributions that were received during the | | | | | |
| | any of the parts unless the General Rule applies to | | | | | |
| it received nonexclusively religious, chari | table, etc , contributions totaling \$5,000 or more duri | ng the year · · · · · · ▶ Ÿ | | | | |
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| Couties As ergonization that inn't account | by the General Rule and/or the Special Rules doesn't | tille Schedule B (Form 990, 990-F7, or | | | | |
| 990-PF), but it must answer 'No' on Part IV. | line 2, of its Form 990, or check the box on line H of | its Form 990-EZ or on its Form 990-PF, | | | | |
| Part I, line 2, to certify that it doesn't meet the | e filing requirements of Schedule B (Form 990, 990- | EZ, or 990-PF) | | | | |
| BAA For Paperwork Reduction Act Notice, see the | Instructions for Form 990, 990-EZ, or 990-PF | Schedule B (Form 990, 990-EZ, or 990-PF) (2016) | | | | |

| | B (Form 990, 990-EZ, or 990-PF) (2016) | Page . | 1 of 1 of Part |
|---------------|--|----------------------------------|--|
| Name of org | Anderson Family Foundation | ' ' | r identification number 191147 |
| | Contributors (see instructions) Use duplicate copies of Part I if additional space | | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | John S. Marr, Jr. 5 Orchard Lane Falmouth ME 04105 | _\$_ <u>4</u> _08 <u>5</u> _200. | Person X Payroll Noncash X (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | - - - - | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - - - | Person Payroll Noncash Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash Complete Part II for |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Complete Part II for noncash contributions) |
| BAA | TELEGRAP OF DESCRIPTION | Sahadula B (Farm (| 000 000 E7 or 000 DE\ /2046 |

of Part I

Page

1 to

Employer identification number

1 of Part II

Marr-Anderson Family Foundation

81-2191147

| T art II | INOTICASTIF TOPETTY (see instructions). Ose duplicate copies of Part it it additional space | is liceded | |
|---------------------------|---|--|------------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1 | 28,000 Shares Tyler Technologies, Inc | | |
| | <u> </u> | \$ <u>4,085,200</u> . | <u> 12/15/16</u> _ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| BAA | Sch | edule B (Form 990, 990-E | 7. or 990-PE) (2014 |
| | Cons | | _, , , , , , , , , , , , , , , , , |

| Name . | | Employer Identification Number |
|---------------------------------|--|--------------------------------|
| Marr-Anderson Family Founda | ation | 81-2191147 |
| Asset Information: | | |
| Description of Property Tv1 | er Technologies, Inc - 3,500 Shares | |
| Date Acquired . 12/13/16 | How Acquired Donated | |
| Date Sold 12/19/16 | · · · · · · · · · · · · · · · · · · · | |
| Sales Price 520, 864. | Cost or other basis (do not reduce by depreciation) | 520.800. |
| | . Valuation Method Fair Market Value | |
| Total Gain (Loss) | | |
| Description of Property | | |
| Date Acquired . | How Acquired | |
| Date Sold | Name of Buyer | |
| Sales Price | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | | |
| Total Gain (Loss) | Valuation Method Accumulation Depreciation | |
| Description of Property | | |
| Date Acquired . | How Acquired | |
| Date Sold: | How AcquiredName of Buyer | |
| Date Sold: | Cost or other basis (do not reduce by depreciation) | |
| Sales Price | | |
| Sales Expense Total Gain (Loss) | Valuation Method Accumulation Depreciation | |
| Description of Property: | 700diffulation Depresiation 111 | |
| | How Acquired | |
| Date Acquired | Name of Buyer | |
| Date Sold | Cost or other basis (do not reduce by depreciation) | - |
| Sales Evpense | | |
| Sales Expense Total Gain (Loss) | Valuation Method | |
| Description of Property | 7,000madion Depresiation 1.1. | |
| Date Acquired . | How Acquired | |
| Date Sold | How Acquired Name of Buyer | |
| Date Sold | Cost or other basis (do not reduce by depreciation) | |
| Sales Price | Valuation Method | |
| Sales Expense | Valuation Method Accumulation Depreciation | |
| Description of Property | /todamatation poprodution 1111 | |
| Date Acquired . | How Acquired | |
| Date Sold· | Name of Buyer | |
| Sales Price | Cost or other basis (do not reduce by depreciation) | |
| Sales Expense | Valuation Method | |
| Total Gain (Loss) | Accumulation Depreciation | <u> </u> |
| Description of Property. | /todamation poprodution 1.1. | |
| Date Acquired . | How Acquired | |
| Date Sold | How Acquired Name of Buyer | |
| Sales Price | Cost or other basis (do not reduce by depreciation) | |
| Sales Price | Valuation Method | |
| Total Gain (Loss) | Accumulation Depreciation | |
| Description of Property | 7,000minutation pepreoration 1 1 1 | |
| | How Acquired | |
| Date Acquired . | How Acquired Name of Buyer | |
| Date Sold | <u> </u> | |
| Sales Evnense | Cost or other basis (do not reduce by depreciation) Valuation Method | |
| Sales Expense | | |
| Total Gain (Loss) | Accumulation Depreciation | |

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| Person X Business. Jennifer A. Marr | | | | |
| PO Box 6039 | <u>Vice-President</u> | | | |
| Falmouth ME 04105 | <u> 5.00</u> | 0. | 0 | 0. |
| Person X Business . Andrea M. Casanueva | | | | |
| PO Box 6039 | Vice-President | | | |
| Falmouth ME 04105 | 5.00 | 0. | 0. | 0. |

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Total

| 0. | 0. | 0. |
|----|----|----|
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3,497,865. 3,497,865.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

| | End of Year | | |
|---|---------------|----------------------|--|
| Line 10b - Investments - Corporate Stock: | Book Value | Fair Market Value | |
| Tyler Technologies, Inc 24,500 Shares (FMV) | 3,497,865. | 3,497,865. | |