Return of Private Foundation Form 990-PF or Section 4947(a)(1) Trust Treated as Private Foundatio Do not enter social security numbers on this form as it may be made ▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf Internal Revenue Service JUL 1, 2016 📆 or calendar year 2016 or tax year beginning and ending JUN 30, 2017 Name of foundation A Employer identification number THE ORRSON FAMILY FOUNDATION INC 47-1334325 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 7920 SHERWOOD AVENUE 410-385-3611 City or lown, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 21204 TOWSON, MD G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here **Einal return** Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization. E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 1,055,577. (Part I, column (d) must be on cash basis ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not for charitable purposes (cash basis only) expenses per books income income necessarily equal the amounts in column (a)) Contributions, gifts, grants, etc., received 188,586. N/A Check If the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 12,797 13,877 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 16,543 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,394,119. 16,543 Capital gain net income (from Part IV, line 2) Net short-term capital gain JUL 2 4 2020 Income modifications Gross sales less returns 10a and allowances STATUTE UNN TELLER #67 b Less Cost of goods sold IRS OGDEN, UTAH c Gross profit or (loss) SEP 1 8 2020 150 150 STATEMENT Other income 218,076 30,570 12 Total Add lines 1 through 11 Compensation of officers stern RIBBANCH 0. 0. Other employee salaries and QGDEN 15 Pension plans, employee benefits 16a Legal fees STMT 3 2,950 0. 0. **b** Accounting fees c Other professional fees 50 50 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0. 40 40 23 Other expenses STMT 4 24 Total operating and administrative <u>3,0</u>40 90 0. expenses Add lines 13 through 23 86,000 86,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 90 86,000. Add lines 24 and 25 89,040 27 Subtract line 26 from line 12

LHA For Paperwork Reduction Act Notice, see instructions

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

129,036

N/A

30,480

| Fo | m 99 | 00-PF (2016) THE ORRSON FAMILY FOUND | | | 1334325 Page 2 |
|-----------------------------|-------|--|----------------------|----------------|---------------------------|
| P | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | |
| <u>-</u> | ui t | Column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 33,018. | 265,097. | 265,097. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable > | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less, allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 1 | Other notes and loans receivable | SPPR JORGANOPOJESY P | • ", | C) mill |
| | | Less allowance for doubtful accounts ▶ | | | |
| ţ | 8 | Inventories for sale or use | | | |
| ssets | 9 | Prepaid expenses and deferred charges | | | |
| Ä | 10a | Investments - U S and state government obligations | | - | |
| | b | Investments - corporate stock | | | |
| | С | Investments - corporate bonds | | | |
| | 11 | Investments - land buildings and equipment basis | _ | | |
| | | Less accumulated depreciation | | , | • |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 5 | 849,100. | 746,057. | 790,480. |
| | 14 | Land, buildings, and equipment basis ▶ | | • | |
| | | Less accumulated depreciation | 1. 1 | | |
| | 15 | Other assets (describe ►) | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item I) | 882,118. | 1,011,154. | 1,055,577. |
| | 17 | Accounts payable and accrued expenses | | | } |
| | 18 | Grants payable | | | j |
| S | 19 | Deferred revenue | 1 | - | { |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | Ì |
| ар | 21 | Mortgages and other notes payable | | | i |
| ュ | 22 | Other liabilities (describe) | | | · |
| | | | | | • |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | , |
| Ses | 24 | Unrestricted | 882,118. | 1,011,154. | |
| a | 25 | Temporarily restricted | | | |
| Ва | 26 | Permanently restricted | | | |
| Net Assets or Fund Balances | | Foundations that do not follow SFAS 117, check here | | | |
| Ę | | and complete lines 27 through 31 | | | |
| S | 27 | Capital stock, trust principal, or current funds | | | • |
| set | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | , |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | | | - |
| Š | 307 | Total net assets or fund balances | 882,118. | 1,011,154. | |
| _ | ٨ | | | | |
| | 317 | Total liabilities and net assets/fund balances | 882,118. | 1,011,154. | |
| P | art | | alances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | t agree with end-of-year figure reported on prior year's return) | | 11 | 882,118. |
| | • | amount from Part I, line 27a | 2 | 129,036. | |
| | | increases not included in line 2 (itemize) | | 3 | 0. |
| | | ines 1, 2, and 3 | 4 | 1,011,154. | |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | 6 | 1,011,154. |
| | | | | | Form 990-PF (2016) |

| Part IV Capital Gains a | nd Los | ses for Tax on In | vestmen | t Income | | | | | | |
|--|--|--|-----------------|----------------------|--------------|-------------------|-----------------------------|--------------|-----------------------------|----------------------------------|
| (a) List and descr 2-story brick wai | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.) | | | | | | cquired chase ation | | acquired lay, yr) | (d) Date sold (mo , day, yr) |
| 1a PUBLICLY TRADEI | SEC | URITIES | | | | | P | 12/3 | 1/16 | 12/31/16 |
| b PUBLICLY TRADE | SEC | URITIES | | | | | D : | 12/3 | 1/16 | 12/31/16 |
| C | | | | | | | | | | |
| <u>d</u> | | | | | | | | | | |
| <u>e</u> | /n D- | | () 0- | | <u> </u> | | | 41.2.0 | | <u> </u> |
| (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale | | | | | | | ain or (loss s (f) minus | (g) | | |
| a 1,183,087. | | | | | | 4,466. 12,077. | | | | |
| b 211,032. | | | | 198,95 | 5. | | | | | 12,077. |
| <u>c</u> | | | | | | | | | | |
| <u>d</u> | | | | | | | | | | |
| Complete only for assets showing | 2 0310 10 00 | lumn (h) and owned by t | he foundation | on 12/31/60 | | | | Coupe 10 | ol (b) sous | |
| Complete only for assets showing | | ``` | | cess of col. (1) | | | | | ol (h) gain not less tha | |
| (i) F M V as of 12/31/69 | | Adjusted basis s of 12/31/69 | | col. (j), if any | | | | | (from col (| |
| a | | | - | , | | | | | | 1 166 |
| b | | | | -,, | | | | | | 4,466. 12,077. |
| c | | | | | | | | | | 12,011. |
| d | | | | | | | | | | |
| е | | | • | | | | | | | |
| | • | C If name also enter | ın Part I line | 7 | ٦ | | | | | |
| 2 Capital gain net income or (net cap | oital loss) | If gain, also enter If (loss), enter -0- | in Part I, line | 7 | • | 2 | | | | 16,543. |
| 3 Net short-term capital gain or (loss | s) as define | ` | | | | | | | | |
| If gain, also enter in Part I, line 8, o | | a 555115115 1222(0) u.i. | - (0). | | JI | | | | | |
| If (loss), enter -0- in Part I, line 8 | | | | <u> </u> | | 3 | | | N/A | <u> </u> |
| Part V Qualification Ur | nder Se | ction 4940(e) for | Reduced | I Tax on Net | lnv | estn | nent Inc | ome | | · |
| (For optional use by domestic private | foundation | s subject to the section 4 | 940(a) tax on | net investment in | come | e.) | | | | |
| If section 4940(d)(2) applies, leave th | s oart blan! | k. | | | | | | | | |
| | | | | | | | | | | |
| Was the foundation liable for the secti | | | | • | iod? | | | | | Yes X No |
| If "Yes," the foundation does not qualif 1 Enter the appropriate amount in each | | | | | ntrion | | | | ·· · | - |
| (a) | acti colutiiii | | Situctions be | lore making any er | | | | 1 | | (d) |
| Base periód years | | (b) Adjusted qualifying distr | ributions | Net value of no | (c) nchar | | use assets | | Distrib | utión ratio |
| Calendar year (or tax year beginnin 2015 | g iri) | | 4,000. | 7401 44140 01 1101 | | | 0,689 | | (coi. (b) uiv | ided by col (c)) • 073903 |
| 2013 | | | 9,000. | | | | 5,865 | | | .116632 |
| 2013 | | J. | ,,,,,,,,, | | | _50 | 3,003 | • | | .110032 |
| 2012 | | | | | | | | | | |
| 2011 | | | | | | | | | | |
| | | | | | | _ | | 1 . | | |
| 2 Total of line 1, column (d) | | | | | | | | 2 | | 190535 |
| 3 Average distribution ratio for the 5 | -year base i | period - divide the total o | n line 2 by 5, | or by the number | of ye | ars | | | | |
| the foundation has been in existen | | | | • | • | | | 3 | | .095268 |
| | | • | | | | | | | | |
| 4 Enter the net value of noncharitable | e-use asset | s for 2016 from Part X, Ii | ne 5 | | | | | 4 | | 1,111,501. |
| | | | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | | 105,890. |
| | | | | | | | | | | |
| 6 Enter 1% of net investment income | e (1% of Pa | rt I, line 27b) | | | | | | 6 | | 305. |
| | | | | | | | |] | | |
| 7 Add lines 5 and 6 | | | | | | | | 7 | | 106,195. |
| | | | | | | | | | | |
| 8 Enter qualifying distributions from | Part XII, lın | e 4 | | | | | | 88 | | 86,000. |
| If line 8 is equal to or greater than See the Part VI instructions | line 7, chec | k the box in Part VI, line | lb, and comp | lete that part using | g a 19 | % tax r | ate | | | |

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|---|-----------------|----------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940 | 8 - see instruc | tions) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | |
| Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% ☐ 1 | <u> </u> | 610. |
| of Part I, line 27b | ļ | ı |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | 1 | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | · | 0. |
| 3 Add lines 1 and 2 | 1 | 610. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | <u> </u> |
| 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | , | 610. |
| 6 Credits/Payments. | | ļ |
| a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 582. | | |
| b Exempt foreign organizations - tax withheld at source | | |
| c Tax paid with application for extension of time to file (Form 8868) 6c 3,000. | | |
| d Backup withholding erroneously withheld | | |
| 7 Total credits and payments. Add lines 6a through 6d | | <u>,582.</u> |
| 8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8 | | |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | <u>,972.</u> |
| 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax \(\) \(| 1 | 0. |
| Part VII-A Statements Regarding Activities | | /aa Na |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | es No |
| any political campaign? | 1a | <u>X</u> |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | 1b | <u> X</u> |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | or | |
| distributed by the foundation in connection with the activities | | |
| c Did the foundation file Form 1120-POL for this year? | 1c | <u> </u> |
| 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. ▶ \$ 0 . | | |
| (1) On the foundation ▶ `\$ (2) On foundation managers. ▶ \$ 0 . e 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? | | X |
| If "Yes," attach a detailed description of the activities | 2 | ^ |
| 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 |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | X |
| | N/A 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 | | 1, |
| 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 |
| | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) | | |
| MD | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | |
| of each state as required by General Instruction G? If "No," attach explanation | 8ь і | x L |
| 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 | | |
| year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | <u> </u> |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STM | T 6 10 | X |
| | Lorm 000 I | DE (2016) |

| Pa | art VII-A Statements Regarding Activities (continued) | | | |
|-----|---|---------------|------------|----------|
| | | | 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 | 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 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► <u>N/A</u> | | | |
| 14 | The books are in care of ► CHRISTOPHER A. DAVIS, ESQ. Telephone no. ► 410-3 | | <u>611</u> | |
| | Located at ► 100 LIGHT STREET, BALTIMORE, MD ZIP+4 ►2 | <u> 1202</u> | | |
| 15 | 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 | N | /A | |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| Da | foreign country Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| 1 6 | | T - | Yes | No |
| 1. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | - | 162 | 140 |
| ıa | 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 | | | |
| | (1) Engage in the sale of exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (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.) | | | |
| 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)? | 1b | | |
| | 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? | 1c | | _X_ |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | ĺ | } |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | } |
| a | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | į |
| | before 2016? Yes X No | | - 1 | į |
| | If "Yes," list the years , , , , , , , , , , , , , , , , , , , | | ŀ | |
| D | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | ; |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) N/A | 0. | | |
| | statement - see instructions) N/A If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | 2b | | |
| | | | | |
| 22 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | 1 |
| Ja | during the year? | | | 1 |
| 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) N/A | 3b | | |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 4 | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2016? | 4b | | <u>X</u> |
| | Fo | rm 990 | -PF(| 2016) |

623551 11-23-16

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

2

3

5

C

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

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5

6

0.

86,000.

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

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|--|---------------|----------------------------|-------------|---------------------|
| Distributable amount for 2016 from Part XI, line 7 | | | | 54,965. |
| 2 Undistributed income, if any, as of the end of 2016 | | | | |
| a Enter amount for 2015 only | | | 0. | |
| ъ Total for prior years: | | 0 | | |
| 3 Excess distributions carryover, if any, to 2016 | | 0. | | |
| a From 2011 | | | | |
| b From 2012 | | | | |
| c From 2013 | | | | |
| d From 2014 36, 252. | | | | |
| e From 2015 17,682. | | | | |
| f Total of lines 3a through e | 53,934. | - | -1120-11 | |
| 4 Qualifying distributions for 2016 from | | | | |
| Part XII, line $4^{\circ} \triangleright \$$ 86,000. | | | | |
| a Applied to 2015, but not more than line 2a | <u> </u> | | 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 | | · ···· | | 54,965. |
| e Remaining amount distributed out of corpus | 31,035. | | | |
| 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 84,969. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2015. Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2016. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | į | | | |
| be distributed in 2017 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | ĺ | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2011 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2017 | | | | |
| Subtract lines 7 and 8 from line 6a | 84,969. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2012 | | | | |
| b Excess from 2013 | | | | |
| c Excess from 2014 36,252. | | | | |
| d Excess from 2015 17,682. | | | | |
| e Excess from 2016 31,035. | | | | |

623581 11-23-16

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment 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 a Paid during the year NONE CATHOLIC RELIEF SERVICES, INC. 501(C)(3) 228 WEST LEXINGTON STREET GENERAL PURPOSE 30,000. BALTIMORE MD 21201 501(C)(3) GENERAL PURPOSE FRIENDS SCHOOL OF BALTIMORE, INC. NONE 5114 NORTH CHARLES ST BALTIMORE, MD 21210 3,000. JESUIT FATHERS OF NIGERIA NONE 501(C)(3) GENERAL PURPOSE 4 L AGUSTO CLOSE SURULERE LAGOS, NIGERIA 26,000. LOYOLA EARLY LEARNING CENTER NONE 501(C)(3) GENERAL PURPOSE 801 ST PAUL ST BALTIMORE, MD 21202 25 000. GENERAL PURPOSE NONE 501(C)(3) VIVA HOUSE 26 S MOUNT ST BALTIMORE MD 21201 2,000. ▶ 3a Total 86,000. b Approved for future payment NONE **▶** 3b Total Form **990-PF** (2016)

| Part XVI-A | Analysis of Income-Producing | Activities |
|------------|------------------------------|------------|

| Enter gross amounts unless otherwise indicated | Unrelate | d business income | Exclu | ded by section 512, 513, or 514 | (e) |
|---|------------------|-------------------|---------------|---------------------------------|-------------------|
| | (a) | (b) | (c) Exclu- | (d) | Related or exempt |
| 1 Program service revenue | Business code | Amount | sion | Amount | function income |
| a | - 0000 | | | | |
| b | - | | | | <u>-</u> |
| | 1 | | | | |
| | 1 | | | | |
| е | | " | | | · |
| e | _ | | | | |
| g Fees and contracts from government agencies | _ | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 12,797. | |
| 5 Net rental income or (loss) from real estate | | *** | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | 1.7.2.2 | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | 14 | 150. | - |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 16,543. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | 1 | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0 | | 29,490. | 0 . |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 29,490 |
| (See worksheet in line 13 instructions to verify calculations.) |) | | | | |

| Part XVI-B | Relationship of Activities to the Accomplishment of Exempt Purpose |
|----------------|---|
| a (\ \ \ - | The lation of the Activities to the Accomplishment of Exempt 1 dipose |

| Line No ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|
| | N/A | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

(d) Description of transfers, transactions, and sharing arrangements

| 3111 | m 990-PF (2016) THE ORRSON FAMILE FOUNDATION INC 47-1334 | 343 | Pa | ige 13 |
|--|---|-------|-----|--------|
| Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable | | | | |
| | Exempt Organizations | | _ | |
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of | , | Yes | No |
| | the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | . | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| | (1) Cash | 1a(1) | | _X_ |
| | (2) Other accets | 12/21 | | X |

| th | ne Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | 1 | · | |
|------------|--|-------|-----|----|
| a T | ransfers from the reporting foundation to a noncharitable exempt organization of: | | , , | |
| (1 | 1) Cash | 1a(1) | | X |
| (2 | 2) Other assets | 1a(2) | | X |
| b 0 | ther transactions: | | . ' | *. |
| (1 | Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| (2 | Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| (3 | 3) Rental of facilities, equipment, or other assets | 15(3) | | X |
| (4 | Reimbursement arrangements | 1b(4) | | X |
| (5 | 5) Loans or loan guarantees | 1b(5) | | X |
| (6 | 5) Performance of services or membership or fundraising solicitations | 1b(6) | | X |

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in

(c) Name of noncharitable exempt organization

column (d) the value of the goods, other assets, or services received.

(b) Amount involved

| | | | , | | | | | | | |
|---------------|--|-------------------------|--|---|--|---|---|--|--|--|
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| | | | | | | | | | | |
| ın section | 501(c) of the Code (other complete the following sch | than section 501(c | | or more tax-exempt organi | zations described | | Yes X No | | | |
| | (a) Name of org | anization | | (b) Type of organization | | (c) Description of relationship | | | | |
| | N/A | | | | | | | | | |
| _ | | | | | | | | | | |
| | | 2-10-1 | | | | | | | | |
| | ······································ | 1h,117()/ | Mu | 7/14/20 | | | | | | |
| | | Part S | | 6 1 | | | | | | |
| Sign Here | penalties of perjury, I declare elief, it is true correct, and cor- nature of officer or trustee | hplete Declaration of d | is return, includin reparer (other that | g accompanying schedules and n taxpayer) is based on all inform | statements, and to the nation of which prepare OFFIC | er has any knowledge | May the IRS discuss this return with the preparer shown below (see instr)? X Yes No | | | |
| | Print/Type preparer's na | | Preparer's s | | Date | Check If | PTIN | | | |
| | | | | A | ا اساد: ا | self- employed | | | | |
| Paid | LORI L. KI | RK, CPA | LORIL | KARK - CPA | 11/15/17 | | P00358868 | | | |
| Preparer | Firm's name ► KAT | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | Firm's EIN ▶ 5 | 2-1003788 | | | |
| Use Only | | | | | | | | | | |
| _ | Firm's address ► 96 | 90 DEEREC | O RD. | STE 500 | | | | | | |
| | 1 | | D 2109 | | | Phone no. (4 | 10)828-6432 | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | <u>, , , , , , , , , , , , , , , , , , , </u> | Form 990-PF (2016) | | | |

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

2016

Name of the organization

Employer identification number

| TI | HE ORRSON FAMILY FOUNDATION INC | 4/-1334325 | | | | |
|--|--|--------------------------------|--|--|--|--|
| Organization type (check o | | | | | | |
| 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 501(c) General Rule X For an organization | s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule or filing Form 990, 990 EZ, or 990-PF that received, during the year, contributions totaling | s5,000 or more (in money or | | | | |
| Special Rules | , | 0.000 | | | | |
| sections 509(a)(1) any one contributo | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour, line 1 Complete Parts I and II | or 16b, and that received from | | | | |
| year, total contribu | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from successions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educeruelty to children or animals. Complete Parts I, II, and III | | | | | |
| year, contributions is checked, enter he purpose Don't con | For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. | | | | | |
| but it must answer "No" on | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fig. Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form filling requirements of Schedule B (Form 990, 990-EZ, or 990 PF) | | | | | |

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

Employer identification number

THE ORRSON FAMILY FOUNDATION INC

47-1334325

| IRE C | RRSON FAMILY FOUNDATION INC | | /-1334325 |
|-------------|--|------------------------------|--|
| Part I | Contributors (See instructions) Use duplicate copies of Part I if addition | onal space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JOSEPH WHITTERS 5228 CASTERLEIGH COURT GRANITE, CA 95746 | \$68,400. | 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 |
| 2 | PAUL AND MARY ORRSON 7920 SHERWOOD AVE TOWSON, MD 21204 | \$ <u>28,889.</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 |
| 3 | PAUL AND MARY ORRSON 7920 SHERWOOD AVE TOWSON, MD 21204 | \$ 33,128. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | PAUL AND MARY ORRSON 7920 SHERWOOD AVE TOWSON, MD 21204 | \$\$ <u>30,575.</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 |
| 5 | PAUL AND MARY ORRSON 7920 SHERWOOD AVE TOWSON, MD 21204 | \$ 27,594. | Person Payroll Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 622452 10 : | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

THE ORRSON FAMILY FOUNDATION INC

47-1334325

| HE O | RRSON FAMILY FOUNDATION INC | | 334325 |
|------------------------------|--|--|----------------------|
| Part II | Noncash Property (See instructions) Use duplicate copies of Pa | rt II if additional space is needed | |
| (a) No. from Part I | (b) Description of noncash property given | (c) ' FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 3101 SHS MAXLINEAR INC | _ | |
| | | \$ 68,400. | 11/23/16 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 2 | 1300 SHS MAXLINEAR INC | _ | |
| | | \$\$ | 12/29/16 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 3 | 1500 SHS MAXLINEAR INC | _ | |
| | | \$33,128. | 12/30/16 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 4 | 5000 SHS CLOUD PEAK | | |
| | | \$\$ | 10/20/16 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 5 | 1250 SHS MICRON TECHNOLOGY INC | | |
| | | \$ 27,594. | 12/30/16 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | ··· | | |

| Name of orga | inization | Employer identification number | | | | | |
|---------------------------|--|--|--|--|--|--|--|
| THE OR | RSON FAMILY FOUNDATION | TNC | 47-1334325 | | | | |
| Part III | Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious | ibutions to organizations describe olumns (a) through (e) and the follow, charitable, etc., contributions of \$1,000 | ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for | | | | |
| (a) Na | Use duplicate copies of Part III if additiona | al space is needed | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | (a) Transfer of gr | ,64 | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | (e) Transfer of gi | uft | | | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | Transferee's name, address, an | (e) Transfer of gi | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| - | | | | | | | |
| | <u>, , , , , , , , , , , , , , , , , , , </u> | (e) Transfer of gr | ft | | | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |

| FORM 990-PF D | VIDENDS | AND INTER | REST | FROM SECU | RITIES S | TATEMENT |
|---|-----------------|--------------------------------------|------------|-------------------------------------|-----------------------------------|---------------------------------------|
| | GROSS AMOUNT | CAPITAI GAINS DIVIDENI | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | |
| DIVIDEND INCOME | 12,797. | | 0. | 12,797 | . 13,877. | |
| TO PART I, LINE 4 | 12,797. | | 0. | 12,797 | 13,877. | |
| FORM 990-PF | | OTHER I | NCON | ſE | S | TATEMENT : |
| DESCRIPTION | | | REV | | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| OTHER INVESTMENT INCOME | 3 | | | 150. | 150. | |
| TOTAL TO FORM 990-PF, I | PART I, | LINE 11 = | | 150. | 150. | |
| FORM 990-PF | | ACCOUNTI | NG F | EES | S | TATEMENT : |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) INVEST- IT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLI |
| | | | | 1 INCOME | NEI INCOME | PURPOSES |
| ACCOUNTING FEES | | 2,950. | | 0. | MET INCOME | PURPOSES 0 |
| ACCOUNTING FEES TO FORM 990-PF, PG 1, I | _N 16B | 2,950. 2,950. | | • | NET INCOME | |
| | LN 16B | | | 0. | | 0 |
| TO FORM 990-PF, PG 1, I | | 2,950. | EXPEN | 0. | | 0 |
| TO FORM 990-PF, PG 1, I | | 2,950. OTHER E (A) EXPENSES | NET MEN | 0. 0. USES (B) 'INVEST- | (C) ADJUSTED | O O O O O O O O O O O O O O O O O O O |

| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT | 5 |
|----------------------------|--|------------|----------------------|-----|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKE' VALUE | r |
| INVESTMENTS IN SECURITIES | COST | 746,057. | 790,4 | 80. |
| TOTAL TO FORM 990-PF, PART | II, LINE 13 | 746,057. | 790,48 | 80. |
| NAME OF COMPLEMENT | PART VII-A, LINE 10 | | | |
| NAME OF CONTRIBUTOR | ADDRESS | | | |
| PAUL AND MARY ORRSON | 7920 SHERWOOD TOWSON, MD 21 | | | |
| | | | | |
| FORM 990-PF | PART XV - LINE 1A ST OF FOUNDATION MANAGE | RS | STATEMENT | 7 |

NAME OF MANAGER

PAUL ORRSON MARY E. ORRSON