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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

Return of Private Foundation

DLN: 93491316012269 OMB No 1545-0052

2018

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	cale	ndar year 2018, or tax year beginning 01-01-20)18 , a	nd en	nding 12-31-	2018			
		Indation D PAUL MARCUS FAMILY FOUNDATION				entification numbe	r		
			_		01-6220476				
		d street (or P O box number if mail is not delivered to street address) NKLIN STREET NO 6TH FL	B Telephone number (see instructions)						
					(617) 556-5200	1			
		n, state or province, country, and ZIP or foreign postal code A 02110			C If exemption	application is pendin	g, check here		
G Cl	neck al	Il that apply	former public charity		D 1. Foreign or	ganızatıons, check he	re \square		
		Final return Amended return				ganizations meeting			
		\square Address change \square Name change			·	k here and attach co	· -		
_	,	pe of organization Section 501(c)(3) exempt private				ındatıon status was t n 507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitable trust U Other taxable							
of	year (f	from Part II, col (c),	☑ Cash ☐ Accru	ıal		ation is in a 60-month n 507(b)(1)(B), chec			
line	16)	↑ 1,463,969	be on cash basis)						
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes		
	I -	equal the amounts in column (a) (see instructions))	books				(cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach schedule)	300,274	ı					
	2	Check ▶ ☐ If the foundation is not required to attach							
	3	Sch B	4,607	,	4,607	4,607			
	4	Dividends and interest from securities	50,373	-	50,373	50,373			
	- т 5а	Gross rents	30,373		30,373	30,373			
	ь	Net rental income or (loss)							
<u>9</u>	6a	Net gain or (loss) from sale of assets not on line 10	-23,827	,					
Revenue	ь	Gross sales price for all assets on line 6a							
3e√	7	Capital gain net income (from Part IV, line 2)			0				
_	8	Net short-term capital gain				0			
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)	% J 58	3	58	58			
	12	Total. Add lines 1 through 11	331,485	5	55,038	55,038			
	13	Compensation of officers, directors, trustees, etc	()	0	0	0		
	14	Other employee salaries and wages							
ses	15	Pension plans, employee benefits							
en:	16a	Legal fees (attach schedule)	M1 0.55						
and Administrative Expenses	b	Accounting fees (attach schedule)	3,660	-	1,830	1,830			
Ve		Other professional fees (attach schedule)	133,758	<u>'</u>	0	0	133,758		
ratı	17 18	Interest	2,000)	2,000	2,000	0		
JI St	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	2,000		2,000	2,000			
Ē	20	Occupancy							
Ad	21	Travel, conferences, and meetings							
puc	22	Printing and publications							
<u>6</u>	23	Other expenses (attach schedule)	4,317	,	329	329	3,988		
Operating	24	Total operating and administrative expenses.							
bec		Add lines 13 through 23	143,735	5	4,159	4,159	139,576		
0	25	Contributions, gifts, grants paid	1,339,510)			1,339,510		
	26	Total expenses and disbursements. Add lines 24 and 25	1 402 245		4,159	4,159	1,479,086		
	27	Subtract line 26 from line 12	1,483,245	1	4,139	4,159	1,479,086		
	a	Excess of revenue over expenses and							
	h	disbursements Net investment income (if negative, enter -0-)	-1,151,760)	F0 0=-				
	b c	Adjusted net income (if negative, enter -0-)			50,879	50.0==			
For		work Reduction Act Notice, see instructions.	<u> </u>		Cat No 11289>	50,879 (For	<u> </u> m 990-PF (2018)		

100,000

1,042,267

996,430

2,668,919

2,668,919

2,668,919

2,668,919

1.515.829

1,517,159

1,517,159

1,517,159 1,517,159

2

3

4

5

6

2,668,919

-1,151,760

1,517,159

1,517,159 Form 990-PF (2018)

1,462,639

1,463,969

Assets					
sset					
5		į	j	٦	
5	١	۱		,	
As		ŧ	J		
7					
				۰	

5

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12

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15 16

17 18

19

20 21

22

23

24

28

29

31

Part III

2

Liabilities

lances

Bal 25

Fund 26

ō

Assets 27

Net 30 Less allowance for doubtful accounts

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted . . .

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Temporarily restricted

Grants payable

Inventories for sale or use

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less accumulated depreciation (attach schedule) ▶ ___

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Table	2				
b					
c					
d					
<u>е</u>					
	(f)		(g)		(h)
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain	or (loss) f) minus (g)
a See Additional Data Table	•			, , , .	
b					
c					
d					
<u>е</u>					
	showing gain in solumn (h) and our	ned by the foundation	on 12/21/60		/IX
Complete only for assets	showing gain in column (h) and ow	i	(k)		(I) (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	of col (ı) (j), ıf any	col (k), but no	t less than -0-) or rom col (h))
a See Additional Data Table			(37)	,	
b					
c					
d					
e					
		If gain, also enter in P	art I lina 7		
2 Capital gain net income	, , ,	If (loss), enter -0- in F	' I	2	-10,087
· -	lain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	· }	3	-210
0 15 11					
Part V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net	Investment I	ncome	
(For optional use by domestic pi	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment inco	me)	
If section 4940(d)(2) applies, le	ave this part blank				
Was the foundation liable for the	e section 4942 tax on the distributal		ın the base period	d?	res 🔽 No
·	t qualify under section 4940(e) Do				
	ount in each column for each year,	see instructions before	making any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution ra (col (b) divided by	
2017	1,811,137		2,577,037		0 702798
2016	1,645,776		2,157,785		0 762715
2015	1,546,681		3,286,242		0 470653
2014	734,435		3,177,064		0 231168
2013	621,543		2,973,115		0 209054
2 Total of line 1, column (c	i)		2		2 376388
	for the 5-year base period—divide to dation has been in existence if less		0, or by the 3		0 475278
	ncharitable-use assets for 2018 from		4		1,805,122
5 Multiply line 4 by line 3			5		857,935
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		509
			7		858,444
	ons from Part XII, line 4 ,				1,479,086
	ater than line 7, check the box in Pa			ing a 1% tax rate S	

Page **6**

Pa	rt VII-B	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (c	ontinue	ed)			·	-9-
5a		e year did the foundation			•	• \					Yes	No
		on propaganda, or otherv			ation (section 4945(e))?	Г						
		nce the outcome of any s			, , , , ,	L	」 Yes	V	No			
		rectly or indirectly, any vo			•		_					
	•	le a grant to an individual		-		, , F	⊣ Yes		No			
		le a grant to an organizat		• • • • • • • • • • • • • • • • • • • •		L	ا Yes	✓	No			
		tion 4945(d)(4)(A)? See ii				·	_					
		le for any purpose other t				٠. ١	ا Yes	✓	No			
				-	• • • • • • • • • • • • • • • • • • • •	-	_					
L		tional purposes, or for the	•	•		· · ·	_ Yes	✓	No			
D		wer is "Yes" to 5a(1)–(5),		=			bea in					
	-	ns section 53 4945 or in a				uctions				5b		
	_	ions relying on a current r		-								
С		wer is "Yes" to question 5			•	_						
		se it maintained expenditi				٠. ا	ا∟ Yes		No			
		ttach the statement requi		_								
6a		undation, during the year			indirectly, to pay premi	ıms on						
		l benefit contract?				. [Yes	✓	No			
b		undation, during the year	, pay	premiums, directly or ind	lirectly, on a personal be	nefit contract? .		•		6b		No
		6b, file Form 8870										
7a	At any tım	ne during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tra	nsaction?	Yes	✓	No			
b	If yes, dıd	the foundation receive ar	ny pro	ceeds or have any net in	come attributable to the	transaction?.		. –		7b		
8	Is the fou	ndation subject to the sec	tıon 4	960 tax on payment(s) o	of more than \$1,000,000	ın remuneratioi	n or					
	excess pa	rachute payment during t	he ye	ar ⁹		٠. [Yes	~	No			
		Information About (Offic	ers, Directors, Trust	tees, Foundation Ma	nagers, High				vees,		
Ра	rt VIII	and Contractors			•		•			•		
1	List all of	ficers, directors, truste	es, fo	undation managers ar	nd their compensation	. See instructi	ons					
			(b) Title, and average	(c) Compensation (If	(d) Contrib			(e)	Exper	se acc	ount.
	(a) Na	ame and address		hours per week devoted to position	not paid, enter	employee bene deferred con					lowand	
ANNE	P MARCUS		TRUS	· · · · · · · · · · · · · · · · · · ·	-0-)	deferred con	трепзас	(+			
	ATH STREET		8 00	ILL	٥			·	Ί			,
	KLINE, MA	12445										
PAUL	R MARCUS		TRUS	TEE	0			C				(
	ATH STREET		2 00									
	KLINE, MA											
	ARD R RUDMA		TRUS	TEE	0			C	9			(
	IPER 33 ARC ON, MA 021:											
2		ation of five highest-pa	id en	plovees (other than t	l hose included on line :	∟ L—see instruct	ions).	If no	ne, e	nter "	NONE	."
	•					(d) Contrib						
(a)		address of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee	benefit	:			se acco	
	m	ore than \$50,000		devoted to position	(c) compensation	plans and compen		d	ot	her all	owanc	es
NON	=					compen	Sation					
NON	=											
								-				
						-						
								1				
								1				
Tota	I number o	f other employees paid ov	er \$5	0,000			▶					(
									For	m 99 0	0-PF ((2018

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Part VIII Information About Officers, Directors, True and Contractors (continued)	ustees, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professions	al services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RICKI MEYER JD ED M	CONSULTANT ON DISABILITY PROJECTS	80,250
15 SELDEN STREET		
WABAN, MA 02468		
Total number of others recovered ever #E0 000 for professional conver	res	0
Total number of others receiving over \$50,000 for professional service Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. In	neludo relevant etatistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research pa		Expenses
1 CONSULTING ON SUPPORT FOR FAMILIES CARING FOR CHILDRE FAMILIES TO ACCESS THE RESOURCES NEEDED TO ACCESS INFO MEMBERS WITH NEURODEVELOPMENTAL, INTELLECTUAL PHYSIC	ORMATION AND PROVIDE CARE FOR FAMILY	129,258
2 ADVISE FOUNDATION ON NEURODISORDER SYMPOSIUM, DISABS	ILITY PROJECTS AND FAMILY SUPPORT FOR	4,500
3		_
4		
Part IX-B Summary of Program-Related Investment	,	
Describe the two largest program-related investments made by the foundatio	n during the tax year on lines 1 and 2	Amount
2		
		-
All other program-related investments See instructions 3		 - -
Total. Add lines 1 through 3		•
Total Add Into I till og i o	· · · · · · · · · · · · · · · · · · ·	
		Form 990-PF (2018)

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

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

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

2

3a 3h

4

5

1,479,086

1.478.577

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509

e From 2017.

XII, line 4 ▶ \$

indicated below:

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Part XIII Undistributed Income (see instruc	tions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only				
b Total for prior years 20, 20, 20				
2 Evenes distributions correspond if any to 2019				

3 Excess distributions carryover, if any, to 2018 a From 2013. **b** From 2014. . . . c From 2015. . d From 2016. . . .

f Total of lines 3a through e.

4 Qualifying distributions for 2018 from Part

a Applied to 2017, but not more than line 2a

same amount must be shown in column (a)) 6 Enter the net total of each column as

b Applied to undistributed income of prior years (Election required—see instructions). required—see instructions).

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . d Excess from 2017. . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a

c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

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

See Additional Data Table

See Additional Data Table

factors



Part XVI-A Analysis of Income-Prod	ducing Activities		<u> </u>		<u> </u>
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	(d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
a					
b					
d					
e					
f					
g Fees and contracts from government agend					
2 Membership dues and assessments.3 Interest on savings and temporary cash	•				
investments			14	4,607	
4 Dividends and interest from securities			14	50,373	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property.6 Net rental income or (loss) from personal pro	operty				
7 Other investment income.	оренту		14	58	
8 Gain or (loss) from sales of assets other than	• • • • • • • • • • • • • • • • • • •				
inventory			18	-161	-23,66
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventoryOther revenue a					
b					
c					
d					
e					
e		0		54,877	l
e				54,877 3	· '
e	ify calculations)		1:	· · · · · · · · · · · · · · · · · · ·	· ' '
2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to veril Part XVI-B Relationship of Activitie Line No. Explain below how each activity fo the accomplishment of the foundations and the second s	ify calculations) s to the Accomplis r which income is repor	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· '
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verification. Part XVI-B Relationship of Activitie Explain below how each activity for the accomplishment of the foundationstructions)	ofy calculations) s to the Accomplis r which income is reportion's exempt purposes	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· '
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e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verification. Part XVI-B Relationship of Activitie Explain below how each activity for the accomplishment of the foundationstructions) INTEREST ON FOUNDATION ENDOW DIVIDENDS ON FOUNDATION ENDOW	ofy calculations) as to the Accomplise by which income is reportion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· '
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verification. Part XVI-B Relationship of Activitie Explain below how each activity for the accomplishment of the foundationstructions) INTEREST ON FOUNDATION ENDOW DIVIDENDS ON FOUNDATION ENDOW	ofy calculations) sets to the Accomplise re which income is repor- tion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· '
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verification. Part XVI-B Relationship of Activitie Explain below how each activity for the accomplishment of the foundationstructions) INTEREST ON FOUNDATION ENDOW DIVIDENDS ON FOUNDATION ENDOW	ofy calculations) sets to the Accomplise re which income is repor- tion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· '
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verification. Part XVI-B Relationship of Activitie Explain below how each activity for the accomplishment of the foundationstructions) INTEREST ON FOUNDATION ENDOW DIVIDENDS ON FOUNDATION ENDOW	ofy calculations) sets to the Accomplise re which income is repor- tion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· '
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verification. Part XVI-B Relationship of Activitie Explain below how each activity for the accomplishment of the foundationstructions) INTEREST ON FOUNDATION ENDOW DIVIDENDS ON FOUNDATION ENDOW	ofy calculations) sets to the Accomplise re which income is repor- tion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· '
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verification. Part XVI-B Relationship of Activitie Explain below how each activity for the accomplishment of the foundationstructions) INTEREST ON FOUNDATION ENDOW DIVIDENDS ON FOUNDATION ENDOW	ofy calculations) sets to the Accomplise re which income is repor- tion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· '
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verification. Part XVI-B Relationship of Activitie Explain below how each activity for the accomplishment of the foundationstructions) INTEREST ON FOUNDATION ENDOW DIVIDENDS ON FOUNDATION ENDOW	ofy calculations) sets to the Accomplise re which income is repor- tion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	· ' '
e	ofy calculations) sets to the Accomplise re which income is repor- tion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	l
e	ofy calculations) sets to the Accomplise re which income is repor- tion's exempt purposes MENT WMENT	hment of Exem	pt Purposes f Part XVI-A contribu	3ited importantly to	-23,66 31,21:

(/		
(VII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Part	XVII	Exempt Organi	zations					•				
 Did 	the org	anization directly or in than section 501(c)(3)	directly enga						on 501		Yes	No
a Tran	nsfers f	rom the reporting foun	dation to a r	oncharitable ex	empt organizatioi	n of						
(1)	Cash.								. 1a	1)		No
		assets							. 1a	2)		No
		sactions										
		of assets to a nonchar ases of assets from a r	•	-					1b(-		No No
		l of facilities, equipmer							1b	_		No
		oursement arrangemen	•						. 1b	-+		No
		or loan guarantees.							. 1b	-+		No
		mance of services or m										No
c Sha	rıng of	facılıtıes, equipment, n	nailing lists,	other assets, or	paid employees.				. 1	С		No
of th in a	ne good ny tran	er to any of the above is, other assets, or ser saction or sharing arra	vices given b ngement, sh	y the reporting ow in column (c	foundation If the i) the value of th	foundat	ion receive	d less than fair mar	ket value			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) De	escription of	transfers, transactions,	, and sharing	rran	gemen	ts
		dation directly or indirent of the section 501(c) (other	•		•				es 🗹 No			
b If "Y	es," co	mplete the following s	chedule									
		(a) Name of organization	on	(1) Type of organizat	ion		(c) Description	of relationshi)		
	of my	r penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, c									
Sign Here		****			2019-10-31	\	*****		May the IR return with the pr			
	S	ignature of officer or t	rustee		Date		Tıtle		below (see instr)	, <u>~</u>	Yes [□ _{No}
		Print/Type preparer's	name	Preparer's Sigr	nature	Date		Check if self- employed ▶ □	PTIN P01	4025	520	
Paid Prepa	arer	SCOTT FRENCH	NOTAL OF THE	NGU CD: C : : :								
Use (NCH CPAS LLC					Fırm's EIN ▶	46-:	13070	147
		Firm's address ► 33	BROAD STR	EET 5TH FL								
		BOSTON, MA 02109						Phone no (6	hone no (617) 720-5520			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation DOUBLELINE TOTAL RETURN BOND FD CL I LOOMIS SAYLES INVST GRADE BOND CL Y MFS EMERGING MARKETSDEBT FUND CL I PIMCO EMERGING MARKETS CY CL D PUTNAM SHOR DURATION INCOME CL Y OSTERWEIS STRATEGIC INCOME FD DOUBLELINE TOTAL RETURN BOND FD CL I LOOMIS SAYLES INVST GRADE BOND CL Y MFS EMERGING MARKETSDEBT FUND CL I PIMCO EMERGING MARKETS CY CL D Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 6.665 6.756 -91 983 991 -8 508 519 -11 245 238 7 589,910 590,017 -107 7,349 7,349 0 45,687 49,078 -3,391 24,643 27,267 -2,62410,970 11,329 -359 9,414 9.723 -309 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -91 -8 -11 7 -107 0 -3,391 -2,624 -359 -309

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold How acquired (mo, day, yr) P-Purchase (mo , day, yr) D-Donation OSTERWEIS STRATEGIC INCOME FD DOUBLELINE TOTAL RETURN BOND FD CL I SPDR GOLD TR GOLD SHS GLD CAPITAL GAINS DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Cost or other basis Depreciation allowed Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 192,621 181,312 11,309 94,289 -8,539 102,828 15.728 21.741 -6.01349 49 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 11,309 -8,539

-6,013 49

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the tota
contributions received by the foundation before the close of any tax year (but only if they have contributed more
than \$5,000).

PAUL R MARCUS

ANNE P MARCUS

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs a The name, address, and telephone number of the person to whom applications should be addressed
PAUL R MARCUS 260 FRANKLIN STREET BOSTON, MA 02110 (617) 556-5200
b The form in which applications should be submitted and information and materials they should include
LETTER OUTLINING NEED AND USE OF FUNDS
c Any submission deadlines
NONE

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

THE FOUNDATION FAVORS PROGRAMS BENEFITING CHILDREN

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Progran
a The name, address, and telephone number of the person to whom applications should be addressed
ANNE P MARCUS 260 FRANKLIN STREET BOSTON, MA 02110 (617) 556-5200
b The form in which applications should be submitted and information and materials they should include
LETTER OUTLINING NEED AND USE OF FUNDS
c Any submission deadlines
c Any submission deadlines

NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

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

THE FOUNDATION FAVORS PROGRAMS BENEFITING CHILDREN

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MAKE A DIFFERENCE WORKS	NONE	PC	UNRESTRICTED	2,500

MAKE A DIFFERENCE WORKS 16142 RUDGEWICK LANE SPRING, TX 77379	NONE	PC	UNRESTRICTED	2,500
MASSACHUSETTS INSTITUTE OF TECHNOLOGY	NONE	PC	SETH ALEXANDER SCHOLORSHIP FUND	250,000

SPRING, TX 77379				
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 02139	NONE	PC	SETH ALEXANDER SCHOLORSHIP FUND	250,000

MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 02139	NONE	PC	SETH ALEXANDER SCHOLORSHIP FUND	250,000
KISORO CHILDREN'S FOUNDATION	NONE	PC	UNRESTRICTED	10,000

600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 02139			Scholorian Tond	
KISORO CHILDREN'S FOUNDATION 17 HOLLY AVENUE	NONE	PC	UNRESTRICTED	10,000

CAMBRIDGE, MA 02139				
KISORO CHILDREN'S FOUNDATION 17 HOLLY AVENUE CAMBRIDGE MA 02138	NONE	PC	UNRESTRICTED	10,000

KISORO CHILDREN'S FOUNDATION 17 HOLLY AVENUE CAMBRIDGE, MA 02138	NONE	PC	UNRESTRICTED	10,000

▶ 3a

1,339,510

Total .

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

DANA FARBER MARATHON CHALLANGE 111 SPEEN STREET FRAMINHAM, MA 01701	NONE	PC	UNRESTRICTED	500
JEWISH FAMILY & CHILDREN'S SERVICE 1430 MAIN STREET WALTHAM. MA 02451	NONE	PC	2017 & 2018 BREAKFAST SPONSORSHIP	10,000

1430 MAIN STREET WALTHAM, MA 02451	NONE		SPONSORSHIP	10,000
BETH ISRAEL DECONESS HOSPITAL - NEEDHAM 148 CHESTNUT STREET NEEDHAM MA 02492	NONE	PC	UNRESTRICTED	250

WALITIAN, NA 02-131				
BETH ISRAEL DECONESS HOSPITAL - NEEDHAM 148 CHESTNUT STREET NEEDHAM, MA 02492	NONE	PC	UNRESTRICTED	250

Total .

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

BOSTON'S ARTS ACADEMY FOUNDATION 174 IPSWICH STREET BOSTON, MA 02215	NONE	PC	20TH NNIVERSARY CELEBRATION 20TH ANNIVERSARY CELEBRATION	2,500
DANA FARBER MARATHON CHALLANGE	NONE	PC	UNRESTRICTED	250

•				
DANA FARBER MARATHON CHALLANGE 450 BROOKLINE AVENUE BOSTON, MA 02215	NONE	PC	UNRESTRICTED	25
THE ANGEL FUND FOR ALS RESEARCH 649 MAIN STREET	NONE	PC	UNRESTRICTED	25

BOSTON, MA 02215				
THE ANGEL FUND FOR ALS RESEARCH 649 MAIN STREET WAKEFIELD, MA 01880	NONE	PC	UNRESTRICTED	250

Total .

THE ANGEL FUND FOR ALS RESEARCH 649 MAIN STREET WAKEFIELD, MA 01880	NONE	PC	UNRESTRICTED	250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ADAPTIVE SPORTS CENTER NONE PC UNRESTRICTED 1,000 PO BOX 1639 CRESTED BUTTE, CO 81224

CONCORD ACADEMY166 MAIN STREET CONCORD, MA 01742	NONE	PC	GLOBAL ONLINE ACADEMY	70,000
BEST BUDDIES CHALENGE 529 MAIN STREET SUITE 202	NONE	PC	UNRESTRICTED	1,250

1,339,510

CONCORD, MA 01742				
BEST BUDDIES CHALENGE 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	PC	UNRESTRICTED	1,25

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **SOUASHBUSTERS** NONE PC UNRESTRICTED 250 705 COLLIMBUS AVENUE

ROXBURY, MA 02120				
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE BUILDING 4-204 CAMBRIDGE, MA 02139	NONE	PC	UNRESTRICTED UNRESTRICTED	370,000

4-204 CAMBRIDGE, MA 02139				
FROM THE TOP140 CLARENDON ST BOSTON, MA 02116	NONE	PC	UNRESTRICTED	2,500

Total .

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

or substantial contributor

Total .

	or substantial continuator			
a Paid during the year				
YOUTH VILLAGES 400 WEST CUMMINGS PARKSTE 5200	NONE	PC	UNRESTRICTED	2,500

WOBURN, MA 01801				
PARK SCHOOL CORPORATION 171 GODDARD AVENUE	NONE	PC	SUMMER AT PARK	1
BROOKLINE MA 02445				

171 GODDARD AVENUE BROOKLINE, MA 02445				,
COTTING SCHOOL 453 CONCORD AVENUE	NONE	PC	UNRESTRICTED	10,000

12,000

BROOKLINE, MA 02445				
COTTING SCHOOL 453 CONCORD AVENUE LEXINGTON, MA 02421	NONE	PC	UNRESTRICTED	10,000

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE BIRCHES SCHOOLPO BOX 237 NONE PC 2,500 UNRESTRICTED LINCOLN, MA 01773 D.C. 2 500 LUNDECTRICTER

25 EVANS WAY BOSTON, MA 02115	NONE	PC	UNRESTRICTED	2,500
BRIDGE BOSTON CHARTER SCHOOL 5453 WARREN STREET ROXBURY, MA 02119	NONE	PC	UNRESTRICTED	4,500

Total . .

1,339,510

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SEAL LEGACY FOUNDATION NONE PC UNRESTRICTED 1.500 2525 WALLINGWOOD DR BUILDING 1STE

	AUSTIN, MA 78746				
	BOSTON EXPLORERS 72 MONTGOMERY STREET BOSTON, MA 02116	NONE	PC	UNRESTRICTED	3,500
1					

72 MONTGOMERY STREET BOSTON, MA 02116				
MASSACHUSETTS WONDERFUND INC 600 WASHINTON STREET 6TH FLOOR	NONE	PC	UNRESTRICTED	10,000

BOSTON, MA 02116				
MASSACHUSETTS WONDERFUND INC 600 WASHINTON STREET 6TH FLOOR	NONE	PC	UNRESTRICTED	10,0
BOSTON MA 03111				

Total .

MASSACHUSETTS WONDERFUND INC 600 WASHINTON STREET 6TH FLOOR BOSTON, MA 02111	NONE	PC	UNRESTRICTED	10,00
DOSTON, MA 02111				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PAN MASS CHALLENGE NONE l PC LUNRESTRICTED 4.250

77 FOURTH STREET NEEDHAM, MA 02494				,,
RODMAN RIDE FOR KIDS 10 LINCOLN ROAD 208	NONE	PC	UNRESTRICTED	3,000

DANA FARRERASO BROOK! THE AVENUE	NONE	DC DC	LINDESTRICTED	750
10 LINCOLN ROAD 208 FOXBOROUGH, MA 02065				
RODMAN RIDE FOR KIDS	NONE	PC	UNRESTRICTED	3,000

FOXBOROUGH, MA 02065				
DANA FARBER450 BROOKLINE AVENUE	NONE	PC	UNRESTRICTED	750

TORBOROGOTI, THE GEOOS				
DANA FARBER450 BROOKLINE AVENUE	NONE	PC	UNRESTRICTED	750
BOSTON, MA 02215				

Total .

1,339,510

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

I	Name and address (nome or business)	or substantial contributor		
I	a Paid during the year			
I				

EMERALD NECKLACE CONSERVANCY 125 FENWAY BOSTON, MA 02115	NONE	PC	UNRESTRICTED	5,000
BOSTON CHILDREN'S HOSPITAL TRUST	NONE	PC	2018 NEURODEVELOPMENTAL	20,510

BOSTON, MA 02115				
BOSTON CHILDREN'S HOSPITAL TRUST 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	PC	2018 NEURODEVELOPMENTAL DISORDERS SYMPOSIUM	20,510
THE CHILDREN'S TRUST INC	NONE	PC	RODMAN RIDE FOR KIDS	1,500

401 PARK DRIVE STE 602 BOSTON, MA 02215			DISORDERS SYMPOSIUM	,
THE CHILDREN'S TRUST INC 55 COURT STREET INC BOSTON, MA 02108	NONE	PC	RODMAN RIDE FOR KIDS	1,500

-				1 220 510
55 COURT STREET INC BOSTON, MA 02108				
THE CHILDREN'S TRUST INC	NONE	PC	RODMAN RIDE FOR KIDS	1,50

Total		► Ra	1 339 510
55 COURT STREET INC BOSTON, MA 02108			

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

OVERLOOK FOUNDATION 36 UPPER OVERLOOK ROAD SUMMIT, NJ 07902	NONE	PC	ANDY BOVIN MEMORIAL FUND	3,000
CHAPEL HAVEN INC	NONE	PC	BOWL-A-THON	1,500

CHAPEL HAVEN INC 1040 WHALLEY AVENUE NEW HAVEN, CT 06515	NONE	PC	BOWL-A-THON	1,
MEDETELD FOUNDATIONPO BOX 745	NONE	PC	ANGEL RUN 2018	

Total . .

NEW HAVEN, CT 06515				
MEDFIELD FOUNDATIONPO BOX 745 MEDFIELD, MA 02052	NONE	PC	ANGEL RUN 2018	250

1,339,510

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•				
MEDFIELD FOUNDATIONPO BOX 745 MEDFIELD, MA 02052	NONE	PC	ANGEL RUN 2018	25
112511225/1111 02032	l .			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year YMCA CHILDREN'S FUND UNIFIED NONE PC UNRESTRICTED 1.500 RENEFITS & SERVICES

320 METAIRIE HAMMOND HWY STE 321 METAIRIE, LA 70005				
MCGOVERN INSTITUTE FOR BRAIN RESEARCH AT MIT 77 MASSACHUSETTS AVENUE CAMBRIDGE. MA 02138	NONE	PC	UNRESTRICTED	1,500

77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138				
CHAPEL HAVEN INC 1040 WHALLEY AVENUE NEW HAVEN, CT 06515	NONE	PC	ANNUAL FUND	5,000

Total .

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

	or substantial contributor			
a Paid during the year				
ST NICHOLAS CENTER FOR CHILDREN 2519 RYAN STREET	NONE	PC	UNRESTRICTED	1,000

2519 RYAN STREET LAKE CHARLES, LA 70601				
ST PETER'S EPISCOPAL CHURCH 59 MAIN STREET CHESHIRE, CT 06410	NONE	PC	UNRESTRICTED	500

ST PETER'S EPISCOPAL CHURCH 59 MAIN STREET CHESHIRE, CT 06410	NONE	PC	UNRESTRICTED	500
COMMON IMPACT 195 MONTAGUE STREET BROOKLYN, NY 11201	NONE	PC	UNRESTRICTED	10,000

CHESHIRE, CT 06410				
COMMON IMPACT 195 MONTAGUE STREET BROOKLYN, NY 11201	NONE	PC	UNRESTRICTED	10,000

1,339,510

Total .

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

WCDU4 CUECT CTDEET	NONE	DC.	LINDECTRICTED	2 500
BRIDGE BOSTON FOUNDATION 435 WARREN STREET ROXBURY, MA 02119	NONE	PC	UNRESTRICTED	10,000

WGBH1 GUEST STREET BOSTON, MA 02135	NONE	PC	UNRESTRICTED	2,500
MEDICARE INTERACTIVE 266 WEST 37TH STREET	NONE	PC	UNRESTRICTED	2,500

1,339,510

BOSTON, MA 02135				
MEDICARE INTERACTIVE 266 WEST 37TH STREET NEW YORK, NY 10018	NONE	PC	UNRESTRICTED	2,500

Total .

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

HARVARD UNIVERSITY FOR THE BENEFIT OF ALI 14 STORY STREET SUITE 100 CAMBRIDGE, MA 02138	NONE	PC	UNRESTRICTED	10,000
BOSTON CHILDREN'S HOSPITAL	NONE	PC	DR GONZALEZ-HEYDRICH	25 000

BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE FEGAN-8 BOSTON, MA 02115	NONE	PC	DR GONZALEZ-HEYDRICH RESEARCH & CLINICAL PRACTICE	25,000
MAKE A DIFFERENCE WORKS 16142 RUDGEWICK LANE	NONE	PC	UNRESTRICTED	2,500

MAKE A DIFFERENCE WORKS 16142 RUDGEWICK LANE SPRING, TX 77379 NONE PC UNRESTRICTED 2,500	BUSTUN, MA UZITS			PRACTICE	
	16142 RUDGEWICK LANE	NONE	PC	UNRESTRICTED	2,500

Total			▶ 3a	1,339,510
MAKE A DIFFERENCE WORKS 16142 RUDGEWICK LANE SPRING, TX 77379	NONE	PC	UNRESTRICTED	2,5

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

Name and address (home or business)

4-204

Total .

CAMBRIDGE, MA 02139

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
FII-BOSTONPO BOX 71363 OAKLAND, CA 94612	NONE	PC	UNRESTRICTED	2,500
EXCEPTIONAL LIVES77 HEATH STREET BROOKLINE, MA 02445	NONE	PC	UNRESTRICTED	375,000
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE BUILDING	NONE	PC	DICARLO DISCRETIONARY - MCGOVERN	40,000

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year				
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE BUILDING	NONE	PC	PARTNERSHIP WITH NEW PROFIT	40,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491316012269 TY 2018 Accounting Fees Schedule							
11 2016 Accounting Fe	ces Scill	Eddie					
Name: ANNE AND PAUL MARCUS FAMILY FOUNDATION							
EIN: 01-6220476							
Category	Ame	ount		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES		3,660		1,830	1,83	30 1,830	

effie GRAPHIC print - DO NOT PROCESS	AS FIIED Data -	DLN: 93491316012269
TY 2018 Investments Corporat	e Stock Sched	iule
Name: /	ANNE AND PAUL M	MARCUS FAMILY FOUNDATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data - DLN: 93491316012269					
TY 2018 Other Expenses Sche	dule					
Name:	ANNE AND PAU	L MARCUS FAMIL	Y FOUNDATION			
EIN: 01-6220476						
Other Expenses Schedule		1				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
STATE FILING FEES	500	0	0	500		

658

835

2,324

ADMINISTRATIVE EXPENSE

MEETING EXPENSES

TRAVEL

329

329

329

835

2,324

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316012269
TY 2018 Other Income Schedul	e	

Name: ANNE AND PAUL MARCUS FAMILY FOUNDATION

		FIN:	U1-ρ∠

SEC SETTLEMENT

Description

	EIN: 01-6220476	
Other Income Schedule		

	EIN: 01-62204/6	
Other Income Schedule		

	ETIA:	01-0220470
Other Income Schedule		

EIN: 01-6220476		

Revenue And

Expenses Per Books

58

Net Investment

Income

58

Adjusted Net Income

58

	EIN: U1-622U4/6	
ther Income Schedule		

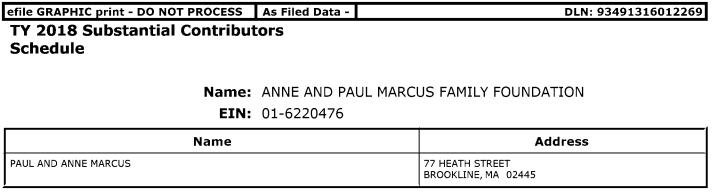
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316012269			
TY 2018 Other Notes/Loans Receivable Short Schedule					
Name:	ANNE AND PA	AUL MARCUS FAMILY FOUNDATION			
ETN.	01 6220476				
EIN:	01-6220476				
Name of 501(c)(3) Organizatio	on Balance Due			
VANDERBUILT UNIVERSITY		0			

Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable					
TY 2018 Other Professional Fees Schedule Name: ANNE AND PAUL MARCUS FAMILY FOUNDATION					
efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491316012269	

133,758

133,758

CONSULTANTS



efile GRAPHIC print - DO NOT PROCESS	As Filed Data	s Filed Data - DLN: 93491316012269			
TY 2018 Taxes Schedule					
Name	: ANNE AND F	AUL MARCUS FAM	ILY FOUNDATION		
EIN: 01-6220476					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FEDERAL EXCISE TAXES	2,000	2,000	2,000	0	

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491316012269
Schedule B		Schedu	ule of Contributor	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990- ov/Form990 for the latest in			2018
Name of the organizat		N.		E	mployer ide	entification number
				0	1-6220476	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	organization			
	☐ 4947(a)(1) nonexempt char	ritable trust not treated as	a private foundatio	n	
	☐ 527 politic	cal organization				
Form 990-PF	5 01(c)(3)	exempt private fo	undation			
	☐ 4947(a)(1) nonexempt char	ritable trust treated as a p	rivate foundation		
	501(c)(3)	taxable private for	undation			
			PF that received, during the omplete Parts I and II Se			
Special Rules						
under sections a received from a	509(a)(1) and 170(b)((1)(A)(vı), that che urıng the year, tota	g Form 990 or 990-EZ tha cked Schedule A (Form 9 al contributions of the grea plete Parts I and II	990 or 990-EZ), Part	II, line 13, 1	l6a, or 16b, and that
during the year,	total contributions of	more than \$1,000	or (10) filing Form 990 on Dexclusively for religious, animals Complete Parts	charitable, scientific		
during the year, If this box is che purpose Don't o	contributions exclusions exclusions ecked, enter here the complete any of the p	ively for religious, total contributions parts unless the G e	or (10) filing Form 990 of charitable, etc., purposes that were received durin eneral Rule applies to thi or more during the year.	, but no such contril g the year for an <i>ex</i> s organization beca	butions total clusively reli use it receiv	ed more than \$1,000 gious, charitable, etc , ed <i>nonexclusively</i>
990-EZ, or 990-PF), bu	t it must answer "No'	on Part IV, line 2	lle and/or the Special Rule , of its Form 990, or chec it it doesn't meet the filing	k the box on line H	of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9		ructions	Cat No 30613X	Schedule	B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organi ANNE AND PAUL	zation MARCUS FAMILY FOUNDATION	Employer identification 01-6220476	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ANNE AND PAUL MARCUS		Person
<u>1</u>	77 HEATH STREET		Payroll
		\$ 300,274	Noncash 🗸
	BROOKLINE, MA 02445		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	realite, address, and En . 4	Total Contributions	Person
-			□ □ Payroll □
		\$	Noncash
			(Complete Part II for noncash
(a)	(b)	(0)	contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-	-		Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,		Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash
		Schedule B (Fr	contributions) orm 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)