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**Return of Private Foundation** 

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

▶ Do not enter Social Security numbers on this form as it may be made public

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

| D              |                                       | tment of the Treasury                                   |                             | <b>▶</b> [        | Do not enter S                        | Social Sec     | unty numbers on       | this form as | it may be ma                           | ade public   |  |
|----------------|---------------------------------------|---|-----------------------------|-------------------|---------------------------------------|----------------|-----------------------|--------------|--|--|--|
|                |                                       | al Revenue Service                                      | <u></u> ▶1                  | nformatı          |                                       |                |                       |              |  | rs.gov/form990pf.                                      | Open to Public Inspection                    |
| <u>F</u> (     | or c                                  | alendar year 2013                                       | or tax year be              | ginning           | APR                                   | 1, 2           | 013                   | , and e      | nding                                  | MAR 31, 2014   |  |
| _              | Nam                                   | ne of foundation  |                             |                   |                                       |                |                       |              |  | A Employer identification                              | number                                       |
|                | W.                                    | ILLIAM J  | & MARY                      | ANN               | P MCGR                                | ATH I          | OUNDATI               | ON           |  | 36-7190584   | :  |
| 1              | Num                                   | ber and street (or P O                                  | box number if ma            | ail is not di     | elivered to street                    | address)       |                       |              | Room/suite                             | B Telephone number                                     |  |
|                | 9                                     | 43 EDGEME   | RE COU                      | RT                |                                       |                |                       |              | 1                                      | (312)984-7   | 572  |
| (              |                                       | or town, state or pr                                    |                             | ry, and ZI<br>202 | IP or foreign p                       | ostał code     |                       |              |  | C If exemption application is p                        | pending, check here                          |
| _              |                                       |   |                             |                   |                                       |                | atial rature of a fo  | rmar nublia  | ohoritu                                | D 1. Foreign organization:                             | c chack hara                                 |
| li             | G                                     | heck all that apply                                     |                             | ıtıal retur       |                                       |                | nitial return of a fo | mier public  | chanty                                 | 1. Potelyli organizations                              | S, CHECK HOLE                                |
|                |                                       |   | =                           | nal return        |                                       |                | mended return         |              |  | 2 Foreign organizations me<br>check here and attach co | eeting the 85% test,                         |
| _<br>u         |                                       | heck type of organi                                     |                             | dress ch          | n 501(c)(3) ex                        |                | lame change           |              |  | 1  |  |
| n<br>[         | ·                                     | Section 4947(a)(  |                             |                   |                                       |                | ble private founda    | ition        |  | E If private foundation sta<br>under section 507(b)(1  |  |
|                | Fai                                   | ir market value of al                                   |                             |                   | T                                     |                |                       |              | rual                                   | 1 ' ' '  |  |
| '              |                                       | om Part II, col (c)                                     |                             | or year           |                                       | her (speci     |                       |              | 1001                                   | F If the foundation is in a under section 507(b)(1     | _ 1 1  |
|                | <i>(n)</i>                            |   | 197.                        | 792.              |                                       |                | ust be on cash l      | oasis)       |  | ander section sor(b)(1                                 | KB/, GHOOK HOTO                              |
| Γ              |                                       | + E Analysis of F                                       | Revenue and E               | xoenses           | · · · · · · · · · · · · · · · · · · · |                | levenue and           |              | nvestment                              | (c) Adjusted net                                       | (d) Disbursements                            |
| L              |                                       | (The total of am  | nounts in columns           | s (b), (c), ar    | nd (d) may not<br>a) )                |                | ises per books        |              | ome                                    | income   | for charitable purposes<br>(cash basis only) |
| _              |                                       | 1 Contributions   |                             |                   |                                       | <del> </del> - | 50,000.               |              |  | N/A  |  |
|                |                                       | 2 Check   | if the foundation is        |                   |                                       |                |                       |              |  |  |  |
|                |                                       |   | os and temporar             | -                 |                                       |                |                       |              |  |  |  |
| لرکیے          |                                       | - Cash investment                                       |                             | securitie         | ς.                                    |                | 1,841.                |              | 1,841.                                 | ,  | STATEMENT 1                                  |
| 2018           |                                       | 4 Dividends and interest from securities 5a Gross rents |                             |                   |                                       |                |                       |              |  |  |  |
| ന              |                                       | b Net rental incom                                      |                             |                   |                                       |                |                       |              |  |  |  |
|                |                                       | 6a Net gain or (loss                                    | · · · · · ·                 | ets not on        | line 10                               | ļ              | <139.                 | >            | ·                                      |  |  |
| $\mathbf{C}$   | Revenue                               | b Gross sales price for all 55,097.                     |                             |                   |                                       |                |                       |              |  |  |  |
|                | Se l                                  | 7 Capital gain net                                      |                             |                   |                                       |                |                       |              | 0.                                     |  |  |
|                | _                                     | 8 Net short-tern  | n capital g <del>ain-</del> |                   |                                       |                | ]                     |              |  |  | ,      |
| 111            |                                       | 9 Income modif  |                             | RE                | CEIVE                                 | <b>D</b>       |                       |              |  |  |  |
| 4              | 1                                     | 10a Gross sales less<br>and allowances                  | 1 _                         |                   |                                       | 133            |                       |              |  |  |  |
| Z              |                                       | <b>b</b> Less Cost of go                                | ods sold                    | וחא               | / 2 5 20                              | 4 0            | [                     |              |  |  |  |
| 340            |                                       | c Gross profit o  | ı (loss)   🗘                |                   | 2 9 20                                | ်ပ္သ           |                       |              |  |  |  |
| <b>SCANMET</b> |                                       | 11 Other income   | í                           | -                 | neal I                                |                |                       |              | 1 0 1 1                                |  |  |
| _              |                                       | 12 Total Add lin  | es 1 through                |                   | UEN, L                                | 4 0            | 51,702.               | 1            | 1,841                                  |  |  |
|                |                                       | 1   | of officers, directo        |                   | es, etc                               |                | 0.                    |              | 0 .                                    | •  | 0.   |
|                |                                       | 1   | ee salaries and             | •                 |                                       | <u> </u>       |                       |              |  |  | <u> </u>                                     |
|                | Ş                                     | 15 Pension plans  | s, employee be              | enefits           |                                       |                |                       |              |  |  |  |
|                | nse                                   | 16a Legal fees  |                             | C n               | rmt 2                                 |                | 5,993.                |              | 5,993                                  |  | 0.   |
|                | xpe                                   | b Accounting fe   |                             | 5.                | III Z                                 | -              | 3,993.                |              | J, JJJ                                 | •  | •  |
|                | Operating and Administrative Expenses | c Other profess   | ionai tees                  |                   |                                       |                | 36.                   |              | 36                                     |  | 0.   |
|                | ativ                                  | 17 Interest<br>18 Taxes                                 |                             | gr                | гмт 3                                 |                | 27.                   | -            | 27                                     |  | 0.   |
|                | stra                                  | 19 Depreciation   | and daplation               | υ.                | 1111 5                                | -              | 2,7.                  | <del> </del> |  |  |  |
|                | Ē                                     | 20 Occupancy  | and depletion               |                   |                                       |                |                       |              | <del></del> _                          |  |  |
|                | Adı                                   | 21 Travel, confe  | rences, and me              | antinas           |                                       |                |                       |              |  |  |  |
|                | ğ                                     | 22 Printing and   |                             | cuings            |                                       |                |                       | <u> </u>     |  |  |  |
|                | ā                                     | 23 Other expens   |                             | S                 | rmt 4                                 |                | 15.                   |              | 0                                      | •  | 0.   |
|                | žin                                   | 24 Total operati  |                             |                   |                                       |                |                       |              |  |  |  |
|                | Sera                                  | expenses A  | dd lines 13 thr             |                   |                                       |                | 6,071.                |              | 6,056                                  |  | 0.   |
|                | ŏ                                     | 25 Contributions  |                             |                   |                                       |                | 27,397.               |              | ······································ |  | 27,397.                                      |
|                |                                       | 26 Total expens   |                             |                   | 1                                     |                |                       | 1            |  |  |  |
|                |                                       | Add lines 24  |                             |                   |                                       | 1              | 33,468.               |              | 6,056                                  |  | 27,397.                                      |
| -              |                                       | 27 Subtract line  |                             | 2                 |                                       |                |                       |              |  |  |  |
|                |                                       | a Excess of rever                                       |                             |                   | oursements                            |                | 18,234.               |              |  |  |  |
|                |                                       | b Net investme  |                             |                   |                                       |                |                       |              | 0                                      |  |  |
|                |                                       | 1   | ·                           |                   |                                       | F              |                       | 1            |  | NI/A   | l l  |

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

323501
10-10-13

LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (20

| Part II Balance Sheets Attached schedules and amounts in the description |  | Beginning of year | End of year    |  |  |
|--|--|-------------------|----------------|--|--|
|  | Column Should be lot end-of-year amounts only  | (a) Book Value    | (b) Book Value | (c) Fair Market Value                  |  |
| 1  | Cash - non-interest-bearing  |                   |                |  |  |
| - 1  | Savings and temporary cash investments   | 80,540.           |                |  |  |
| 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  |                   |                |  |  |
| ļ  | disqualified persons   |                   |                |  |  |
| 7  | Other notes and loans receivable   |                   |                | ······································ |  |
| 1  | Less allowance for doubtful accounts   | Ì                 | 1              |  |  |
| <u>د</u> ا   |  |                   |                | · · · · · · · · · · · · · · · · · · ·  |  |
| <u>ਰ</u>   | Prepaid expenses and deferred charges  |                   |                |  |  |
| ۲   ۱n   | a Investments - U.S. and state government obligations  |                   | <del></del>    |  |  |
| 1  | b Investments - corporate stock STMT 5   | 23,448.           | 23,448.        | 30,000.                                |  |
| - 1  | L  | 23,440.           | 23,440.        | 30,000.                                |  |
| 1  | c Investments - corporate bonds  |                   |                |  |  |
| 111  | Investments - land buildings, and equipment basis  |                   | 1              |  |  |
| 1.0  | Less accumulated depreciation  |                   |                |  |  |
|  | Investments - mortgage loans   | 044 220           |                | <del></del>                            |  |
| 13   |  | 244,330.          | 344,621.       | 167,792.                               |  |
| 14   |  |                   |                |  |  |
| Ì  | Less accumulated depreciation  |                   |                |  |  |
| 15   | Other assets (describe )   |                   |                |  |  |
| 16   | Total assets (to be completed by all filers - see the  |                   |                |  |  |
|  | instructions. Also, see page 1, item 1)  | 348,318.          | 368,069.       | 197,792.                               |  |
| 17   | Accounts payable and accrued expenses  |                   |                |  |  |
| 18   | Grants payable   |                   |                |  |  |
| ຜູ 19  | Deferred revenue   |                   |                |  |  |
| Liabilities 50 51 51 51  | Loans from officers, directors, trustees, and other disqualified persons   |                   |                |  |  |
| 뎚 21   | F  |                   |                |  |  |
| _<br>  22  | Other liabilities (describe ► DUE TO BROKER  | 0.                | 1,517.         |  |  |
|  |  |                   |                |  |  |
| 23   | Total liabilities (add lines 17 through 22)  | 0.                | 1,517.         |  |  |
|  | Foundations that follow SFAS 117, check here   |                   |                |  |  |
|  | and complete lines 24 through 26 and lines 30 and 31   | ]                 |                |  |  |
| S 24   | _  |                   |                |  |  |
| ž 25   |  |                   |                |  |  |
| or Fund Balan  | · · · · ·  |                   |                |  |  |
| 힏  | Foundations that do not follow SFAS 117, check here  |                   |                |  |  |
| 5  | and complete lines 27 through 31   | ,                 |                |  |  |
| င့် <sub>27</sub>  | _  | 0.                |                |  |  |
| Sets 28  | , ,  | 0.                | 0.             |  |  |
| Ö  | the state of the s |                   |                |  |  |
| ¥   29   | 3  | 348,318.          | 366,552.       |  |  |
| ž  30  | Total net assets or fund balances  | 348,318.          | 366,552.       |  |  |
|  |  | 240 210           | 260 260        |  |  |
| 31   | Total liabilities and net assets/fund balances   | 348,318.          | 368,069.       |  |  |
| Parl   | Analysis of Changes in Net Assets or Fund B  | alances           |                |  |  |
|  |  | <del></del>       | <del></del>    |  |  |
|  | al net assets or fund balances at beginning of year - Part II, column (a), line  | 30                |                | 240 010                                |  |
|  | ust agree with end-of-year figure reported on prior year's return)   |                   | 1              | 348,318.                               |  |
|  | er amount from Part I, line 27a  |                   | 2              | 18,234.                                |  |
|  | er increases not included in line 2 (itemize)  |                   | 3              | 0.                                     |  |
|  | I lines 1, 2, and 3  |                   | 4              | 366,552.                               |  |
|  | reases not included in line 2 (itemize)  | <del></del>       |                | 0.                                     |  |
| 6 Tota   | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co  | lumn (b), line 30 | 6              | 366,552.                               |  |
|  |  |                   |                | Form <b>990-PF</b> (2013               |  |

57,459.

27,397.

7

8

7 Add lines 5 and 6

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

|      | 990-PF(2013) WILLIAM J & MARYANN P MCGRATH FOUNDATION  |       | 7190     |          |       | age 4    |
|------|--|-------|----------|----------|-------|----------|
|      | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4  | 948 - | see ii   | nstru    | ctior | ıs)      |
| 1a I | exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1   |       | İ        |          |       |          |
| -    | 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     | .,       |          |       | 0.       |
|      | of Part I, line 27b  |       |          |          |       |          |
| C    | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)  |       |          |          |       | _        |
| 2    | Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  | 2     | <u> </u> |          |       | 0.       |
| 3    | Add lines 1 and 2  | 3     |          |          |       | 0.       |
| 4    | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  | 4     |          |          |       | 0.       |
|      | Fax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-   | 5     |          |          |       | 0.       |
|      | Credits/Payments   |       |          |          |       |          |
|      | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a   |       | •        |          |       |          |
| b    | Exempt foreign organizations - tax withheld at source  |       |          |          |       |          |
| C    | Fax paid with application for extension of time to file (Form 8868)  |       |          |          |       |          |
|      | Backup withholding erroneously withheld 6d 6   |       | 1        |          |       | _        |
|      | Total credits and payments. Add lines 6a through 6d  | 7     |          |          |       | 0.       |
|      | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   | 8     | <b> </b> |          |       |          |
|      | Fax due If the total of lines 5 and 8 is more than line 7, enter amount owed   | 9     | ļ        |          |       | 0.       |
|      | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10    | <u> </u> |          |       |          |
|      | Enter the amount of line 10 to be Credited to 2014 estimated tax ► Refunded ►  | 11    | <u> </u> |          |       |          |
|      | t VII-A Statements Regarding Activities  |       |          | 1        |       |          |
|      | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interveni                          | ın.   |          |          | Yes   |          |
|      | any political campaign?  |       |          | 1a       |       | X        |
|      | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition                           | •     |          | 1b       |       | X        |
|      | f the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials publish  | ed or |          |          |       |          |
|      | distributed by the foundation in connection with the activities  |       |          |          |       | 17       |
|      | Did the foundation file Form 1120-POL for this year?   |       |          | 10       |       | X        |
|      | 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.  | _     |          |          |       |          |
|      | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  |       |          |          |       |          |
|      | managers > \$  |       |          |          |       | v        |
|      | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |       |          | 2        |       | <u>X</u> |
|      | f "Yes," attach a detailed description of the activities   |       |          |          |       |          |
|      | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,                                   | or    |          |          |       | v        |
|      | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   |       |          | 3        |       | X        |
|      | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | N     | I/A      | 4a<br>4b |       |          |
|      | if "Yes," has it filed a tax return on Form 990-T for this year?<br>Was there a liquidation, termination, dissolution, or substantial contraction during the year? | IA    | / A      | 5        |       | Х        |
|      | f "Yes," attach the statement required by General Instruction T  |       |          | J        |       | -        |
|      | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either   |       |          |          |       |          |
|      | By language in the governing instrument, or  |       |          |          |       |          |
|      | <ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the star</li> </ul>              | a law |          |          |       |          |
|      | remain in the governing instrument?  | G IAW |          | 6        | Х     |          |
|      | 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 X                                    | v     |          | 7        | X     |          |
| •    | the foundation have at least \$5,000 in assets at any time during the year. If Test, Complete Fait II, Cor (c), and Fait X   | V     |          | <b>-</b> |       |          |
| 8a   | Enter the states to which the foundation reports or with which it is registered (see instructions)   |       |          |          |       |          |
| -    | IL   |       |          |          |       |          |
| 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  |       |          | 8b       | Х     | 1        |
|      | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca                                  | endar |          |          |       |          |
|      | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV   |       |          | g        |       | <u>x</u> |
|      | Did any persons become substantial contributors during the tax year? If the categories between their names and addresses   |       |          | 10       | Ī     | X        |

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

| Form 990-PF (2013) WILLIAM J & MARYANN P MC  |   | <u> </u>  | 36-719058  | 34 Page 6                                   |
|--|---|---|--|---|
| Part VII-B   Statements Regarding Activities for Which I                               | orm 4/20 May Be F   | tequirea (continu                               | ied)   | <del></del>                                 |
| 5a During the year did the foundation pay or incur any amount to                       |   |   |  |   |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section        |   |   | s X No   |   |
| (2) Influence the outcome of any specific public election (see section 4955), or       |   |   |  |   |
| any voter registration drive?  |   |   | s X No   |   |
| (3) Provide a grant to an individual for travel, study, or other similar purposes      |   | Ye  | s X No   |   |
| (4) Provide a grant to an organization other than a charitable, etc., organization     | n described in section                                    |   |  |   |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?   |   | Ye  | s X No   |   |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,    | or educational purposes, or f                             |   | (==)   |   |
| the prevention of cruelty to children or animals?                                      |   | Ye  | s X No   |   |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | der the exceptions described i                            | n Regulations                                   | /-   |   |
| section 53 4945 or in a current notice regarding disaster assistance (see instru       | ictions)?   |   | N/A 5  | b   |
| Organizations relying on a current notice regarding disaster assistance check t        | iere  |   |  |   |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f      |   |   |  |   |
| expenditure responsibility for the grant?  | N   | /A Ye   | s L No   |   |
| If "Yes," attach the statement required by Regulations section 53.494                  | 5-5(d)  |   | [  |   |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to  | pay premiums on   |   |  |   |
| a personal benefit contract?   |   | Ye  | s X No   |   |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p    | personal benefit contract?                                |   | <u> </u>   | ib X  |
| If "Yes" to 6b, file Form 8870.  |   |   |  |   |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s   | shelter transaction?                                      | YE  | s X No   |   |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib      | utable to the transaction?                                |   | N/A  | 'b  |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma  | nagers, Highly                                  | <i>'</i>   |   |
| 1 List all officers, directors, trustees, foundation managers and their                | compensation.   | · · · · · · · · · · · · · · · · · · ·           |  |   |
| (a) Name and address   | (b) Title, and average hours per week devoted to position | (c) Compensation<br>(If not paid,<br>enter -0-) | (d) Contributions to<br>employee benefit plans<br>and deterred<br>compensation | (e) Expense<br>account, other<br>allowances |
| WILLIAM J. MCGRATH   | MANAGER   |   |  |   |
| 943 EDGEMERE COURT   |   |   |  |   |
| EVANSTON, IL 60202   | 0.00  | 0.  | 0.   | 0.  |
| MARYANN P. MCGRATH   | MANAGER   |   |  |   |
| 943 EDGEMERE COURT   | ]   |   |  |   |
| EVANSTON, IL 60202   | 0.00  | 0.  | 0.   | 0.  |
|  |   |   |  |   |
|  |   |   |  |   |
| 2 Compensation of five highest-paid employees (other than those in                     | cluded on line 1). If none                                | enter "NONE "                                   |  |   |
|  | (b) Title, and average                                    |   | (d) Contributions to   | (e) Expense                                 |
| (a) Name and address of each employee paid more than \$50,000                          | hours per week devoted to position                        | (c) Compensation                                | employee benefit plans<br>and deferred<br>compensation                         | account, other allowances                   |
| NONE   |   |   |  |   |
|  | -   |   |  | <u> </u>                                    |
|  | -   | -   |  |   |
|  | -   |   |  |   |
|  |   |   |  |   |
| Total number of other employees paid over \$50,000                                     |   |   | <u> </u>   | 0   |

| Form 990-PF (2013) WILLIAM J & MARYANN P  |   | 36-7190584 Page 7               |
|---|---|---------------------------------|
| Part VIII Information About Officers, Directors, Translation Paid Employees, and Contractors (continued)                    | ustees, Foundation Managers                   | , Highly                        |
| 3 Five highest-paid independent contractors for professional ser  | vices. If none, enter "NONE."                 |                                 |
| (a) Name and address of each person paid more than \$50   | ,000 <b>(b)</b> Ty                            | rpe of service (c) Compensation |
| NONE  |   |                                 |
|   |   |                                 |
|   |   |                                 |
|   |   |                                 |
|   |   |                                 |
|   |   |                                 |
|   |   |                                 |
|   |   |                                 |
|   |   |                                 |
| <b>A</b> 50,000 ( )   |   | ▶ 0                             |
| Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities |   |                                 |
| List the foundation's four largest direct charitable activities during the tax year   | Include relevant statistical information such | as the                          |
| number of organizations and other beneficiaries served, conferences convened  | d, research papers produced, etc              | Expenses                        |
| 1 N/A   |   |                                 |
|   |   |                                 |
|   |   |                                 |
| 2   |   |                                 |
|   |   |                                 |
|   |   |                                 |
| 3   |   |                                 |
|   |   |                                 |
|   |   |                                 |
| 4   |   |                                 |
|   |   |                                 |
| Part IX-B Summary of Program-Related Investmen  | nte   |                                 |
| Describe the two largest program-related investments made by the foundation   |   | Amount                          |
| 1 N/A   |   |                                 |
|   |   |                                 |
|   |   |                                 |
| 2   |   |                                 |
|   |   |                                 |
|   |   |                                 |
| All other program-related investments. See instructions   |   |                                 |
| 3   |   |                                 |
|   |   |                                 |
|   |   |                                 |

Total. Add lines 1 through 3

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 171,979. a Average monthly fair market value of securities 1a 56,625. b Average of monthly cash balances 1b c Fair market value of all other assets 10 228,604. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 228,604. 3 Subtract line 2 from line 1d  $3,\overline{429}$ 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 225,175. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 11,259 Minimum investment return Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here and do not complete this part ) 11,259. Minimum investment return from Part X, line 6 1 1 2a Tax on investment income for 2013 from Part VI, line 5 2a Income tax for 2013 (This does not include the tax from Part VI) 2ħ Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 27,397. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior iRS approval required) 3a 3b Cash distribution test (attach the required schedule) 27,397. Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions Subtract line 5 from line 4 6 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form 990-PF (2013)

4940(e) reduction of tax in those years

Page 9

### Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013                             |
|--|---------------|----------------------------|-------------|---|
| 1 Distributable amount for 2013 from Part XI,  |               |                            | -           |   |
| line 7   |               |                            |             | 11,259.                                 |
| 2 Undistributed income, if any, as of the end of 2013  |               |                            |             |   |
| a Enter amount for 2012 only   |               |                            | 0.          |   |
| b Total for prior years  |               |                            |             | ·                                       |
|  |               | 0.                         |             |   |
| 3 Excess distributions carryover, if any, to 2013  |               |                            |             |   |
| a From 2008 20,612.  |               |                            |             |   |
| b From 2009 18,765.  |               |                            |             |   |
| c From 2010 17,456.  |               |                            |             |   |
| d From 2011 22,022.  |               |                            |             |   |
| e From 2012 3, 288.  |               |                            |             |   |
| f Total of lines 3a through e  | 82,143.       |                            |             |   |
| 4 Qualifying distributions for 2013 from   |               |                            |             |   |
| Part XII, line 4 ► \$ 27,397.  |               |                            |             |   |
| a Applied to 2012, 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   | 0             |                            |             |   |
| (Election required - see instructions)   | 0.            |                            |             | 11,259.                                 |
| d Applied to 2013 distributable amount   | 16,138.       |                            | 1           | 11,233.                                 |
| e Remaining amount distributed out of corpus   | 10,130.       |                            |             | 0.                                      |
| 5 Excess distributions carryover applied to 2013 (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   | 98,281.       |                            |             |   |
| 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.                         |             | <u></u>                                 |
| e Undistributed income for 2012. Subtract line   |               |                            |             |   |
| 4a from line 2a Taxable amount - see instr   |               |                            | 0.          | ļ                                       |
| f Undistributed income for 2013 Subtract   |               |                            |             |   |
| lines 4d and 5 from line 1. This amount must   |               |                            |             | _                                       |
| be distributed in 2014   | <del></del>   |                            |             | 0.                                      |
| 7 Amounts treated as distributions out of  |               |                            |             |   |
| corpus to satisfy requirements imposed by  | 0.            |                            |             |   |
| section 170(b)(1)(F) or 4942(g)(3)   | <u> </u>      |                            |             | <b></b>                                 |
| 8 Excess distributions carryover from 2008   | 20,612.       |                            |             |   |
| not applied on line 5 or line 7  | 20,012.       |                            |             |   |
| 9 Excess distributions carryover to 2014 Subtract lines 7 and 8 from line 6a   | 77,669.       |                            |             |   |
| 10 Analysis of line 9  | 7770036       |                            |             |   |
| a Excess from 2009 18, 765.  |               |                            |             |   |
| b Excess from 2010 17, 456.  |               |                            |             |   |
| c Excess from 2011 22, 022.  |               |                            |             |   |
| d Excess from 2012 3, 288.   |               |                            |             |   |
| e Excess from 2013 16, 138.  |               |                            |             |   |
| الحبيب المستند المستند المستند المستند   |               | - <del></del>              |             | Form 990-PE (2012)                      |

| Form 990-PF (2013) WILLIAM Part XIV   Private Operating F   | J & MARYAN                  |   |                             | N 36-71<br>N/A             | 190584 Page 10                        |
|---|-----------------------------|---|-----------------------------|----------------------------|---------------------------------------|
| <u></u>   |                             |   | II-A, question 9)           | N/A                        |                                       |
| 1 a If the foundation has received a ruling o   |                             | , , ,                                   |                             |                            |                                       |
| foundation, and the ruling is effective fo  |                             | •                                       | un acetion                  | 4942(j)(3) or 4            | 942(j)(5)                             |
| b Check box to indicate whether the found   |                             | ig toundation described<br>I            | Prior 3 years               | 14942([)(3) 0114           | 1942(J)(5)                            |
| 2 a Enter the lesser of the adjusted net  | Tax year<br>(a) 2013        | (b) 2012                                | (c) 2011                    | (d) 2010                   | (e) Total                             |
| income from Part I or the minimum   | (a) 2013                    | (0) 2012                                | (6) 2011                    | (4) 2010                   | (6) 10(4)                             |
| investment return from Part X for   |                             |   |                             |                            |                                       |
| each year listed  |                             |   |                             |                            |                                       |
| b 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   |                             |   | <u> </u>                    |                            | <u></u>                               |
| 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) b "Endowment" alternative test - enter   |                             |   |                             |                            |                                       |
| 2/3 of minimum investment return<br>shown in Part X, line 6 for each year<br>listed                                   |                             |   |                             |                            |                                       |
| c "Support" alternative test - enter  |                             |   |                             |                            |                                       |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on                         |                             |   |                             | 1                          |                                       |
| securities loans (section 512(a)(5)), or royalties)   |                             |   |                             |                            |                                       |
| (2) Support from general public<br>and 5 or more exempt<br>organizations as provided in<br>section 4942(j)(3)(8)(iii) |                             |   |                             |                            |                                       |
| (3) Largest amount of support from  |                             |   |                             |                            |                                       |
| an exempt organization  |                             |   |                             |                            |                                       |
| (4) Gross investment income   |                             | -                                       |                             |                            |                                       |
| Part XV Supplementary Info  | ormation (Comple            | ete this part only                      | if the foundatio            | n had \$5,000 or n         | nore in assets                        |
| at any time during  |                             |   | ,                           |                            |                                       |
| 1 Information Regarding Foundation  |                             |   |                             |                            |                                       |
| a List any managers of the foundation wi  | ho have contributed more    |   | ntributions received by th  | ne foundation before the c | lose of any tax                       |
| year (but only if they have contributed SEE STATEMENT 7   | more than \$5,000) (See s   | Section 507(d)(2) )                     |                             |                            |                                       |
| b List any managers of the foundation we other entity) of which the foundation has                                    |                             |   | n (or an equally large por  | tion of the ownership of a | partnership or                        |
| • •   | as a 1070 of greater intere |   |                             |                            |                                       |
| NONE  |                             |   |                             |                            |                                       |
| 2 Information Regarding Contribu Check here ► X if the foundation the foundation makes gifts, grants, etc             | only makes contributions    | to preselected charitab                 | e organizations and does    |                            |                                       |
| <del></del>   | -1-                         |   |                             |                            |                                       |
| a The name, address, and telephone nur  | nber or e-mail address of   | the person to whom ap                   | plications snould be addi   | ressea                     |                                       |
| b The form in which applications should   | be submitted and informa    | ation and materials they                | should include              |                            | · · · · · · · · · · · · · · · · · · · |
| c Any submission deadlines  |                             |   |                             |                            |                                       |
| d Any restrictions or limitations on awar   | ds, such as by geographic   | cal areas, charitable field             | s, kinds of institutions, o | or other factors           |                                       |
|   |                             | , · · · · · · · · · · · · · · · · · · · |                             |                            |                                       |
| 323601 10-10-13   |                             |   |                             |                            | Form <b>990-PF</b> (2013)             |

٥.

**▶** 3b

Total

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

Form 990-PF (2013)

| Enter gross amounts unless otherwise indicated   | Unrelated                             | business income          | Exclud   | ed by section 512, 513, or 514         | (a)                                    |
|--|---------------------------------------|--------------------------|--|--|--|
| 1 Program service revenue  | (a)<br>Business<br>code               | (b)<br>Amount            | (C)<br>Exclu-<br>sion<br>code                    | (d)<br>Amount                          | (e) Related or exempt function income  |
| -  | code                                  |                          | 1000   |  |  |
| a<br>b   |                                       |                          |  |  |  |
| C  |                                       |                          |  |  | <del></del>                            |
| d  | 1 !                                   |                          |  |  |  |
| e  |                                       | ···                      |  |  |  |
| 1  |                                       |                          | 1  |  |  |
| g Fees and contracts from government agencies  |                                       |                          | <del>                                     </del> |  |  |
| 2 Membership dues and assessments  |                                       |                          |  |  |  |
| 3 Interest on savings and temporary cash   |                                       |                          |  |  |  |
| investments  |                                       |                          |  |  |  |
| 4 Dividends and interest from securities   |                                       |                          | 14   | 1,841.                                 |  |
| 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  |                                       |                          |  |  |  |
| property   |                                       |                          |  |  |  |
| 7 Other investment income  |                                       |                          |  |  |  |
| 8 Gain or (loss) from sales of assets other  |                                       |                          |  |  |  |
| than inventory   |                                       |                          | 18   | <139.                                  | >                                      |
| 9 Net income or (loss) from special events   |                                       |                          |  |  |  |
| 10 Gross profit or (loss) from sales of inventory  |                                       |                          |  |  |  |
| 11 Other revenue   |                                       |                          |  |  |  |
| a  |                                       |                          |  |  |  |
| b  |                                       | <del>.</del>             |  |  |  |
| C  |                                       |                          |  |  |  |
| d  |                                       |                          |  |  |  |
| e  |                                       |                          |  |  |  |
| 12 Subtotal Add columns (b), (d), and (e)  |                                       | 0.                       |  | 1,702.                                 | 0.<br>1,702.                           |
| 13 Total Add line 12, columns (b), (d), and (e)  |                                       |                          |  | 13                                     | 1,702.                                 |
| (See worksheet in line 13 instructions to verify calculations.)                            |                                       |                          | ·  |  |  |
| Part XVI-B Relationship of Activities  | to the Accor                          | mplishment of Ex         | cempt  | Purposes                               |  |
| Explain below how each activity for which inc the foundation's exempt purposes (other than | ome is reported in                    | column (e) of Part XVI-A | contribi   | uted importantly to the accom          | plishment of                           |
| we reduced a systillar burboses (editor than   | Toy providing fund                    | 13 101 30011 purposes)   |  |  |  |
|  |                                       |                          |  |  |  |
|  |                                       |                          |  |  |  |
|  | · · · · · · · · · · · · · · · · · · · |                          |  | <del></del>                            | ·                                      |
|  |                                       |                          |  |  |  |
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|  |                                       |                          |  | <u> </u>                               | <del></del>                            |
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|  |                                       |                          |  |  | 140, on 4, ton                         |
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|  |                                       |                          |  |  |  |
|  |                                       |                          |  |  |  |

|               | <del></del>  |  | N P MCGRATH FOU                        |   | 190584                                | Page 13       |
|---------------|--|--|--|---|---------------------------------------|---------------|
| Part )        | (VII Information Re<br>Exempt Organ                                  |  | To and Transactions and                | d Relationships With Non                  | charitable                            |               |
| Did           |  |  | owing with any other organization (    | described in section 501(c) of            | Ye                                    | s No          |
|               |  |  | on 527, relating to political organiza |   |                                       |               |
| a Tran        | nsfers from the reporting found                                      | ation to a noncharitable exemp                   | pt organization of                     |   |                                       |               |
| (1)           | Cash   |  |  |   | 1a(1)                                 | X             |
| (2)           | Other assets   |  |  |   | 1a(2)                                 | X             |
| b Oth         | er transactions  |  |  |   |                                       |               |
| (1)           | Sales of assets to a noncharita                                      | ible exempt organization                         |  |   | 1b(1)                                 | X             |
| (2)           | Purchases of assets from a no  | incharitable exempt organization                 | on                                     |   | 1b(2)                                 | X             |
| (3)           | Rental of facilities, equipment,                                     | or other assets                                  |  |   | 1b(3)                                 | X             |
| (4)           | Reimbursement arrangements   | ;  |  |   | 1b(4)                                 | X             |
|               | Loans or loan guarantees   |  |  |   | 1b(5)                                 | X             |
|               | Performance of services or me  | ,  |  |   | 1b(6)                                 | -   ^         |
|               | aring of facilities, equipment, ma                                   |  | • •                                    |   | 10                                    |               |
|               | •  | •  |  | ys show the fair market value of the go   |                                       | ,             |
|               | services given by the reporting i<br>umn (d) the value of the goods, |  |  | n any transaction or sharing arrangen     | ient, snow m                          |               |
| 1) Line no    |  |  | itable exempt organization             | (d) Description of transfers, transaction | s and shanno arrano                   | ements        |
| ay cine n     | (b) mount involved   | N/   |  | (2) Bessipport of deficient, management   | 0,                                    |               |
|               |  | 117  | <u> </u>                               |   |                                       |               |
|               |  | <del>                                     </del> |  |   |                                       |               |
|               |  |  |  |   |                                       |               |
|               |  |  |  |   |                                       |               |
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|               |  |  |  |   |                                       |               |
|               |  |  |  |   |                                       |               |
|               |  |  |  |   |                                       |               |
|               | •  | •  | , one or more tax-exempt organiza      | tions described                           |                                       |               |
|               | section 501(c) of the Code (othe                                     |  | n section 527?                         |   | Yes                                   | X No          |
| <b>b</b> If " | Yes," complete the following sci                                     |  | (h) Turn of a constraint               | (a) Department of re                      |                                       | <del></del> - |
|               | (a) Name of or   | ganization                                       | (b) Type of organization               | (c) Description of re                     | attonship                             |               |
|               | N/A  |  |  |   |                                       |               |
|               |  |  |  |   |                                       | <del></del>   |
|               |  |  |  |   |                                       |               |
|               |  |  |  |   |                                       |               |
|               | Under penalties of penury, I declare                                 | e that I have examined this return, ir           | ncluding accompanying schedules and st | atements, and to the best of my knowledge |                                       |               |
| Sign          |  |  |  | tion of which preparer has any knowledge  | May the IRS disc<br>return with the p | reparer       |
| Here          | May Ams  | 14. Grath  | ×11-17-2014                            | * Trustee                                 | shown below (see                      | No            |
|               | Signature of officer or truste                                       | 100000   | Date                                   | Title                                     | - [                                   |               |
|               | Print/Type preparer's r  |  |  | Date Check if                             | PTIN                                  |               |
|               | 7, 7, 7  |  | 1/                                     | self- employed                            |                                       |               |
| Paid          | SHELDON A  | BRAMS   ///                                      |  | .1/17/14                                  | P000502                               |               |
| Prep          |  | MBEL ABRAMS +                                    | SINGER                                 |   | 6-366318                              | 4             |
| Use (         |  |  |  |   |                                       |               |

SUITE 1275

Phone no (312) 782-1010

Firm's address ► 10 S. RIVERSIDE PLAZA, CHICAGO, IL 60606-3710

# 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

2013

Name of the organization

Employer identification number

| WI  | LLIAM J & MARYANN P MCGRATH FOUNDATION   | 36-7190584                     |  |  |  |  |  |  |  |
|---|--|--------------------------------|--|--|--|--|--|--|--|
| Organization type (check one)   |  |                                |  |  |  |  |  |  |  |
| Filers of:  | Filers of: Section:  |                                |  |  |  |  |  |  |  |
| Form 990 or 990-EZ  |  |                                |  |  |  |  |  |  |  |
| 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   |                                |  |  |  |  |  |  |  |
|   | s covered by the <b>General Rule</b> or a <b>Special Rule</b> .<br>(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru   | ule See instructions           |  |  |  |  |  |  |  |
| Carr.   | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m   | oney or property) from any one |  |  |  |  |  |  |  |
| Special Rules   |  |                                |  |  |  |  |  |  |  |
|   |  |                                |  |  |  |  |  |  |  |
| 509(a)(1) and 170(  | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg<br>b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the<br>(i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II |                                |  |  |  |  |  |  |  |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III   |  |                                |  |  |  |  |  |  |  |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. |  |                                |  |  |  |  |  |  |  |
| Caution An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, 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 does not meet the filing 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) (2013)

Name of organization

Employer identification number

### WILLIAM J & MARYANN P MCGRATH FOUNDATION

36-7190584

| Part I     | Contributors (see instructions). Use duplicate copies of Part I i | f additional space is needed. |  |
|------------|---|-------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d) Type of contribution   |
| 1          | WILLIAM & MARY ANN MCGRATH  943 EDGEMERE CT.  EVANSTON, IL 60202  | \$\$                          | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |   |                               | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d) Type of contribution   |
|            |   | \$                            | Person Payroll Noncash Complete Part II for noncash contributions )  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d)<br>Type of contribution  |
|            |   | \$                            | Person Payroll Complete Part II for noncash contributions )          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d) Type of contribution   |
|            |   | \$                            | Person Payroll Complete Part II for noncash contributions )          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                            | Person Payroll Complete Part II for noncash contributions.)          |

Name of organization

Employer identification number

### WILLIAM J & MARYANN P MCGRATH FOUNDATION

36-7190584

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                             |  |  |  |  |  |
|------------------------------|---|---|-----------------------------|--|--|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions)            | (d)<br>Date received        |  |  |  |  |  |
|                              |   | \$  |                             |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part i | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions)      | (d)<br>Date received        |  |  |  |  |  |
|                              |   |   |                             |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions)      | (d)<br>Date received        |  |  |  |  |  |
|                              |   | \$  |                             |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions)      | (d)<br>Date received        |  |  |  |  |  |
| <del></del>                  |   | -<br>-<br>-<br>-<br>\$                              |                             |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions)      | (d)<br>Date received        |  |  |  |  |  |
|                              |   | \$  |                             |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(see instructions)      | (d)<br>Date received        |  |  |  |  |  |
|                              |   | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- | 000 000 57 or 000 PEV (2012 |  |  |  |  |  |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number WILLIAM J & MARYANN P MCGRATH FOUNDATION

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once)

\*\*Section\*\*

\*\* Use duplicate copies of Part III if additional space is needed (a) No. from Part i (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

WILLIAM J & MARYANN P MCGRATH FOUNDATION 36-7190584

| 3 Grants and Contributions Paid During the You |  |                      |                                  | <del></del> |
|--|--|----------------------|----------------------------------|-------------|
| Recipient                                      | if recipient is an individual,<br>show any relationship to | Foundation status of | Purpose of grant or contribution | Amount      |
| Name and address (home or business)            | any foundation manager<br>or substantial contributor       | recipient            |                                  |             |
|  |  |                      |                                  |             |
| ST. MARY'S CHURCH                              |  | PUBLIC CHARITY       | CHARITABLE                       |             |
| 1012 LAKE STREET                               |  |                      | CONTRIBUTION                     |             |
| EVANSTON, IL 60201                             |  | -                    |                                  | 3,00        |
|  |  |                      |                                  |             |
| FRIENDS OF THE CHICAGO RIVER                   |  | PUBLIC CHARITY       | CHARITABLE<br>CONTRIBUTION       |             |
| 411 S WELLS ST, #800<br>CHICAGO, IL 60607      |  |                      | CONTRIBUTION                     | 5           |
| chicago, il vvvv                               |  |                      |                                  |             |
| THE ART INSTITUTE OF CHICAGO                   |  | PUBLIC CHARITY       | CHARITABLE                       |             |
| 111 S MICHIGAN AVE                             |  |                      | CONTRIBUTION                     |             |
| CHICAGO, IL 60603                              |  | !                    |                                  | 7           |
|  |  |                      |                                  |             |
| ST. FRANCIS HIGH SCHOOL-CLASS OF 64'           |  | PUBLIC CHARITY       | 1                                |             |
| 2130 W. ROOSEVELT ROAD                         |  |                      | CONTRIBUTION                     | 50          |
| WHEATON , IL 60187-6029                        |  |                      |                                  | 1           |
|  |  |                      |                                  |             |
|  |  |                      |                                  |             |
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|  |  |                      |                                  |             |
|  |  |                      |                                  |             |
| Total from continuation sheets                 |  |                      | <u> </u>                         | 3,6         |

| FORM 990-PF        | DIVIDENDS       | AND INTER                     | EST FROM SECUR                    | ITIES ST                          | TATEMENT 1                    |  |
|--------------------|-----------------|-------------------------------|-----------------------------------|-----------------------------------|-------------------------------|--|
| SOURCE             | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | REVENUE                           | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME |  |
| CHARLES SCHWAB     | 1,841.          |                               | 0. 1,841.                         | 1,841.                            |                               |  |
| TO PART I, LINE 4  | 1,841.          | (                             | 1,841.                            | 1,841.                            |                               |  |
| FORM 990-PF        |                 | ACCOUNTI                      | NG FEES                           | Si                                | PATEMENT 2                    |  |
| DESCRIPTION        |                 | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITABLE<br>PURPOSES |  |
| ACCOUNTING FEES    |                 | 5,993.                        | 5,993.                            |                                   | 0.                            |  |
| TO FORM 990-PF, PG | 1, LN 16B       | 5,993.                        | 5,993.                            |                                   | 0.                            |  |
| FORM 990-PF        |                 | TAX                           | ES                                | Si                                | ratement 3                    |  |
| DESCRIPTION        |                 | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITABLE<br>PURPOSES |  |
| FEDERAL EXCISE TAX | _               | 27.                           | 27.                               |                                   | 0.                            |  |
| TO FORM 990-PF, PG | 1, LN 18        | 27.                           | 27.                               |                                   | 0.                            |  |
| FORM 990-PF        |                 | OTHER E                       | XPENSES                           | S                                 | TATEMENT 4                    |  |
| DESCRIPTION        |                 |                               | (B)<br>NET INVEST-<br>MENT INCOME |                                   | (D)<br>CHARITABLE<br>PURPOSES |  |
| FILING FEES        | _               | 15.                           | 0.                                |                                   | 0.                            |  |
| TO FORM 990-PF, PG | 1, LN 23        | 15.                           | 0.                                |                                   | 0.                            |  |

| FORM 990-PF CO  | DRPORATE STOCK               |   | STATEMENT !                |  |  |
|---|------------------------------|---|----------------------------|--|--|
| DESCRIPTION   |                              | BOOK VALUE                                | FAIR MARKET<br>VALUE       |  |  |
| SUNRISE TECH INT<br>SMART HEAT  | -                            | 8,448.<br>15,000.                         | 30,000                     |  |  |
| TOTAL TO FORM 990-PF, PART II, LINE 10B   |                              | 23,448.                                   | 30,000.                    |  |  |
| FORM 990-PF OTH   | HER INVESTMENTS              |   | STATEMENT                  |  |  |
| DESCRIPTION   | VALUATION<br>METHOD          | BOOK VALUE                                | FAIR MARKET<br>VALUE       |  |  |
| FIRST NATIONAL FINANCE SPDR DOW JONES INDL AVG VANGUARD S&P SOO ETF SPDR S&P 500 ETF TR | COST<br>COST<br>COST<br>COST | 200,000.<br>44,330.<br>81,879.<br>18,412. | 65,696<br>83,395<br>18,701 |  |  |
| TOTAL TO FORM 990-PF, PART II, LIN  | NE 13                        | 344,621.                                  | 167,792                    |  |  |

NAME OF MANAGER

WILLIAM J. MCGRATH MARYANN P. MCGRATH

| Form 8  | 868 (Rev. 1-20 <u>1</u> 4)   |                  |   |              |                                    | Page 2         |
|---|--|------------------|---|--------------|------------------------------------|----------------|
| • If yo   | are filing for an Additional (Not Automatic) 3-Month Ext   | ension, c        | omplete only Part II and check this     | box          |                                    | X              |
|   | Only complete Part II if you have already been granted an a  |                  |   |              | 868.                               |                |
| • If yo   | u are filing for an Automatic 3-Month Extension, complet   | e only Pa        | rt I (on page 1).                       |              |                                    |                |
| Part  | Il Additional (Not Automatic) 3-Month E  | ktensior         | of Time. Only file the origin           | al (no co    | pies need                          | ed).           |
|   |  |                  | Enter filer's                           | identifying  | g number, se                       | e instructions |
| Type o  |  |                  |   |              | yer identification number (EIN) or |                |
| print   |  |                  |   |              |                                    |                |
| File by th  | WILLIAM I C MADVANIA D MCCDAMU POLINDAMION   |                  |   |              | 36-7190584                         |                |
| due date  | Odate for Number, street, and room or suite no. If a P.O box, see instructions.  |                  |   | Social sec   | curity number                      | (SSN)          |
| filing you<br>return Se   |  |                  |   |              |                                    |                |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.                                      |  |                  |   |              |                                    |                |
|   | EVANSTON, IL 60202   |                  |   |              |                                    |                |
|   |  |                  |   |              |                                    |                |
| Enter t   | he Return code for the return that this application is for (file   | a separa         | te application for each return)         |              |                                    | 0 4            |
|   |  |                  | ,                                       |              |                                    |                |
| Applic  | ation  | Return           | Application                             |              |                                    | Return         |
| is For  |  | Code             | Is For                                  |              |                                    | Code           |
| Form 9  | 90 or Form 990-EZ  | 01               | , ,                                     |              |                                    |                |
| Form 9  | 90-BL  | 02               | Form 1041-A                             |              |                                    |                |
| Form 4  | 720 (individual)   | 03               | Form 4720 (other than individual)       |              |                                    | 09             |
| Form 990-PF   |  | 04               | Form 5227                               |              |                                    | 10             |
| Form 990-T (sec. 401(a) or 408(a) trust)  |  | 05               | Form 6069                               |              |                                    | 11             |
| Form 990-T (trust other than above) 06 Form 8870  |  |                  |   |              | 12                                 |                |
| STOP!   | Do not complete Part II if you were not already granted  | an autor         | natic 3-month extension on a prev       | iously file  | d Form 8868                        | •              |
|   | WILLIAM J. MCG   |                  |   |              |                                    |                |
|   | books are in the care of ▶ 943 EDGEMERE CO   | OURT             | - EVANSTON, IL 602                      | 02           |                                    |                |
| Tele  | phone No ► 312-984-7572  |                  | Fax No ►                                |              |                                    |                |
|   | e organization does not have an office or place of business  |                  |   |              |                                    | <b>▶</b> □     |
| • If th   | is is for a Group Return, enter the organization's four digit  |                  |   |              |                                    |                |
| <u>box</u> ▶  |  |                  |   | f all memb   | ers the extens                     | sion is for    |
|   |  |                  | ARY 15, 2015                            |              |                                    |                |
|   | or calendar year, or other tax year beginning  |                  |   | g MAR        | 31, 20                             | 014            |
| 6 I   | f the tax year entered in line 5 is for less than 12 months, o   | heck reas        | son Initial return                      | Final r      | eturn                              |                |
|   | Change in accounting period  |                  |   |              |                                    |                |
|   | State in detail why you need the extension   | O T D T          | TO A LONG TO A LONG                     |              | T MTM                              | T.O.           |
|   | OUE TO THE DIVERSITY OF FINANCE  |                  |   |              |                                    |                |
| _   |  |                  | EXPECTED THAT ALL                       | INFOR        | MATION                             | MITT BE        |
|   | ASSEMBLED BY THE DATE REQUEST  |                  | <del></del>                             |              |                                    |                |
|   | f this application is for Forms 990-BL, 990-PF, 990-T, 4720  | , or 6069,       | enter the tentative tax, less any       |              |                                    | 0              |
| nonrefundable credits. See instructions   |  |                  | 8a                                      | _\$          | 0.                                 |                |
|   | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated                                  |                  |   |              |                                    |                |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid                                 |  |                  |   |              | 0                                  |                |
| -   | previously with Form 8868  |                  |   | 8b           | \$                                 | 0.             |
| Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using                         |  |                  |   |              | 0                                  |                |
| EFTPS (Electronic Federal Tax Payment System) See instructions  Signature and Verification must be completed for Part II only |  |                  |   | 8c           | \$                                 | 0.             |
| 11. 1   |  |                  |   | _            |                                    | 16-6-7         |
| under p   | penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this f | ing accom<br>orm | panying schedules and statements, and t | o tne best o | i iny knowledg                     | e ano benet,   |
|   |  |                  |   |              |                                    |                |
| Signatu   | re Title   |                  |   | Date         |                                    |                |