

Form 990-PF

Department of the Treasury Internal Revenue Service

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.

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

2016
Open to Public Inspection

For calendar year 2016 or tax year beginning 2016, and ending Name of foundation A Employer identification number THE JAMIE & LISA MAGUIRE FAMILY FOUNDATION 26-3338477 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 1 BALA PLZ STE 100 (610) 538-2611 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. . . BALA CYNWYD, PA 19004-1401 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method | X Cash | Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > 16) ▶ \$ 2,651,684. (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net for charitable expenses per may not necessarily equal the amounts in income income purposes books column (a) (see instructions)) (cash basis only) 257,448 Contributions, gifts, grants, etc., received (attach schedule). if the foundation is not required to 2 Check ▶ attach Sch B. 386 380 ATCH 1 3 Interest on savings and temporary cash investments. 65,671 56,573. ATCH 2 4 Dividends and interest from securities Net rental income or (loss) RECEIVEL -54,240 Net gain or (loss) from sale of assets not on line 10 S Revent Gross sales price for all assets on line 6a 2,795,999. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain. OGDEN, UT Gross sales less returns and allowances . . . 10 a b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) ATCH 3 9,722. 11 278,987. 56,953. 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc . . . 10,000. 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) 20,500. 10,250. b Accounting fees (attach schedule)ATCH 4 15,281 9,852. C Other professional fees (attach schedule). [5] 17 14,711. 18 Taxes (attach schedule) (see instructions)[6]. 4dmin 20 19 Depreciation (attach schedule) and depletion. 21 Travel, conferences, and meetings D 21 Printing and publications Operating 25 3,450 Other expenses (attach schedule) ATCH .7. Total operating and administrative expenses. 63,942 20,102 Add lines 13 through 23. 715,750. Contributions, gifts, grants paid 714,750 779,692 26 20,102 0 714,750 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 -500,705 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 36,851. c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions. 8E1410 1 000

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| o a | art ii | Balanca Shoota | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | End | of year |
|------------------|----------|---|--|---|-------------------------------------|---|
| _ | 41 L II | | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| . | | | ing | | | |
| | 2 | Savings and temporary | cash investments | 758,658. | 269,953. | |
| | | Accounts receivable 🕨 | | | | |
| | | Less allowance for doul | btful accounts ► | | | |
| | | Pledges receivable ▶ | | * | | 7466 |
| | | Less allowance for doub | btful accounts ▶ | <u></u> _ | | <u></u> |
| | 5 | Grants receivable | | | | <u> </u> |
| | | | officers, directors, trustees, and other | | | ATCH 8 |
| | | disqualified persons (at | tach schedule) (see instructions) | 49,892. | | TW 2 20.05 Jun 10.0578 () |
| | | | eceivable (attach schedule) | | Maria A. Maria | |
| | | Less allowance for dou | btful accounts ▶ | | | <u> </u> |
| ssets | 8 | Inventories for sale or us | e | | | |
| SS | 9 | Prepaid expenses and d | eferred charges | | | |
| ٧ | | | e government obligations (attach schedule) | | | |
| | | • | stock (attach schedule) ATCH 9 | 2,618,488. | 2,526,902. | 2,381,731. |
| | ,,c | Investments - corporate | bonds (attach schedule) | ************************************** | Ar. Emphor toric many toric | 79.22 |
| | 11 | Investments - land, buildings and equipment basis | · | | | 公众 (他)(36年32日 |
| | | Less accumulated deprecia (attach schedule) | ation > | | | |
| | 12 | Investments - mortgage | loans | | | |
| | | | ach schedule) | | , 000 - 1 - 4 - 1 - 7 - 00000 - 0.0 | |
| | | Land, buildings, and equipment basis | · · · · · · · · · · · · · · · · · · · | A | | HARANA KARA |
| | | (attach schedule) | ation | | | |
| | 15 | Other assets (describe |) | | <u> </u> | |
| | | | completed by all filers - see the | 1 | | |
| _ | | instructions Also, see p | age 1, item I) | 3,427,038. | 2,796,855. | 2,651,684. |
| | 17 | Accounts payable and a | accrued expenses | ļ | <u> </u> | |
| | 18 | Grants payable | | | | |
| Liabilities | 19 | Deferred revenue | | | | |
| Ħ | 20 | Loans from officers, directo | ors, trustees, and other disqualified persons | | | |
| jab | 21 | | otes payable (attach schedule) | ļ | | |
| _ | 22 | Other liabilities (describe | →) | | | |
| | | | | | | |
| _ | | | es 17 through 22) | <u>0</u> . | 0. | |
| S | | | low SFAS 117, check here . ▶ | | | |
| alances | | • | 24 through 26 and lines 30 and 31. | | | |
| 핕 | 24 | Unrestricted | | | | |
| | 25 | Temporarily restricted . | | | | |
| ٩ | 26 | • | | | | |
| Assets or Fund B | | | not follow SFAS 117, ► X | | | |
| ౼ | | | plete lines 27 through 31. | | | |
| य | | | cipal, or current funds | | | |
| set | 28 | | r land, bldg, and equipment fund | 2 427 020 | 2 706 055 | * |
| As | 29 | • . | ulated income, endowment, or other funds | 3,427,038. | 2,796,855. | · |
| et | 30 31 | | d balances (see instructions) | 3,427,038. | 2,796,855. | |
| Z | | | net assets/fund balances (see | 2 427 020 | 2 700 055 | |
| | | | nace in Not Accept on Fund Pole | 3,427,038. | 2,796,855. | L |
| _ | | | nges in Net Assets or Fund Bala | | must same with | |
| 1 | | | palances at beginning of year - Part | | | 3 407 030 |
| _ | | | ed on prior year's return) | | | 3,427,038. |
| 2 | EU(6 | si amount from Part I, | , line 27a | • | 2 | -500,705. |
| | | | ded in line 2 (itemize) ▶ | | | 2 026 222 |
| _ | | | n line 2 (itemize) ► ATCH 10 | • | | 2,926,333. |
| 5 | | | | tino 6) Dort II time 1 | (h) has 30 | 129,478. |
| <u>_</u> | 10(2 | i liet assets of fund b | palances at end of year (line 4 minus | s ilite 5) - Part II, column (| b), line 30 6 | 2,796,855. |

Page 3

THE JAMIE & LISA MAGUIRE FAMILY FOUNDATA

| Ра | 2-story br | d describe the kind(s) of proprick warehouse, or common s | | | (b) How acquired P - Purch a D - Donati | (c) Date acquired se (mo, day, yr) | (d) Date sold (mo , day, yr) |
|---|--|--|--|--|--|---|---|
| 1 a | SEE PART IV SCHED | DULE | | | | | |
| b | <u> </u> | | | | ļ | | |
| Ç | | | | | ļ | | |
| d | <u> </u> | | | | ļ | <u> </u> | |
| е | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allow (or allowable) | ed | (g) Cost or other basis plus expense of sale | ļ | (h) Gain or (los (e) plus (f) minu | |
| a | | | | <u> </u> | | | |
| b | <u> </u> | | | | | | |
| C | | | _ | | ┼ | | |
| <u>d</u> | | | | | | | |
| <u>e</u> | | howing gain in column (h) a | nd awned | by the foundation on 12/31/69 | ┼ | | |
| (| i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | ind Owned | (k) Excess of col (i) over col (j), if any | | Gains (Col (h) ga (k), but not less the losses (from col | nan -0-) or |
| _ | | | _ | 3,, | + | | |
| <u>a</u> b | | | | | 1 | | |
| <u>L</u> | | | | | | | |
| d | | | | | 1 | | |
| <u></u> е | | | | | | | |
| Ť | | | r If a | ain, also enter in Part I, line 7 | 1 | | |
| 2 | Capital gain net income | or (net capital loss) | | oss), enter -0- in Part I, line 7 | 2 | | -54,240. |
| 3 | Net short-term capital g | ain or (loss) as defined in | • | , | | | |
| | · - | | | structions) If (loss), enter -0- in | | | |
| | | | | | | | |
| | | | | · · · · | 3_ | | 0. |
| (Fo | Part I, line 8 | private foundations subj | for Re | · · · · | | come.) | 0. |
| Foo fse | Part I, line 8 | Under Section 4940(e) private foundations subjutes this part blank the section 4942 tax on the section | for Re lect to the | duced Tax on Net Investment e section 4940(a) tax on net inves | tment inc | | |
| (For | Part I, line 8 | Under Section 4940(e) private foundations subjudged this part blank the section 4942 tax on the tot qualify under section | ect to the distributed he distribute | duced Tax on Net Investment e section 4940(a) tax on net inves outable amount of any year in the Do not complete this part | tment inc | od? | |
| (Fo | Part I, line 8 | Inder Section 4940(e) private foundations subjudged this part blank the section 4942 tax on the section and qualify under section mount in each column for | ect to the distributed he distribute | duced Tax on Net Investment e section 4940(a) tax on net inves outable amount of any year in the Do not complete this part ar, see the instructions before male | tment inc | od? | |
| (For | Part I, line 8 | Under Section 4940(e) private foundations subjudged this part blank the section 4942 tax on the tot qualify under section | he distrib 4940(e) | duced Tax on Net Investment e section 4940(a) tax on net inves outable amount of any year in the Do not complete this part | tment inc | od? | Yes X No |
| f se Vas f "Y | Part I, line 8 | Inder Section 4940(e) private foundations subjudged this part blank the section 4942 tax on the section under section mount in each column for (b) | he distrib 4940(e) each ye | duced Tax on Net Investment e section 4940(a) tax on net inves outable amount of any year in the Do not complete this part ar, see the instructions before make | tment inc | od? entries (d) Distribution ra (col (b) divided by | Yes X No |
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| f se Vas f "Y | Part I, line 8 To V Qualification I or optional use by domestic ection 4940(d)(2) applies, as the foundation liable for es," the foundation does. Enter the appropriate are (a) Base penod years lendar year (or tax year beginning in) 2015 2014 | Inder Section 4940(e) c private foundations subjudged this part blank the section 4942 tax on the section and qualify under section mount in each column for (b) Adjusted qualifying distribution 1,475, | he distrik 4940(e) each ye uttons , 208. , 716. | duced Tax on Net Investment e section 4940(a) tax on net inves outable amount of any year in the Do not complete this part ar, see the instructions before make (c) Net value of noncharitable-use assets 4,109,662. 4,468,244. | tment inc | od? entries (d) Distribution ra (col (b) divided by | Yes X No to col (c)) 0.358961 0.253504 |
| (For | Part I, line 8 | Inder Section 4940(e) c private foundations subjudged this part blank the section 4942 tax on the private foundations subjudged the section mount in each column for (b) Adjusted qualifying distribution for (b) Adjusted qualifying distribution for (c) 1,475, 1,132, 1,170, | he distrik 4940(e) each ye uttons , 208. , 716. | duced Tax on Net Investment e section 4940(a) tax on net inves butable amount of any year in the line Do not complete this part ar, see the instructions before make (c) Net value of nonchantable-use assets 4,109,662. 4,468,244. 3,828,206. | tment inc | od? entries (d) Distribution ra (col (b) divided by | Yes X No tio col (c)) 0.358961 0.253504 0.293403 |
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| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see it | nstruc | tions |) |
|-----------|---|--------|-------------|---------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1) | | - | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | | | _ |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | 737. |
| | here and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | | | į |
| | Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 | | | |
| 3 | Add lines 1 and 2 | | | 737. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | 737. |
| 6 | Credits/Payments | | | e , |
| а | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 9,722. | | | |
| b | Exempt foreign organizations - tax withheld at source | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| d | Backup withholding erroneously withheld | | 0.7 | |
| 7 | Total credits and payments Add lines 6a through 6d | | 9, | 722. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | —— | - 0 | 985. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 0, | |
| 11 Day | Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 8,985. Refunded ▶ 11 t VII-A Statements Regarding Activities | | | |
| | | T | | 1 |
| ıa | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | 1a | Yes | No X |
| | participate or intervene in any political campaign? | 10 | | - |
| ь | Instructions for the definition)? | 1ь | | x |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | ··· | | _ |
| | published or distributed by the foundation in connection with the activities | | | , |
| С | Did the foundation file Form 1120-POL for this year? | 1c | ľ | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| Ī | (1) On the foundation \triangleright \$ (2) On foundation managers \triangleright \$ | ŀ | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | х |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | _ 3 | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | Х |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5_ | | X |
| | If "Yes," attach the statement required by General Instruction T | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | ļ |
| | By language in the governing instrument, or | 1 | } | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that | | 7, | |
| | conflict with the state law remain in the governing instrument? | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7_ | X | - |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) PA, | 1 | | İ |
| h | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | 1 | | |
| ~ | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | x | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| • | 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," | | [| |
| | complete Part XIV | 9 | | х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| 10 | names and addresses | 10 | | х |
| | | | 0-PF | (2016) |

| Par | t VII-A Statements Regarding Activities (continued) | | | |
|-----|--|-----------|----------------------|------------------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | Yes | No |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). | 11 | | х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ JAMES J. MAGUIRE, JR. Telephone no ▶ 610 – 538 | -261 | 1 | |
| • • | Located at ▶ 1 BALA PLZ STE 100 BALA CYNWYD, PA ZIP+4 ▶ 19004-1 | 401 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | TT |
| | and enter the amount of tax-exempt interest received or accrued during the year | • • • | | |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authorit | , | Yes | No |
| | over a bank, secunties, or other financial account in a foreign country? | 16 | | х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of | | <u> </u> | 1:32:1 |
| | the foreign country | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | <u></u> | Side-1800s out |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | g. x a 20 | Yes | No |
| 1. | During the year did the foundation (either directly or indirectly) | 2 | - 24 | |
| Ia | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | ` | 3.3 |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | la gan | الادر الا الادراء |
| | disqualified person? | | v. ~ ~ v. ' ≷ ∴ | |
| | | 10.3 | | ~ ~ |
| | (b) Farmon goods, services, or radinates to (or accept atom month) a disqualified personni. | | | gain fili Babila is |
| | | | 10 | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 186 | | |
| | | hi. | 2000 - 1 2000 - 1 | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | | |
| | foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). | 17.5 | | |
| _ | | 3-0 | | |
| D | of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | X | لندسسة |
| | Organizations relying on a current notice regarding disaster assistance check here | 5 - 1- | A | E |
| | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | , | |
| · | were not corrected before the first day of the tax year beginning in 2016? | | X | |
| 2 | | 3 % | 2 2 | 4.1 |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| _ | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and | | | |
| a | 6e, Part XIII) for tax year(s) beginning before 2016? | 10.5 | | 7. |
| | | 302338 | | |
| h | If "Yes," list the years ►,, | | \$ *; | |
| D | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | 1.3 | | |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | · | X |
| | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | - "," . | ; -".;; |] |
| · | The provisions of section 4-342(a)(2) and being applied to any of the years nated in 2a, hat the years nate | , A. | | |
| 32 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | 4 |
| | at any time during the year? | | | 1 |
| ь | of "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or | | | 1 |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | 1 | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | | |
| | foundation had excess business holdings in 2016) | 3b | | X |
| Λa | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | T | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? | 4b | | |
| | The state of the s | 1 40 | | |

| Form | 990-PF | (2016) | |
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| THE | JAMIE | Ş. | LTSA | MAGUITRE | FAMILY | FOINDAT |

| N | 26-33384 7 7 | Page 6 |
|---|---------------------|--------|

| Pai | rt VII-B | Statements Regarding Activities | for Which Form | 4720 May Be Red | uired (con | tinued) | | · · · · | -9- |
|---------|-------------|---|---|---|---|--------------|---------------|---------|-------|
| 5a | During the | e year did the foundation pay or incur any amo | - | | · · · | | T | | |
| | (1) Carry | on propaganda, or otherwise attempt to influe | ence legislation (section | on 4945(e))? | . Yes | X No | | | |
| | (2) Influe | nce the outcome of any specific public ele | ection (see section | 4955), or to carry or | n, | | | | |
| | dırect | y or indirectly, any voter registration drive? | | | . Yes | X No | | | |
| | | le a grant to an individual for travel, study, or o | | | | X No | | | |
| | (4) Provid | e a grant to an organization other than a | charitable, etc., org | janization described i | n | | | | |
| | sectio | n 4945(d)(4)(A)? (see instructions) | | | . X Yes | ☐ No | | | |
| | | e for any purpose other than religious, ch | | | | | | | |
| | purpo | ses, or for the prevention of cruelty to children | or animals? | | Yes | X No | | | |
| b | | swer is "Yes" to 5a(1)-(5), did any of the | | | | | . | | |
| | Regulation | is section 53 4945 or in a current notice regar | dıng disaster assistar | nce (see instructions)? | | | 5 b | Х | |
| | Organizat | ions relying on a current notice regarding disas | ster assistance check | here | | ▶ | | | |
| С | If the an | swer is "Yes" to question 5a(4), does the | foundation claim e | xemption from the t | ax | | | | |
| | because if | maintained expenditure responsibility for the | grant? | | . Yes | X No | | | ١ |
| | If "Yes," a | ttach the statement required by Regulations se | ction 53 4945-5(d) | | | | | | , |
| 6a | | oundation, during the year, receive any fur | | | | | | | |
| | on a perso | onal benefit contract? | | | . Yes | X No | | | |
| b | Did the fo | undation, during the year, pay premiums, dire | ectly or indirectly, on a | personal benefit contra | act? | | 6b | | X |
| | | 6b, file Form 8870 | | | | <u></u> | ŀ | | : |
| 7a | • | e during the tax year, was the foundation a pa | | | • | X No | | . | |
| b | If "Yes," d | Information About Officers, Director | ve any net income attr | ibutable to the transact | ion? | | 7b | L | |
| Pal | rt VIII | and Contractors | rs, Trustees, Fot | indation Wanager | s, nignly P | aio Emp | ioyees, | | |
| _1 | List all of | ficers, directors, trustees, foundation n | | | | | | | |
| | | (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contribu employee ben and deferred co | efit plans | (e) Expension | | |
| 7 TP CT | H 11 | | | • | | | | | _ |
| AIC | | | | 0. | | 0. | | | 0. |
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| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 2 | Compens | ation of five highest-paid employees | (other than thos | e included on line | e 1 - see | instructio | ns). If n | one. e | enter |
| | "NONE." | | · — · — · · — · · · — · · · · · · · · · | **** | | | | · | |
| (a) | Name and a | ddress of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contribution | benefit | (e) Expens | | |
| | | | devoted to position | (c) componedation | plans and d compens | | other all | owances | S |
| | | | | | | | | | |
| | NONE | | | | | | | | |
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| | | f other employees paid over \$50,000 | | | | | | | |

| Form 990-PF (2016) | | Page 7 |
|--|---|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundaries and Contractors (continued) | ation Managers, Highly Paid Emplo | |
| 3 Five highest-paid independent contractors for professional services | s (see instructions). If none, enter "NON | E." |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| N/A | | |
| | NONE | 0 |
| | | |
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| | | |
| Total number of others receiving over \$50,000 for professional services | <u> </u> | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year Include releva organizations and other beneficianes served, conferences convened, research papers produced, organizations. | | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
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| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Port IV D. Cummon, of Discours Poleted Investments (see Institute | ************************************** | |
| Part IX-B Summary of Program-Related Investments (see Instruction Describe the two largest program-related investments made by the foundation during the tax years.) | | Amount |
| 1 N/A | of files 1 and 2 | Amount |
| 1 1/16 | | |
| | | |
| 2 | | |
| <u> </u> | | |
| | | |
| All other program-related investments See instructions | | |
| 3 N/A | | |
| | | |
| | | |

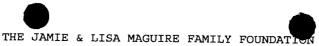
Total. Add lines 1 through 3.





| Page 8 | |
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| | | | , ugu u |
|------|---|-----------------|----------------|
| Part | Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.) | gn foundations, | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 2,417,588. |
| b | Average of monthly cash balances | 1b | 524,209. |
| С | Fair market value of all other assets (see instructions) | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d | 2,941,797. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 2,941,797. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 44,127. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 2,897,670. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 144,884. |
| Part | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part) | dations | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 144,884. |
| 2 а | Tax on investment income for 2016 from Part VI, line 5 2a | | |
| b | Income tax for 2016 (This does not include the tax from Part VI). | | |
| C | Add lines 2a and 2b | 2c | 737. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 144,147. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 144,147. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| • | line 1 | 7 | 144,147. |
| | | | |
| Par | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 714,750. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 714,750. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see instructions) | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 714,750. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca | | the foundation |
| | qualifies for the section 4940(e) reduction of tax in those years. | 5 | |

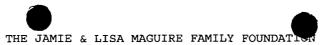


Form 990-PF (2016) Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) Corpus Years prior to 2015 2015 1 Distributable amount for 2016 from Part XI. 2016 144,147. 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only..... b Total for prior years 20 14 ,20 13 .20 12 3 Excess distributions carryover, if any, to 2016 a From 2011 645,104. **b** From 2012 1,015,161. 939,632. c From 2013 937,320. d From 2014 e From 2015 1,281,429. f Total of lines 3a through e 4,818,646. 4 Qualifying distributions for 2016 from Part XII. 714,750. line 4 ▶ \$ a Applied to 2015, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election d Applied to 2016 distributable amount.... 144,147. e Remaining amount distributed out of corpus. . . 570,603. Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 5,389,249. b Prior years' undistributed income Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017...... 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . . 645,104. Excess distributions carryover to 2017. 4,744,145. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 1,015,161. a Excess from 2012 . . . 939,632. b Excess from 2013 . . . 937,320. c Excess from 2014 . . . 1,281,429. d Excess from 2015 . . . 570,603. e Excess from 2016

| 26- | 3 | 3 | 3 | 8 | 4 | 7 | 7 | |
|-----|---|---|---|---|---|---|---|--|
|-----|---|---|---|---|---|---|---|--|

Page 10

| Pa | t XIV Private Ope | erating Foundations | (see instructions a | nd Part VII-A, questi | on 9) | NOT APPLICABLE |
|-----|--|---------------------------|--------------------------|-------------------------|---------------------------|------------------------|
| 1 a | If the foundation has | received a ruling or d | etermination letter that | t it is a private opera | ating | |
| | foundation, and the ruling | - | | · · · · · · | ▶ | |
| b | Check box to indicate v | - | - | | section 4942(j |)(3) or 4942(j)(5) |
| | | Tax year | <u> </u> | Prior 3 years | <u> </u> | 10.207(0) |
| 2 a | Enter the lesser of the ad- | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| | justed net income from Part I or the minimum investment | (4) 2010 | (0) 2013 | (0) 2014 | (4) 2013 | |
| | return from Part X for each | | | | | |
| | year listed | | | | | |
| ь | 85% of line 2a | | | <u> </u> | | |
| C | Qualifying distributions from Part | | | | | |
| | XII, fine 4 for each year listed | | | | | |
| đ | Amounts included in line 2c not used directly for active conduct | | | | | |
| | of exempt activities | | | | | |
| е | Qualifying distributions made | | | | | |
| | directly for active conduct of exempt activities. Subtract line | | | | | |
| | 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| а | "Assets" alternative test - enter | | | | | |
| _ | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying | | | | | |
| | under section 4942(i)(3)(B)(i) | | | | | ļ |
| ь | "Endowment" alternative test- | | | | | |
| | enter 2/3 of minimum invest- | | | | | ļ |
| | ment return shown in Part X, | | | | | |
| c | "Support" alternative test - enter | | | | | |
| ٠ | (1) Total support other than | | | | | |
| | gross investment income | | | | | |
| | (interest, dividends, rents, payments on securities | 1 | | | | |
| | loans (section 512(a)(5)), | | | | | |
| | or royalties) | | | | | |
| | (2) Support from general public and 5 or more | | | | | |
| | exempt organizations as provided in section 4942 | | | | | ļ |
| | (j)(3)(B)(III) | | | | | |
| | (3) Largest amount of sup- port from an exempt | | | | | |
| | organization | | | | | |
| | (4) Gross investment income | <u> </u> | | | | |
| Рa | | | | only if the foundar | tion had \$5,000 o | r more in assets at |
| | | uring the year - see | | | | |
| 1 | Information Regarding | • | | | | |
| а | List any managers of | the foundation who h | nave contributed mor | e than 2% of the tota | al contributions received | ed by the foundation |
| | before the close of any | rtax year (but only il tr | ley have contributed r | nore than \$5,000) (Se | se section 507(a)(2).) | |
| | | UIRE JR. AND LI | | | | |
| b | | | | | | y large portion of the |
| | ownership of a partner | rship or other entity) of | which the foundation | i has a 10% or greater | interest | |
| | | | | | | |
| | N/A | | | | | |
| 2 | Information Regardin | g Contribution, Grant | , Gift, Loan, Scholarsh | nip, etc., Programs: | | |
| | Check here ▶ X If t | he foundation only | makes contributions | to preselected chara | table organizations | and does not accept |
| | unsolicited requests for | or funds If the found | ation makes gifts, gra | ants, etc (see instruct | tions) to individuals o | or organizations under |
| | other conditions, comp | olete items 2a, b, c, an | d d | | | |
| а | The name, address, a | nd telephone number | or e-mail address of t | he person to whom ap | plications should be ad | dressed |
| | | | | | | |
| b | The form in which app | lications should be sul | omitted and information | on and materials they | should include | |
| | | | | , | | |
| | | | | | | |
| | Any submission deadle | nes: | | | | |
| | • | | | | | |
| | | | | | | |
| d | Any restrictions or li | mitations on awards | , such as by geogr | aphical areas, charita | ible fields, kinds of | institutions, or other |
| _ | factors | | == =, 5=35 | , | | |



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Page 11

| Grants and Contributions Paid Dur | If recipient is an individual | Foundation | ituie rayineit | |
|---|--|------------|----------------------------------|-------------|
| Grants and Contributions Paid Dur Recipient Name and address (home or business) | show any relationship to any foundation manager | status of | Purpose of grant or contribution | Amount |
| Name and address (nome or business) | or substantial contributor | recipient | | |
| a Paid during the year | | 1 1 | 1 | |
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| | | 1 1 | 1 | |
| Total | | <u> </u> | ▶ 3a | 715,750 |
| Total | <u> </u> | <u> </u> | ▶ 3a | 715,750 |
| b Approved for future payment | | | ▶ 3a | 715,750 |
| | | | ▶ 3a | 715,750 |
| | | | ▶ 3a | 715,750 |
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JSA 6E1491 1 000

THE JAMIE & LISA MAGUIRE FAMILY FOUNDATION

| Part XVI-A | Analysis of Income-Prod | ucing Act | ivities | | | |
|-----------------|--|---------------|--|----------------|----------------------------|---------------------------------------|
| | mounts unless otherwise indicated | Unrela (a) | ated business income (b) | (c) | / section 512, 513, or 514 | (e) Related or exempt function income |
| 1 Program s | service revenue | Business code | Amount | Exclusion code | Amount | (See instructions) |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | <u> </u> | | |
| g Feesar | nd contracts from government agencies | | | - | | |
| 2 Membersl | nip dues and assessments | | | 14 | 306 | |
| 3 Interest on | savings and temporary cash investments - | | <u></u> | 14 | 386. 65,671. | |
| 4 Dividends | and interest from securities | <u> </u> | | | 65,671. | |
| 5 Net rental | income or (loss) from real estate | | | _ | | |
| | inanced property | 1 | <u> </u> | | | |
| b Not de | bt-financed property | | | | | |
| 6 Net rental | ncome or (loss) from personal property | | | - | | |
| 7 Other invi | estment income | _ | | 18 | -54,240. | |
| 8 Gain or (lo | ss) from sales of assets other than inventory | | | 18 | -54,240. | |
| | ne or (loss) from special events | L | | | | · · · · · |
| • | ofit or (loss) from sales of inventory | - | | | | |
| | enue a | | | | 0.722 | |
| bA1 | CH 13 | | | | 9,722. | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | 21 520 | |
| | Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) | | | | 21,539. | |
| Line No. ▼ | Explain below how each activity accomplishment of the foundation | | | | | |
| | | | | | | |
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

| in | secti | • | ectly or indirectly Code (other than | | | - | _ | | | | Yes | No |
|--------------|----------|--------------------------|--|--|---------------------------------|--|-------------------|----------------|-----------------------|--------------|--------|-----------------|
| | | <u>-</u> | rting foundation to | | . • | | | | | - | | |
| • | • | | | | | | | | | 1a(1) | | X |
| • | • | er assets ransactions | | | • • • • • • • | | | • • • | · • · · · · · · | 1a(2) | | ^ |
| | | | noncharitable exe | empt organization | 1, | | | | . . | 1b(1) | | x |
| | - | | from a noncharit | | | | | | | 1b(2) | | Х |
| (3 |) Rer | ital of facilities, e | quipment, or othe | rassets | | | | | | 1b(3) | | X |
| | | | angements | | | | | | | | | X |
| | | | ntees | | | | | | | | | X |
| | | | vices or members | | | | | | | | | X |
| | | | ipment, mailing li f the above is "Y | | | | | | | | four m | |
| u ii | alue o | f the goods oth | er assets, or sen | uces aiven by the | ne ronowing : ne reporting f | oundation | If the found | noulu ation | received less | than | fair m | iaike iarkei |
| | | | or sharing arrar | | | | | | | | | |
| (a) Line | no | (b) Amount involved | (c) Name of | noncharitable exemp | pt organization | (d) Desc | ription of transf | ers, trar | nsactions, and shai | ing ana | ngeme | nts |
| | | N/A | | | | N/A | | | | | | |
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| d | escrib | ed in section 501 | tly or indirectly a 1(c) of the Code (collowing schedule | | | | • | _ | | | es X |] No |
| | | (a) Name of organiz | | (b) Typ | e of organization | | | c) Desc | cription of relations | hip | | |
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| | Jigii | | | | | ritic | | | (see instruction | a)/ <u> </u> | . 1 43 | No |
| | | Print/Type preparer | 's name | Preparer's sign | nature / | $\overline{\wedge}$ | Date | | Check if F | NIT | | |
| Paid | | DAVID M CHE | RILL | Va | Julul | <u>U</u> | 06/28/2 | 017 | | P009 | 4729 | 1 |
| Prepa | rer | Firm's name | PRICEWATERHO | USECOOPERS | LLP | | | Firm's | . 12 44 | | | |
| Use C | nly | Firm's address | 2001 MARKET | ST, SUITE 1 | 800 | | | | | | | |
| | | <u> </u> | PHILADELPHIA | A, PA | | 191 | .03 | Phone | | | | |
| | | | | | | | | | For | m 990 | 0-PF | (2016) |

JSA

Schedule B

(Form 990, 990-EZ,

or 990-PF) Department of the Treasury

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization

THE JAMIE & LISA MAGUIRE FAMILY FOUNDATION 26-3338477 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

V 16-5F

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| Schedule | R | /Form | 200 | 990.E7 | or 000 | DE) | /2016 |
|-----------|---|-------|------|--------|--------|-----|--------|
| scriedule | • | (roim | 33U. | 99U-E/ | ar 990 | | (ZU IO |

Page 2

| Name of organization | THE | JAMIE | & | LISA | MAGUIRE | FAMILY | FOUNDATION | Employer identification number |
|----------------------|-----|-------|---|------|---------|--------|------------|--------------------------------|
| | | | | | | | | |

| Part I | Contributors (See instructions). Use duplicate copie | es of Part I if additional space is no | eeded. |
|------------|---|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Ty pe of contribution |
| 1 | JAMES MAGUIRE, JR. 1 BALA PLZ STE 100 BALA CYNWYD, PA 19004-1401 | \$\$ | Person X Payroll X Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Ty pe of contribution |
| 2 | JAMES MAGUIRE, JR. 1 BALA PLZ STE 100 BALA CYNWYD, PA 19004-1401 | \$\$ | Person Pay roll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Ty pe of contribution |
| 3 | JAMES MAGUIRE, JR. 1 BALA PLAZA, SUITE 100 BALA CYNWYD, PA 19004-1401 | \$ | Person X Pay roll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Ty pe of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Total contributions | (d) Ty pe of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Employer identification number

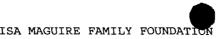
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | 428 SHS BERKSHIRE HATHAWAY INC. | | |
| 1 | DEL CL B NEW | | |
| | | \$69,755. | 12/30/2016 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | 90 SHS ISHARES CORE S&P SMALL CAP | | |
| 1 | | | |
| | | \$\$ | 12/30/2016 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | 345 SHS ISHARES US HEALTHCARE | | |
| 1 | | | |
| | | \$\$ | 12/30/2016 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | 117 SHS SPDR S&P MIDCAP 400 ETF | | |
| 1 | | | |
| | | \$\$. | 12/30/2016 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | 330 SHS MATERIALS SELECT SECTOR | | |
| | SPDR FUND | | |
| | | \$ | 12/30/2016 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | 331 SHS SELECT SECTOR SPDR TR | | |
| 1 | | | |
| | | | 12/30/2016 |

Name of organization THE JAMIE & LISA MAGUIRE FAMILY FOUNDATION

Employer identification number

| Part III | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi | the year from any ons completing Part e year. (Enter this in | one contributor. On the contributor on the contributor. On the contributor on the contributor on the contributor on the contributor on the contributor on the contributor on the contributor on the contributor. | Complete columns (a) through (e) and of exclusively religious, charitable, etc., | | | |
|---------------------------|---|--|--|--|--|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | | (e) Transf | fer of gift | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | Transferee's name, address, ar | (e) Transf nd ZIP + 4 | sfer of gift Relationship of transferor to transferee | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | (e) Transf | - | | | | |
| | Transferee's name, address, a | na zir + 4 | Relation | nship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | Transferee's name, address, a | (e) Transf nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
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FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| . | | INS AND LO | | | IAAEÓT | VII P | | |
|--------------------------|--------------------------|----------------------------|--------------|--------------------|-----------------------|------------------|------------------|-----------|
| Kind of | · · · | | | ription | | or D | Date acquired | Date sold |
| Gross sale price less | Depreciation allowed/ | Cost or other | FMV as of | Adj basis as of | Excess of FMV over | П | Gain or | |
| expenses of sale | allowable | basis | 12/31/69 | 12/31/69 | adı basıs | ${oxplus}$ | (loss) | |
| 431,600. | | MERRILL LYNC 424,928. | н X2735 - S | T (SEE ATTAC | CHED) | | VAR 6,672. | VAR |
| 750,813. | | MERRILL LYNC 767,542. | н Х2735 - L | T (SEE ATTAC | CHED) | | VAR -16,729. | VAR |
| 113,909. | | MERRILL LYNC | H X2200 - S | T (SEE ATTAC | CHED) | | VAR 1,385. | VAR |
| 82,378. | | MERRILL LYNC 81,189. | H X2200 - L | T (SEE ATTAC | CHED) | | VAR 1,189. | VAR |
| 6. | | MERRILL LYNC | н Х2200 - С | ASH IN LIEU | (SEE | | VAR | VAR |
| 200,000. | | MERRILL LYNC 199,905. | н Х2086 - L | T (SEE ATTAC | CHED) | | VAR 95. | VAR |
| 235,030. | | MERRILL LYNC 230,995. | н X2757 - S | T (SEE ATTAC | CHED) | | VAR 4,035. | VAR |
| 982,263. | | MERRILL LYNC 1,033,156. | н Х2757 - L | T (SEE ATTAC | CHED) | | VAR -50,893. | VAR |
| TOTAL GAIN(L | bss) | | | | •••• | | | |
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| | <u> </u> | | | | | | | |

ATTACHMENT 1

ATTACHMENT 1 PAGE 19

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

| NET INVESTMENT INCOME | 77. 59. NONE NONE 244. | 380. |
|---|---|-------|
| REVENUE AND EXPENSES PER BOOKS | 77. 59. 1. 244. | 386. |
| | | TOTAL |
| DESCRIPTION | MERRILL LYNCH X2200 MERRILL LYNCH X2086 MERRILL LYNCH X2735 MERRILL LYNCH X2757 INTEREST FROM REIMBURSEMENT | |

ATTACHMENT 2

| SECURITIES | |
|---------------|--|
| FROM : | |
| INTEREST | |
| AND | |
| DIVIDENDS AND | |
| ١ | |
| PART I | |
| 990PE, | |
| FORM | |

| | NET | INVESTMENT | INCOME | () | 39,368. | 8,943. | 76. | 8,186. | NONE | 56,573. |
|---------|-----|------------|-------------|----|---------------------|---------------------|---------------------|---------------------|---------------------|---------|
| REVENUE | AND | EXPENSES | PER BOOKS | | 38, 968. | 9,189. | 76. | 8,413. | 9,025. | 65,671. |
| | | | | | | | | | | TOTAL |
| | | | DESCRIPTION | | MERKILL LYNCH X2200 | MERRILL LYNCH X2735 | MERRILL LYNCH X2171 | MERRILL LYNCH X2757 | MERRILL LYNCH X2086 | |

2016 FORM 990-PF

DESCRIPTION

PRIOR YEAR OVERPAYMENT

THE JAMIE & LISA MAGUIRE FAMILY FOUNDATION

26-3338477

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

REVENUE

AND

EXPENSES

PER BOOKS

9,722.

TOTALS

9,722.

ATTACHMENT 4

26-3338477

ATTACHMENT 4 PAGE 22

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| CHARITABLE | | |
|---|----------------------|---------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | 10,250. | 10,250. |
| REVENUE AND EXPENSES PER BOOKS | 20,500. | 20,500. |
| | | TOTALS |
| DESCRIPTION | TAX PREPARATION FEES | |

26-3338477

ATTACHMENT 5

ATTACHMENT 5 PAGE 23

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

AND EXPENSES PER BOOKS REVENUE

NET INVESTMENT INCOME

9,852.

ADVISOR FEES

DESCRIPTION

15,281.

15,281.

TOTALS

9,852.

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THE JAMIE & LISA MAGUIRE FAMILY FOUNDATION

ATTACHMENT 6

26-3338477

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION

2015 FORM 4720 2015 OVERPAYMENT APPLIED 4,989.

9,722.

TOTALS

14,711.

DESCRIPTION

MISCELLANEOUS EXPENSE

2016 FORM 990-PF THE JAMIE & LISA MAGUIRE FAMILY FOUNDATION

26-3338477

ATTACHMENT 7

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND

EXPENSES

PER BOOKS

3,450.

TOTALS

3,450.

26-3338477

ATTACHMENT 8

| FORM 9 | 90PF. | PART | ΙI | - | RECEIVABLES | DUE | FROM | OFFICERS, | ETC. |
|--------|-------|------|----|---|-------------|-----|------|-----------|------|
|--------|-------|------|----|---|-------------|-----|------|-----------|------|

BORROWER: JAMES MAGUIRE, JR. 49,892. ORIGINAL AMOUNT: DATE OF NOTE: 12/31/2015 REPAYMENT TERMS: AS SO

AS SOON AS POSSIBLE

PURPOSE OF LOAN:

PAYMENT OF EXPENSES FOR A DISQUALIFIED PERSON

DESCRIPTION AND FMV

CASH \$50,120

OF CONSIDERATION:

| BEGINNING BALANCE DUE | 49,892. |
|---|---------|
| ENDING BALANCE DUE | NONE |
| ENDING FAIR MARKET VALUE | NONE |
| TOTAL BEGINNING RECEIVABLES DUE FROM OFFICERS, ETC. | 49,892. |
| TOTAL ENDING BOOK - RECEIVABLES DUE FROM OFFICERS, ETC. | NONE |
| TOTAL ENDING FMV - RECEIVABLES DUE FROM OFFICERS, ETC. | NONE |

ATTACHMENT 9

| STOCK |
|-----------|
| CORPORATE |
| |
| ı |
| - II |
| Н |
| ART II |

| ENDING FMV | 2,075,711. NONE 306,020. NONE NONE 2,381,731. |
|----------------------|---|
| ENDING BOOK VALUE | 2,298,431. NONE 228,471. NONE NONE 2,526,902. |
| | X2200 X2171 X2086 X2735 X2757 TOTALS |
| DESCRIPTION | MERRILL LYNCH X2200 MERRILL LYNCH X2171 MERRILL LYNCH X2086 MERRILL LYNCH X2735 MERRILL LYNCH X2737 |

26-3338477

ATTACHMENT 10

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DIFF. BTWN BOOK VALUE & FMV -STOCK CONTR
COLLECTION OF PY RECVEIVABLE
DIFFERENCE BETWEEN BOOK VALUE AND FMV

TOTAL

AMOUNT
70,551.
49,892.
129,478.

ATTACHMENT 11

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT ALLOWANCES AND OTHER CONTRIBUTIONS BENEFIT PLANS TO EMPLOYEE COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION OFFICER - AS NEEDED OFFICER - AS NEEDED BALA CYNWYD, PA 19004-1401 BALA CYNWYD, PA 19004-1401 JAMIE MAGUIRE, JR. 1 BALA PLZ STE 100 1 BALA PLZ STE 100 NAME AND ADDRESS LISA MAGUIRE

GRAND TOTALS

ATTACHMENT 11 PAGE 29

| 2016 FORM 990-PF |
|------------------|
| FOUNDATION |
| FAMILY |
| MAGUIRE |
| LISA |
| JAMIE & |
| THE |

26-3338477

| FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR | DURING THE YEAR | —————————————————————————————————————— | ATTACHMENT 12 |
|---|---|--|---------------|
| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| CHILDREN'S HOSPITAL OF PHILADELPHIA | NONE | GENERAL FUND | 25,250 |
| 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 | NC N | | |
| MARCH OF DIMES | NONE | GENERAL FUND | 200 |
| 1275 MAMARONECK AVE | 25 | | |
| WHITE PLAINS, NY 1060S | | | |
| OBLATES OF ST FRANCIS DE SALES | NONE | GENERAL FUND | 1,000 |
| 2200 KENTMERE PKWY | 25 | | |
| WILMINGTON, DE 19806 | | | |
| ENVIRONMENTAL DEFENSE FUND | NONE | GENERAL FUND | 10,000. |
| 257 PARK AVE S | PC | | |
| NEW YORK, NY 10010 | | | |
| PHILADELPHIA MUSEUM OF ART | NONE | GENERAL FUND | 5,000. |
| 2600 BENJAMIN FRANKLIN PKWY | 5 | | |
| PHILADELPHIA, PA 19130 | | | |
| THE FRANKLIN INSTITUTE | NONE | GENERAL FUND | 144,000 |
| 222 N 20TH ST | P. P. C. | | |
| PHILADELPHIA, PA 19103 | | | |

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

2016 FORM 990-PF

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PAGE 31 ATTACHMENT 12

ATTACHMENT 12 (CONT.D) 3,500. 62,000 50,000 12,000 40,000 2,500 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION GENERAL FUND GENERAL FUND GENERAL FUND GENERAL FUND GENERAL FUND GENERAL FUND RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NONE NONE NONE NONE S S LEGACY YOUTH TENNIS AND EDUCATION CHALLENGED ATHLETES FOUNDATION WISSAHICKON VALLEY WATERSHED RECIPIENT NAME AND ADDRESS ST JOSEPH'S UNIVERSITY PHILADELPHIA, PA 19104 PHILADELPHIA, PA 19144 PHILADELPHIA, PA 19131 PHILADELPHIA, PA 19129 SAN DIEGO, CA 92121 DREXEL UNIVERSITY 3141 CHESTNUT ST AMBLER, PA 19002 4842 RIDGE AVE 9591 WAPLES ST 109 E PRICE ST 5600 CITY AVE FACE TO FACE 12 MORRIS RD

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ATTACHMENT, 12 (CONT'D)

THE JAMIE & LISA MAGUIRE FAMILY FO

FORM 990PE, PART XV - GRANTS AND CONTRIBITIONS PAID DIRING THE YEAR

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| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|----------------------------------|---|----------------------------------|---------|
| RECIPIENT NAME AND ADDRESS | AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| | | | |
| NATURE CONSERVANCY | NONE | GENERAL FUND | 10,000 |
| 15 E RIDGE PIKE | PC | | |
| CONSHOHOCKEN, PA 19428 | | | |
| SPRINGSIDE CHESTNUT HILL ACADEMY | NONE | GENERAL FUND | 52,500. |
| 500 W WILLOW GROVE AVE | PC | | |
| PHILADELPHIA, PA 19118 | | | |
| PROJECT HOME | NONE | GENERAL FUND | 1,000 |
| 1515 FAIRMOUNT AVE | PC | | |
| PHILADELPHIA, PA 19130 | | | |
| UNIVERSITY OF NOTRE DAME | NONE | GENERAL FUND | 26,000 |
| 1100 GRACE HALL | PC | | |
| NOTRE DAME, IN 46556 | | | |
| THE PHILADELPHIA 200 | NONE | GENERAL FUND | 20,000. |
| 3400 W GIRARD AVE | PC | | |
| PHILADELPHIA, PA 19104 | | | |
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| GERMANTOWN FRIENDS SCHOOL | NONE | GENERAL FUND | 5,000. |
| 31 W COULTER ST | PC | | |
| PHILADELPHIA, PA 19144 | | | |
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THE JAMIE & LISA MAGUIRE FAMILY

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DUBING THE YEAR

ATTACHMENT 12 (CONT'D)

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| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
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| | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| WHEATON COLLEGE | NONE | GENERAL FUND | 13,000 |
| 501 COLLEGE AVE | PC | | |
| WHEATON, 1L 60187 | | | |
| MILLERS VETS | NONE | GENERAL FUND | 25,000. |
| 747 S MICHIGAN ST. | PC PC | | |
| SOUTH BEND, IN 46601 | | | |
| MERCY VOCATIONAL HIGH SCHOOL | NONE | GENERAL FUND | 10,000 |
| 2900 W HUNTING PARK AVE | PC | | |
| РИІІДБЕГРИІА, РА 19129 | | | |
| GALLAUDET UNIVERSITY | NONE | GENERAL FUND | 10,000. |
| 800 FLORIDA AVE NE | 20 | | |
| WASHINGTON, DC 20002 | | | |
| FOOD BANK OF SOUTH JERSEY | NONE | GENERAL FUND | 15,000 |
| 1501 JOHN TIPTON BLVD | PC | | |
| PENNSAUKEN TOWNSHIP, NJ 08110 | | | |
| SPECIAL OLYMPICS - PENNSYLVANIA | NONE | GENERAL FUND | 10,000 |
| 2570 BOULEVARD OF THE GENERALS #124 | PC | | |
| NORRISTOWN, PA 19403 | | | |
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THE JAMIE & LISA MAGUIRE

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 12 (CONT'D)

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ATTACHMENT 12 (CONT'D)

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TOTAL CONTRIBUTIONS PAID

715,750.

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FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 13

AMOUNT

EXCLUSION CODE

AMOUNT

BUSINESS

RELATED OR EXEMPT

FUNCTION INCOME

9,722.

9,722.

TOTALS

OTHER REVENUE - PY O/P APPLIED

DESCRIPTION

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