Name of foundation

G Check all that apply:

5a Gross rents

10a Gross sales less retui

11 Other income

16a Legal fees

b Accounting fees

12

13

▶\$

For calendar year 2019 or tax year beginning

THE MAGUIRE FOUNDATION



Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

and ending

A Employer identification number

23-3057805

Number and street (or P O box number if mail is not delivered to street address) Telephone number 484-344-5006 300 CONSHOHOCKEN STATE RD, STE 405 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here WEST CONSHOHOCKEN, PA 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 computation Address change Name change ≫ X Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 71, 781, 628. (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes expenses per books income income (cash basis only) 3,072,794 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. 4,727 Interest on savings and temporary cash investments 27,408 STATEMENT 2,784,138. 2,767,816. STATEMENT 2 4 Dividends and interest from securities b Net rental income or (loss) 4,137,586 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 89,334,468. 4,137,586. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications $\mathsf{N}\mathsf{O}\mathsf{V}\mathcal{O}$ b Less Cost of goods sold OGDEN c Gross profit or (loss) 669,531 841,349. STATEMENT 3 846,953. 595,982. Total Add lines 1 through 11 0. 0. 0. Compensation of officers directors, trustees, etc 747,211. 747,211. 0. 14 Other employee salaries and wages 74,060. 0. 74.060. 15 Pension plans, employee benefits 0. 113,215. 0. STMT 4 30,819. STMT 5 0. 0. 412,585 0. STMT 6 224,421. c Other professional fees 7,886. 7,886. 0. 0. STMT 7 59,491. 29,811. 30,269. 0. 194,906. 0. 0. 0.

17 Interest Taxes Depreciation and depletion Оссиралсу 12,423. 0. Travel, conferences, and meetings 51,934. 51,39<u>4.</u> 0. 22 Printing and publications 89,825. STMT 8 89,805. 23 Other expenses 24 Total operating and administrative 1,824,064 262,118. 963,030. expenses. Add lines 13 through 23 25,778,973. 25,778,973. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 27,603,037 262,118 26,742,003. Add lines 24 and 25 27 Subtract line 26 from line 12: -16,756,084 2 Excess of revenue over expenses and disbursements 333,864. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2019) LHA For Paperwork Reduction Act Notice, see instructions.

THE MAGUIRE FOUNDATION

| | art | Balance Sheets Atlached schedules and amounts in the description | Beginning of year | End o | f year |
|------------------|------|--|--------------------|----------------|---------------------------|
| <u></u> | art | column should be for end-of year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 528,136. | 209,883. | 209,883. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable > | • | | 140 |
| | | 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 | | | |
| | ľ | disqualified persons | | | |
| | 7 | _ | | | |
| | | Less; allowance for doubtful accounts | - | | |
| 10 | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | - | Investments - U.S. and state government obligations | | | |
| | ł | Investments - corporate stock STMT 10 | 30,482,998. | 16,670,471. | 19,362,770. |
| | | Investments - corporate bonds STMT 11 | 33,668,891. | 30,522,846. | |
| | _ | Investments - land, buildings, and equipment basis | | , | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 12 | 19,184,439. | 15,933,686. | 21,045,625. |
| | 14 | Land, buildings, and equipment; basis ▶ 212,421. | | · | |
| | • • | Less accumulated depreciation 83,139. | 129,644. | 129,282. | 129,282. |
| | 15 | Other assets (describe | · | • | - |
| | | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item I) | 83,994,108. | 63,466,168. | 71,781,628. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| s | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abii | 21 | Mortgages and other notes payable | | | [|
| = | 22 | Other liabilities (describe >) | | | |
| | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow FASB ASC 958, check here | | | 1 |
| တ္တ | | and complete lines 24, 25, 29, and 30 | | | |
| or Fund Balances | 24 | Net assets without donor restrictions | | | |
| 39 | 25 | Net assets with donor restrictions | | | |
| ğ | | Foundations that do not follow FASB ASC 958, check here 🕨 🗓 🛣 | | | |
| Ξ | | and complete lines 26 through 30 | 02 004 100 | 62 466 160 | j |
| | 26 | Capital stock, trust principal, or current funds | 83,994,108. | 63,466,168. | |
| ets | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Ass | 28 | Retained earnings, accumulated income, endowment, or other funds | 0. | 63 466 169 | |
| Net Assets | 29 | Total net assets or fund balances | 83,994,108. | 63,466,168. | <u>-</u> |
| ~ | | Tabel Nak Wara and and analysis of historia | 83,994,108. | 63,466,168. | 1 |
| _ | | Total liabilities and net assets/fund balances | | 03,400,100. | <u>-</u> |
| P | art | Analysis of Changes in Net Assets or Fund Ba | liances | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | |
| | (mus | st agree with end-of-year figure reported on prior year's return) | | 1 | 83,994,108. |
| 2 | • | amount from Part I, line 27a | | 2 | -16,756,084. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| 4 | Add | lines 1, 2, and 3 | | 4 | 67,238,024. |
| 5 | Decr | eases not included in line 2 (itemize) | SEE ST | ATEMENT 9 5 | 3,771,856. |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 29 | 6 | 63,466,168. |
| | | | | | Form 990-PF (2019) |

| | MAGUIRE FOUNDAT and Losses for Tax on In | | Income | SEF | ATTAC | | 3-305 TATEME | | <u> </u> |
|---|--|---|--------------------------------------|--|--------------------------------------|--------------|----------------------------------|--|----------|
| (a) List and describe | the kind(s) of property sold (for exa arehouse; or common stock, 200 shs | mple, real estat | | (b) H | low acquired Purchase Donation | (c) Date | acquired day, yr.) | (d) Date sold (mo., day, yr.) | _ |
| 1a | | | | | | | | | |
| b | | · | | | | | | ······································ | |
| <u>C</u> | | | | | | | | | _ |
| <u>d</u> | · · · | | | — | | | | | _ |
| <u>e</u> | | 1 | | | | 41.4 | | . <u> </u> | _ |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | Gain or (loss) is (f) minus (| | |
| <u>a</u> | | | | | | | | | _ |
| <u>b</u> | | | | | | | | | _ |
| <u> </u> | | | | _ | | | | | _ |
| d e 89,334,468. | | 8 | 5,196,88 | 2. | | | | 4,137,586 | _ |
| | ng gain in column (h) and owned by | | | | | (I) Gains (| Col. (h) gain | | · |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | | | ol. (k), but | not less than (from col. (I | 1 -0-) or | |
| a | | | | | | | | | |
| b | | | | | | | | | |
| C | | | | | | | | | _ |
| <u>d</u> | | | | | | | | 4 127 506 | _ |
| <u>e</u> | | | | . | | | | <u>4,137,586</u> | • |
| 2 Capital gain net income or (net ca | apital loss) $ \begin{cases} If gain, also ente \\ If (loss), enter -0 \end{cases} $ | r in Part I, line)- in Part I, line | 7 7 | } | 2 | | | 4,137,586 | · • |
| 3 Net short-term capital gain or (lo | | nd (6): | | ٦١ | | | | | |
| If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8 | | | | <u>}</u> | 3 N/A | | | | |
| Part V Qualification U | nder Section 4940(e) for | Reduced | Tax on Net | Inve | stment Inc | ome | | | |
| (For optional use by domestic private | | | | | | | | | |
| If section 4940(d)(2) applies, leave t | his part blank. | | | | | | | | |
| Was the foundation liable for the sec | tion 1012 tay on the distributable an | nount of any ve | ar in the hace nor | nod2 | | | | Yes X N | in |
| | fy under section 4940(e). Do not con | | | 100 | | | | | • |
| | each column for each year; see the I | | | ntries. | | | | | _ |
| (a) Base period years | (b) | | | (c) | | | Distrib | (d) ution ratio | |
| Calendar year (or tax year beginni | | | Net value of no | | table-use asset | | (col. (b) div | ided by col. (c)) | _ |
| 2018 | | 5,627. | | | 583,77 | | | .28421 | |
| 2017 | | 4,149. | | | 204,22 | | | .25047 | |
| | | 5,428. | | | 656,26 | | | .15639 | |
| 2015 | | 5,213. | | | 241,20 | | | .09103 | |
| 2014 | 0,12 | 0,433 | | , وب | 200,33 | | T | .07103 | _ |
| 2 Total of line 1, column (d) | | | | | | 2 | | .89627 | C |
| | 5-year base period - divide the total | on line 2 by 5.0 |), or by the numb | er of ye | ears | | | | |
| the foundation has been in existe | · | - | | - | | 3 | | .17925 | , 4 |
| | | | | | | | 1 | | |

81,497,400. 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 14,608,735. 5 Multiply line 4 by line 3 73,339. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 14,682,074. 7 Add lines 5 and 6 26,742,003.

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. See the Part VI instructions.

Form **990-PF** (2019)

8 Enter qualifying distributions from Part XII, line 4

| Part IV: Capital Gains and Losses for Tax on Investment Income | | | | | | | |
|--|--|---|---|------|--|--|--|
| | d describe the kind(s) of property soli rick warehouse; or common stock, 20 | | (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date (mo., day, yr.) | | | | |
| 1a MORGAN STANLEY | X8042 | | P VARIOUS VARIO | DUS | | | |
| b DEUTSCHE BANK | X5647 | | P VARIOUS VARIO | DUS | | | |
| c DEUTSCHE BANK | | | P VARIOUS VARIO | DUS | | | |
| d DEUTSCHE BANK | X5647 - FUTURES | P VARIOUS VARIO | DUS | | | | |
| e GOLDMAN SACHS | X7828 | P VARIOUS VARIO | DUS | | | | |
| f GOLDMAN SACHS | | | P VARIOUS VARIO | ous | | | |
| g GOLDMAN SACHS | | | P VARIOUS VARIO | OUS | | | |
| h GOLDMAN SACHS | | | P VARIOUS VARIO | ous | | | |
| GOLDMAN SACHS | | | P VARIOUS VARIO | ous | | | |
| GOLDMAN SACHS | | | P VARIOUS VARIO | | | | |
| k GOLDMAN SACHS | | | P VARIOUS VARIO | DUS | | | |
| | X6772 | | P VARIOUS VARIO | DUS | | | |
| m GOLDMAN SACHS | X6762 - FUTURES | | P VARIOUS VARIO | OUS | | | |
| | X6762 - FUTURES | | P VARIOUS VARIO | OUS | | | |
| O GOLDMAN SACHS | | | P VARIOUS VARIO | OUS | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | | | | |
| a 2,500,000. | | 2,500,000. | | 0. | | | |
| b 117,356. | | | 117,3 | | | | |
| C | | 2,490. | -2,4 | | | | |
| d | | 3,735. | -3,7 | | | | |
| e 34,189,774. | | 33,588,956. | 600,8 | | | | |
| f 67,442. | | 73,123. | -5,6 | | | | |
| g 6,309,192. | | 4,411,571. | 1,897,6 | | | | |
| h 77. | | | | 77. | | | |
| 183,788. | | 174,619. | 9,1 | 69. | | | |
| 824,608. | | 787,994. | 36,6 | | | | |
| k 98,031. | | 99,896. | -1,8 | | | | |
| 2,663,805. | | 2,761,811. | -98,0 | | | | |
| m 56,646. | | | 56,6 | | | | |
| n 84,969. | | | 84,9 | | | | |
| 5,974,631. | | 5,878,523. | 96,1 | | | | |
| | ng gain in column (h) and owned by 1 | | (I) Losses (from col. (h)) | | | | |
| (i) F M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | Gains (excess of col. (h) gain over col. (k), but not less than "-0-") | | | | |
| <u>a</u> | | | | 0. | | | |
| b | | | 117,3 | | | | |
| C | | | -2,4 | | | | |
| d | | | -3,7 | | | | |
| е | | | 600,8 | | | | |
| f | | | -5,6 | | | | |
| g | | | 1,897,6 | 21. | | | |
| h | | | | 77. | | | |
| 1 | | | | 69. | | | |
| 1 | | | 36,6 | | | | |
| k | | | -1,8 | | | | |
| <u></u> | | | -98,0 | | | | |
| m | | | 56,6 | | | | |
| n | | | 84,9 | | | | |
| 0 | | | 96,1 | .08. | | | |
| 2 Capital gain net income or (net ca | apital loss) { If gain, also enter If (loss), enter -C | in Part I, line 7 | 2 | | | | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). | | | | | | | |
| If (loss), enter "-0-" in Part I, line 8 | | | | | | | |

CONTINUATION FOR 990-PF, PART IV 23-3057 **PAGE** 2 OF 2 THE MAGUIRE FOUNDATION Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) D - Donation (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. 1a GOLDMAN SACHS X7722 VARIOUS P VARIOUS P VARIOUS VARIOUS b GOLDMAN SACHS X7810 c GOLDMAN SACHS X7810 P VARIOUS VARIOUS P VARIOUS VARIOUS d GOLDMAN SACHS X7810 P VARIOUS e FROM K-1 CEP IV VARIOUS P VARIOUS VARIOUS f FROM K-1 BROAD STREET RE CREDIT III P VARIOUS VARIOUS g FROM K-1 WEST STREET CAPITAL PARTNERS VII WEST STREET CAPITAL PARTNERS VII P VARIOUS VARIOUS h FROM P VARIOUS VARIOUS K-1WEST CAPITAL PARALLEL B STREET | FROM OFFSHORE P VARIOUS VARIOUS FROM K-1 PETERSHILL ΙI P VARIOUS CAPITAL GAIN DISTRIBUTION VARIOUS k GOLDMAN SACHS X1181 P VARIOUS VARIOUS GOLDMAN SACHS X7828 CAPITAL GAIN DISTRIBUTION ARES PRIVATE CREDIT SOLUTION P VARIOUS VARIOUS n PFIC PETERSHILL II OFFSHORE LP P VARIOUS VARIOUS 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 29,553,310. 1,807,292. 31,360,602. а 223,854. -8,792. 215,062. b -446,867. 5,046,257. 4,599,390. С 13,641. 13,641. d -90,616. 90,616. е 68,882. 68,882. 195. 195. g 831. 831. h 127. -127. 855 855. 781. 781. 814. 814. - 1 2. 2. m 94. 94. n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (1) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 1,807,292. а -8,792. b -446,867. C 13,641. d -90,616. е 68,882. 195. 831. h -127. 855. 3,781. 814. 1 2. m 94. n 0

923591 04-01-19 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

4,137,586.

N/A

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

23-3057805 THE MAGUIRE FOUNDATION Form 990-PF (2019) Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes." attach schedule. See instructions 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 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Х Website address ▶ WWW.MAGUIREFOUNDATION.ORG Telephone no. > 484 - 344 - 500614 The books are in care of ▶ REBECCA WALDRON Located at ▶ 300 CONSHOHOCKEN STATE RD, STE 405, WEST CONSHOHO ZIP+4 **▶19428** 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A **▶** | 15 | and enter the amount of tax-exempt interest received or accrued during the year Yes No 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, X 16 securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X 10 before the first day of the tax year beginning in 2019? 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(i)(3) or 4942(i)(5)); a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines Yes X No 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b if "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, N/A 3Ь Schedule C, to determine if the foundation had excess business holdings in 2019.)

Form 990-PF (2019)

4a

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be Re | equired (contin | ued) | | |
|---|---|-----------------------------|--|---------|------------------|
| 5a During the year, did the foundation pay or incur any amount to: | | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | es X No | <u> </u> | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | | | |
| any voter registration drive? | es X No | | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes' | es X No | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | | | |
| 4945(d)(4)(A)? See instructions | . addenieda ini dedilari | | es X No | | -] |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational nurnoses, or fo | | | l | 1 |
| the prevention of cruelty to children or animals? | or conounternal purposes, or it | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the excentions described i | | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | ii riegulations | - | 5b | X |
| Organizations relying on a current notice regarding disaster assistance, check h | | | | - | <u> </u> |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | ned | | | 1 |
| expenditure responsibility for the grant? | | | es No | 1 | 1 |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | ., | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | nav premijims on | | | | |
| a personal benefit contract? | ay promiumo on | | es X No | | ' |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870. | 0,001,01,001,011,001,001 | | F | | 1 |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | | es X No | | 1 |
| b if "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | <u> </u> |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | | | -17 | | |
| excess parachute payment(s) during the year? | i,ooo,ooo iii tomonaaaan o | | es X No | | |
| Part VIII Information About Officers, Directors, Truste | es, Foundation Mar | | | | |
| Paid Employees, and Contractors | • | | | | |
| 1 List all officers, directors, trustees, and foundation managers and the | eir compensation. | | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans | (e) Ex | ense |
| (a) Name and address | to position | (If not paid, enter -0-) | and deterred compensation | allowa | nces |
| JAMES MAGUIRE | PRESIDENT - A | S NEEDED | | | |
| 300 CONSHOHOCKEN STATE RD, STE 405 | | | | | |
| WEST CONSHOHOCKEN, PA 19428 | 0.00 | 0. | 0. | | 0. |
| FRANCES M. MAGUIRE | SECRETARY/TRE | ASURER-AS | NEE | | |
| 300 CONSHOHOCKEN STATE RD, STE 405 | | | | | |
| WEST CONSHOHOCKEN, PA 19428 | 0.00 | 0. | 0. | | 0. |
| CHRISTOPHER MAGUIRE | DIRECTOR - AS | NEEDED | | | |
| 300 CONSHOHOCKEN STATE RD, STE 405 | | | | | |
| WEST CONSHOHOCKEN, PA 19428 | 0.00 | 0. | 0. | | 0. |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (other than those incl | | enter "NONE." | T (a) | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Exp | oense . other |
| (a) Name and address of each employee paid more than \$50,000 | devoted to position | (C) compensation | compensation | allowa | inces |
| | ASSISTANT DIR | ECTOR | | | |
| STATE RD, STE 405, WEST | 40.00 | 470,656. | 0. | | 0. |
| | ASSOCIATE DIR | ECTOR | | | |
| STATE RD, STE 405, WEST | 40.00 | 89,349. | 0. | | 0. |
| | ASSISTANT DIR | 1 | | | |
| STATE RD, STE 405, WEST | 40.00 | 69,142. | 0. | | 0. |
| SUSAN CHRISTOPHER - 300 CONSHOHOCKEN | ASSISTANT DIR | | | | |
| STATE RD, STE 405, WEST | 40.00 | 60,885. | 0. | | 0. |
| ROBERT SHILLING - 300 CONSHOHOCKEN | ASSOCIATE DIR | | | | |
| STATE RD, STE 405, WEST | 40.00 | 57,179. | 0. | <u></u> | 0. |
| Total number of other employees paid over \$50,000 | - <u>-</u> - | | ▶ | | 0 |
| | | | Form | 990-PF | (2019) |

| | 3-305/0 | BUS Page / |
|--|-------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | > | 0 |
| 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, research papers produced, etc. | | Expenses |
| 1 PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER CHARITABLE ORGANIZATIONS EXEMPT | | 0. |
| 2 UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). | | • |
| 3 | | 0. |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
| 1 NONE | | Airiount |
| | | 0. |
| 2 | | |
| All other program-related investments. See instructions. | | |
| 3 NONE | \dashv | |

0. 0. Form **990-PF** (2019)

Total. Add lines 1 through 3

[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: 80,756,300. a Average monthly fair market value of securities 1a 1,982,177. b Average of monthly cash balances 1b c Fair market value of all other assets 10 82,738,477. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 82,738,477. Subtract line 2 from line 1d 3 3 1,241,077 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 81,497,400. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 4,074,870. Minimum investment return Enter 5% of line 5 6 [IPart:XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here
and do not complete this part.) 4,074,870. Minimum investment return from Part X, line 6 73,339. Tax on investment income for 2019 from Part VI, line 5 2a 2b Income tax for 2019. (This does not include the tax from Part VI.) 73,339. Add lines 2a and 2b 2c C Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 001 531 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 4,001,531 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: 26,742,003. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 16 Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 26,742,003. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 73,339. 5 income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 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** (2019)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|--|---------------|----------------------------|---------------|---------------------|
| 1 Distributable amount for 2019 from Part XI, | | | | 4,001,531. |
| line 7 2 Undistributed income, if any, as of the end of 2019 | | | | 4,001,331. |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years: | | | | |
| b rotal to produce | | 0. | • | |
| 3 Excess distributions carryover, if any, to 2019: | | | | |
| a From 2014 | | | | |
| b From 2015 | | | | |
| c From 2016 | | | | |
| d From 2017 | | | | |
| e From 2018 12,919,044. | | | | |
| f Total of lines 3a through e | 12,919,044. | | | |
| 4 Qualifying distributions for 2019 from | | | | ĺ |
| Part XII, line 4: ► \$ 26,742,003. | | | | |
| a Applied to 2018, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2019 distributable amount | | | | 4,001,531. |
| e Remaining amount distributed out of corpus | 22,740,472. | | | |
| 5 Excess distributions carryover applied to 2019 (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 | 35,659,516. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | ~ | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2018. Subtract line | | | • | |
| 4a from line 2a. Taxable amount - see instr. | | " " ^ | 0. | |
| f Undistributed income for 2019. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | 0. |
| be distributed in 2020 | | | | <u> </u> |
| 7 Amounts treated as distributions out of | | Ì | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | 3,072,794. | | | |
| 8 Excess distributions carryover from 2014 | 3,0/2,/34. | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2020 | | | | |
| Subtract lines 7 and 8 from line 6a | 32,586,722. | | | |
| 10 Analysis of line 9: | ,, | | 2 | |
| a Excess from 2015 | | | | |
| b Excess from 2016 | | | | |
| c Excess from 2017 | | | | |
| d Excess from 2018 9,846,250. | | | | |
| e Excess from 2019 22,740,472. | | | _ | |

923581 12-17-19

Form **990-PF** (2019)

| Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution | Amount |
|--|-------------|
| | Amount |
| | |
| 3. Paid during the year | |
| 1. 2.2. 22 | |
| | |
| | |
| SEE ATTACHED SCHEDULE NONE 501(C)(3) FOR GENERAL NEEDS OF | |
| 300 CONSHOHOCKEN STATE RD, STE 405 PRGANIZATION | |
| WEST CONSHOHOCKEN, PA 19428 | 25,778,973. |
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| | , |
| | |
| Total ▶ 3a | 25,778,973. |
| b Approved for future payment | |
| | |
| NONE | |
| NONE | |
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11

Form **990-PF** (2019)

| (a) Isiness code | isiness income (b) Amount | (C) Exclusion code | (d) Amount | (e) Related or exemple function income |
|------------------------|---------------------------|--------------------------|-------------------|--|
| code | | code | 74110011 | |
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| | | | 27,408. | |
| \longrightarrow | | 14 | <u>2,767,816.</u> | |
| \longrightarrow | | ++ | | |
| | | ++ | | |
| | | + | | |
| | | | | |
| | | + | | 810,9 |
| | | + | | 010,3 |
| | | 18 | 4,137,586. | |
| | | | | |
| | | | | |
| | | T | | |
| | | 01 | 30,436. | |
| | | ↓ | | |
| | | ++ | | |
| | | + | | |
| | | + | 6 063 246 | 910 0 |
| | <u> </u> | | | 810,9 $7,774,1$ |
| | | | 13 | <u> </u> |
| | | 0. Accomplishment of Ex | 0. | 18 4,137,586. 01 30,436. 0. 6,963,246. |

923621 12-17-19

Form **990-PF** (2019)

11411110 149481 7300017872

Page 13

Part XVII) Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

| 1 | Did the o | organization directly or indire | ectly engage in any o | f the followin | g with any other organization | on described in secti | on 501(c) | 223 | Yes | No |
|-----------------------------|-------------------|--|----------------------------|------------------|-----------------------------------|------------------------------|--|--------------------------------|-----------|--------------------------------------|
| | | an section 501(c)(3) organi | | | | | | | | |
| a | Transfers | s from the reporting founda | tion to a noncharitab | le exempt org | ganization of: | | | 遊廳 | | |
| | (1) Casi | h | | | | | | 1a(1) | | X |
| | (2) Othe | er assets | | | | | | 1a(2) | | X |
| b | Other tra | insactions: | | | | | | | | $N^{\prime}\mathcal{E}_{I}^{\prime}$ |
| | (1) Sale | es of assets to a noncharitab | ole exempt organizati | on | | | | 1b(1) | | _X_ |
| | (2) Puro | chases of assets from a non | icharitable exempt or | ganization | | | | 1b(2) | | Х |
| | (3) Ren | tal of facilities, equipment, o | or other assets | | | | | 1b(3) | <u> </u> | X |
| | (4) Rein | mbursement arrangements | | | | | | 1b(4) | | X |
| | (5) Loar | ns or loan guarantees | | | | | | 1b(5) | | X |
| | (6) Perf | formance of services or mer | mbership or fundraisi | ing solicitatio | ns | | | 1b(6) | | X |
| C | Sharing | of facilities, equipment, mai | ling lists, other asset | s, or paid em | ployees | | | 1c | | X |
| | | swer to any of the above is ' | | | | | | | ets, | |
| | or servic | es given by the reporting fo | oundation. If the found | dation receive | ed less than fair market valu | e in any transaction | or sharing arranger | nent, show in | | |
| | column (| (d) the value of the goods, o | | | | | | | | |
| a) Lii | ne no | (b) Amount involved | (c) Name of | | e exempt organization | (d) Description | of transfers, transactio | ns, and sharing arr | angemer | its |
| | | | | N/A | | | | | | |
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| | | | | | | | | | | |
| | | undation directly or indirect | • | • | or more tax-exempt organi | zations described | | | (T | ٦ |
| | | n 501(c) (other than section | | tion 5277 | | | | Yes | LA | No |
| <u>b</u> | If "Yes," (| complete the following sche | | | (h) Type of organization | Ι΄ | (c) Description of re | alationship | | |
| | | (a) Name of org | anization | | (b) Type of organization | | (c) Description of re | ationship | | |
| | | N/A | | | | | | | | |
| | | | | | | | | <u>-</u> | | |
| | | | | | | | | | | |
| | | | | | - | 1 | | | | |
| | Unde | er penalties of perjuly, I declare the | nat I have examined this r | eturn, includina | accompanying schedules and st | I atements, and to the be | st of my knowledge | | | |
| Sig | | belief, it is true, collect, and comp | plete Declaration of prep | arer (other than | taxpayer) is based on all informa | tion of which preparer h | as any knowledge | May the IRS of return with the | e prepare | er |
| He | re b | , (| | | 11/14/20 | TREASU | מאמו | shown below X Yes | | - I |
| | | gnature of officer or trustee | | | Date | Title | KEK | res | | □No |
| | | Print/Type preparer's na | me I | Preparer's si | | Date | Check If | PTIN | | |
| | | Trino type preparer 5 na | | | | | self- employed | | | |
| Pai | id | KIMBERLY BA | ARTOLOMEO | Limberle | 1 Bartolomeo | 11/12/2020 | | P01472 | 048 | |
| | eparer | | | | <i></i> | | Firm's EIN ▶ 1 | | | |
| | e Only | 1 11 11 0 11 di 110 | CHALEKHO | | LUKU THE | | THIN SEIN P I | 3 40003 | - | |
| | · y | | 01 MARKET | STREET | T, SUITE 1800 | <u> </u> | | | | |
| | | • | | | | • | Phone no. (2 | 67) 330 | -30 | 00 |
| PHILADELPHIA, PA 19103 Phor | | | | | | | T. Holle Ho. (2 | Form 99 (| | |

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.

→ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

THE MAGUIRE FOUNDATION

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

Employer identification number

23-3057805

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Organization type (check one) | | | | | | | |
|--|--|--|--|--|--|--|--|
| Filers of: | | Section: | | | | | |
| Form 990 | or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 990 | .PF | X 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| 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 F | Rule | | | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II See instructions for determining a contributor's total contributions | | | | | |
| Special R | lules | | | | | | |
| 5 | 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 totaling \$5,000 or more during the year. | | | | | | | |
| but it mus | st answer "No" on | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

THE MAGUIRE FOUNDATION

Name of organization

23-3057805

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JAMES AND FRANCES MAGUIRE 300 CONSHOHOCKEN STATE RD, STE 405 WEST CONSHOHOCKEN, PA 19428 | s 3,072,794. | Person X 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 Oncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (201) Name of organization

Employer identification number

THE MAGUIRE FOUNDATION

23-3057805

| Part II | Noncash Property (see instructions) Use duplicate copies of Part | II if additional space is needed | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | : |

11411110 149481 7300017872

Schedule B (Form 990, 990-EZ, or 990-PF) (2019 Name of organization

Employer identification number

| THE | MÄĞÜLKE | FOUNDA | ${	t TION}$ |
|-----|---------|--------|-------------|
|-----|---------|--------|-------------|

| THE MA | AGUIRE FOUNDATION | | | 23-3057805 |
|---------------------------|--|---|---|--|
| Part III | Exclusively religious, charitable, etc., contributi | | | that total more than \$1,000 for the year |
| | from any one contributor. Complete columns (a) | through (e) and the following line ent | ry For organizations | . ▶ \$ |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or | less for the year (Enter this into o | Ince) • • • • • • • • • • • • • • • • • • |
| (a) No. | Use duplicate copies of Part III if additional | space is needed | ···· | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Des | scription of how gift is held |
| Part I | (b) Furpose of gift | (c) Ose of gift | (u) Des | —————————————————————————————————————— |
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| | | (e) Transfer of gift | t e | |
| | | | | |
| 1 | Transferee's name, address, ar | nd ZIP + 4 | Relationship of tr | ansferor to transferee |
| | | | | |
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| | | <u></u> | | |
| (a) No. from | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | scription of how gift is held |
| | | | | |
| | | | | |
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| | | (e) Transfer of gift | | |
| | | | | |
| | Transferee's name, address, ar | M 71D + 4 | Dolotronohin of to | ansferor to transferee |
| F | Transieree's flame, address, ar | IU ZIF + 4 | nelationship of the | ansieror to nansieree |
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| (a) No. from | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | scription of how gift is held |
| 1 41 (1 | | | - | " |
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| | | (e) Transfer of gift | • | |
| | | | | |
| | Transferee's name, address, an | od 71D + 4 | Dolotionship of to | ansferor to transferee |
| H | Transferee's name, address, an | IU ZIP + 4 | nelationship of tra | ansieror to dansieree |
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| (a) No. from Part I | T T | | | |
| from | (b) Purpose of gift | (c) Use of gift | (d) Des | scription of how gift is held |
| Parti | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| F | | (a) Transfer of air | | |
| | | (e) Transfer of gift | | |
| | | | | |
| | Transferee's name, address, an | d ZIP + 4 | Relationship of tra | ansferor to transferee |
| | | | | |
| | | | | |
| | | | <u></u> | |
| | | | | |
| | | | | |
| | | | | |

STATEMENT 1

FORM 990-PF

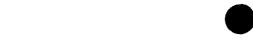




| SOURCE | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| GOLDMAN SACHS X0945 | 4,660. | 4,660. | |
| | 138. | 4,000. | |
| GOLDMAN SACHS X1181 | | | |
| GOLDMAN SACHS X6762 | 806. | 0. | |
| GOLDMAN SACHS X6772 | 10,935. | 0. | |
| GOLDMAN SACHS X7722 | 8,405. | 4. | |
| GOLDMAN SACHS X7810 | 846. | 16. | |
| GOLDMAN SACHS X7828 | 1,572. | 0. | |
| MORGAN STANLEY X8042 | 46. | 47. | |
| TOTAL TO PART I, LINE 3 | 27,408. | 4,727. | |

INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS





| FORM 990-PF | DIVIDENDS | AND INTEREST | FROM SECUR | ITIES ST | PATEMENT 2 |
|--------------------------|---------------------|-------------------------------|-----------------------------|-----------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| FROM K-1 - ARES | | | | | |
| PRIVATE CREDIT | | | | | |
| SOLUTIONS | 92,750. | 0. | 92,750. | 92,750. | |
| FROM K-1 - | | | | | |
| BRIGHTWOOD CAPITAL | 264 600 | • | 264 600 | 264 600 | |
| FUND III | 364,600. | 0. | 364,600. | 364,600. | |
| FROM K-1 - BROAD | | | | | |
| STREET RE CREDIT | 16 052 | 0. | 16,052. | 16,052. | |
| III FROM K-1 - CEP IV | 16,052. 108,049. | 0. | 108,032. | | |
| FROM K-1 - CEP IV | 100,049. | 0. | 100,047. | 100,047. | |
| PETERSHILL II | | | | | 1 |
| OFFSHORE | 143,045. | 0. | 143,045. | 143,045. | |
| FROM K-1 - VINTAGE | | • • | , | , | |
| VII AIV OFFSHORE | | | | | |
| SCSP | 2,025. | 0. | 2,025. | 2,025. | |
| FROM K-1 - WEST | | | | | |
| STREET CAPITAL - | | | | | |
| PARALLEL B | 300. | 0. | 300. | 300. | |
| FROM K-1 - WEST | | | | | |
| STREET CAPITAL | | | | 40 = 46 | |
| PARTNERS VII | 19,546. | 0. | 19,546. | 19,546. | |
| GOLDMAN SACHS | 15 500 | • | 17 500 | 12 (70 | |
| X1181 | 17,503. | 0. | 17,503. | 13,679. | |
| GOLDMAN SACHS X6762 | 0. | 0. | 0. | 806. | |
| GOLDMAN SACHS | 0. | 0. | 0. | 000. | |
| X6772 | 289,217. | 0. | 289,217. | 300,152. | |
| GOLDMAN SACHS | 205,217. | • | 205,217 | 300,132. | |
| X7722 | 896,995. | 0. | 896,995. | 907,653. | |
| GOLDMAN SACHS | , | | | | |
| X7810 | 314,685. | 0. | 314,685. | 315,917. | |
| GOLDMAN SACHS | - | | - | | |
| X7828 | 503,049. | 0. | 503,049. | 499,564. | |
| TO PART I, LINE 4 | 2,767,816. | 0. | 2,767,816. | 2,784,138. | |

| FORM 990-PF | OTHER | INCOME | <u>. </u> | STATEMENT 3 |
|--|------------------------------|-----------------------------------|--|-------------------------------|
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| OTHER INCOME - 1099S | _ | 142,287. | 671. | |
| ORDINARY INCOME - 1099S | | 430,694. | | |
| OTHER INCOME - CEP IV | | 71. | | |
| OTHER INCOME - BROAD STREET | RE | | | |
| CREDIT III | | 1,680. | 1,680. | • |
| OTHER INCOME - WEST STREET C | APITAL | | | |
| PARTNERS VII | | 9,657. | 9,657. | • |
| OTHER LOSS - WEST STREET CAP | ITAL - | | | |
| PARALLEL B | | | -2,298. | |
| PFIC ARES PRIVATE CREDIT SOL | UTION | 104,647. | 104,647. | • |
| PFIC BROAD STREET RE CREDIT | | 15 050 | 15 050 | |
| PARTNERS III OFFSHORE FUND PFIC PETERSHILL II OFFSHORE | T D | 15,952. 108,223. | • | |
| 2018 OVERPAYMENT APPLIED | ПЪ | 30,436. | 100,223. | |
| 2010 OVERPRIMENT APPLIED | _ | 30,430. | | · |
| TOTAL TO FORM 990-PF, PART I | , LINE 11 = | 841,349. | 669,531. | - |
| FORM 990-PF | LEGA | L FEES | | STATEMENT 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | | | |
| LEGAL FEES | 113,215 | 5. 0 | • | 0. |
| TO FM 990-PF, PG 1, LN 16A | 113,215 | 0 | • | 0. |
| | | | | |
| FORM 990-PF | ACCOUNT | ING FEES | | STATEMENT 5 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 30,819 | 0. | • | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 30,819 | 0. | • | 0. |
| | | | | |



| FORM 990-PF (| OTHER PROFESSIONAL FEES | | STATEMENT 6 | |
|----------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ADVISOR FEES | 105,857. | 105,857. | | 0. |
| OTHER PROFESSIONAL SERVICES | 306,728. | 0. | | 0. |
| PORTFOLIO DEDUCTIONS (FROM K-1S) | 0. | 118,564. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 412,585. | 224,421. | | 0. |

| FORM 990-PF | TAXES | | STATEMENT 7 | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FOREIGN TAXES PAID 2019 ESTIMATED PAYMENTS 2018 OVERPAYMENT APPLIED | 27,555. 1,500. 30,436. | 0. | | 0. 0. 0. |
| TO FORM 990-PF, PG 1, LN 18 | 59,491. | 29,811. | | 0. |

| FORM 990-PF | OTHER EXPENSES | | STATEMENT 8 | |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OFFICE EXPENSE | 45,002. | 0. | | 45,022. |
| GENERAL & ADMINISTRATIVE | 765. | 0. | | 765. |
| CREDIT CARD EXPENSE | 37,405. | 0. | | 37,405. |
| INSURANCE EXPENSE | 6,633. | 0. | | 6,633. |
| TO FORM 990-PF, PG 1, LN 23 | 89,805. | 0. | | 89,825. |



| FORM 990-PF OTHER DECREAS | SES IN NET ASSETS OR | FUND BALANCES | STATEMENT 9 |
|--|-----------------------|---------------------------|-----------------------------------|
| DESCRIPTION | | | AMOUNT |
| DIFFERENCE BETWEEN BOOK VALU DIFFERENCE BETWEEN BOOK VALU OTHER BOOK - TAX DIFFERENCES | JE AND FMV - ASSETS C | CONTRIBUTED | 837,853. 2,877,888. 56,115. |
| TOTAL TO FORM 990-PF, PART I | III, LINE 5 | | 3,771,856. |
| FORM 990-PF | CORPORATE STOCK | | STATEMENT 10 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| PUBLIC EQUITY - US PUBLIC EQUITY - GLOBAL | | 12,355,051. 4,315,420. | 14,827,526. 4,535,244. |
| TOTAL TO FORM 990-PF, PART I | II, LINE 10B | 16,670,471. | 19,362,770. |
| FORM 990-PF | CORPORATE BONDS | 1 W 14 W 14 P 17 | STATEMENT 11 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| FIXED INCOME FUNDS | | 30,522,846. | 31,034,068. |
| TOTAL TO FORM 990-PF, PART I | II, LINE 10C | 30,522,846. | 31,034,068. |
| FORM 990-PF | OTHER INVESTMENTS | 3 | STATEMENT 12 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| PRIVATE EQUITY OTHER INVESTMENTS | FMV FMV | 15,937,521. -3,835. | 21,023,877. 21,748. |
| TOTAL TO FORM 990-PF, PART I | | 15,933,686. | 21,045,625. |



FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 13

NAME OF CONTRIBUTOR

ADDRESS

JAMES AND FRANCES MAGUIRE

300 CONSHOHOCKEN STATE RD, STE 405 WEST CONSHOHOCKEN, PA 19428

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 14

NAME OF MANAGER

JAMES MAGUIRE FRANCES M. MAGUIRE