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#### Form 990-PF

#### EXTENSION GRANTED TO AUGUST 15, 2011

#### **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

FOLC	alen	dar year 2010, or ta	x year	beginning			, and e	naing		
G C	heck	all that apply:	=	nitial return		Initial return of a fo	•	charity	Final return	n
			<u> </u>	Amended return	-	Address chang	je		Name change	
Nan	ie of	foundation							A Employer identification	n number
		ттм∩тн∨	MΔ(	GUIRE FOUND	<b>ል</b> ጥፐ (	אר			27-0870730	)
Num	ber au			mail is not delivered to street		<i>7</i> 11		Room/suite	B Telephone number	<u> </u>
		1810 OC	EAN	WAY					949-582-00	)25
City	or to	wn, state, and ZIP co		71444				<del></del>	C If exemption application is	
",		LAGUNA		CH, CA 926	51				D 1. Foreign organization	s, check here
H C	heck	type of organization:		Section 501(c)(3) ex		vate foundation			Foreign organizations me check here and attach or	eeting the 85% test,
	-	ction 4947(a)(1) non		` <del>` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` </del>		xable private founda	tion		E If private foundation sta	
I Fa	r ma	rket value of all asse	ts at en	nd of year J Accounting	ng meth	od: X Cash	Acci	rual	under section 507(b)(1	
(fr	om F	Part II, col (c), line	16)		her (spe				F If the foundation is in a	60-month termination
	\$			,608 . (Part I, colui	mn (d)	must be on cash b	asis)		under section 507(b)(1	
Pa	rt I	Analysis of Reven (The total of amounts a necessarily equal the	n colum:	ns (b), (c), and (d) may not	(a) exp	Revenue and enses per books		rvestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts,	grants	, etc., received		10,000.			N/A	·
	2	Check In the fo	undation i	s not required to attach Sch. B						
	3	Interest on savings and cash investments	tempora	ary		33.		33.		STATEMENT 1
	4	Dividends and intere	est fron	n securities		5,241.		5,241.		STATEMENT 2
	5a	Gross rents					· <del> </del>			
	b	Net rental income or (los	ss)							
2.U <u>ا</u> اً	6a	Net gain or (loss) from s				16,865.				
မ <u>၂</u>	b	Gross sales price for all assets on line 6a		406,710.						
Revenue	7	Capital gain net income					1	<u>.6,865.</u>		
ָרָ בַּי	8	Net short-term capit	•					·-·		
١٨,	9	Income modification Gross sales less returns								
	10a	and allowances	.  -							
,		Less Cost of goods so Gross profit or (loss	_							
		Other income	·)							
	12	Total Add lines 1 tl	hrough	11		32,139.		2,139.		
	13	Compensation of office				0.	<del>-</del>	0.		0.
	14	Other employee sala		· ·						
	15	Pension plans, emp	loyee b	enefits						
Expenses	16a	Legal fees		STMT 3		7,898.		7,898.		0.
ĕ	b	Accounting fees								
Š	C	Other professional f	ees							
<u>×</u>	17	Interest		RECEIVED		4,390.		<u>4,390</u>		0.
trat	18	Taxes	-		]     					<u> </u>
inis	19	Depreciation and de Occupancy	eptétion	MAY 17 2011	ΗÖΙ		<del></del>			<u> </u>
Administrative	20	Occupancy		WAI & COII	FIS-					<u> </u>
ďρ	21	Travel, conferences	, and m	neetings	屵ᆜ					<del> </del>
and	22	Printing and public	tions			12 665	- 1	2 665		
ting	23	Other expenses	٠	STMT 4		13,665.		13,665.		0.
Operating	24	Total operating and expenses. Add line				25,953.	•	25,953.		0.
o	25	Contributions, gifts,			<del> </del>	424,000.		<u>,,,,,</u>	-	424,000.
		Total expenses and								1227000.
		Add lines 24 and 25				449,953.	2	25,953		424,000.
	27	Subtract line 26 from		12:						
		Excess of revenue over			<u> </u>	<u>-417,814.</u>				
		Net investment inc	•					0.		
		Adjusted net incom	16 (if ne	gative, enter -0-)	<u> </u>				N/A	
0235 12-0	01 7-10	LHA For Paperw	ork Re	duction Act Notice, see	the inst	ructions.				Form <b>990-PF</b> (2010)

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30
(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize) ▶
4 Add lines 1, 2, and 3
5 Decreases not included in line 2 (itemize) ▶
5 Occesses not included in line 2 (itemize) ▶
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

1 1,572,122.
2 -417,814.
3 0.
4 1,154,308.

Form **990-PF** (2010)

<u> </u>	(a) List and desc	and Losses for Tax on In ribe the kind(s) of property sold (e.g. irehouse; or common stock, 200 shs	., real estate,	Income	P - F	w acquired Purchase Donation	(c) Date a	cquired y, yr.)	(d) Date sold (mo., day, yr.)
12		DEVON ENEGRY CO			D-1	P	03/24		10/19/10
<u>la</u> b		DEVON ENEGRY CO				P	03/25		10/19/10
C									
<u>d</u>									
е					<u> </u>				<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				in or (loss (f) minus	(g)
a				<u>293,11</u>			<del></del>		11,891
<u>b</u>	-			96,72	7.				4,974
_ <u>c</u> d					-+				
_ <u>u</u>		<del></del>							
		ig gain in column (h) and owned by t	the foundation	on 12/31/69			I) Gains (Co		
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any		cc	ol. (k), but no Losses (1	ot less that from col. (	n -0-) <b>or</b> h))
a	·								11,891
b									4,974
C									
<u>d</u>				<del></del>			•		
<u>e</u>		<i>C</i>	l		$\overline{}$		<del></del>		
2	Capital gain net income or (net ca	$ \begin{cases}     \text{If gain, also enter} \\     \text{If (loss), enter} & -0  \end{cases} $	in Part I, line - in Part I, line	<i>1</i> 7		2			16,865
		ss) as defined in sections 1222(5) an	d (6):		٦				
	If gain, also enter in Part I, line 8,	column (c).						N/A	
	If (loss), enter -0- in Part I, line 8	nder Section 4940(e) for	Reduced	Tax on Net	Inves	stment In	come	N/A	
Ь-		e foundations subject to the section 4		·					
`		•	( )		,				
H S	ection 4940(d)(2) applies, leave t	nis part diank.							
		tion 4942 tax on the distributable am		•	lods				Yes X No
		lify under section 4940(e). Do not co each column for each year; see instri							
<u>-</u>	(a)	(b)	dollons boloro	making any chara	(c)				(d) oution ratio
	Base periód years Calendar year (or tax year beginni	Admoted avalifying dia	tributions	Net value of no		ble-use asset	s (	Distrit col. (b) div	oution ratio vided by col. (c))
_	2009	52	8,725.	1		202,77	3.		2.60747
_	2008								
_	2007								
_	2006 2005								
_									
2	Total of line 1, column (d)						2		2.60747
3	Average distribution ratio for the	5-year base period - divide the total (	on line 2 by 5,	or by the number	of years	5			
	the foundation has been in existe	nce if less than 5 years					3		2.60747
	Catan the act value of people with	ala una acceta far 0010 from Dart V	lina E						1 112 510
4	Enter the net value of noncharitat	ole-use assets for 2010 from Part X,	illie 5				4		1,112,510
5	Multiply line 4 by line 3						5		2,900,839
6	Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		0
-	Add been Freed C						_		2 000 020
1	Add lines 5 and 6								<u>2,900,839</u>
8	Enter qualifying distributions from						8		424,000
	If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part VI, line	1b, and comp	plete that part usin	ıg a 1%	tax rate.			

Form 990-PF (2010) TIMOTHY MAGUIRE FOUNDATION	10(-) 4040(-) 4040(-)	27-	087073	0	Page 4
Part VI Excise Tax Based on Investment Income (Section 494		or 4948	- see inst	ructio	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here   ☐ and e					
Date of ruling or determination letter: (attach copy of letter if new b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1			0.
of Part I, line 27b	and enter 176	<del>'</del> -		•	<u> </u>
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	6 of Part I line 12 col (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. 0		2			0.
3 Add lines 1 and 2	and the same	3			0.
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-	,	5			0.
6 Credits/Payments:					
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶ 10			
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunde	1 11			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or inte	rvene in		Yes	s No
any political campaign?			1a	ı	X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see instructions for definiti	n)?	16		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	d copies of any matenals pul	olished or			
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e year:				
(1) On the foundation. > \$ 0. (2) On foundation managers	s. ► \$	0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture tax imposed on foundation			İ	
managers. $\triangleright$ \$0 .					
2 Has the foundation engaged in any activities that have not previously been reported to the l	IRS?		2	1	X
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 incorpora	tion, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang			3		<u> </u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	_	1	I/A 4b		+
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	7		5		X_
If "Yes," attach the statement required by General Instruction T	. th				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	eitner:				
By language in the governing instrument, or      Description of the second of the control o	durantum a that a anti-atth th	o ototo love			
By state legislation that effectively amends the governing instrument so that no mandato	ry directions that conflict with th	e state law	١,	v	
remain in the governing instrument?			6		+
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	^	+
If "Yes," complete Part II, col. (c), and Part XV	anal N				
8a Enter the states to which the foundation reports or with which it is registered (see instruction CA	ulis) 🚩				
	Attorney Congrel (or decignate)				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	national delicities (of designate)		01	, x	
of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of si	ection 4942/i)/3) or 4042/i)/£) f	or calandar	81	, <u> </u>	+-
9 Is the foundation claiming status as a private operating foundation within the meaning of significant year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," in the status of the status	****	, vaichual	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched			10		$\frac{1}{X}$
The arry personne described described and region to the four in 165, attach a soliton	eric wented and thousands dile decresses		Form 9		

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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

4b X Form **990-PF** (2010)

X

3Ь

4a

Yes X No

N/A

during the year?

Form 990-PF (2010) TIMOTHY MAGUIRE FOUNDAT	ION		27-0870	730	Page 6
Part VII-B   Statements Regarding Activities for Which	n Form 4720 May Be	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (sec			es X No		
(2) Influence the outcome of any specific public election (see section 4955)	); or to carry on, directly or indir	rectly,		1	
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpos	ses?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organiza	ition described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗶 No 📗		ļ
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational purposes, or				
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see ins	structions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance chec	k here		▶∟」∣		}
c If the answer is "Yes" to question 5a(4), does the foundation claim exemptio					
expenditure responsibility for the grant?	ì	N/A L Ye	es 📖 No 📗		
If "Yes," attach the statement required by Regulations section 53.49	945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on	<del></del>			
a personal benefit contract?		Ye	es X No		
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870.		_			
7a At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attr			N/A	7b	
Part VIII Information About Officers, Directors, True	stees, Foundation Ma	anagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and the	eir compensation.	<del></del>			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(е	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acc	count, other llowances
TIMOTHY MAGUIRE		DIRECTOR	35	<del>                                     </del>	
1810 OCEAN WAY			1		
LAGUNA BEACH, CA 92651	4.00	0.	0		0.
SUE MAGUIRE	SECRETARY				
1810 OCEAN WAY					
LAGUNA BEACH, CA 92651	2.00	0.	0		0.
FRANNY GLOMB	CFO				
1810 OCEAN WAY					
LAGUNA BEACH, CA 92651	1.00	0.	0		0.
Discouri Dilitori del Suddi		<u> </u>			
				<u> </u>	
2 Compensation of five highest-paid employees (other than those	(b) Title, and average	, enter "NONE."	(d) Contributions to	1	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	' acc	count, other llowances
NONE					
					·
Total number of other employees paid over \$50,000			<b>&gt;</b>		0

Form 990-PF (2010)

Total. Add lines 1 through 3

Pa	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	784,227
b	Average of monthly cash balances	1b	345,225
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,129,452.
е	Reduction claimed for blockage or other factors reported on lines 1a and	l	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,129,452
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	16,942.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,112,510.
6	Minimum investment return Enter 5% of line 5	6	55,626
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Mınımum investment return from Part X, line 6	1	55,626
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	55,626.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	55,626.
	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	55,626.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	424,000.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
a	Suitability test (prior IRS approval required)	3a	
	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	424,000
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	424,000
	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** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed	Income (see ins	structions)			
		(a)	(b)	(c)	(d) 2010
		Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 fro line 7	ım Part XI,				_55,626.
2 Undistributed income, if any, as of the	end of 2010				
a Enter amount for 2009 only				0.	
<b>b</b> Total for prior years:					
3 Excess distributions carryover, if	to 2010		0.		
a From 2005	any, to 2010.				
<b>b</b> From 2006					
c From 2007					
d From 2008					
	21,614.				
f Total of lines 3a through e		521,614.			
4 Qualifying distributions for 2010 t	from				
Part XII, line 4: ► \$ 4.2					
a Applied to 2009, but not more that	an line 2a			0.	
<b>b</b> Applied to undistributed income of	of prior				
years (Election required - see inst	tructions)		0.		
c Treated as distributions out of co	rpus				
(Election required - see instructio	ns)	0.			
d Applied to 2010 distributable amo		262 274			55,626.
e Remaining amount distributed ou		368,374.			
5 Excess distributions carryover applied (If an amount appears in column (d), the must be shown in column (a))	to 2010 e same amount	0.			0.
6 Enter the net total of each colum indicated below:	in as				
a Corpus Add lines 3f, 4c, and 4e Subtri	act line 5	889,988.			
b Prior years' undistributed income	e. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior years' undistributed income for which a deficiency has been issued, or on the section 4942(a) tax has been	n which				
assessed			0.		
d Subtract line 6c from line 6b. Tax	able				
amount - see instructions			0.		
e Undistributed income for 2009. S					
4a from line 2a. Taxable amount				0.	
f Undistributed income for 2010. S					
lines 4d and 5 from line 1. This at be distributed in 2011	mount must				0.
7 Amounts treated as distributions	out of				<u> </u>
corpus to satisfy requirements in					
section 170(b)(1)(F) or 4942(g)(		0.			
8 Excess distributions carryover from				-	
not applied on line 5 or line 7		0.			
9 Excess distributions carryover to	o 2011.				
Subtract lines 7 and 8 from line 6		889,988.			
10 Analysis of line 9:					
a Excess from 2006					
<b>b</b> Excess from 2007					
c Excess from 2008	04 64 4				
d Excess from 2009 52	21.614.	l	1		

e Excess from 2010

368,374.

	MAGUIRE FO		A guestian (I)		370730 Page 10
Part XIV   Private Operating F			-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			tua	14040(3)(2) or 14	042(4)(5)
b Check box to indicate whether the found		ig foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	<b>(b)</b> 2009	Prior 3 years (c) 2008	(d) 2007	(e) Total
income from Part I or the minimum	(a) 2010	(0) 2003	(6) 2000	(4) 2007	(6) 10(a)
investment return from Part X for					
each year listed					<u> </u>
<b>b</b> 85% of line 2a					ļ
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
<ul> <li>Qualifying distributions made directly</li> </ul>					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					_
(4) Gross investment income	<u></u>				
Part XV Supplementary Info			if the foundatio	n had \$5,000 or m	ore in assets
at any time during	the year-see the	instructions.)			
Information Regarding Foundation     List any managers of the foundation we year (but only if they have contributed of TIMOTHY MAGUIRE	no have contributed more		ributions received by th	e foundation before the clo	ose of any tax
b List any managers of the foundation who other entity) of which the foundation has	no own 10% or more of th as a 10% or greater intere	ne stock of a corporation ( st.	(or an equally large port	ion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num	<del></del>		<del></del>		
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they sl	nould include:		<u> </u>
c Any submission deadlines:		· · · · · · · · · · · · · · · · · · ·			
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 6 Total	l		<b>▶</b> 3a	424,000.
b Approved for future payment  NONE  Total			<b>▶</b> 3b	424,000.

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	coue	<del>-</del>	1000		
a			<del> </del>		· · · · · · · · · · · · · · · · · · ·
b			<del> </del>		
c			1		
d			-		
e			├		
f	_		<del> </del>		
g Fees and contracts from government agencies					<del></del>
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash			۱.,		
investments			14	33.	
4 Dividends and interest from securities			14	5,241.	
5 Net rental income or (loss) from real estate:			ļ		· ·-
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	1	•			
property	_				
7 Other investment income					<u></u>
8 Gain or (loss) from sales of assets other					
than inventory			18	16,865.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		22,139.	0.
13 Total. Add line 12, columns (b), (d), and (e)					22,139.
(See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	/amn	t Purnoses	·-··
rait XVI-b Relationship of Activities to	uie Acci	omprisiment of La	(emp	t ruiposes	
Line No Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contril	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing fu	nds for such purposes).			

#### 27-0870730 TIMOTHY MAGUIRE FOUNDATION Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) 1b(2) (2) Purchases of assets from a noncharitable exempt organization X 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees Х (6) Performance of services or membership or fundraising solicitations 1b(6) 1c c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign Here PRESIDENT Signature of officer or trustee Title Date Check PTIN Print/Type preparer's name Preparer's-signature self-employed Paid GREGORY BUSCH **Preparer** Firm's name ► THE BUSCH FIRM Firm's EIN ▶ **Use Only** 2532 DUPONT DRIVE 949-474-7368 Firm's address ► IRVINE, CA 92612 Phone no.

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

**2010** 

Employer identification number Name of the organization 27-0870730 TIMOTHY MAGUIRE FOUNDATION 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 X 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-FF) (2010)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 1 of 1 of Pan	Page	1 of	1 of Part
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<b>-</b>				
Schedule B	(Form 990,	990-EZ,	or 990-PF	) (2010

Name of organization

Employer identification number

#### TIMOTHY MAGUIRE FOUNDATION

27-0870730

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TIMOTHY MAGUIRE  1810 OCEAN WAY  LAGUNA BEACH, CA 92651	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

of Part II

Name of organization

Employer identification number

#### TIMOTHY MAGUIRE FOUNDATION

27-0870730

Part II	Noncash Property (see instructions)		
(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
		-   - - -   \$	

	0, 990-EZ, or 990-PF) (2010)		Page of of
ne of organiza	tion		Employer identification number
rM∩muv	MAGUIRE FOUNDATION		27-0870730
art III	exclusively religious, charitable, etc., in	e columns (a) through (e) and the bus, charitable, etc., contributions	n 501(c)(7), (8), or (10) organizations aggregating following line entry For organizations completing of
n) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(o) turpose of girt	(0) 000 01 3111	(c) Becomplies of their girls field
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
n) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
) No.			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

FORM 990-PF INTEREST ON SAV	INGS A	AND TEM	PORARY C	ASH II	NVESTMENTS	STATEMEN	ידין
SOURCE						AMOUN	T
WELLS FARGO ADVISORS							33.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				33.
FORM 990-PF DIVIDEN	DS ANI	) INTER	EST FROM	SECUI	RITIES	STATEMEN	IT 2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN AMOUN	
WELLS FARGO ADVISORS			5,241.		0.	5	,241.
TOTAL TO FM 990-PF, PART I,	LN 4		5,241.		0.	5	,241.
FORM 990-PF		LEGAL	FEES			STATEMEN	T 3
DESCRIPTION	EXPE	(A) ENSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		-
PROFESSIONAL FEES		7,898.	7	,898.		<del></del>	0.
TO FM 990-PF, PG 1, LN 16A		7,898.	7	,898.			0.
FORM 990-PF	(	OTHER E	XPENSES			STATEMEN	T 4
DESCRIPTION	EXP	(A) ENSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
FILING FEES BANK CHARGES GRANT WRITING EXPENSES VIDEO PRODUCTION OUTSIDE SERVICES		160. 230. 7,275. 3,000. 3,000.	3	160. 230. ,275. ,000.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	1	13,665.	13	,665.	· · · · · · · · · · · · · · · · · · ·		0.
						<del></del>	

FORM 990-PF	CORPORATE STOCK		STATE	MENT 5	
DESCRIPTION	BOOK VALUE		FAIR MARKET VALUE		
WELLS FARGO ADVISORS - SECURITI	ES -	2,064,312	1,946,049		
TOTAL TO FORM 990-PF, PART II,	LINE 10B	2,064,312	1,9	1,946,049.	
	S AND CONTRIBUTIONS D DURING THE YEAR	5	STATE	MENT 6	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELAT		PIENT PATUS	AMOUNT	
ABILITY FIRST 1300 EAST GREEN STREET PASADENA, CA 91106	NONE GENERAL PURPOSE	EXEMI ORGAN	PT NIZATI	3,000.	
SAINT JOSEPH'S UNIVERSITY; OFFICE OF DEVPT & ALUMNI RELATIONS - 5600 CITY AVE PHILADELPHIA, PA 19131	NONE GENERAL PURPOSE	EXEMI ORGAI	PT NIZATI	50,000.	
ST MICHAEL'S ABBEY 19292 EL TORO ROAD SILVERADO, CA 92676	NONE BUILDING FUND	EXEMI ORGAN	PT NIZATI	25,000.	
TEEN CHALLENGE INTL PO BOX 236 SANTA ANA, CA 92702	NONE GENERAL PURPOSE	EXEMI ORGAN	PT NIZATI	5,000.	
THE MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014			PT NIZATI	2,500.	
CADENCE CYCLING FOUNDATION 4323 MAIN STREET PHILADELPHIA, PA 19127	NONE GENERAL PURPOSE	EXEMI ORGAL	PT NIZATI	5,000.	

·TIMOTHY MAGUIRE FOUNDATION		2	7-0870730
CHALLENGED ATHLETES FOUNDATION P.O. BOX 910769 SAN DIEGO, CA 92191	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	50,000.
ETHEMBENI SCHOOL OLD MAIN ROAD INCHANGA, KWAZULU-NATAL, SOUTH AFRICA 3670		EXEMPT ORGANIZATI	2,500.
VILLA DE LOS NINOS (GIRLSTOWN) UBICACION MEXICO CITY, CHALCO, MEXICO	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	65,000.
GOODWILL OF ORANGE COUNTY 410 NORTH FAIRVIEW SANTA ANA, CA 92703	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	1,000.
KIDS AROUND THE WORLD 2424 CHARLES STREET ROCKFORD, IL 61108	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	3,500.
KOINS FOR KENYA 252 N PRESTON DRIVE ALPINE, UT 84004	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	1,000.
LOS ANGELES PREGNANCY SERVICES 2524 W. 7TH STREET LOS ANGELES, CA 90057-3802	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	45,000.
LIGHTHOUSE FOR THE BLIND 359 EAST PARK CENTER CIRCLE SOUTH SAN BERNARDINO, CA 92408	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	1,000.
MANTO DE GUADELUPE 3020 WILSHIRE BOULEVARD, SUITE 219 LOS ANGELES, CA 90010	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	10,000.
MUSCULAR DYSTROPHY ASSOCIATION 3300 EAST SUNRISE DRIVE TUCSON, AZ 85718	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	2,500.

'TIMOTHY MAGUIRE FOUNDATION		2	27-0870730
NATIONAL MS SOCIETY P.O. BOX 4527 NEW YORK, NY 10163	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	500.
NEW ALTERNATIVES P.O. BOX 34219 SAN DIEGO, CA 92163	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	5,000.
PAPAL FOUNDATION 150 MONUMENT ROAD, SUITE 609 BALA CYNWYD, PA 19004	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	113,500.
RED CROSS ONE BALA PLAZA, SUITE 100 BALA CYNWYD, PA 19004	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	5,000.
FRIENDSHIP CIRCLE OF SOUTHBAY 2108 VAIL AVENUE REDONDO BEACH, CA 90278		EXEMPT ORGANIZATI	500.
SKILL CENTERS OF AMERICA 6255 UNIVERSITY AVENUE, SUITE A1 SAN DIEGO, CA 92115		EXEMPT ORGANIZATI	1,500.
VISTA DEL MAR CHILD & FAMILY SERVICES 3200 MOTOR AVENUE LOS ANGELES, CA 90034	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	5,000.
VOICES IN HARMONY 15760 VENTURA BOULEVARD ENCINO, CA 91436	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	5,000.
WILLIAM PENN CHARTER SCHOOL 3000 WEST SCHOOL HOUSE LANE PHILADELPHIA, PA 19144	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	15,000.
WORKING WARDROBES 3030 PULLMAN STREET COSTA MESA, CA 92626	NONE GENERAL PURPOSE	EXEMPT ORGANIZATI	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	<del></del>	424,000.

### Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

 $\triangleright \mathbf{X}$ 

Form 8868 (Rev 1-2011)

OMB No 1545-1709

<ul><li>If yo</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
Do no	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.	
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corp	oration
	d to file Form 990-T), or an additional (not automatic) 3-mo.					
•	to file any of the forms listed in Part I or Part II with the exi		•		•	
	al Benefit Contracts, which must be sent to the IRS in pap	•				
	vw.irs gov/efile and click on e-file for Chanties & Nonprofits		(000 111011 20110110). 1 01 111010 2012110 011 1		,	····,
Part			bmit original (no copies needed).			
	oration required to file Form 990-T and requesting an autor			nplete		
Part I d				•	•	. 🗀
	er corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to request ar	n exten	sion of time	
	ncome tax returns	,	,			
Type o	pe or Name of exempt organization Employer identifica					number
print	·					
	TIMOTHY MAGUIRE FOUNDATION			2	7-0870730	
File by th	Blumber etreet and room aroute no If a D.O. how a	ee instruc	tions	<u> </u>		
filing you	1810 OCEAN WAY					
return Sonstruction		reign add	ress see instructions			
	LAGUNA BEACH, CA 92651	oroigir add	noos, ooo mondonona			
	Entouri Benen, en 32031					
Enter t	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Lintoi	the flexibility code for the focular that this application is for the	o a copara	to application for each rotally			
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90	01	Form 990-T (corporation)		07	
Form 9		02	Form 1041-A			08
		03	Form 4720		09	
		Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)  05 Form 6069				11		
	90-T (trust other than above)	06	Form 8870		···	12
1 01111	TIMOTHY MAGUIR		11011110010	•		_1
• The	books are in the care of ▶ 1810 OCEAN WAY		CIINA BEACH CA 92651			
	phone No ► 949-582-0025		FAX No. ▶ 949-582-1425		<del></del>	
	e organization does not have an office or place of business	e in the l lr		<u>,                                     </u>		. 🗀
	is is for a Group Return, enter the organization's four digit			ie ie fo	r the whole group.	chack this
box D		7				
	request an automatic 3-month (6 months for a corporation				ers the extension is	, 101
' '			tion return for the organization named a		The extension	
	s for the organization's return for	t Organiza	mon return for the organization named t	100 <b>v</b> C.	THE EXTENSION	
ľ	► X calendar year 2010 or					
1	tax year beginning	an	ad ending			
1	tax year beginning	, ai	ed ending		_	
2	f the tax year entered in line 1 is for less than 12 months, o	hack rass	on. Initial return Fin	al retur	n	
~	Change in accounting period	ileck reas	on mila retain riii	arrotar		
	Change in accounting period					
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	enter the tentative tax less any	T		
	nonrefundable credits. See instructions	01 00005, 6	inter the terriative tax, less any	3a	\$	0.
	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja		
	estimated tax payments made Include any prior year over	-		3b	\$	0.
	Balance due. Subtract line 3b from line 3a Include your pa			35		
	by using EFTPS (Electronic Federal Tax Payment System)			3c	   \$	0.
	on. If you are going to make an electronic fund withdrawal				_ <del></del>	
	The state of the s					

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For Paperwork Reduction Act Notice, sq