C&E 960

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EXTENDED TO AUGUST 15, 2018

Form **990-T**

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning OCT 1, 2016 and ending SEP 30, 2017

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

OMB No 1545-0687

**2016**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

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A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions )
MCLAUGHLIN FAMILY FOUNDATION

Number, street, and room or suite no. If a P O box, see instructions.
6824 N. ROBINSON

City or town, state or province, country, and ZIP or foreign postal code
OKLAHOMA CITY, OK 73116

D Employer identification number (Employees' trust, see instructions )
47-0945945

E Unrelated business activity codes (See instructions )
525990

C Book value of all assets at end of year
32,925,005.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ INVESTMENTS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MCLAUGHLIN FAMILY FOUNDATION Telephone number ▶ (405) 256-4199

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|
| 1a Gross receipts or sales ____ b Less returns and allowances ____ c Balance ▶ | 1c | | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a Capital gain net income (attach Schedule D) | 4a | 132,041. | | 132,041. |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | -24,694. | | -24,694. |
| 6 Rent income (Schedule C) | 6 | | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch F) | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 Advertising income (Schedule J) | 11 | | | |
| 12 Other income (See instructions, attach schedule) STATEMENT 14 | 12 | 70,936. | | 70,936. |
| 13 Total. Combine lines 3 through 12 | 13 | 178,283. | | 178,283. |

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| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income ) | | |
|---|---|---|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) SEE STATEMENT 15 | 18 | 9,233. |
| 19 Taxes and licenses | 19 | 2. |
| 20 Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 Depreciation (attach Form 4562) 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return 22a | 22b | |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) SEE STATEMENT 16 | 28 | 42,550. |
| 29 **Total deductions** Add lines 14 through 28 | 29 | 51,785. |
| 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | 126,498. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30 | 32 | 126,498. |
| 33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions) | 33 | 1,000. |
| 34 **Unrelated business taxable income** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 125,498. |



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## Part III Tax Computation

| | | | |
|---|---|---|---|
| 35 | **Organizations Taxable as Corporations** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and: | | |
| a | Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $ | | |
| c | Income tax on the amount on line 34 ▶ | 35c | 32,194. |
| 36 | **Trusts Taxable at Trust Rates** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ | 36 | |
| 37 | **Proxy tax** See instructions ▶ | 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | **Tax on Non-Compliant Facility Income** See instructions | 39 | |
| 40 | **Total** Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 32,194. |

## Part IV Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | 433. | | |
| b | Other credits (see instructions) | 41b | | | |
| c | General business credit. Attach Form 3800 | 41c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | | | |
| e | **Total credits** Add lines 41a through 41d | | | 41e | 433. |
| 42 | Subtract line 41e from line 40 | | | 42 | 31,761. |
| 43 | Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) | | | 43 | |
| 44 | **Total tax** Add lines 42 and 43 | | | 44 | 31,761. |
| 45 a | Payments. A 2015 overpayment credited to 2016 | 45a | | | |
| b | 2016 estimated tax payments | 45b | | | |
| c | Tax deposited with Form 8868 | 45c | 50,000. | | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) | 45d | | | |
| e | Backup withholding (see instructions) | 45e | | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | | |
| g | Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶ | 45g | | | |
| 46 | **Total payments** Add lines 45a through 45g | | | 46 | 50,000. |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐ | | | 47 | 12. |
| 48 | **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ | | | 48 | |
| 49 | **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ | | | 49 | 18,227. |
| 50 | Enter the amount of line 49 you want. **Credited to 2017 estimated tax** ▶ 18,227. **Refunded** ▶ | | | 50 | 0. |

## Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 51 | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶ | | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ | | |

**Sign Here**

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) is based on all information of which preparer has any knowledge

▶ x [signature] Signature of officer | x 6-11-18 Date | ▶ CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| W. LYNDEL LACKEY | W. Lyndel Lackey W. LYNDEL LACKEY | 05/07/18 | | P00234298 |

Firm's name ▶ HOGANTAYLOR LLP Firm's EIN ▶ 73-1413977

Firm's address ▶ 11600 BROADWAY EXTENSION, SUITE 300 OKLAHOMA CITY, OK 73114 Phone no (405) 848-2020

## Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | **Cost of goods sold** Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes / No |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | | | | | |
| 5 | **Total** Add lines 1 through 4b | 5 | | | | | |

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

| | 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|---|
| | (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | 0. | 0. | |

**(c) Total income** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

**(b) Total deductions** Enter here and on page 1, Part I, line 6 column (B) ▶ 0.

## Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1 Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| | 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---|---|---|---|
| (1) | | | % | | |
| (2) | | | % | | |
| (3) | | | % | | |
| (4) | | | % | | |
| | | | | Enter here and on page 1 Part I, line 7 column (A) | Enter here and on page 1 Part I, line 7 column (B) |
| **Totals** | | | ▶ | 0. | 0. |
| **Total dividends-received deductions** included in column 8 | | | | ▶ | 0. |

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

| 1. Name of controlled organization | 2 Employer identification number | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10 Enter here and on page 1 Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |
| Totals ▶ | | | 0. | 0. |

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A) | | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals ▶ | 0. | | | 0. |

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10 col (A) | Enter here and on page 1 Part I, line 10 col (B) | | | | Enter here and on page 1, Part II line 26 |
| Totals ▶ | 0. | 0. | | | | 0. |

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5 but not more than column 4) |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | 0. | 0. | | | | 0. |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6. Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | 0. | 0. | | | | 0. |
| | Enter here and on page 1 Part I, line 11 col (A) | Enter here and on page 1, Part I line 11, col (B) | | | | Enter here and on page 1 Part II, line 27 |
| Totals, Part II (lines 1-5) ▶ | 0. | 0. | | | | 0. |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | | ▶ | 0. |

Form **4626**
Department of the Treasury
Internal Revenue Service

# Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.
▶ Information about Form 4626 and its separate instructions is at www irs gov/form4626

OMB No 1545-0123

**2016**

Name

MCLAUGHLIN FAMILY FOUNDATION

Employer identification number

47-0945945

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

| | | | | | |
|---|---|---|---|---|---|
| 1 | Taxable income or (loss) before net operating loss deduction | | | 1 | 125,498. |
| 2 | **Adjustments and preferences** | | | | |
| a | Depreciation of post-1986 property | | | 2a | |
| b | Amortization of certified pollution control facilities | | | 2b | |
| c | Amortization of mining exploration and development costs | | | 2c | |
| d | Amortization of circulation expenditures (personal holding companies only) | | | 2d | |
| e | Adjusted gain or loss | | | 2e | |
| f | Long-term contracts | | | 2f | |
| g | Merchant marine capital construction funds | | | 2g | |
| h | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) | | | 2h | |
| i | Tax shelter farm activities (personal service corporations only) | | | 2i | |
| j | Passive activities (closely held corporations and personal service corporations only) | | | 2j | |
| k | Loss limitations | | | 2k | |
| l | Depletion | | | 2l | |
| m | Tax-exempt interest income from specified private activity bonds | | | 2m | |
| n | Intangible drilling costs | | | 2n | |
| o | Other adjustments and preferences | | | 2o | |
| 3 | Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o | | | 3 | 125,498. |
| 4 | **Adjusted current earnings (ACE) adjustment** | | | | |
| a | ACE from line 10 of the ACE worksheet in the instructions | 4a | 125,498. | | |
| b | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions | 4b | 0. | | |
| c | Multiply line 4b by 75% (0.75). Enter the result as a positive amount | 4c | | | |
| d | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note** You **must** enter an amount on line 4d (even if line 4b is positive) | 4d | | | |
| e | ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount | | | 4e | 0. |
| 5 | Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT | | | 5 | 125,498. |
| 6 | Alternative tax net operating loss deduction. See instructions | | | 6 | |
| 7 | **Alternative minimum taxable income** Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions | | | 7 | 125,498. |
| 8 | **Exemption phase-out** (if line 7 is $310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) | | | | |
| a | Subtract $150,000 from line 7 (if completing this line for a member of a controlled group, see instructions) If zero or less, enter -0- | 8a | 0. | | |
| b | Multiply line 8a by 25% (0 25) | 8b | 0. | | |
| c | Exemption Subtract line 8b from $40,000 (if completing this line for a member of a controlled group, see instructions) If zero or less, enter -0- | | | 8c | 40,000. |
| 9 | Subtract line 8c from line 7. If zero or less, enter -0- | | | 9 | 85,498. |
| 10 | Multiply line 9 by 20% (0 20) | | | 10 | 17,100. |
| 11 | Alternative minimum tax foreign tax credit (AMTFTC) See instructions | | | 11 | |
| 12 | Tentative minimum tax. Subtract line 11 from line 10 | | | 12 | 17,100. |
| 13 | Regular tax liability before applying all credits except the foreign tax credit | | | 13 | 31,761. |
| 14 | **Alternative minimum tax** Subtract line 13 from line 12 If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | | | 14 | 0. |

(1) Post-1993 property | 2b(1) |

MCLAUGHLIN FAMILY FOUNDATION 47-0945945

## Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions

| | | | | | |
|---|---|---|---|---|---|
| 1 | Pre-adjustment AMTI Enter the amount from line 3 of Form 4626 | | | 1 | 125,498. |
| 2 | ACE depreciation adjustment: | | | | |
| a | AMT depreciation | | 2a | | |
| b | ACE depreciation | | | | |
| (1) | Post-1993 property | 2b(1) | | | |
| (2) | Post-1989, pre-1994 property | 2b(2) | | | |
| (3) | Pre-1990 MACRS property | 2b(3) | | | |
| (4) | Pre-1990 original ACRS property | 2b(4) | | | |
| (5) | Property described in sections 168(f)(1) through (4) | 2b(5) | | | |
| (6) | Other property | 2b(6) | | | |
| (7) | Total ACE depreciation Add lines 2b(1) through 2b(6) | | 2b(7) | | |
| c | ACE depreciation adjustment. Subtract line 2b(7) from line 2a | | | 2c | |
| 3 | Inclusion in ACE of items included in earnings and profits (E&P): | | | | |
| a | Tax-exempt interest income | | 3a | | |
| b | Death benefits from life insurance contracts | | 3b | | |
| c | All other distributions from life insurance contracts (including surrenders) | | 3c | | |
| d | Inside buildup of undistributed income in life insurance contracts | | 3d | | |
| e | Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) for a partial list) | | 3e | | |
| f | Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e | | | 3f | |
| 4 | Disallowance of items not deductible from E&P | | | | |
| a | Certain dividends received | | 4a | | |
| b | Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043) | | 4b | | |
| c | Dividends paid to an ESOP that are deductible under section 404(k) | | 4c | | |
| d | Nonpatronage dividends that are paid and deductible under section 1382(c) | | 4d | | |
| e | Other items (see Regulations sections 1 56(g)-1(d)(3)(i) and (ii) for a partial list) | | 4e | | |
| f | Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e | | | 4f | |
| 5 | Other adjustments based on rules for figuring E&P. | | | | |
| a | Intangible drilling costs | | 5a | | |
| b | Circulation expenditures | | 5b | | |
| c | Organizational expenditures | | 5c | | |
| d | LIFO inventory adjustments | | 5d | | |
| e | Installment sales | | 5e | | |
| f | Total other E&P adjustments. Combine lines 5a through 5e | | | 5f | |
| 6 | Disallowance of loss on exchange of debt pools | | | 6 | |
| 7 | Acquisition expenses of life insurance companies for qualified foreign contracts | | | 7 | |
| 8 | Depletion | | | 8 | |
| 9 | Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property | | | 9 | |
| 10 | **Adjusted current earnings** Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626 | | | 10 | 125,498. |

FORM 990-T OTHER INCOME STATEMENT 14

| DESCRIPTION | AMOUNT |
|---|---|
| PASSTHROUGH - PIMCO TACTICAL OPPORTUNITIES ONSHORE FUND LP - INTEREST | 69,307. |
| PASSTHROUGH - PIMCO TACTICAL OPPORTUNITIES ONSHORE FUND LP - DIVIDENDS | 1,629. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 12 | 70,936. |

FORM 990-T INTEREST PAID STATEMENT 15

| DESCRIPTION | AMOUNT |
|---|---|
| PASSTHROUGH - PIMCO TACTICAL OPPORTUNITIES ONSHORE FUND, LP | 9,233. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 18 | 9,233. |

FORM 990-T OTHER DEDUCTIONS STATEMENT 16

| DESCRIPTION | AMOUNT |
|---|---|
| PASSTHROUGH - INVESTMENT FEES | 42,550. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 42,550. |

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 17

| PARTNERSHIP NAME | GROSS INCOME | DEDUCTIONS | NET INCOME OR (LOSS) |
|---|---|---|---|
| ANTERO MIDSTREAM PARTNERS LP PTP | -322. | 0. | -322. |
| BUCKEYE PARTNERS LP PTP | -1,434. | 0. | -1,434. |
| DOMINION MIDSTREAM PARTNERS LP PTP | -532. | 0. | -532. |
| ENERGY TRANSFER EQUITY LP PTP | -3,914. | 0. | -3,914. |
| ENERGY TRANSFER PARTENRS, LP PTP | -3,087. | 0. | -3,087. |
| PENNTEX MIDSTREAM PARTNERS PTP | 4. | 0. | 4. |
| SUNOCO LP PTP | -121. | 0. | -121. |
| ENLINK MIDSTREAM PARTNERS LP PTP | -3,256. | 0. | -3,256. |
| ENTERPRISE PRODS PARTNERS LP PTP | -8,370. | 0. | -8,370. |
| EQT MIDSTREAM PARTNERS LP PTP | -1,153. | 0. | -1,153. |
| MAGELLAN MIDSTREAM PARTNERS LP PTP | -2,791. | 0. | -2,791. |

| | | | |
|---|---|---|---|
| PHILLIPS 66 PARTNERS LP PTP | -2,983. | 0. | -2,983. |
| PLAINS ALL AMERICAN PIPELINE LP PTP | -7,207. | 0. | -7,207. |
| SUNOCO LOGISTICS PARTNERS LP PTP | -5,669. | 0. | -5,669. |
| VALERO ENERGY PARTNERS LP PTP | -785. | 0. | -785. |
| WESTERN GAS PARTNERS LP PTP | -3,445. | 0. | -3,445. |
| WESTERN GAS EQUITY PARTNERS LP PTP | -3,833. | 0. | -3,833. |
| SHELL MIDSTREAM PARTNERS LP PTP | -2,028. | 0. | -2,028. |
| TARGA RESOURCES PARTNERS LP PTP | -318. | 0. | -318. |
| GENESIS ENERGY, LP PTP | -10,409. | 0. | -10,409. |
| MPLX LP PTP | -2,674. | 0. | -2,674. |
| EQT GP HOLDINGS, LP PTP | -1,380. | 0. | -1,380. |
| PTP LOSS CARRYFORWARD FROM 2015 | -123,747. | 0. | -123,747. |
| PTP LOSS CARRYFORWARD TO 2017 | 164,760. | 0. | 164,760. |
| THE HUMPHREY'S FUND, LLC | -3,111. | 0. | -3,111. |
| BLACK MESA INVESTORS IV LLC | 27. | 0. | 27. |
| PIMCO TACTICAL OPPORTUNITIES ONSHORE FUND LP | -235. | 8,773. | -9,008. |
| PASSIVE ACTIVITY LOSS CARRYFORWARD TO 2017 | 12,092. | 0. | 12,092. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | -15,921. | 8,773. | -24,694. |

SCHEDULE D (Form 1120)
Department of the Treasury
Internal Revenue Service

# Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120

OMB No 1545-0123

**2016**

Name: MCLAUGHLIN FAMILY FOUNDATION

Employer identification number: 47-0945945

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below
This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 1,154,430. | 1,032,525. | | 121,905. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | -16,411. |

| | | |
|---|---|---|
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| 6 Unused capital loss carryover (attach computation) | 6 | ( ) |
| 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h | 7 | 105,494. |

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below
This form may be easier to complete if you round off cents to whole dollars

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II line 2 column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|---|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | -1,047. |

| | | |
|---|---|---|
| 11 Enter gain from Form 4797, line 7 or 9 | 11 | 27,594. |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | 13 | |
| 14 Capital gain distributions | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | 15 | 26,547. |

## Part III Summary of Parts I and II

| | | |
|---|---|---|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 105,494. |
| 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 26,547. |
| 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns If the corporation has qualified timber gain, also complete Part IV | 18 | 132,041. |

**Note** If losses exceed gains, see **Capital losses** in the instructions

**Part IV** **Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part IV **only** if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions

| | | | |
|---|---|---|---|
| 19 | Enter qualified timber gain (as defined in section 1201(b)(2)) | 19 | |
| 20 | Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return | 20 | |
| 21 | Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17 | 21 | |
| 22 | Multiply line 21 by 23 8% (0 238) | | 22 |
| 23 | Subtract line 17 from line 20 If zero or less, enter -0- | 23 | |
| 24 | Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed | | 24 |
| 25 | Add lines 21 and 23 | 25 | |
| 26 | Subtract line 25 from line 20 If zero or less, enter -0- | 26 | |
| 27 | Multiply line 26 by 35% (0 35) | | 27 |
| 28 | Add lines 22, 24, and 27 | | 28 |
| 29 | Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed | | 29 |
| 30 | Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return | | 30 |

Form **8949**

Department of the Treasury
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949.*

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545 0074

**2016**

Attachment Sequence No **12A**

Name(s) shown on return: MCLAUGHLIN FAMILY FOUNDATION

Social security number or taxpayer identification no.: 47-0945945

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term For long-term transactions, see page 2

**Note** You may aggregate all short term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

**You must check Box A, B, or C below Check only one box** If more than one box applies for your short-term transactions complete a separate Form 8949 page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes complete as many forms with the same box checked as you need

[X] **(A)** Short term transactions reported on Form(s) 1099 B showing basis was reported to the IRS (see **Note** above)

[ ] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

[ ] **(C)** Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold or disposed of (Mo, day, yr) | (d) Proceeds (sales price) | (e) Cost or other basis See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See instructions (f) Code(s) | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| SALE OF PARTNERSHIP - THE HUMPHREY'S FUND | | | 1,154,430. | 1,032,525. | | | 121,905. |
| **2 Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶ | | | 1,154,430. | 1,032,525. | | | 121,905. |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See *Column (g)* in the separate instructions for how to figure the amount of the adjustment

Form **8949**

Department of the Treasury
Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949*.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074
**2016**
Attachment Sequence No **12A**

Name(s) shown on return: MCLAUGHLIN FAMILY FOUNDATION

Social security number or taxpayer identification no.: 47-0945945

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term For long-term transactions, see page 2
**Note:** You may aggregate all short term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

**You must check Box A, B, or C below Check only one box.** If more than one box applies for your short-term transactions complete a separate Form 8949, page 1 for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

☐ (A) Short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS (see **Note** above)
☐ (B) Short term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ (C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold or disposed of (Mo, day, yr) | (d) Proceeds (sales price) | (e) Cost or other basis See the **Note** below and see *Column (e)* in the instructions | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See instructions (f) Code(s) | (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|---|---|---|---|---|---|---|
| PASSTHROUGH - PIMCO TACTICAL OPPORTUNITIES ONSHORE FUND LP | | | | | | | <16,411.> |
| **2 Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶ | | | | | | | <16,411.> |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See *Column (g)* in the separate instructions for how to figure the amount of the adjustment