

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning		, and ending		4
Name of foundation		-	A Employer identification	number .
TIMOTHY MAGUIRE FOUNDATION		······	27-0870730	
Number and street (or P O box number if mail is not delivered to street ac	•	Room/suite	B Telephone number	
5 TOWER BRG, 300 BARR HBR I	DR	125	(484) 344-	5003 •
City or town, state or province, country, and ZIP or foreign por CONSHOHOCKEN, PA 19428	ostal code	•	C If exemption application is pe	ending, check here
G Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
Ginal return	Amended return	,		
Address change	Name change	,	Foreign organizations me check here and attach coi	eting the 85% test, mputation
H Check type of organization: X Section 501(c)(3) ex	empt private foundation	DV.	E If private foundation state	tus was terminated
	Other taxable private founda	~ 1	under section 507(b)(1)	
Fair market value of all assets at end of year J Accounting	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(from Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)	
▶\$ 223,459. (Part I, colum		s.)	, , , , ,	
Part I Analysis of Revenue and Expenses (The lotal of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment' income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	335,005.	to district a district size in the	N/A TITE	marity at the state of the same of the
2 Check I if the foundation is not required to attach Sch. B	/	•	4	
Interest on savings and temporary cash investments	320.	320.	•	STATEMENT 1
4 Dividends and interest from securities				
5a Gross rents				
h Net rental income or (loss)	- 4		٠,	٠.
68 Net gain or (loss) from sale of assets not on line 10	23,050.	and a second second	" " " Line " Line " E.	are e a
9 0 0 0 0 0 0			[-VED
assets on line 6a 7 Capital gain net income (from Part IV, line 2)		23,050.	RECI	EAFO !
8 Net short-term capital gain	*4 1	- ·	'	3
9 Income modifications		*	S NOV 2	1 2018 9
Gross sales less returns 10a and allowances	17 1 111	* ************************************	. · • • • • • • • • • • • • • • • •	
1 Lass Cost of Greats with	i d'antitraria a 🗝 atte tit	proces To Tell'Ell (Mora paggagagasadad)	naredidinama (okadolikikside) kir ye kordini (kira	ज्युराक्षरीयः, व्यविक्रवेद्यान् वर्षेत्र ज्ञान
c Gross profit or (loss)			- OGD	EIN, UT
11 Other income			-	(4
12 Total. Add lines 1 through 11	358,375.	23,370.	_ 1	und t
13 Compensation of officers, directors, trustees, etc	0.	0.		0
14 Other employee salaries and wages				•
15 Pension plans, employee benefits			•	
16a Legal fees	•			
5 b Accounting fees STMT 2	4,000.	2,000.		0
c Other professional fees			' •	
9 17 Interest				·
c Other professional fees 17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	85.	0.	ļ.	0
19 Depreciation and depletion				•
20 Occupancy			• •	
21 Travel, conferences, and meetings				
22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses. Add lines 13 through 23	000	*		
23 Other expenses STMT 4	900.	0.		0
24 Total operating and administrative	4 005	0.000	41	_
expenses. Add lines 13 through 23	4,985.	2,000.	•	353 100
25 Continuations, girts, grants para	353,100.	- 4 4	· · · · · · · · · · · · · · · · · · ·	353,100
26 Total expenses and disbursements.	250 005	2,000		252 100
Add lines 24 and 25	358,085.	2,000.	· · · · · · · · · · · · · · · · · · ·	353,100
27 Subtract line 26 from line 12.	A STATE OF THE PARTY OF THE PAR	்து இள ் து பக்பப்பட்டம் குதுச் ஆப்ப	1	militarifation of an authorithmeter of
Excess of revenue over expenses and disbursements	290.	n 41	,	
b Net investment income (if negative enter -0-)	2.	21,370.	N/A	\$6 3
c Adjusted net income (if negative, enter -0-)			1 - 2 IN / A	٣ مند ١

Fori	n 99	0-PF (2017) TIMOTHY MAGUIRE FOUNDAT		27-	-0870730 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of 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	19,523.	100,593.	100,593.
	2	Savings and temporary cash investments			
١	3	Accounts receivable ▶			A HAMILIA
		Less; allowance for doubtful accounts			
١	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			<u> </u>
		Less; allowance for doubtful accounts			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۶	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 6	272,898.	146,958.	122,866.
	C	Investments - corporate bonds			
	11	tovestments - land, Duildings, and equipment basis	, tx	0.0	W1// V V V V V
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	292,421.	247,551.	223,459.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
ٔڎ	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	<u> </u>
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
Ses	24	Unrestricted	292,421.	247,551.	_
Jan	25	Temporarily restricted			-
Ba	26	Permanently restricted			-
Ę		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.	1		
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds			┥ !
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	<u> </u>		
Ë	29	Retained earnings, accumulated income, endowment, or other funds	292,421.	247,551.	- G
ž	30	Total net assets or fund balances	232,421.	241,331.	-
	31	Total liabilities and net assets/fund balances	292,421.	247,551.	,
Р	art				
_			20		
		I net assets or fund balances at beginning of year - Part II, column (a), line	JU		202 421
	•	st agree with end-of-year figure reported on prior year's return)		1	
		r amount from Part I, line 27a		2	
-		er increases not included in line 2 (itemize)			000 544
		lines 1, 2, and 3	SEE STA	ATEMENT 5 $\frac{4}{5}$	
		reases not included in line 2 (itemize)			45,160. 247,551.
6	rota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	oluinii (D), iine 30	6	Form 990-PF (2017)
723	511 ()1-03-18			- (2017)

TIMOTHY MAGUIRE FOUNDATION

	OTHY	MAGUIRE FOUN	MOITADI	1				2	<u>7-087</u>	0730	Page 3
<u> </u>		sses for Tax on Inv									
(a) List and describe 2-story brick w	the kind(s arehouse; o) of property sold (for exam or common stock, 200 shs.	nple, real estat . MLC Co.)	te,	(6)	łow ad - Purci - Dona	nase į ') Date a (mo., da	cquired ay, yr)	(d) Dat (mo., da	
1a GOLDMAN SACHS	X9306	- ST (SEE A	TTACHE	D)			P 1	1/30	7/16	10/33	1/17
b GOLDMAN SACHS			TTACHE					ARIC		12/33	
c GOLDMAN SACHS			TTACHE					ARIC		10/3	
d											
e (e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale			(un or (loss (f) minus		
a 217.			-	16	4.						53.
b 168,744.				152,56						16	,179.
22 027	 			27,11						6	818.
				27/11	- 						
<u>d</u>	 				_	-					
Complete only for assets show:	na asın ın a	column (h) and owned by t	he foundation	on 12/31/69	_		(1) (Paine /C	ol /b) gain	minuc	
Complete only for assets shown					_		col. (i)	ams (Co c), but n	ol. (h) gaın ıot less thaı	1111105 1 -0-) or	
(i) FMV as of 12/31/69	(as of 12/31/69		cess of col. (I) col. (J), if any				Losses ((from col. (h))	
a	ļ										53.
<u>b</u>											,179.
C	ļ <u>.</u>									6	818.
d											
e											
		(If name also enter	ın Part I line	7	٦						
2 Capital gain net income or (net c	•			7	<i>)</i>	2				23	,050.
3 Net short-term capital gain or (lo			d (6):		٦١						
If gain, also enter in Part I, line 8		c).				_			NT / N		
If (loss), enter -0- in Part I, line & [Part Va] Qualification U	} !== =! ===	4040/a\ fax	Dadwood	Tay on Not		3	ont Incom	-	N/A		
Raitiva Qualification C	maer 5	ection 4940(e) for	neuuceu	Tax on Net	iiive	Sum	ent incor	ie			
(For optional use by domestic privat	e foundation	ons subject to the section 4	940(a) tax on	net investment in	come.	.)					
If eacher 4040/d\/2\ applies legue	this part bli	n ale									
If section 4940(d)(2) applies, leave	uns part un	111K.									
Was the foundation liable for the sec	ction 4942	tax on the distributable am	ount of any ye	ar in the base per	od?					Yes	X No
If "Yes," the foundation doesn't quali	fy under se	ection 4940(e). Do not com	plete this part	i .							
1 Enter the appropriate amount in	each colur	nn for each year; see the in	structions bef	ore making any er	ntries.						
(a) Base period years		(b)			(c)				Dietrik	(d) oution ratio	
Base period years Calendar year (or tax year beginn	ına ın)	Adjusted qualifying dist	tributions	Net value of no			use assets		col. (b) div	ided by col	(c))
2016		24	2,000.			49	4,085.				39794
2015			8,734.				9,896.				09146
2013			7,685.				9,138.				04622
			4,134.				$\frac{3,130}{2,090}$				77691
2013			3,500.				$\frac{2,030.}{7,559.}$				99987
2012		10	5,500.			<i>7</i> 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 		• 4.	, , , , , , ,
										2 1	21240
2 Total of line 1, column (d)								2		2.1	<u> 31240</u>
3 Average distribution ratio for the	5-year bas	se period - divide the total o	on line 2 by 5.0	0, or by the numb	er of y	ears/					
the foundation has been in exist	ence if less	than 5 years						3		. 4.	36248
4 Enter the net value of noncharita	ble-use as:	sets for 2017 from Part X, I	line 5					4		297	,410.
5 Multiply line 4 by line 3								5		129	,745.
With the A by line 5											
6 Fate 40/ of act investment ince	/ 10/ of	Dort L. line 27h)						ا ۽ ا			214.
6 Enter 1% of net investment inco	116 (1% 01	raiti, iiie 210)						6			217.
								_		100	050
7 Add lines 5 and 6								7		129	<u>,959.</u>
8 Enter qualifying distributions fro	m Part XII,	line 4						8		<u>353</u>	<u>,100.</u>
If line 8 is equal to or greater tha	ın line 7. cl	neck the box in Part VI. line	tb, and come	olete that part usin	ga 1º	% tax r	rate.			• • 1	•
See the Part VI instructions.				· · · · · · · · · · · · · · · · · · ·						• •	
723521 01-03-18										orm 990-	PF (2017)

723521 01-03-18

	Form 990-PF (2017) TIMOTHY MAGUIRE FOUNDATION ?					<u>0870</u>		P	age 4	
	t VI Excise Tax Based on Investment Income (Section 4940)			or 49	48 -	see in	istruct	ions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	ter "N/A	N" on line 1.				· 格勒斯氏系			
	Date of ruling or determination letter: (attach copy of letter if nec	essary-	see instructions)					X HE		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	·X	and enter 1%		1	•		21	4.	
	of Part I, line 27b				45%					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part	I, line 12, col. (b).			12		2	503	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth				2				0.	
	Add lines 1 and 2				3			21	4.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, other	ners, en	ter -0-)		4	_			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5	ĺ		21	4.	
	Credits/Payments:				支票	PARTY		1		
	2017 estimated tax payments and 2016 overpayment credited to 2017	6a		0.						
	Exempt foreign organizations - tax withheld at source	6b		0.						
	Tax paid with application for extension of time to file (Form 8868)	6c	1,0	00.		4974 V			2.0	
	Backup withholding erroneously withheld	6d		0.						•
	Total credits and payments. Add lines 6a through 6d				7	4	1	,00	0.	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed			8				0.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9					
	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10	•		78	6.	
	Enter the amount of line 10 to be: Credited to 2018 estimated tax		786. Refunde	d 🕨	11		-		0.	
	TAVII-A Statements Regarding Activities		. o o i i i i i i i i i i i i i i i i i	<u> </u>						
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or	did it narticinate or int	ervene	ın		ASS.	Yes	No	
	any political campaign?	ution 01	did it participate or int	0. 700			1a	-	X	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	موک کوم	the instructions for th	e defin	tion	, «		x		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o			c aciiii	-		38800	2.00	NE CO	
	000		EMENT 8							
		,,,,,	Dribiti 0				1c	X	فتنستند	
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the.	voor:					H8382 0	<u> الاسروي</u> (الاسروي	क्षेत्रहर्भ	
	(1) On the foundation. > \$ 75. (2) On foundation managers.			19.						
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit				•					
		uie lax	imposed on ioundation			•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.5	
	managers. ► \$0 . Has the foundation engaged in any activities that have not previously been reported to the IR	62					2	بد سققتند	X	
		3,					12000 5	:/-SI		
	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in	ctrumo	nt articles of incorpora	tion o						
		131111111111111111111111111111111111111	in, articles of incorpora	tion, o			3	2021	X	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	2					4a	\dashv	X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	•			1NT	/A .	—	+		
_	If "Yes," has it filed a tax return on Form 990-T for this year?				11	<i>,</i> ,	4b 5	\dashv	x	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					**	3 1,25% s	43.74°		
_	If "Yes," attach the statement required by General Instruction T Are the requirements of section FRM(a) (relating to sections 4041 through 4045) satisfied out	har.				,		57 T	\$\frac{1}{2}	
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	1161.							3.71	
	By language in the governing instrument, or By detect levelstop that effectively amends the governing instrument so that no mandators	diron	one that conflict with th	a etata	law.				ESSE.	
	By state legislation that effectively amends the governing instrument so that no mandatory A second of the control o	unecu	uns mai comiet with u	e state	IdW		2000	X	Ziixx	
	remain in the governing instrument?	ata Dar	tll and (a) and Dart V	,		,	6	$\frac{x}{x}$		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	ele Pai	i ii, coi. (c), aiio Pait A			٠ -	SER E	X 32012 8		
0.	Fate the states to which the favordation reports or with which it is registered. See instruction	•		Ĺ		٠,				
ва	Enter the states to which the foundation reports or with which it is registered. See instruction	15.			•					
	CA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	tornous	Congral (or decionate)			—	遊戲			
D	•	torney (deneral (or designate)				12 CAN 12	X	S. 188	
_	of each state as required by General Instruction G2 If "No," attach explanation	tion 40	40(1)(0) or 4040(1)(5) 5	or acts	ada-				<u> </u>	$\overline{}$
	Is the roundation claiming status as a private operating foundation within the meaning of sec			oi caiei	luaf		ه استمست	ت ا	X	L
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses \$TMT 7 10 X					х		_			
10	Did any persons become substantial contributors during the tax year? if "Yes," ettach a schedul	e listing t	neir names and addresses	- 6	1111		<u> 10 </u> rm 990-		20171	
			•			F0	III 330-	(2	2017)	1

723541 01-03-18

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

b if "Yes," did it have excess business holdings in 2017 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

N/A

3b

4a

Form 990-PF (2017)

during the year?

orm 990-PF (2017) TIMOTHY MAGUIRE FOUNDATION	ON		<u> 27-087073</u>	30 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	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	4945(e))?	Ye	s 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955), or		ctly,		
any voter registration drive?		X Ye	s 🔲 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? See instructions	, doon but in out on	. TY	s X No	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo	· · · · · · · · · · · · · · · · · · ·		
the prevention of cruelty to children or animals?	or caddational parposes, or to	"	s X No	
,	dar the avanctions described in	-	3 122 110	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	i negulativiis	- <u>-</u>	b X
section 53.4945 or in a current notice regarding disaster assistance? See instru		•		- A
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	/A Ye	s No	
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 j	pay premiums on	'	•	
a personal benefit contract?		` Y6	es 🗶 No 📙	_
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	b X
If "Yes" to 6b, file Form 8870.		•		1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A 7	ъ
Part VIII Information About Officers, Directors, Truste	es, Foundation Man	agers, Highly		
Paid Employees, and Contractors				
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) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
TIMOTHY J. MAGUIRE	PRESIDENT/DIR		NE NE	
700 THALIA STREET			1	
LAGUNA BEACH, CA 92651	0.00	0.	0.1	0.
SUSAN MAGUIRE	SECRETARY' - A			
TOWER BRIDGE		,		
VEST CONSHOHOCKEN, PA 19428	0.00	, 0.	0.	0.
FRANNY GLOMB	CFO - AS NEED			
TOWER BRIDGE	Cro Ab NBBb.	. ^		
_ ,	0.00	0.	0.	0.
VEST CONSHOHOCKEN, PA 19428	0.00	· ·	•	
1		•		
		MAN INONE II		
Compensation of five highest-paid employees (other than those inc		miler NUNE."	(d) Contributions to	(a) Eynanca
(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) Expense account, other
· · · · · · · · · · · · · · · · · · ·	devoted to position		compensation	allowances
NONE				
•		1	1	
			<u> </u>	
		<u> </u>		
•		L,		
	1	_		
w.*			-	
	1			
Total number of other employees paid over \$50,000		L	<u> </u>	0
Total number of other employees paid over \$50,000		•	Form	990-PF (2017)

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	, 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	254,732.
	Average of monthly cash balances	1b	254,732. 47,207.
	Fair markét value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	301,939.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	301,939.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,529.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	297,410.
6	Minimum investment return. Enter 5% of line 5	6	14,871.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
<u> </u>	Minimum investment return from Part X, line 6	1	14,871.
	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)	1 1	
c	Add lines 2a and 2b	2c	214.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,657.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,657.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14,657.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	353,100. 0.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	·
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	353,100.
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	214.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	352,886.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	jualifies f	or the section

Form 990-PF (2017)

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				14,657.
line 7				14,037.
2 Undistributed income, if any, as of the end of 2017			0.	
a Enter amount for 2016 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017				
1 444 000 1				!
455 000				
00 400				
010 00				
	925,244.			ļ
f Total of lines 3a through e	743,444			
4 Qualifying distributions for 2017 from Part XII, line 4: ►\$ 353,100.				
	l		0.	
a Applied to 2016, but not more than line 2a				1
b Applied to undistributed income of prior		0.		1
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				14,657.
d Applied to 2017 distributable amount	338,443.			21,03,0
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,263,687.			
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				i
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				ĺ
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	141,020.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	1,122,667.			
10 Analysis of line 9:				
a Excess from 2013 326,075.				
b Excess from 2014 155,908.				
c Excess from 2015 83,489.				
d Excess from 2016 218,752.			1	j
e Excess from 2017 338, 443.	<u> </u>		<u></u> _	

723581 01-03-18

Form **990-PF** (2017)

	MAGUIRE FO				370730 Page 10
Part XIV Private Operating Fo	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating	,		
foundation, and the ruling is effective for	2017, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operatin	g foundation described in		4942(j)(3) or4	942(_J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for	-	-		/	1
each year listed	•				ļ
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			/	₫	
e Qualifying distributions made directly			/		
• •					
for active conduct of exempt activities.			/		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			 	 	
alternative test relied upon:			/		
a "Assets" alternative test - enter:		i	/		
(1) Value of all assets				·-	
(2) Value of assets qualifying			Y		
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				1	
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	,	ľ		•	ì
section 4942(j)(3)(B)(iii)	/				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during the	ne year-seè instr	uctions.)			
1 Information Regarding Foundation	n Managers:				-
a List any managers of the foundation who		than 2% of the total conti	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed in			•		•
TIMOTHY J. MAGUIRE					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation has					
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here X if the foundation o				not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condit	ions, complete items 2a,	b, c, and d.	
a The name, address, and telephone numb	er or email address of th	e person to whom applic	ations should be address	sed.	
,	-	•		•	
b The form in which applications should b	e submitted and informa	tion and materials they st	nould include:		
c Any submission deadlines;					
d Any restrictions or limitations on awards	e cuch ac hy gengraphic	al areas charitable fields	kinds of institutions or	other factors:	
a may resurreducts of minitations on award:	s, soon as by goograpillo	ar arous, orientestic neits,	ao o mondiono, u	J 140.010.	

Part XV Supplementary Informatio	n (continued)			
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
CHALLENGED ATHLETES FOUNDATION	NONE	PC .	GENERAL CHARITABLE	
9591 WAPLES ST			PURPOSES	
SAN DIEGO, CA 92121			•	22,100.
NIGHTLIGHT FOUNDATION INC	NONE	PC	GENERAL CHARITABLE	
122 ERDENHEIM ROAD			PURPOSES	
ERDENHEIM, PA 19038				1,000.
ST JOSEPH'S PERUVIAN MISSION	NONE	PC	GENERAL CHARITABLE	
PO BOX 6693			PURPOSES	
EDMUND, OK 73083				5,000.
ST JOSEPH'S UNIVERSITY	NONE	PC	GENERAL CHARITABLE	
5600 CITY AVENUE			PURPOSES	
PHILADELPHIA, PA 19131				25,000.
		na .	CONTRAL GUARYMARIE	
ST MICHAEL'S ABBEY	NONE	PC	GENERAL CHARITABLE PURPOSES	
19292 EL TORO RD SILVERADO, CA 92676			FORFOSES	100,000.
	ONTINUATION SHEE	T(S)	► 3a	353,100.
b Approved for future payment			- Ja	,
NONE	-			
•				
•		,		
,				•
Total			▶ 3b	0.
10/4/	·	1		rm 990-PF (2017)

	Unrelated t	usiness income	Exclud	ed by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) ·	Related or exempt function income
1 Program service revenue:	code		code	7 (110 011)	
å	_		 		
b			1 1		
C	_		\vdash		
d	_		├		
e	_		\vdash		
f	_		\sqcup		
g Fees and contracts from government agencies			\vdash		
2 Membership dues and assessments			\vdash		
3 Interest on savings and temporary cash			ا. ـ ا		•
investments			. 14	320.	
4 Dividends and interest from securities		<u></u>	\sqcup		
5 Net rental income or (loss) from real estate	- 4	non communuo 🕶 om	r mander :	analigianii (,) eaaniiniiniinea 🕳 Golinii	वाताम् । १६ 💤 च्याविद्वत्तवार 🍷 प्रत्यक्षक्रमञ्जूष
a Debt-financed property					
b Not debt-financed property			<u>1 1</u>		
6 Net rental income or (loss) from personal			1 1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other				-	
than inventory			18	23,050.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory		•			
1 Other revenue:			I		
a					
b					
C					
·				ĺ	
<u> </u>					
d		0.		23,370.	0
e 2 Subtotal Add columns (b), (d), and (e)		0.		23,370.	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		0.			23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	:.)		empt	13	
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Accom	plishment of Exc		13 Purposes	23,370
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	plishment of Excolumn (e) of Part XVI-A		13 Purposes	23,370

Form **990-PF** (2017)

723621 01-03-18

Form 990-PF (2017)

P01241305

Firm's EIN ► 13-4008324

Phone no. (267) 330-3000

Paid

Preparer

Use Only

self- employed

11/14/2018

GREGORY D.

ROBERTSON

Firm's name PRICEWATERHOUSE COPERS

Firm's address ► 2001 MARKET STREET, SUITE 1800

PHILADELPHIA, PA 19103

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
HE PAPAL FOUNDATION	NONE	PC	GENERAL CHARITABLE	
50 MONUMENT RD			PURPOSES	
ALA CYNWYD, PA 19004				100,00
ILLIAM PENN CHARTER SCHOOL	NONE	₽C	GENERAL CHARITABLE	
000 w school house in		1	purposes	
HILADELPHIA, PA 19144			-	100,00
•				
•				
			,	
Total from continuation sheets		<u> </u>	L	200,00

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

2017

Employer identification number Name of the organization TIMOTHY MAGUIRE FOUNDATION 27-0870730 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 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

TIMOTHY MAGUIRE FOUNDATION

27-0870730

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TIMOTHY J. MAGUIRE 700 THALIA STREET LAGUNA BEACH, CA 92651	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TIMOTHY J. MAGUIRE 700 THALIA STREET LAGUNA BEACH, CA 92651	\$ 100,000.	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
3	TIMOTHY J. MAGUIRE 700 THALIA STREET LAGUNA BEACH, CA 92651	\$ <u>25,000.</u>	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
4	TIMOTHY J. MAGUIRE 700 THALIA STREET LAGUNA BEACH, CA 92651	\$ <u>100,005.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TIMOTHY J. MAGUIRE 700 THALIA STREET LAGUNA BEACH, CA 92651	\$85,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

TIMOTHY MAGUIRE FOUNDATION

27-0870730

art II	Noncash Property (see instructions) Use duplicate copies of Part		-08/0/30
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	VARIOUS STOCK (SEE ATTACHED)		
		\$	10/20/17
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		i	
ı		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(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
ļ:		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
		 \$	
			90, 990-EZ, or 990-PF) (2

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number 27-0870730 TIMOTHY MAGUIRE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year (Enter this info once) > \$ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

723454 11-01-17

TIMOTHY MAGUIRE FOUNDATION SCHEDULE B, PART II NONCASH PROPERTY STATEMENT

<u>DESCRIPTION OF OF DONATED PROPERTY</u>	DATE OF CONTRIBUTION FAIR	MARKET VALUE
9 SHARES SCIENTIFIC GAMES CORPORATION	10/20/2017	392
15 SHARES EXELIXIS, INC	10/20/2017	408
10 SHARES EXACT SCIENCES CORP	10/20/2017	492
10 SHARES CHEMOURS COMPANY	10/20/2017 -	559
5 SHARES PUMA BIOTECHNOLOGY INC	10/20/2017	623
10 SHARES BLUEPRINT MEDICINES CORP	10/20/2017	649
60 SHARES ARRAY BIOPHARMA INC.	10/20/2017	665
8 SHARES CANADIAN IMPERIAL BANK	10/20/2017	714
10 SHARES LOXO ONCOLOGY INC	10/20/2017	866
10 SHARES TESARO INC.	10/20/2017	1,164
10 SHARES BLUEBIRD BIO INC	10/20/2017	1,426
26 SHARES ABOTT LABORATORIES	10/20/2017	1,464
101 SHARES ENTERPRISE PRODUCTS PARTNERS LP	10/20/2017	2,550
58 SHARES APPLIED MATERIAL INC	10/20/2017	3,253
50 SHARES WIX.COM	10/20/2017	3,460
135 SHARES MICRON TECHNOLOGY, INC.	10/20/2017	5,603
150 SHARES WESTERN GAS PARTNERS, LP	10/20/2017	7,380
70 SHARES NVIDIA CORP	10/20/2017	13,783
850 SHARES ANTERO MIDSTREAM PARTNERS LP	10/20/2017	25,398
666 SHARES TARGA RESOURCES CORP.	10/20/2017	29,157
	TOTAL	100,005

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE NET I	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
GOLDMAN SACHS X9306		320.	320.	
TOTAL TO PART I, LINE 3		320.	320.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
TAX PREPARATION FEES	4,000.	2,000.		0.
TO FORM 990-PF, PG 1, LN 16B	4,000.	2,000.		0.
FORM 990-PF	TAX	ES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
CALIFORNIA STATE TAXES				
PAID	85.	0.	•	0.
PAID TO FORM 990-PF, PG 1, LN 18	85.	0.		
_		0.		
TO FORM 990-PF, PG 1, LN 18 =	OTHER E (A) EXPENSES	XPENSES (B)	(C) ADJUSTED	STATEMENT 4 (D) CHARITABLE
TO FORM 990-PF, PG 1, LN 18 =	OTHER E (A) EXPENSES	XPENSES (B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE

FORM 990-PF OTHER DECREASES IN NET ASSETS OR	FUND BALANCES	· STATEMENT 5
DESCRIPTION		AMOUNT
DIFFERENCE BETWEEN BOOK VALUE & FMV - STOCK CONDIFFERENCE BETWEEN BOOK VALUE & FMV - OTHER	43,645 1,515	
TOTAL TO FORM 990-PF, PART III, LINE 5		45,160
FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GOLDMAN SACHS X6803	146,958.	122,866
TOTAL TO FORM 990-PF, PART II, LINE 10B	146,958.	122,866
FORM 990-PF LIST OF SUBSTANTIAL CONTR PART VII-A, LINE 10	IBUTORS	STATEMENT 7

ADDRESS

700 THALIA STREET LAGUNA BEACH, CA 92651

NAME OF CONTRIBUTOR

TIMOTHY J. MAGUIRE

FORM 990-PF EXPLANATION OF LEGISLATIVE OR POLITICAL STATEMENT 8
ACTIVITIES - PART VII-A, LINE 1

ON 10/20/2017 THE FOUNDATION INADVERTENTLY CONTRIBUTED \$750 TO THE FRIENDS OF JACK LONDON. ON 11/14/2018 THE FOUNDATION TOOK CORRECTIVE ACTION BY FORMALLY REQUESTING THAT THE FRIENDS OF JACK LONDON REIMBURSE THE FUNDS IN FULL.