# Form 990-PF

EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation 2018

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.

2017

De	epart	men	it of the Treasury					urity numbers o				<b>;.</b>		20	,
<u>In</u>	terna	Re	venue Service				<del>-</del>	rm990PF for ins					0015		olic Inspection
			ndar year 2017 (	or tax year b	eginning	SEF	1,	2017	, and e	nding	DEC		<del> </del>		
ľ	varm	e QI	f foundation								A Emplo	yerı	identification	number	
	ΜC	G.	ARY REG	AN FOU	JNDAT	ION IN	ic.				82	-2	635946	Į.	
			and street (or PO b							Room/suite	B Teleph	one	number		
_	PC	<u> </u>	BOX 531	67							43	<u>2 - :</u>	247-10	22	
			own, state or pro				ostal code				C if exemp	ption	application is p	ending, check he	re >X
_			all that apply		<u> </u>			nitial return of a	former subles		D 4 Core	0.00	organizations	a abaak bara	ightharpoonup
u	GI	CUK	сан шасарру		ınıai retur ınal returr			Amended return	office public (	Jugitty	J. FOR	sigii i	organizations	, check here	
				=	ddress ch			Name change			2. Fore	ign or	rganizations me	eting the 85% te	st.
Н	Ch	eck	type of organization					ate foundation	· · · · ·						
Ϊ	Ť		ction 4947(a)(1					ble private found	lation	$\nu_{G}$				tus was termin (A), check her	
ī	Fair		arket value of all			J Account			Acci	rual				60-month term	
			Part II, col. (c), li		- 0. ,00.		ther (speci							(B), check her	
	<b>)</b> \$				449.			st be on cash bas	sis.)	<del></del>	000			(=),	
Ī	ar	t I	Analysis of Re	evenue and l	Expenses s (b), (c), an	d (d) may not	(a) F	Revenue and nses per books	(b) Net in	ivestment ome		Adjus	sted net	(d) Disbu for charitable	e purposes
_		-	necessarily equa				<u> </u>	<del>`</del>	<del> </del>					(cash ba	sis only)
		1	Contributions,	giffs, grants, If the foundation is			<del>                                     </del>	905,337.	-		-	N/2	<u>n</u>	<del> </del>	
		2	Interest on saving	s and temporar		U BLIBLIII DER B	<del> </del>		<del> </del>		<del> </del>			<del> </del>	
7		4	cash investments Dividends and		Cocurities	,		17,622.	1	6,850.				STATEM	באיר 1
		_	Gross rents	iiiterest iroin	3660111163	•	<u> </u>	17,022.	<u> </u>	0,030.	<del>                                     </del>			DIALDH.	D14 T
			Net rental income	or (loss)			<del> </del>	<del> </del>	ļ		<u> </u>	_			
			Net gain or (loss) f		ets not on	line 10	<u> </u>	25.					REC	EIVED	
454.00	Revenue	b	Gross sales price assets on line 6a			25.						Z			100
2019	Ş	7	Capital gain net in		rt IV, line 2)					25.		8	NOV 9	0 2018	Q
	ř	8	Net short-term.	capital.gain_	_							0		<del></del>	8
22		9	Income modific										OGDE	N. UT	J=
	1	0a	Gross sales less r and allowances	eturns		<del></del>		<u> </u>					OGDL	-IV, U I	
FEB		þ	Less Cost of good	ds sold							Ļ				
	ł	C	Gross profit or	(loss)							<u> </u>				
		1	Other income					200.		200.				STATEM	ENT 2
CANNED		2	Total Add line				1,9	923,184.		7,075.					1 605
Z	- 1	3	Compensation of			s, etc	<u> </u>	16,250.	ļ <u>l</u>	4,625.	<del> </del>			<del> </del>	<u>1,625.</u>
Š	- 1	4	Other employee		5									<del> </del>	
S	ပ္ပါ		Pension plans, Legal fees	етрюуее ое	nems						<del>                                     </del>				
	ž i		Accounting fee:	c				· · · · · · · · · · · · · · · · · · ·			<del> </del>		· · · · · · · · · · · · · · · · · · ·		
	훘		Other profession							<del></del>	<del> </del>				
•	9 1		Interest	mai iccs										<u> </u>	
•	<b>1</b>		Taxes		ST	MT 3		2,558.		2,405.					153.
:	밁		Depreciation an	id depletion											
	Ē 2		Occupancy				<u> </u>								
	<u>8</u>  2		Travel, confere	nces, and me	etings										
7			Printing and pu		-										
	<u>و</u> 2		Other expenses		ST	MT 4		1,128.		1,094.					34.
•	Operating and Administrative Expenses	4	Total operating	and admini	strative										
	be		expenses Add		_			19,936.	1	8,124.	<u> </u>		, <u>.</u>		<u>1,812.</u>
(	-   2		Contributions, (					0.			<u> </u>				0.
	2		Total expenses		ements.										
_	+		Add lines 24 an					19,936.	1 1	8,124.	<del> </del>				1,812.
	2		Subtract line 26												
			Excess of revenue				1,5	903,248.	-		<u> </u>				
			Net investment						<del> </del>	0.	<del> </del>	NT / .	<u> </u>	<del> </del>	
		_ C	Adjusted net in	come (if negat	tive, enter -	O-)	ł		l		1	N/2	H.	1	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Part II		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year -			
	art	Datafice Siteets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		81,294.			
	2	Savings and temporary cash investments		16,617.	16,620.		
		Accounts receivable ►					
		Less: allowance for doubtful accounts ▶		•			
	4	Pledges receivable ►					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	-	Receivables due from officers, directors, trustees, and other					
	•	disqualified persons	,				
	7	Other notes and loans receivable					
	<b>'</b>	Less: allowance for doubtful accounts					
"		Inventories for sale or use					
Assets	1						
Ass		Prepaid expenses and deferred charges Investments - U.S. and state government obligations					
	l		0.	1,805,337.	2,629,535.		
				1,003,337.	2,029,333.		
	ľ	Investments - corporate bonds					
	111	Investments - land, buildings, and equipment basis					
	١	Less accumulated depreciation					
		Investments - mortgage loans					
		Investments - other					
		Land, buildings, and equipment: basis ▶					
	l	Less accumulated depreciation					
	l	Other assets (describe >)					
	16	Total assets (to be completed by all filers - see the					
		instructions. Also, see page 1, item I)	0.	1,903,248.	2,727,449.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
_%_	_19_	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ap	21	Mortgages and other notes payable					
Ξ	22	Other liabilities (describe >					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26, and lines 30 and 31.					
Ses		Unrestricted					
Net Assets or Fund Baland	25	Temporarily restricted					
Bal		Permanently restricted					
פ		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31					
ō		Capital stock, trust principal, or current funds	0.	0.			
ets		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	1,905,337.			
\ss		Retained earnings, accumulated income, endowment, or other funds	0.	-2,089.			
et/		- · · · · · · · · · · · · · · · · · · ·	0.	1,903,248.			
Ž	30	Total net assets or fund balances	- 0.	1,303,240.			
		T-A-1 12-1 12-1 - A - A - A - A - A - A - A - A - A -	<u> </u>	1 002 240			
_	31	Total liabilities and net assets/fund balances	0.	1,903,248.			
Р	art i	Analysis of Changes in Net Assets or Fund B	alances				
=	T . 1 . 1	and another of find help and the second seco	20	<del></del>			
		net assets or fund balances at beginning of year - Part II, column (a), line	30		0		
		agree with end-of-year figure reported on prior year's return)			0.		
		amount from Part I, line 27a		2	1,903,248.		
		increases not included in line 2 (itemize)		3	0.		
		nes 1, 2, and 3		4	1,903,248.		
		ases not included in line 2 (itemize)		5	0.		
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,903,248.		
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	ARY REGAN FOUNDA			_			_8_	2-263	<u> </u>	Page 3
	and Losses for Tax on Ir			(b) I	How ac	oured	(a) Data	nagurad	(d) Dat	
	the kind(s) of property sold (for exa arehouse; or common stock, 200 sh		ne,	) D	- Purcl - Dona	quired hase ition	(c) Date : (mo., d	acquired ay, yr.)	(d) Dat (mo., da	
1a CAPITAL GAINS	DIVIDENDS									
<u>b</u>				-						
<u>c</u> d			<del>" -</del>	-					<del></del>	<del></del>
e			·	$\vdash$						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) (f) minus (g	1))	
a 25.	, , , , , , , , , , , , , , , , , , , ,		<u>-i </u>					······		25.
b										
<u>C</u>		<u> </u>								
<u>d</u> ,	<del></del> <del></del>			-						
Complete only for assets shown	ng gain in column (h) and owned by	the foundation	n on 12/31/69.				N Gains (C	ol. (h) gain r	ninus	
	(j) Adjusted basis	T	cess of col. (I)				ľ. (k), buť r	ot less than	-0-) or	
(i) FMV as of 12/31/69	as of 12/31/69	over	col. (j), if any				Losses	(from col. (h	)) ————	
<u>a</u>				_						25.
<u>b</u>		<u> </u>				<del></del> -				
<u>c</u>				$\dashv$						
e										
	∫ If gain, also ente	r in Part I, line	7	J						
2 Capital gain net income or (net ca	ipital loss) (If (loss), enter -0	)- ın Part I, line	7	3	_2					<u>25.</u>
3 Net short-term capital gain or (los		nd (6):		٦						
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).			}	3			N/A		
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Ind	come			
_(Eor_optional_use_by_domestic_private	e foundations subject to the section.	4940(a)_tax_or	n_net_investment_ir	come	2.)				N/A	·
If section 4940(d)(2) applies, leave ti	nis part blank.									
Was the foundation liable for the sec	tion 4942 tax on the distributable are	nount of any v	ear in the base nei	rınd?				1	Yes	□No
If "Yes," the foundation doesn't qualif								<u> </u>		
	each column for each year; see the I	nstructions be	fore making any e	ntries	i					
Base period years	(b) Adjusted qualifying dis	stributions	Net value of no	(c) nchar		use assets		Distribi	(d) ition ratio	(0))
Calendar year (or tax year beginnii 2016	ng In) Adjusted qualifying dis		1101 14100 01 110		- nabio		-	(col. (b) divi	jed by coi.	(c))
2015							+			
2014										
2013										
2012								<del></del>		
2 Total of line 1, column (d)							2			
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.	0, or by the numb	er of y	years					
the foundation has been in existe							3			
4 Enter the net value of noncharitab	ile-use assets for 2017 from Part X,	line 5					4			
5 Multiply line 4 by line 3							5			
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)						6			
7 Add lines 5 and 6	,						7			
										<del></del>
8 Enter qualifying distributions from	•						8			
If line 8 is equal to or greater than See the Part VI instructions.	I line 7, check the box in Part VI, line	tb, and comp	olete that part usin	ig a 19	% tax r	ate.				
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	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instru	ICTIO	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			_
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%			<u>0.</u>
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3	Add lines 1 and 2			<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>   0                                 </u>
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.			
t	Exempt foreign organizations - tax withheld at source 6b 0.			
C	: Tax paid with application for extension of time to file (Form 8868)  6c  0.			
d	I Backup withholding erroneously withheld 6d 0.			
	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax			
	art VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1.		
	distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	<u> </u>		
Ī	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.			
٥	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. > \$ 0.			
,	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?			
5	· · · · · · · · · · · · · · · · · · ·	5		X
,	If "Yes," attach the statement required by General Instruction T.	<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ĺ
•	By language in the governing instrument, or			ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		1	
	remain in the governing instrument?	6		x
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	<del></del>
′	the foundation have at least \$5,000 in assets at any time during the year in ites, complete Part II, col. (c), and Part XV			
٥.	Enter the states to which the foundation reports or with which it is registered. See instructions			
04	Enter the states to which the foundation reports or with which it is registered. See instructions.	-		Ì
L	If the acquire in "Vee" to line 7, her the foundation furnished a copy of Form 000 PE to the Atternaty Copyral (or decigate)	<b>-</b>	'	
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	0.5	х	
^	of each state as required by General Instruction G? If "No," attach explanation	8b		a
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	_		x d
40	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	Х	X O
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT 6	10 Form <b>99</b> 0		(2017)
		ronn 991	<i>-</i>	(2017)

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

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Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		:
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
		<del> </del>
3	_	
	_	
	<del></del>	
4		
	=	
Part IX-B Summary of Program-Related Investments	<del></del>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
	$\neg$	
2		
All other program-related investments. See instructions.		
3		
	_	
	_	
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	For	m 990-PF (2017)

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

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1,812.

812.

3a

3b

4

5

a Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Part XIII Undistributed Income (see	instructions)			
	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI, line 7				22,997.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
<b>b</b> Total for prior years:		,		
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
<b>d</b> From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4. ► \$ 1,812.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			,	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			1 010
d Applied to 2017 distributable amount				1,812.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		<del></del>		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				21,185.
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.			<u> </u>
8 Excess distributions carryover from 2012	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2013	•		'	
b Excess from 2014				1
c Excess from 2015				
d Excess from 2016		ı		l

e Excess from 2017

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Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	or 2017, enter the date of	the ruling	<b>▶</b>		
b Check box to indicate whether the found	dation is a private operati	ng foundation described i		4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1110011	
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			/		
each year listed					<del></del>
<b>b</b> 85% of line 2a				/	
c Qualifying distributions from Part XII,				1	
line 4 for each year listed			/		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					<del> </del>
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:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter		<del>                                     </del>	-		<del>                                     </del>
2/3 of minimum investment return					
shown in Part X, line 6 for each year					1
listed		/	<del> </del>	-	<del> </del>
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)					<del> </del>
(2) Support from general public and 5 or more exempt			}		
organizations as provided in					
section 4942(j)(3)(B)(iii)	<del></del>				
(3) Largest amount of support from					
an exempt organization	<del></del>				+
(4) Gross investment income  Part XV   Supplementary Info	ermation (Comple	to this part only	if the foundation	had \$5,000 or m	ore in assets
Part XV   Supplementary Info			ii tile loundation	riiau \$5,000 or iii	ore in assets
	<del>-</del>	14011011011			
1 Information Regarding Foundati		45 00/ -f4b- 4-4-1		foundation before the ol	one of any toy
a List any managers of the foundation we year (but only if they have contributed)			ributions received by the	loundation before the ci	JSE OF ALLY LAX
	того тап фо <sub>г</sub> ооо <i>ј.</i> (ооо г	30011011 001 (4)(2)-)			
BRIAN MCGARY			(		
b List any managers of the foundation w other entity) of which the foundation has			(or an equally large portion	on of the ownership of a	partnership or
• •	as a 1070 or greater intere	J.,			
NONE	·			· - · · · · · · · · · · · · · · · · · ·	<del> </del>
2 Information Regarding Contribu					
Check here X if the foundation					uests for fullos. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone nur	nber or email address of t	he person to whom applic	cations should be addres	sea:	
b The form in which applications should	be submitted and informa	ition and materials they s	hould include:		
.,,					
c Any submission deadlines:					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields	kinds of institutions, or	other factors:	
y	,,	,			

723601 01-03-18

Form **990-PF** (2017)

Fait AV Supplementary information	(continued)			
3 , Grants and Contributions Paid During the Y	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				
NONE				
NONE				
		•		
Total	<u> </u>		<b>▶</b> 3a	. 0
b Approved for future payment		<u> </u>		
NONE				
			•	
	<del> </del>			<del></del>
	<u> </u>		<b>▶</b> 3h	
Total			<b>₽</b> 3h	0

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

Enter areas		Unrelated t	ousiness income	Excluded	by section 512, 513, or 514	(a)
	s amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
	n service revenue:	code		code	711100111	70110110111111011110
		<del>                                     </del>				
1	<del> </del>					
a Fees	and contracts from government agencies		<del></del>		•	
_	rship dues and assessments					
	on savings and temporary cash					
investm						
4 Dividen	ds and interest from securities			14	17,622.	
5 Net rent	al income or (loss) from real estate:					
a Debi	t-financed property					
<b>b</b> Not	debt-financed property					
6 Net rent	al income or (loss) from personal			$    ^{-}$		
property	у					
	vestment income			14	200.	
8 Gain or	(loss) from sales of assets other					
than inv				14	25.	
	ome or (loss) from special events					<u></u>
	rofit or (loss) from sales of inventory			<del>                                     </del>		<del> </del>
11 Other re						
				<del>                                     </del>		
	·· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	<del></del>	<del> </del>	<del> </del>		
e						
	I. Add columns (b), (d), and (e)		0.		17,847.	0.
	add line 12, columns (b), (d), and (e)	<u></u>	<u></u>	·		17,847.
	heet in line 13 instructions to verify calculations )					
Part X		the Accom	polishment of Ex	cempt F	Purposes	
	· · · · · · · · · · · · · · · · · · ·				·	
Line No.	Explain below how each activity for which incor the foundation's exempt purposes (other than to			contribute	ed importantly to the accomp	olishment of
	the foundation's exempt purposes (other than t	by proviouing innu-	s for such purposes).		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	<u>-</u>			
-· · · · · · · · · · · · · · · · · · ·			<del></del>			
<del></del>					·	
						,

Sign Here	and be	efief, it is true, corre	ct, and complete	Declaration of p		g accompanying schedule n taxpayer) is based on all  //-/3-/ Date	8		er has any knowledge	return v shown	e IRS discuss this with the preparer below? See instr
Paid		Print/Type pre		<sub>KNER</sub> (	Preparer's si	gnature Souhner CPA	Date	12/18	Check if self- employed	PTIN P012	201396
Prepa Use C		Firm's name	► BUCKN	ER & T	LLEY P	.c.			Firm's EIN ► 2	0-407	71508
		Firm's address			AINE ST 4 79701	•			Phone no. 43	2-687	7-5577

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

### 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

82-2635946 MCGARY REGAN FOUNDATION INC. Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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)

Name of organization

Employer identification number

## MCGARY REGAN FOUNDATION INC.

82-2635946

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRIAN MCGARY  4607 ISLAND DR  MIDLAND, TX 79707	\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRIAN MCGARY  4607 ISLAND DR  MIDLAND, TX 79707	\$ <u>1,805,337.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part IL for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0	1-17	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## MCGARY REGAN FOUNDATION INC.

82-2635946

art II No	oncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	RKETABLE SECURITIES		
2 		ssss	12/20/17
(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

lame of organ	nization			Employer identification number	
ACGARY Part III	REGAN FOUNDATION INC.  Exclusively religious, charitable, etc., contributed the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	olumns (a) through (e) and the follo	wing line entry, For organizat	ions	
	Use duplicate copies of Part III if additional	il space is needed	riess for the year (Entirement)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	(d) Description of how gift is held	
-		(e) Transfer of gi	ft		
-	Transferee's name, address, an	d ZIP + 4	Relationship of t	ransferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	(d) Description of how gift is held	
-	Transferee's name, address, an	(e) Transfer of gi		ransferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
-  -  -		(e) Transfer of gi			
	Transferee's name, address, an		ransferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
		(e) Transfer of gi	ft		
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
-					

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECU	RITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
US TRUST	16,850.		0.	16,850	. 16,850.		
US TRUST CAPITAL GAIN DIST US TRUST NON	25.	2	25.	0	. 0.		
TAXABLE DIV	772.	0.		772	. 0.		
TO PART I, LINE 4	17,647.	4	25.	17,622	. 16,850.		
FORM 990-PF		OTHER I	INCO	ME 	S	TATEMENT	2
DESCRIPTION					(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
BANK OF AMERICA		_		200.	200.		
TOTAL TO FORM 990-PF, PART I, LINE 1				200. 200.			
FORM 990-PF		TAX	KES		S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
PAYROLL TAXES INVESTMENT FOREIGN TAX ON DIVIDENDS		1,528		1,375.		<del></del>	53.
		1,030		1,030.		1	0.
TO FORM 990-PF, PG 1, LN 18		2,558	2,405.			1	53.

FORM 990-PF	OTHER EXPENSES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
POSTAGE AND SHIPPING OFFICE SUPPLIES PAYROLL SERVICE FEES	11. 775. 342.	77	1. 5. 8.	0. 0. 34.		
TO FORM 990-PF, PG 1, LN 23	1,128.	1,09	4.	34.		
FORM 990-PF DESCRIPTION	CORPORAT		BOOK VALUE	STATEMENT 5 FAIR MARKET VALUE		
EQUITIES		_	2,629,535.			
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		1,805,337.	2,629,535.		
	F SUBSTANTIA PART VII-A,		ORS	STATEMENT 6		
NAME OF CONTRIBUTOR	ADDR	ESS				
BRIAN MCGARY	4607 ISLAND DR					

MIDLAND, TX 79707