Form 990-PF

EXTENDED TO NOVEMBER 15, 2019 Return of Private Foundation or Section 4947(a)(1) Trust Treated as 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.

2018
Open to Public Inspection

	For c	calendar year 2018 or tax year beginning		, and ending			
,,,	Nan	me of foundation			A Employer identification	number	
، کیم	m.	IMOTHY MAGUIRE FOUNDATION	27-0870730				
		nber and street (or PO box number if mail is not delivered to street ad	B Telephone number				
		00 CONSHOHOCKEN STATE RD	•	Room/suite 405	(484) 344-	5003	
	City	y or town, state or province, country, and ZIP or foreign po	stal code	-1	C If exemption application is pe		
	W	EST CONSHOHOCKEN, PA 1942	8	<u> </u>	,		
	G C	Check all that apply: Initial return	=	ormer public charity	D 1. Foreign organizations	, check here	
		Final return	Amended return		Foreign organizations med check here and attach cor	eting the 85% test	
	<u>u c</u>	\times \textbf{X} \text{ Address change} Check type of organization: \textbf{X} \text{ Section 501(c)(3) exe}	Name change	· .	•		
			Other taxable private founda	OH	E If private foundation state under section 507(b)(1)		
	l Fa	air market value of all assets at end of year J Accountin		Accrual	F If the foundation is in a	• • •	
	(fr		ier (specify)		under section 507(b)(1)		
		\$ 277,603. (Part I, column	n (d) must be on cash bası	s)	٠,	· · · · · · · · · · · · · · · · · · ·	
	;Pa	Analysis of Revenue and Expenses (The total 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)	
	l	1 Contributions, gifts, grants, etc., received	1,816.		A,N/A		
		2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary	040	0.4.0		STATEMENT 1	
		3 cash investments 4 Dividends and interest from securities	940.	940.		STATEMENT: TY	
Ī		5a Gross rents					
7		b Net rental income or (loss)	7.5 51.3 3 5.313655				
		6a Net gain or (loss) from sale of assets not on line 10	152,891.	な言語がある。			
	III	Gross sales ruice for all	阿斯斯斯斯斯斯斯斯		是是理解的學	#38#7°54##3°54#	
	evenu	7 Capital gain net income (from Part IV, line 2)		152,891.			
	æ	o ivet snort-term capital gain	TO THE PARTY OF TH		•		
		9 Income modifications Gross sales less returns		Mark Company of the Company	ANNOTA POSTORE, AND ANNOTARE A		
		10a and allowances b Less Cost of goods sold					
		c Gross profit or (loss)	25.47.662.5.77.66.62.77.72.56.77.72.56.77.72		No. 311773131310001100000000000000000000000		
		11 Other income	765.	0.	,	STATEMENT 2	
		12 Total. Add lines 1 through 11	156,412.	153",831.	• •		
		13 Compensation of officers, directors, trustees, etc	0.	0.	1, 31	0.	
		14 Other employee salaries and wages			Sh. A.		
	S	15 Pension plans, employee benefits			•		
	use	16a Legal fees STMT 3	7,000.	3,500.	, , 1	0.	
			.,	-	,	 _	
	Administrative Exp	17 Interest DECEIVED			,		
	rativ	18 Taxes RECLIVETMEN	1,839.	0.	8 1	0.	
•	nist	19 Depreciation and depletion			,	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Ĺ		20 Occupant NOV 2 1 2019 100			,		
ı	ф	21 Travel, continences, and meetings	1				
)	and	22 Printing and publications DEN STIME 5	1,725.	0.		0.	
	atin	24 Total operating and administrative	,				
	Operating	expenses. Add lines 13 through 23	10,564.	3,500.	PARTY OF THE PARTY	0.	
	0	23 Continuations, girts, grants para	134,250.			134,250.	
		26 Total expenses and disbursements.	1 4 4 01 4	3 500		124 250	
	_	Add lines 24 and 25	144,814.	3,500.		134,250.	
		27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements	11,598.				
		b Net investment income (if negative, enter -0-)		150,331.			
		c Adjusted net income (if negative, enter -0-)	\$38.72.48%6738.54		N/A		

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2018)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

Form 990-PF (2018) TIMOTHY MAGUIRE FOUNDATION		27-	0870730	Page 4	
Part VI Excise Tax Based on Investment Income (Section 4	940(a), 4940(b), 4940(e),	or 4948 -	see instruct	tions)	
1a Exempt operating foundations described in section 4940(d)(2), check here	nd enter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if	f necessary-see instructions)	35			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	3	,007.	
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	y, others, enter -0-)	2		0.	
3 Add lines 1 and 2		3	3	,007.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	ly; others, enter -0-)	4		0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	3	,007.	
6 Credits/Payments:					
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 7	64.			
b Exempt foreign organizations - tax withheld at source	6b	0.			
c Tax paid with application for extension of time to file (Form 8868)	6c 4,0				
d Backup withholding erroneously withheld	_6d	0.			
7 Total credits and payments. Add lines 6a through 6d		7	4	764.	
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		▶ 9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpain		▶ 10	1	.,757.	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax	1,757. Refunde	<u>d ▶ 11</u>	l	0.	
Part VII-A Statements Regarding Activities			[65:53]	Va al Nia	
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or int	ervene in		Yes No	
any political campaign?			1a	<u>X</u>	
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu		e definition	1b	X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	nes of any materials published or				
distributed by the foundation in connection with the activities.			عُ الْمُنْكُمُ اللَّهِ اللَّه		
c Did the foundation file Form 1120-POL for this year?			1c	X	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during		•			
(1) On the foundation. > \$ 0 . (2) On foundation mana		0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax imposed on foundation	1	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
managers. ► \$ U .			ئا سىدىسى		
2 Has the foundation engaged in any activities that have not previously been reported to t	ne IRS?		2	X	
, If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its govern	ing instrument, articles of incorpora	ition, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	$\frac{\mathbf{x}}{\mathbf{x}}$	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?	N	/A 4a 4b	<u> </u>	
b if "Yes," has it filed a tax return on Form 990-T for this year?		14	/A 4b 5	$\frac{1}{x}$	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	eai '		78-24 6		
If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	ad author:				
, , ,	ed eitter.				
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mand 	laton, directions that conflict with th	o ctata law	2 2 3 6		
	latery directions that commet with th	E State law	6	X	
remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," c	amplete Port II onl (a) and Port V	,	7	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," c	omplete Part II, cor. (c), and Part A	v	87 Sac 5	X 1	
On Enter the states to which the foundation reports or with which it is registered. Can instru	uations				
8a Enter the states to which the foundation reports or with which it is registered. See instri	uctions.				
CA b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to ti	ha Attorney General (or decignate)				
	ne Adorney deneral (or designate)		1777	X	
of each state as required by General Instruction G? If "No," attach explanation	of continu 4049/i\/2\ or 4049/i\/E\ 6	nr calandar	8b	11/2 2/90	_
9 Is the foundation claiming status as a private operating foundation within the meaning of		ur valtillal		X	Z
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a see			10	$\frac{\lambda}{X}$	
Did any persons become substantial continuotors during the tax year? If "Yes," attach a so	nequie listing their names and addresses		Form 990 -		

Pa	art VII-A Statements Regarding Activities (continued)			
•	The state of the s	海域	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► TIMOTHY J. MAGUIRE Telephone no. ► (484)	344	-50	03
• •	Located at ≥ 300 CONSHOHOCKEN STATE RD , STE 405, WEST CONSHOHO ZIP+4 ≥1			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	_
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1423	11/4	200
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		100 110 11	
D 1002	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	437,9	Yes	No
1:	a During the year, did the foundation (either directly or indirectly):	38.2		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			大学
	a disqualified person?	7		例的
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		激奏	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?		16.53	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		757	
	if the foundation agreed to make a grant to or to employ the official for a period after	100	1.30	
	termination of government service, if terminating within 90 days.)			
1	b if any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		影應	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	33.33.4	SAMPLALES
	Organizations relying on a current notice regarding disaster assistance, check here	3000		199 00
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		松林	
	defined in section 4942(j)(3) or 4942(j)(5)):			
	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	32	企業	
	before 2018? Yes X No			The state of
	If "Yes," list the years	GAN A		
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
	>		7-3	1
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
ı	b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after		1	
	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		E.	
	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,			
	Form 4720, to determine if the foundation had excess business holdings in 2018.)	3b	igsqcup	
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
1	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

Rart VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired _{(contin}	ued)			
5a During the year, did the foundation pay or incur any amount to:				新疆	Yes	No
• (1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es X No	1-60%		W.
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indired	ctly,				
any voter registration drive?		Y	es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>	Y	es X No		爱爱	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
4945(d)(4)(A)? See instructions		Y	es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	r				
the prevention of cruelty to children or animals?		Y	es X No		T.E.	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described in	Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instru		v	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check h				**************************************		3.2
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	_			3
expenditure responsibility for the grant?			es 🔲 No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				30 OF		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1200		
a personal benefit contract?			es X No	in in		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	uchienkich.	X
If "Yes" to 6b, file Form 8870.	V/ V V V V V V V V V V V V V V V V V V			報源		18.1 M
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	學學		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	1- 4-	131 800
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			-17			Mika
excess parachute payment(s) during the year?	1,000,000 111 1011141101141011 01		es X No			1634
Part VIII Information About Officers, Directors, Truste	es. Foundation Man				2110 21	. 4 1/23
Paid Employees, and Contractors	,	g,				
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.					
, 	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plan	, (e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	l ut	count, allowa	other
TIMOTHY J. MAGUIRE	PRESIDENT/DIR			T		
700 THALIA STREET	,			į		
LAGUNA BEACH, CA 92651	0.00	0.	0	.[0.
	SECRETARY - A					
300 CONSHOHOCKEN STATE RD, STE 405				1		
WEST CONSHOHOCKEN, PA 19428	0.00	0.	0	.		0.
	CFO - AS NEED			Ť		<u> </u>
300 CONSHOHOCKEN STATE RD, STE 405						
WEST CONSHOHOCKEN, PA 19428	0.00	0.	0	_		0.
HEDI COMBIONOCKEN, III IS 120						<u> </u>
		•				
				ŀ		
2 Compensation of five highest-paid employees (other than those incl	luded on line 1). If none, e	enter "NONE."				
	(b) Title, and average		(d) Contributions to employee benefit plan	- 1 1	е) Ехр	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	l at	count, allowai	
NONE	acrosses to promise.		0011190110011	1		
	<u>.</u>	:		1		
			1	+		
		!	1			
			 	_		
		•				
			 	+		
		•				
T. 1. 1		<u> </u>				
Total number of other employees paid over \$50,000			P	1		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	<u>-0870</u>	730_ Page 7_
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		
		<u> </u>
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	•	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	1	Expenses
1 N/A	1	
	1	0.
2	-	
	1	
3	∄	
4	1	
	7	
Part IX-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A		Amount
	7	0.
2		
	\dashv	
All other program-related investments. See instructions.		
3 N/A		
	-	0.
Total. Add lines 1 through 3		0.
	For	m 990-PF (2018)

For	m 990-PF (2018) TIMOTHY MAGUIRE FOUNDATION	27-0870730	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1a 186	,080.
b	Average of monthly cash balances	1b 56	,080. ,298.
C	Fair market value of all other assets	1c	
d			,378.
	Reduction claimed for blockage or other factors reported on lines 1a and		·
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d		,378.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		,636.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		,742.
6	Minimum investment return. Enter 5% of line 5		,937.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an		<u> </u>
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 11	,937.
2a	Tax on investment income for 2018 from Part VI, line 5		
	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c 3	,007.
3	Distributable amount before adjustments. Subtract line 2c from line 1		,930.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 8	,930.
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		,930.
			•
	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	<u>,250.</u>
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	4 134	,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 134	,250.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for the section	

Part XIII Undistributed Income (se	ee instructions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI, line 7			:	8,930.
2 Undistributed income, if any, as of the end of 2018	Ţ			
a Enter amount for 2017 only			0.	
ь Total for prior years:				
3 Excess distributions carryover, if any, to 2018:		0.		
a From 2013 326,075.				
b From 2014 155,908.				
c From 2015 83,489.				
d From 2016 218,752.				
e From 2017 338, 443.				
f Total of lines 3a through e	1,122,667.			
4 Qualifying distributions for 2018 from				
Part XII, line 4. ► \$ 134, 250.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				8,930.
e Remaining amount distributed out of corpus	125,320.			•
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
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	1,247,987.		······································	,
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2019				0.
7 Amounts treated as distributions out of	,			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	326,075.			
not applied on line 5 or line 7	320,013.		****	
9 Excess distributions carryover to 2019.	921,912.			
Subtract lines 7 and 8 from line 6a			***************************************	
10 Analysis of line 9: a Excess from 2014 155, 908.				
b Excess from 2015 83,489.				
c Excess from 2016 218, 752.				
d Excess from 2017 338, 443.				
125 320				

823581 12-11-18

	MAGUIRE FO			27-0	870730 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	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 f	or 2018, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the four	nd <u>ation is a private operati</u>	ng foundation described in		4942(j)(3) or	1942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
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;					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:	/				
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or prore exempt					
organizátións as provided in sectión 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					-··
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Comple	te this part only it	f the foundation	had \$5,000 or mo	re in assets
at any time during	the year-see instr	uctions.)			
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w	-	than 2% of the total contr	ibutions received by the	foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	ection 507(d)(2).)	·		•
TIMOTHY J. MAGUIRE					
b List any managers of the foundation w	ho own 10% or more of th	e stock of a corporation (or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation h	as a 10% or greater intere	st.			
NONE_					
2 Information Regarding Contribu	tion, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here ► X if the foundation the foundation makes gifts, grants, etc					uests for funds. If
a The name, address, and telephone nun					
<u> </u>					
b The form in which applications should	be submitted and informa	tion and materials they sh	ould include.		
c Any submission deadlines;					
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	
	<u> </u>				
823601 12-11-18					Form 990-PF (2018)

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year AIM ACADEMY NONE GENERAL CHARITABLE 1200 RIVER ROAD PURPOSES CONSHOHOCKEN, PA 19428 1,000. BOY SCOUTS OF AMERICA - ORANGE COUNTY NONE ÞС GENERAL CHARITABLE COUNCIL PURPOSES 211 EAST DYER ROAD SANTA ANA, CA 92705 500. CANDLELIGHTERS FOR CHILDREN WITH NONE GENERAL CHARITABLE CANCER PURPOSES 6600 SW 92ND AVENUE, SUITE 160 PORTLAND, OR 97223 250. CHALLENGED ATHLETES FOUNDATION NONE ÞС GENERAL CHARITABLE PURPOSES 9591 WAPLES STREET 72,000. SAN DIEGO, CA 92121 GENERAL CHARITABLE FACE TO FACE NONE ЬC 123 EAST PRICE STREET PURPOSES PHILADELPHIA, PA 19144 15,000. SEE CONTINUATION SHEET(S) ► <u>3a</u> 134,250. b Approved for future payment NONE **▶** 3b Total Form 990-PF (2018)

	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	
er gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
Program service revenue	code	Amount	code	Amount	function income
ab		· · · · · · · · · · · · · · · · · · ·			
С					
d			 		
e	1	-	+	-	
g Fees and contracts from government agencies		-			
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	940.	
Dividends and interest from securities			+ +		
Net rental income or (loss) from real estate			 -		
a Debt-financed propertyb Not debt-financed property			+ +		
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other				150 001	
than inventory Net income or (loss) from special events			18	152,891.	
Gross profit or (loss) from sales of inventory	-		 		
Other revenue			1		
a 2017 OVERPAYMENT APPLIED			01	764.	
b OTHER INCOME (VIA IRS)			01	1.	
С			1		
d	<u> </u>		+ +		
eSubtotal. Add columns (b), (d), and (e)		0.	+ + -	154,596.	
Total. Add line 12, columns (b), (d), and (e)	L		<u> </u>	13	454 504
ee worksheet in line 13 instructions to verify calculations.)					
art XVI-B Relationship of Activities t	o the Accom	plishment of Ex	empt Pu	rposes	
ne No. Explain below how each activity for which inco	ma is reported in s	olumn (a) of Part Y\/l-/	\ contributed	importantly to the accomp	lichment of
the foundation's exempt purposes (other than			· contributed	importantly to the accomp	nominate of
-					

823621 12-11-18

Page 13

Part XVII	1	ansfers to a	ind Transactions ar	nd Relationsh	ips With None	charitable		
•	Exempt Organizations						Yes	No
_	ganization directly or indirectly engage in	•		on described in sect	ion 501(c)		163	140
•	n section 501(c)(3) organizations) or in s	•	• •					
	from the reporting foundation to a nonch	aritable exempt or	ganization of:					لــــا
(1) Cash						1a(1)		X
(2) Other						1a(2)		X
b Other tran								
	of assets to a noncharitable exempt orga					1b(1)		<u> X</u>
	nases of assets from a noncharitable exen	ipt organization				1b(2) 1b(3)		X
(3) Renta	(3) Rental of facilities, equipment, or other assets							
(4) Reim	(4) Reimbursement arrangements							
	s or loan guarantees					<u>1b(5)</u>		<u>X</u>
• •	rmance of services or membership or fun	-				<u>1b(6)</u>		<u>X</u>
-	f facilities, equipment, mailing lists, other		• •			1c		<u> X</u>
	wer to any of the above is "Yes," complete	=	* *	-		•	ets,	
	s given by the reporting foundation. If the			ie in any transaction	or sharing arrangei	ment, show in		
	the value of the goods, other assets, or			1 (4) =	<u> </u>			
(a) Line no	(b) Amount involved (c) Nar		e exempt organization	(0) Descriptio	n of transfers, transaction	ons, and sharing arr	angemen	ts
		N/A						
					·			
					····-	<u> </u>		
								
						·		
					· · · · · · · · · · · · · · · · · · ·			
				_				
		······						
	ndation directly or indirectly affiliated with	•	e or more tax-exempt organi	zations described				-
	501(c) (other than section 501(c)(3)) or	n section 527?				Yes	ΪX] No
b If "Yes," co	omplete the following schedule.		I					
	(a) Name of organization		(b) Type of organization		(c) Description of re	elationship		
	N/A							
			ļ					
			ļ					
			 			·, ·		
1.7								
	penalties of perjury, I declare that I have examine elief, it is true correct and complete Declaration of					May the IRS of return with the		
Sign Here	(V. +A Inca	•	111/8/10			shown below		
	Mach Mann	<u> </u>	101011	PRESI	DENT	_ X Yes	L	No
Sigr	nature of officer or trustee		Date	Title	Obest Color	D7111		
	Print/Type preparer's name	Preparer's s	signature	Date	Check if	PTIN		
Doid	GREGORY D.				self- employed	501011	205	
Paid	ROBERTSON	1 Jugar	y (Alexano	11/06/2019	T	P01241		
Preparer	Firm's name ► PRICEWATER	нопаєдао	PERS LLP		Firm's ElN ► 1	3-4 0083	24	
Use Only			m a 100	•	1	 		
	Firm's address ► 2001 MARK			U		CE \		
	PHILADELP	HIA, PA	19103		Phone no. (2	<u>67) 330</u>		
						Form 99 0)-PF	(2018)

TIMOTHY MAGUIRE FOUNDATION

3 Grants and Contributions Paid During the	·			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION .	
NIGHTLIGHT FOUNDATION	NONE	PC	GENERAL CHARITABLE	
122 ERDENHEIM ROAD			PURPOSES	
ERDENHEIM, PA 19038				3,00
OUR MOTHER OF CONSOLATION SCHOOL	NONE	PC	GENERAL CHARITABLE	
17 CHESTNUT HILL AVENUE			PURPOSES	5 00
PHILADELPHIA, PA 19118		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5,00
PRESENTATION PARISH	NONE	₽C	GENERAL CHARITABLE	
4123 ROBERTSON AVENUE	HONE	ľ	PURPOSES	
SACRAMENTO, CA 95821				2,50
ST ANNE SCHOOL	NONE	PC	GENERAL CHARITABLE	
32451 BEAR BRAND			PURPOSES	
LAGUNA NIGEL, CA 92677				10,00
ST JOHN'S HOSPICE	NONE	PC	GENERAL CHARITABLE	
1221 RACE STREET PHILADELPHIA, PA 19107			PURPOSES	5,00
FRIDADEDFRIA, FA 1910/				3,00
ST JOSEPH PERUVIAN MISSION	NONE	PC	GENERAL CHARITABLE	
PO BOX 6693			PURPOSES	
EDMOND, OK 73083				15,00
				·
THE BRAIN ANEURYSM FOUNDATION	NONE	PC	GENERAL CHARITABLE	
269 HANOVER STREET			PURPOSES	
HANOVER, MA 02339				5,00
=-				
Total from continuation sheets				45,50

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

2018

Name of the organization **Employer identification number** TIMOTHY MAGUIRE FOUNDATION 27-0870730 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedute B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer identification number 27-0870730 TIMOTHY MAGUIRE FOUNDATION Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 TIMOTHY J. MAGUIRE Person Payroll 700 THALIA STREET 1,816. Noncash (Complete Part II for LAGUNA BEACH, CA 92651 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) 14)

(a)	(b)	(C)	(G)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Oncash Occash If for noncash contributions)

Name of organization

Employer identification number

	HY MAGUIRE FOUNDATION		-08/0/30
Part II	Noncash Property (see instructions) Use duplicate copies of Part II	ıf addıtıonal space ıs needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		-	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		_ _	
922453 11-08	10	Sehadula B /Form 6	200 000 E7 or 000 DE) (2018)

Name of org	ganization	Employer identification number							
тімотн	Y MAGUIRE FOUNDATION		27-0870730						
Partill	Exclusively religious, charitable, etc., contribut	tions to organizations described in sect	tion 501(c)(7), (8), or (10) ti						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	ss for the year (Enterthis info one	e) ► \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed							
from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held						
raiti			· · · · · · · · · · · · · · · · · · ·						
			_						
F		(-) Tues of of of	1						
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
									
		 							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
Part I	(5) 1 d. poste of gill	(c) Osc or girt	(d) Desc	mption of now girt is neta					
]									
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dose	ription of how gift is held					
Part I	(b) rui pose oi giit	(c) Ose of gift	(d) Desc	inputon of now girt is field					
į			_	 					
<u> </u>									
	(e) Transfer of gift								
	Transferee's name, address, a	Relationship of trai	Relationship of transferor to transferee						
				· · · · · · · · · · · · · · · · · · ·					
									
(a) No. from	(h) Dumana of sife	(a) Han at aift	(4) 5						
Part I	(b) Purpose of gift	(c) Use of gift	(a) Desc	ription of how gift is held					
İ			_						
			- -	· · · · · · · · · · · · · · · · · · ·					
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	iransieree s name, address, al	neiationship of trai	isier of to transferee						

FQRM 990-PF INTEREST ON SAVI	NGS AND T	EMPORARY	CASH	INVESTMENTS	STATEMENT 1	
SOURCE	RE'	(A) REVENUE PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
GOLDMAN SACHS X9306		940.		940.		
TOTAL TO PART I, LINE 3		940.		940.		
FORM 990-PF	OTHER	INCOME			STATEMENT 2	
DESCRIPTION		(A) REVENT PER BOO		(B) NET INVEST- MENT INCOME		
2017 OVERPAYMENT APPLIED OTHER INCOME (VIA IRS)	-		764. 1.	0		
TOTAL TO FORM 990-PF, PART I,	LINE 11		765.	0	•	
FORM 990-PF	ACCOUN'	ring fees	 S		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOK	NET IN				
TAX PREPARATION FEES	7,00	<u> </u>	3,500	•	0.	
TO FORM 990-PF, PG 1, LN 16B	7,00	0.	3,500	•	0.	
FORM 990-PF	T	AXES			STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOK	NET I				
2017 EXTENSION PAYMENT 2017 OVERPAYMENT APPLIED CALIFORNIA TAXES PAID	1,00 76 7		0 0 0	•	0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	1,83	9.	0	•	0.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MISC. EXPENSES	1,725.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	1,725.	0.		0.	

FORM 990-PF	OTHER	DECREASES	IN NET	ASSETS	OR	FUND	BALANCES	STATEMENT 6
DESCRIPTION								AMOUNT
DIFFERENCE BETWEEN BOOK VALUE & FMV - ASSETS SOLD						130,303.		
TOTAL TO FORM	990-PF	PART III	, LINE	5				130,303.
FORM 990-PF CORPORATE STOCK					STATEMENT 7			
DESCRIPTION						В	OOK VALUE	FAIR MARKET VALUE
GOLDMAN SACHS	X6803						128,841.	277,598.
TOTAL TO FORM	990-PF	PART II,	LINE 1	0В			128,841.	277,598.