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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

OMB No 1545-0052

**2009**Department of the Treasury  
Internal Revenue Service

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

For calendar year 2009, or tax year beginning

, and ending

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeUse the IRS  
label.  
Otherwise,  
print  
or type.  
See Specific  
Instructions.

Name of foundation

Dr John T Macdonald Foundation, Inc

Number and street (or P O box number if mail is not delivered to street address)

1550 Madruga Avenue

Room/suite

215

City or town, state, and ZIP code

Coral Gables

FL 33146-3017

H Check type of organization ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end

of year (from Part II, col (c),

line 16) ▶ \$ 27,810,186

J Accounting method

☐ Cash ☒ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis)

A Employer identification number

59-0818918

B Telephone number (see page 10 of the instructions)

305-667-6017

C If exemption application is pending, check here ▶ ☐D 1. Foreign organizations, check here ▶ ☐2. Foreign organizations meeting the  
85% test, check here and attach computation ▶ ☐E If private foundation status was terminated under  
section 507(b)(1)(A), check here ▶ ☐F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ▶ ☐**Part I Analysis of Revenue and Expenses** (Thetotal of amounts in columns (b), (c), and (d) may not necessarily equal  
the amounts in column (a) (see page 11 of the instructions))(a) Revenue and  
expenses per  
books(b) Net investment  
income(c) Adjusted net  
income(d) Disbursements  
for charitable  
purposes  
(cash basis only)

Revenue

1 Contributions, gifts, grants, etc., received (attach schedule)

56,321

2 Check ☐ if the foundation is **not** required to attach Sch B

3 Interest on savings and temporary cash investments

12,765

12,765

4 Dividends and interest from securities

539,600

539,600

5a Gross rents

-4,810

-4,810

b Net rental income or (loss) -4,810

6a Net gain or (loss) from sale of assets not on line 10

-407,563

b Gross sales price for all assets on line 6a 2,224,783

7 Capital gain net income (from Part IV, line 2)

0

8 Net short-term capital gain

0

9 Income modifications

10a Gross sales less returns &amp; allowances

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule) Stmt 1

6,714

6,714

12 Total. Add lines 1 through 11

203,027

554,269

0

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc

128,700

12,870

115,830

14 Other employee salaries and wages

19,311

1,931

17,380

15 Pension plans, employee benefits

19,305

1,931

-2,996

16a Legal fees (attach schedule)

b Accounting fees (attach schedule) Stmt 2

26,971

3,500

23,111

c Other professional fees (attach schedule) Stmt 3

62,619

62,619

17 Interest

18 Taxes (attach schedule) (see page 14 of the instructions) Stmt 4

21,665

982

9,390

19 Depreciation (attach schedule) and depletion Stmt 5

26

3

20 Occupancy

35,157

3,516

28,339

Travel, conferences, and meetings

Printing and publications

21 Other expenses (att sch) Stmt 6

108,911

55,479

58,700

22 Total operating and administrative expenses.

Add lines 13 through 23

422,665

142,831

249,754

Contributions, gifts, grants paid

1,193,275

1,162,772

26 Total expenses and disbursements. Add lines 24 and 25

1,615,940

142,831

0

1,412,526

27 Subtract line 26 from line 12

Excess of revenue over expenses and disbursements

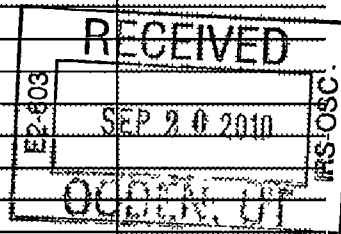
-1,412,913

Net investment income (if negative, enter -0-)

411,438

Adjusted net income (if negative, enter -0-)

0



**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash—non-interest-bearing	200	200	200
	2 Savings and temporary cash investments	728,417	1,380,797	1,380,797
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 7,325			
	Less allowance for doubtful accounts ▶	10,910	7,325	7,325
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (att schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	11,854	10,141	10,141
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) See Stmt 7	23,977,017	26,411,723	26,411,723
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
<b>Liabilities</b>	Less accumulated depreciation (attach sch) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 18,751			
	Less accumulated depreciation (attach sch) ▶ Stmt 8 18,751	26		
	15 Other assets (describe ▶ See Statement 9 )	58,452		
	16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	24,786,876	27,810,186	27,810,186
	17 Accounts payable and accrued expenses	160,238	185,484	
	18 Grants payable	339,999	370,502	
	19 Deferred revenue			
<b>Net Assets or Fund Balances</b>	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ See Statement 10 )		2,354	
	23 <b>Total liabilities</b> (add lines 17 through 22)	500,237	558,340	
	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted	24,286,639	27,251,846	
	25 Temporarily restricted			
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 <b>Total net assets or fund balances</b> (see page 17 of the instructions)	24,286,639	27,251,846	
	31 <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)	24,786,876	27,810,186	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	24,286,639
2 Enter amount from Part I, line 27a	2	-1,412,913
3 Other increases not included in line 2 (itemize) ▶ See Statement 11	3	4,620,930
4 Add lines 1, 2, and 3	4	27,494,656
5 Decreases not included in line 2 (itemize) ▶ See Statement 12	5	242,810
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	27,251,846

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Worksheet				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	2	-407,563
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8		3	-118,790

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	1,223,434	29,832,922	0.041010
2007	2,433,628	34,867,851	0.069796
2006	3,783,962	32,698,491	0.115723
2005	3,057,466	33,865,258	0.090283
2004	3,011,358	33,742,312	0.089246

2 Total of line 1, column (d)	2	0.406058
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.081212
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	24,999,830
5 Multiply line 4 by line 3	5	2,030,286
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4,114
7 Add lines 5 and 6	7	2,034,400
8 Enter qualifying distributions from Part XII, line 4 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 on page 18	8	1,412,526

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	8,229
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-)	2	0
3	Add lines 1 and 2	3	8,229
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	8,229
6	<b>Credits/Payments</b>		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	8,644
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	2,373
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	11,017
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	2,788
11	Enter the amount of line 10 to be <b>Credited to 2010 estimated tax</b> <b>Refunded</b>	11	2,788

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>\$</b> (2) On foundation managers <b>\$</b>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>\$</b>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <b>FL</b>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
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 year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

Stmt 13

**Part VII-A Statements Regarding Activities (continued)**

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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► www.jtmacdonaldfdn.org	13	X	
14	The books are in care of ► Executive Director 1550 Madruga Avenue, Suite 215 Located at ► Coral Gables, FL	Telephone no ► 305-667-6017 ZIP+4 ► 33146-3017		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here		X
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 2009?	N/A	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ► 20 , 20 , 20 , 20	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	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 page 20 of the instructions )	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2009 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, Form 4720, to determine if the foundation had excess business holdings in 2009 )	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2009?		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<b>5a</b>	During the year did the foundation pay or incur any amount to			
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A <input type="checkbox"/>	<b>5b</b>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		<b>6b</b>	X
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 14				

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). 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

**Part IX-A Summary of Direct Charitable Activities**

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		
3		
4		

**Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1	N/A	
2		
3	All other program-related investments. See page 24 of the instructions	

Total. Add lines 1 through 3





**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	24,396,054
<b>b</b>	Average of monthly cash balances	<b>1b</b>	984,484
<b>c</b>	Fair market value of all other assets (see page 24 of the instructions)	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	25,380,538
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	25,380,538
<b>4</b>	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	<b>4</b>	380,708
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	24,999,830
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	1,249,992

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	1,249,992
<b>2a</b>	Tax on investment income for 2009 from Part VI, line 5	<b>2a</b>	8,229
<b>b</b>	Income tax for 2009 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	8,229
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	1,241,763
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	1,241,763
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	1,241,763

**Part XII Qualifying Distributions** (see page 25 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	1,412,526
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,412,526
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	1,412,526

**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 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				1,241,763
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years. 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004	1,345,956			
b From 2005	1,432,529			
c From 2006	2,211,067			
d From 2007	790,438			
e From 2008				
f Total of lines 3a through e	5,779,990			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 1,412,526				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				1,241,763
e Remaining amount distributed out of corpus	170,763			
5 Excess distributions carryover applied to 2009 (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	5,950,753			
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	1,345,956			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	4,604,797			
10 Analysis of line 9				
a Excess from 2005	1,432,529			
b Excess from 2006	2,211,067			
c Excess from 2007	790,438			
d Excess from 2008				
e Excess from 2009	170,763			

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling					
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
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 more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

<b>1 Information Regarding Foundation Managers:</b>	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )	N/A
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	N/A
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
a The name, address, and telephone number of the person to whom applications should be addressed	Dr. John T. MacDonald Attn: 305-667-6017 1550 Madruga Avenue Coral Gables FL 33146
b The form in which applications should be submitted and information and materials they should include	Contact foundation for application
c Any submission deadlines	Contact foundation for deadlines
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	See Statement 15



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

• Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	12,765	
4	Dividends and interest from securities			14	539,600	
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property			17	-4,810	
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	-407,563	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
b	Other Income			1	7,738	
c	K-1 Chisholm Partners IV, LP			14	-1,024	
d						
e						
12	Subtotal. Add columns (b), (d), and (e)		0		146,706	0
13	Total. Add line 12, columns (b), (d), and (e)				146,706	146,706

(See worksheet in line 13 instructions on page 28 to verify calculations.)

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]



Name of the organization

Employer identification number

Dr John T Macdonald Foundation, Inc

59-0818918

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

Form 990-PF

- ☒ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

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

Name of organization

Dr John T Macdonald Foundation, Inc

Employer identification number

59-0818918

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Adele H. Goddard Trust c/o Russo & Baker, P.A. 2655 Le Jeune Road, Suite 201  Coral Gables FL 33134	\$ 39,356	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
2	Greek Orthodox Ladies Philoptochos Society, Inc. 345 E. 74th Street  New York NY 10021	\$ 20,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )



Form <b>990-PF</b>	<b>Capital Gains and Losses for Tax on Investment Income</b>	<b>2009</b>
For calendar year 2009, or tax year beginning _____, and ending _____		

Name  Dr John T Macdonald Foundation, Inc	Employer Identification Number  59-0818918
---	--

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
(1) Vanguard Index 500 Index Signal	P	02/18/03	09/22/09
(2) iShares Russell 3000 Value	P	10/30/08	02/26/09
(3) Bank of America	P	05/24/02	01/06/09
(4) Johnson & Johnson	P	02/09/06	01/08/09
(5) General Mills Inc	P	12/17/03	03/11/09
(6) AutoZone Inc	P	02/23/01	03/24/09
(7) FNC PNC Bank Corp	P	Various	03/24/09
(8) FedEx Corp	P	06/16/00	05/01/09
(9) Pfizer Inc	P	12/09/04	06/02/09
(10) Alcoa Inc	P	Various	10/08/09
(11) Freeport-McMoran Cop & Gold	P	05/10/07	12/01/09
(12) Artisan International	P	12/10/01	09/22/09
(13) Columbia Intl Value	P	12/14/01	02/26/09
(14) Century Small Cap Inst	P	Various	02/26/09
(15) Growth Fund of America	P	09/21/07	09/22/09

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 400,000		317,159	82,841
(2) 400,160		518,161	-118,001
(3) 4		13	-9
(4) 35,404		35,518	-114
(5) 24,828		22,465	2,363
(6) 15,807		2,531	13,276
(7) 43,443		44,232	-789
(8) 25,079		16,227	8,852
(9) 17,774		32,415	-14,641
(10) 32,199		71,437	-39,238
(11) 33,590		28,611	4,979
(12) 200,000		175,024	24,976
(13) 319,951		539,015	-219,064
(14) 272,726		546,345	-273,619
(15) 200,000		283,193	-83,193

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
(1)			82,841
(2)			-118,001
(3)			-9
(4)			-114
(5)			2,363
(6)			13,276
(7)			-789
(8)			8,852
(9)			-14,641
(10)			-39,238
(11)			4,979
(12)			24,976
(13)			-219,064
(14)			-273,619
(15)			-83,193

Form <b>990-PF</b>	<b>Capital Gains and Losses for Tax on Investment Income</b>	<b>2009</b>
Name  Dr John T Macdonald Foundation, Inc		Employer Identification Number  59-0818918
For calendar year 2009, or tax year beginning , and ending		

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
(1) K-1 Chisholm Partners IV, LP	P	Various	Various
(2) K-1 Nautic Partners V, LP	P	Various	Various
(3) Capital Gain Distributions			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 2,653			2,653
(2) 170,340			170,340
(3) 30,825			30,825
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
(1)			2,653
(2)			170,340
(3)			30,825
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

## Federal Statements

**Statement 1 - Form 990-PF, Part I, Line 11 - Other Income**

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
Other Income	\$ 7,738	\$ 7,738	\$
K-1 Chisholm Partners IV, LP	-1,024	-1,024	
Total	\$ 6,714	\$ 6,714	\$ 0

**Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Accounting and Tax Services	\$ 11,971	\$ 3,500	\$	\$ 8,111
Audit Services	15,000			15,000
Total	\$ 26,971	\$ 3,500	\$ 0	\$ 23,111

**Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Investment Advisory & Mgmt Fees	\$ 62,619	\$ 62,619	\$	\$
Total	\$ 62,619	\$ 62,619	\$ 0	\$ 0

**Statement 4 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Payroll Taxes	\$ 9,774	\$ 977	\$	\$ 8,797
Taxes-Other	50	5		45
UBIT Taxes	843			548
Excise Tax	10,998			
Total	\$ 21,665	\$ 982	\$ 0	\$ 9,390

## Federal Statements

**Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation**

Description							
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Depreciation							
	\$	\$ 2,159			\$ 26	\$ 3	\$
Total	\$ 0	\$ 2,159			\$ 26	\$ 3	\$ 0

**Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
Expenses				
Bank Service Charges	852	298		554
Automobile	995	100		896
Workshops and Seminars	175	61		114
Dues and Subscriptions	675			2,475
Insurance	46,652	12,596		35,306
Computer Expenses	1,806	542		1,289
Licenses	58			58
Board Meeting Expense	8,667			10,210
Office Expense	5,933	2,077		4,248
Postage	643	225		418
Telephone	4,107	1,232		3,132
K-1 Chisholm Partners III, LP	1,308	1,308		
Other Deductions				
K-1 Chisholm Partners IV, LP-	21,322	21,322		
Other Deductions				
K-1 Nautic Partners V, LP-	15,718	15,718		
Other Deductions				
Total	\$ 108,911	\$ 55,479	\$ 0	\$ 58,700

## Federal Statements

**Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Pimco Total Return Instl Class	\$ 2,275,650	\$ 2,590,443	Market	\$ 2,590,443
The Vanguard Group	1,743,453	1,788,746	Market	1,788,746
Chisholm Partners III LP	57,663	84,391	Market	84,391
Chisholm Partners IV LP	793,375	824,115	Market	824,115
Private Cap Mgmt	1,697,766	1,400,707	Market	1,400,707
CS McKee	2,050,544	2,455,694	Market	2,455,694
Navis Partners V	1,720,903	1,492,410	Market	1,492,410
Low Duration Fund	4,805,418	5,447,339	Market	5,447,339
Artisan Fund	1,174,796	1,437,264	Market	1,437,264
Nations Int'l Value	1,130,505	895,243	Market	895,243
Harbor Small Value	736,952	912,184	Market	912,184
Artisan Midcap	1,237,463	1,859,469	Market	1,859,469
Baron Small	368,293	498,159	Market	498,159
Century Small	321,753		Market	
First Eagle	924,185	1,117,226	Market	1,117,226
Schwab - Funding	2,089,323	2,602,703	Market	2,602,703
Northern Trust Security	29,366	30,314	Market	30,314
Global Conduit Fund	819,609	975,316	Market	975,316
Total	\$ 23,977,017	\$ 26,411,723		\$ 26,411,723

## Federal Statements

Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
Property and Equipment	\$ 26	\$ 18,751	\$ 18,751	\$
Total	\$ 26	\$ 18,751	\$ 18,751	\$ 0

## Federal Statements

**Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets**

Description	Beginning of Year	End of Year	Fair Market Value
Due from Pediatric Health Association	\$	\$	\$
Refundable Federal Excise Taxes	58,452		
Total	\$ 58,452	\$ 0	\$ 0

**Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities**

Description	Beginning of Year	End of Year
Federal Excise Taxes Payable	\$	\$ 2,354
Total	\$ 0	\$ 2,354

**Statement 11 - Form 990-PF, Part III, Line 3 - Other Increases**

Description	Amount
Unrealized Gain on Investments	\$ 4,412,527
Unrealized Gain WHW Diversified Global Conduit Fnd	155,706
Unrealized Gains and Adjustments K-1 Chisholm Partners III, LP	23,067
Unrealized Gain K-1 Chisholm Partners IV, LP	29,630
Total	\$ 4,620,930

**Statement 12 - Form 990-PF, Part III, Line 5 - Other Decreases**

Description	Amount
Book/Tax Difference K-1 Chisholm Partners IV, LP	\$ 41
Unrealized Loss K-1 Nautic Partners V, LP	242,769
Total	\$ 242,810

Statement 13 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name	Address	City, State, Zip
Adele H. Goddard Trust	2655 Le Jeune Road, Suite 201	Coral Gables FL 33134
Greek Orthodox Ladies Philoptochos	345 E. 74th Street	New York NY 10021



## Federal Statements

**Statement 14 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Kim Greene, L.C.S.W. 1550 Madruga Avenue Coral Gables FL 33146-3017	Exec. Dir.	40.00	128,700	19,305	0
Margaret C. Starner, C.F.P. 1550 Madruga Avenue Coral Gables FL 33146-3017	Chairwoman	1.00	0	0	0
Robert G. Breier 1550 Madruga Avenue Coral Gables FL 33146-3017	ViceChairman	1.00	0	0	0
Steven S. Pabalan, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Secretary	1.00	0	0	0
Aldo C. Busot 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
Gary W. Dix, C.P.A. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
Charles A. Dunn, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
R. Rodney Howell, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
Thomas M. Mark, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0

## Federal Statements

**Statement 14 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc. (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
George D. Mekras, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
John C. Nordt, III, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
R. Latanae Parker, Jr., M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
Dean H. Roller, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
Stuart H. Savedoff, D.D.S. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
Dazelle D. Simpson, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
Karl Smiley, M.D. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0
David A. Wolfberg, A.I.A. 1550 Madruga Avenue Coral Gables FL 33146-3017	Director	1.00	0	0	0

**Form 990-PF, Part XV, Line 2b - Application Format and Required Contents****Description**

Contact foundation for application

**Form 990-PF, Part XV, Line 2c - Submission Deadlines****Description**

Contact foundation for deadlines

**Statement 15 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations****Description**

The foundation does not fund national projects which would result in funding leaving Dade County, for-profit organizations, support of political candidates or campaigns, projects that promote a religious faith, direct support of individuals, and other grant-making foundations.

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
Financial Institutions	\$ 1,030		14	
K-1 Chisholm Partners III, LP	544		14	
K-1 Chisholm Partners IV, LP	4,145		14	
K-1 Nautic Partners V, LP	7,046		14	
Total	<u>\$ 12,765</u>			

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
Various Money Managers	\$ 537,930		14	
K-1 Chisholm Partners IV, LP	1,670		14	
Total	<u>\$ 539,600</u>			

Form 990-PF (2009) Dr John T MacDonald Foundation, Inc		59-0818918		
<b>Part XV Supplementary Information</b>				
<b>Line 3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
<b>Recipient Name and Address (home or business)</b>	<b>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</b>	<b>Foundation status of recipient</b>	<b>Purpose of grant or contribution</b>	<b>Amount</b>
a Paid during the year				
University of Miami 5801 Red Road Coral Gables, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$218,931
ALERT Health 15800 NW 42 Avenue Miami, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$17,500
Barry University-School of Nursing 11300 NE 2nd Avenue Miami Shores FL 33161	N/A	501(c)(3)	To Promote Healthcare	\$10,000
Casa Valentina 2990 SW 35 Avenue Miami, FL 33133	N/A	501(c)(3)	To Promote Healthcare	\$5,000
Coral Gables Women's Club 1009 E Ponce de Leon Blvd Coral Gables FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$15,000
Epilepsy Foundation 7300 N Kendall Drive, Suite 700 Miami, FL 33156	N/A	501(c)(3)	To Promote Healthcare	\$12,500
FIU Foundation-College of Medicine 15800 NW 42 Avenue Miami, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$12,500
Florida International University- School of Nursing and Health 15800 NW 42 Avenue Miami, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$25,500
Haitian American Association Against Cancer 225 N E 34th Street, Suite 208 Miami, FL 33137	N/A	501(c)(3)	To Promote Healthcare	\$12,500
Hearing Research Institute, Inc 7000 SW 62nd Ave, Suite #210 South Miami, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$17,500
MDCHD Seals on Wheels Dental Program 1350 NW 14th Street Miami, FL 33125	N/A	501(c)(3)	To Promote Healthcare	\$17,500
Miami Lighthouse for the Blind 601 SW 8th Avenue Miami, FL 33130	N/A	501(c)(3)	To Promote Healthcare	\$37,500
Sundari Foundation 217 NW 15 Street Overtown, FL 33136	N/A	501(c)(3)	To Promote Healthcare	\$27,500

**Part XV Supplementary Information****Line 3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and Address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
University of Miami-School of Nursing 5801 Red Road Coral Gables, FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$25,000
University of Florida College of Dentistry-Hialeah Clinic 750 E 25th St Hialeah, FL 33013	N/A	501(c)(3)	To Promote Healthcare	\$12,500
University of Miami-School of Medicine 5801 Red Road Coral Gables, FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$400,000
<b>Total Amount Paid on Current Year Approved Grants</b>				<b>\$866,931.00</b>
University of Miami 5801 Red Road Coral Gables, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$46,219
ALERT Health 15800 NW 42 Avenue Miami, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$20,000
Barry University-School of Nursing 11300 NE 2nd Avenue Miami Shores, FL 33161	N/A	501(c)(3)	To Promote Healthcare	\$10,000
Camp Boggy 30500 Brantley Branch Road Eustis, FL 32736	N/A	501(c)(3)	To Promote Healthcare	\$11,280
Coral Gables Women's Club 1009 E Ponce de Leon Blvd Coral Gables, FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$15,000
Here's Help 15100 NW 27th Avenue Opa Locka, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$12,500
Miami Beach Community Health Center Inc 11645 Biscayne Blvd Suite 207 North Miami, FL 33181	N/A	501(c)(3)	To Promote Healthcare	\$12,500
Miami Lighthouse for the Blind 601 SW 8th Avenue Miami, FL 33130	N/A	501(c)(3)	To Promote Healthcare	\$37,500
Nova Southeastern University 3200 S University Drive Fort Lauderdale, FL 33304	N/A	501(c)(3)	To Promote Healthcare	\$20,842
Open Door Health Center 1350 SW 4th Street Homestead, FL 33030	N/A	501(c)(3)	To Promote Healthcare	\$25,000

Form 990-PF (2009) Dr. John T. MacDonald Foundation, Inc		59-0818918		
<b>Part XV Supplementary Information</b>				
<b>Line 3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
<b>Recipient Name and Address (home or business)</b>	<b>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</b>	<b>Foundation status of recipient</b>	<b>Purpose of grant or contribution</b>	<b>Amount</b>
a Paid during the year				
Sundari Foundation 217 NW 15 Street Overtown FL 33136	N/A	501(c)(3)	To Promote Healthcare	\$27,500
The Wellness Community of Greater Miami 8609 South Dixie Highway Miami, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$20,000
Thelma Gibson Health Initiative 3634 Grand Avenue Coconut Grove FL 33133	N/A	501(c)(3)	To Promote Healthcare	\$37,500
		<b>Total Amount Paid on Prior Year Approved Grants</b>		<b>\$295,841.00</b>
		<b>Total Line 3a</b>		<b>\$1,162,772.00</b>

Form 990-PF (2009) Dr John T MacDonald Foundation, Inc		59-0818918		
<b>Part XV Supplementary Information</b>				
<b>Line 3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
<b>Recipient Name and Address (home or business)</b>	<b>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</b>	<b>Foundation status of recipient</b>	<b>Purpose of grant or contribution</b>	<b>Amount</b>
b Approved for future payment				
ALERT Health 15800 NW 42 Avenue Miami, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$17,500
Casa Valentina 2990 SW 35 Avenue Miami, FL 33133	N/A	501(c)(3)	To Promote Healthcare	\$5,000
Coral Gables Women's Club 1009 E Ponce de Leon Blvd Coral Gables, FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$15,000
Epilepsy Foundation 7300 N Kendall Drive, Suite 700 Miami, FL 33156	N/A	501(c)(3)	To Promote Healthcare	\$12,500
FIU Foundation-College of Medicine 15800 NW 42 Avenue Miami, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$12,500
Florida International University- School of Nursing and Health 15800 NW 42 Avenue Miami, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$15,500
Haitian American Association Against Cancer 225 N E 34th Street, Suite 208 Miami, FL 33137	N/A	501(c)(3)	To Promote Healthcare	\$12,500
Hearing Research Institute, Inc 7000 SW 62nd Ave, Suite #210 South Miami, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$17,500
Miami Lighthouse for the Blind 601 SW 8th Avenue Miami, FL 33130	N/A	501(c)(3)	To Promote Healthcare	\$37,500
MDCHD Seals on Wheels Dental Program 1350 NW 14th Street Miami, FL 33125	N/A	501(c)(3)	To Promote Healthcare	\$17,500
Sundan Foundation 217 NW 15 Street Overtown, FL 33136	N/A	501(c)(3)	To Promote Healthcare	\$27,500
University of Florida College of Dentistry-Hialeah Clinic 750 E 25th St Hialeah, FL 33013	N/A	501(c)(3)	To Promote Healthcare	\$12,500
University of Miami-School of Nursing 5801 Red Road Coral Gables, FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$15,000
University of Miami 5801 Red Road Coral Gables, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$108,344
<b>Total Line 3b</b>				<b>\$326,344.00</b>



**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	<b>Name of Exempt Organization</b>	<b>Employer identification number</b>
	Dr John T Macdonald Foundation, Inc	59-0818918
	<b>Number, street, and room or suite no. If a P.O. box, see instructions</b> 1550 Madruqa Avenue 215	
	<b>City, town or post office, state, and ZIP code. For a foreign address, see instructions</b> Coral Gables FL 33146-3017	

**Check type of return to be filed (file a separate application for each return)**

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **Executive Director**

Telephone No ▶ 305-667-6017

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	8,644
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Dr John T Macdonald Foundation, Inc	59-0818918
	Number, street, and room or suite no. If a P.O. box, see instructions. 1550 Madruga Avenue 215	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Coral Gables FL 33146-3017	

**Check type of return to be filed** (File a separate application for each return).

- |                                      |  |                                      |                                    |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-PF                  | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

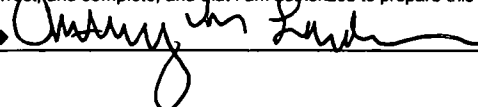
- The books are in the care of ☒ **Executive Director**  
Telephone No. ☒ 305-667-6017 FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/10.
- 5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	8,644
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	8,644
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 

Title CPA

Date 08/16/10

Form **8868** (Rev 4-2009)