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Form 990-PF

perwork Reduction Act Notice, see instructions.

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Form 990-PF (2014)

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2014 or tax year beginning 2014, and ending A Employer identification number Name of foundation THE MCLAUGHLIN DOTY FOUNDATION 27-4319466 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions)) PO BOX 769 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here HUNT, TX 78024 G Check all that apply Initial return Initial return of a former public charity 1. Foreign organizations, check here . Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method X Cash Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), line under section 507(b)(1)(B), check here 5,370,072. (Part I, column (d) must be on cash basis) *16)* ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (b) Net investment (c) Adjusted net for charitable expenses per income ıncome purposes books column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to Check ▶ attach Sch B 3 Interest on savings and temporary cash investments. 113,051 113,051. ATCH 1 Dividends and interest from securities Net rental income or (loss) 163,449 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 846,291 assets on line 6a 154,899 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. . Income modifications Gross sales less returns and allowances 10 a b Less Cost of goods sold . Gross profit or (loss) (attach schedule) 1,904 9,074 Other income (attach schedule) ATCH. 2... 11 278,409. 277,029 Total. Add lines 1 through 11 45,000. 45,000. 13 Compensation of officers, directors, trustees, etc . . . Other employee salaries and wages Pension plans, employee benefits 16a Legal fees (attach schedule) 500. 500 b Accounting fees (attach schedule) Other professional fees (attach schedule). . . 110 110. Interest . ATCH .3. 5,277. 5,277. Taxes (attach schedule) (see instructions)[4]. Depreciation (attach schedule) and depletion. Travel, conferences, and meetings Printing and publications 23 24 25 25 34,062. 33,831. Other expenses (attach schedule) ATCH .5. . Total operating and administrative expenses. 84,949 84,718. Add lines 13 through 23. 224,736 224,736. Contributions, gifts, grants paid 309,685. 84,718. 224,736. 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 -31,276Excess of revenue over expenses and disbursements . . 192,311. b Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-). .

Part II	Polones Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	nd of year		
Farti	Datance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bear	ing	220,183.	33,129	33,12		
2		cash investments					
3	•						
	Less allowance for dou	btful accounts ▶					
4							
•		btful accounts ▶					
5							
6		officers, directors, trustees, and other					
•							
1 _		tach schedule) (see instructions)					
7		receivable (attach schedule)					
		btful accounts ▶			- 		
ssets 6 8	Inventories for sale or us				_		
SS 9		leferred charges					
⋖ 10 a		te govemment obligations (attach schedule).		4 031 336			
b		e stock (attach schedule)	4,117,076.	4,271,735	5,336,94		
c		e bonds (attach schedule)			_		
11	Investments - land, building and equipment basis Less accumulated depreci (attach schedule)						
12		loans					
13	Investments - other (att	ach schedule)			_		
14	Land, buildings, and equipment basis	>					
	Less accumulated depreci-						
15	(attach schedule) Other assets (describe)	>)					
16	Total assets (to be	completed by all filers - see the					
.0	instructions Also, see i	page 1, item I)	4,337,259.	4,304,864	4. 5,370,07		
17		accrued expenses	1,126.		7.		
18							
Liabilities 50 21 20 20 20 20 20 20 20 20 20 20 20 20 20		ors, trustees, and other disqualified persons					
		otes payable (attach schedule)			· ·		
함 21	• •						
22	Other liabilities (describ	e ▶)					
,,	Tetal liabilities (add lan	es 17 through 22)	1,126.		7.		
23			1,120.		'-		
		llow SFAS 117, check here . ► X					
Ces	•	24 through 26 and lines 30 and 31.	4,336,133.	4,304,85	-		
24	Unrestricted		4,336,133.	4,304,63	/ · 		
25	•						
핑 26		· · · · · · · · · · · · · · · · · · ·			_		
Assets or Fund Balance	Foundations that do	o not follow SFAS 117, ▶ 📖 🛚					
7	check here and con	nplete lines 27 through 31.					
<u>ي</u> 27	Capital stock, trust prin	ncipal, or current funds					
9 28	Paid-in or capital surplus, o	or land, bidg , and equipment fund					
8 29	Retained earnings, accum	nulated income, endowment, or other funds					
₹ 30	Total net assets or fun	d balances (see instructions)	4,336,133.	4,304,85	7.		
2 31	Total liabilities and	i net assets/fund balances (see					
	ınstructions)		4,337,259.	4,304,86	4.		
		anges in Net Assets or Fund Bala					
1 To	tal net assets or fund	balances at beginning of year - Part	II, column (a), line 30 (m	ust agree with			
		ed on prior year's return)			4,336,1		
		I, line 27a			2 -31,2		
3 Ot	her increases not incli	ıded ın line 2 (ıtemize) ▶		· · · · · · · · · · · · · · · · · · ·	3		
					4 4,304,8		
	creases not included				5		
		balances at end of year (line 4 minus	line 5) - Part II. column (h		6 4,304,8		

Capital Gains and Losses for Tax on Investment Income

Part IV

Page 3

	(a) List an 2-story b	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
1a	SEE PART IV SCHE	DULE		D - Donation			
b						·	
C							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu		
_a							
<u>b</u>	·-·· <u></u>						
_c						· · · · · · · · · · · · · · · · · · ·	
<u>d</u>							
е							
	Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col (h) g		
	(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	col (k), but not less than -0-) or Losses (from col (h))			
_a							
<u>b</u>				ļ			
_ <u>c</u>	··						
<u>d</u>				ļ			
<u>e</u>	·····						
2	Capital gain net income		gain, also enter in Part I, line 7			154 000	
	, -	(п	(loss), enter -0- in Part I, line 7	2		154,899.	
3		ain or (loss) as defined in sections					
	-	art I, line 8, column (c) (see ins					
_			duced Tax on Net Investment In	3		0	
Wa			outable amount of any year in the b Do not complete this part	ase perio	d?	Yes X No	
1			ir; see the instructions before making	anv ent	ries		
<u> </u>	(a)	(b)	(c)	lg dily cit	(d)		
Ca	Base period years alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution is (col (b) divided by		
	2013	181,333.	4,532,339.		(======================================	0.040009	
	2012	211,483.	3,940,477.			0.053669	
	2011	14,012.	4,141,859.			0.003383	
	2010						
	2009						
2	Total of line 1, column (d)		2		0.097061	
3		o for the 5-year base period - divid					
	· ·	ndation has been in existence if les		3		0.024265	
	•		•				
4	Enter the net value of no	oncharitable-use assets for 2014 fr	om Part X, line 5	4	5,	179,417.	
5	Multiply line 4 by line 3			5		125,679.	
	,						
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		1,923.	
7	Add lines 5 and 6			7		127,602.	
				-			
8	Enter qualifying distribut If line 8 is equal to or generated VI instructions	rions from Part XII, line 4	ın Part VI, line 1b, and complete	8 that part	using a 1% ta	224,736. x rate See the	

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here			<u>-</u>
	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		1,9	23.
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		1,9	23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1,9	23.
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,300.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 2,000.			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		3,3	<u>300.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			5.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			770
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			372.
11 Do	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 1,372. Refunded ▶ 11		_	
	t VII-A Statements Regarding Activities			N
1a	, , , , , , , , , , , , , , , , , , , ,	1a	Yes	No X
.	participate or intervene in any political campaign?	'a		· ·
U	Instructions for the definition)?	1b		Х
	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			
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 the year			
-	(1) On the foundation \$(2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers ▶ \$			İ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
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			İ
	conflict with the state law remain in the governing instrument?	6	_ X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	_7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
_	TX,			
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	0.	Х	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			X
	complete Part XIV	9		 ^ -
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40		X
	names and addresses	10		<u> </u>

Pai	t VII-A Statements Regarding Activities (continued)			
	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		Χ
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
	Website address ▶N/A			
14	The books are in care of ► MANDY GARVIE Telephone no ► 405-606	-258	0	
	Located at ▶211 N ROBINSON AVE SUITE 600 OKLAHOMA CITY, OK ZIP+4 ▶ 73102			
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			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If			
	"Yes," enter the name of the foreign country			
Pa	rt 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
1 a	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(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) Yes X No			
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			•
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	١
	were not corrected before the first day of the tax year beginning in 2014?	1c	<u> </u>	X
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))	1		
;	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years			
	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	2b		1
	all years listed, answer "No" and attach statement - see instructions)	20	 	<u> </u>
,				
2	▶,,, Page 1. Page 2. P			
	at any time during the year?			
	b If "Yes," did it have excess business holdings in 2014 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		1	
	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 2014)	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2014?	4b		X

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orm !	990-PF.(2014) THE MCLAUGHL.	IN DOTY FOUNDA	TION	21-	4319466	Page 0
Pai	rt VII-B Statements Regarding Activitie	s for Which Form	4720 May Be Red	uired (continued)		
5a	During the year did the foundation pay or incur any an	nount to				
	(1) Carry on propaganda, or otherwise attempt to infl	uence legislation (section	on 4945(e))?	Yes X N	.	1
	(2) Influence the outcome of any specific public e	• ,	* * * *		1 1	
	directly or indirectly, any voter registration drive?,	•	•		.	
	(3) Provide a grant to an individual for travel, study, or			· H., H.,		
	•			•		
	(4) Provide a grant to an organization other than	•	e	1 1 2 1 2/1 22	_	
	section 4945(d)(4)(A)? (see instructions)			. — —		1
	(5) Provide for any purpose other than religious,				_	
_	purposes, or for the prevention of cruelty to children				· []	
р	If any answer is "Yes" to 5a(1)-(5), did any of the				1 1	
	Regulations section 53 4945 or in a current notice reg				· 5b	
	Organizations relying on a current notice regarding dis	saster assistance check	here		'	
C	If the answer is "Yes" to question 5a(4), does the		•			
	because it maintained expenditure responsibility for th	e grant?		Yes N	o	
	If "Yes," attach the statement required by Regulations :	section 53 4945-5(d)				j
6a	Did the foundation, during the year, receive any f	unds, directly or indir	ectly, to pay premiu			
	on a personal benefit contract?			Yes X N	D	
b	Did the foundation, during the year, pay premiums, d	irectly or indirectly, on a	a personal benefit contr	act?	. 6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a	party to a prohibited ta	x shelter transaction?.	. Yes X N	o	ĺ
b	If "Yes," did the foundation receive any proceeds or h					
Pa	rt VIII Information About Officers, Direct and Contractors	ors, Trustees, Fou	undation Manager	s, Highly Paid Em	ployees,	
1	List all officers, directors, trustees, foundation	managers and thei	r compensation (se	e instructions).		_
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allov	wances
		_				
ATC	Н 6		45,000	. C		
		_				
		_				
		<u> </u>				
2	Compensation of five highest-paid employee "NONE."	s (other than thos	se included on lir	e 1 - see instruct	ions). If no	ne, ente
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expense	account
(a	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allo	
				compensation		
	NONE	· -				
	NONE			 		
				ļ		_ -
						
				 		
]				
			<u> </u>	<u> </u>	ļ	
<u>ota</u>	I number of other employees paid over \$50,000.	<u> </u>	<u> </u>	<u> </u>		

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Form 990-PF (2014) Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,

an	d Contractors (continued)		, ,
3 Five highe	est-paid independent contractors for professional services (see i	nstructions). If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		-	
NONE			
		-	
		-	
		-	
Total number of	others receiving over \$50,000 for professional services	<u></u>	
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year. Include relevant statis I other beneficiaries served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
1 N/A			
2			:
3		· · · · ·	
3			
		-	
4			
			<u> </u>
	Summary of Program-Related Investments (see instructions)	4 - 10	Amount
1 NONE	plargest program-related investments made by the foundation during the tax year on line	s I and 2	Amount
- NONE			
2			
 			
	n-related investments. See instructions		
3 NONE			
Total. Add lines	1 through 3		
			1

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	5,131,635.
b	Average of monthly cash balances	1b	126,656.
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	5,258,291.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,258,291.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	78,874.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,179,417.
6	Minimum investment return. Enter 5% of line 5	6	258,971.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	258,971.
2 a	1 022		
b	Income tax for 2014. (This does not include the tax from Part VI).	1	
c	Add lines 2a and 2b	2c	1,923.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	257,048.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	257,048.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	257,048.
Par	t 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	224,736.
b	Program-related investments - total from Part IX-B	1b	
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	224,736.
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 (see instructions)	5	1,923.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	222,813.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when a qualifies for the section 4940(e) reduction of tax in those years	alculating	whether the foundation

Form **990-PF** (2014)

Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (b) (d) (c) Corpus Years prior to 2013 2013 2014 Distributable amount for 2014 from Part XI, 257,048. Undistributed income, if any, as of the end of 2014 Enter amount for 2013 only 224,603. b Total for pnor years 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014 From 2009 **b** From 2010 c From 2011 d From 2012 e From 2013 f Total of lines 3a through e Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 224,736. 224,603. a Applied to 2013, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 133. d Applied to 2014 distributable amount e Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be 256,915. Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a Analysis of line 9 a Excess from 2010 . . . Excess from 2011 . . . c Excess from 2012 . . . d Excess from 2013 . . . e Excess from 2014 .

Pai	rt XIV Private Op	erating Foundations	s (see instructions ar	nd Part VII-A, questi	on 9)		NOT APPI	JICABLE
	If the foundation has	Ţ.			atıng			
	foundation, and the ruling	g is effective for 2014, ei	nter the date of the ruling		▶∟			
b	Check box to indicate v	whether the foundation	is a private operating	oundation described in	section	4942(J)(3) or 4	942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	 		(e) Tota	ał
	justed net income from Part I or the minimum investment	(a) 2014	(b) 2013	(c) 2012	(d) 201	1		
	return from Part X for each					i		
	year listed							
b	85% of line 2a							
C	Qualifying distributions from Part	,						
4	XII, line 4 for each year listed				-		 	
u	Amounts included in line 2c not used directly for active conduct of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of exempt activities Subtract line			:				
_	2d from line 2c				ļ			
3	Complete 3a, b, or c for the alternative test relied upon				İ			
а	"Assets" alternative test - enter							
	(1) Value of all assets				 		<u> </u>	
	(2) Value of assets qualifying under section							
h	4942(j)(3)(B)(i)							
U	"Endowment" alternative test- enter 2/3 of minimum invest-							
	ment return shown in Part X,							
c	line 6 for each year listed "Support" alternative test - enter				 			
•	(1) Total support other than							
	gross investment income (interest, dividends, rents,							
	payments on secunties							
	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 sup-							
	port from an exempt organization							
	(4) Gross investment income	1 1 5 4: 4	0		1.41.			
Рa				conly if the found	dation had a	5,000	or more in	ı assets
1	Information Regarding							
·	_	-		e than 2% of the tot	al contribution	s receive	ed by the fo	undation
	before the close of an	y tax year (but only if th	ney have contributed r	nore than \$5,000) (S	See section 507	7(d)(2))	•	
	ATTACHME	ENT 7						
b						n equally	large portion	n of the
	ownership of a partne	rship or other entity) o	f which the foundation	has a 10% or greate	r interest			
	N/A					-		
2	— —	_		· •				
	Check here ▶ if	the foundation only	makes contributions	to preselected char	ritable organiz	ations a	nd does no	t accep
		plete items 2a, b, c, an		ants, etc (see instruc	ctions) to main	riduais or	organizatio	ns unde
				he nerson to whom ar	onlications shou	ıld be add	Iressed	
a	ATCH 8	and telephone namber	or c-mail address or t	the person to whom ap	opiications snot	nd be add	1103300	
		olications should be su	bmitted and information	on and materials they	should include		-	
				omplete this part only if the foundation had \$5,000 or more in assets instructions.) eve contributed more than 2% of the total contributions received by the foundation y have contributed more than \$5,000) (See section 507(d)(2)) vivi 10% or more of the stock of a corporation (or an equally large portion of the which the foundation has a 10% or greater interest Sift, Loan, Scholarship, etc., Programs: alkes contributions to preselected charitable organizations and does not acception makes gifts, grants, etc (see instructions) to individuals or organizations under				
	ATCH 9							
С	Any submission dead	lines						
	ATCH 10	imitations as access	ough on his non-	nhinal areas at a ch	able fields	ada af		Al
d	Any restrictions or I factors	imitations on awards	, such as by geogra	ipnicai areas, charita	abie fields, kii	nas ot ir	astitutions, (or other
	ΔТСН 11							

Page **11**

Part XV Supplementary Information	Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for F	uture Payment	· · · · · · · · · · · · · · · · · · ·					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	7					
a Paid during the year									
ATCH 12									
		1							
		1							
				i					
]					
		1							
			•						
			1						
			1						
]							
		1							
Total	<u> </u>		▶ 3a	224,736					
b Approved for future payment		1	1						
			1						
		i							
		1							
		1	<u> </u>	 					
Total			▶ 3b	· I					

Page **12**

Part XVI-	A Analysis of Income-Produ	cing Activ	/ities			
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
Ū		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
•	service revenue			220000000000000000000000000000000000000		(See instructions)
_				<u> </u>		
				<u> </u>		
						
· ·						
е				<u> </u>		
f				ļ		
-	and contracts from government agencies			 		
	ship dues and assessments			 		
	n savings and temporary cash investments			14	113,051.	
	Is and interest from securities			1.3	113,031.	
	al income or (loss) from real estate		<u> </u>	 		· · · · · · · · · · · · · · · · · · ·
	-financed property			 	 	<u>-</u>
	lebt-financed property				<u> </u>	
	I income or (loss) from personal property	1		15	5.	
	vestment income			18	160,531.	
•	oss) from sales of assets other than inventory			10	100,551.	
	me or (loss) from special events			 		
•	rofit or (loss) from sales of inventory			 		
	venue a				1,904.	
					1,301.	
		-		 		
				 		
e	Add columns (b), (d), and (e)				275,491.	
	dd line 12, columns (b), (d), and (e)			<u> </u>		
	neet in line 13 instructions to verify calc				· · · · · · · · · · · · · · · · · · ·	
Part XVI-			complishment of Ex	empt Purp	oses	
Line No. ▼	Explain below how each activit accomplishment of the foundation	-				
						
			· · · · · · · · · · · · · · · · · · ·			
						
						
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			· · · · · · · · · · · · · · · · · · ·	-	<u>-</u>	
						
						
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	i					

orm 99	0-PĘ (20	014)		THE MCLA	UGHLIN	DOTY FO	UNDATIO	NC				27-4319	9466	Paç	ge 13
Part	XVII	Information Exempt C		jarding Tra zations	ansfers 1	Γo and Τ	ransact	ions a	nd Re	lations	hips V	Vith None	chari	table	;
ır	secti	organization on 501(c) of the ations?												Yes	No
	•	rs from the re	porting	foundation to	a noncha	rıtable exei	mpt orgar	nization	of						İ
(1) Cas	h											1a(1)		X
-		er assets											1a(2)		X
	_	ransactions: es of assets to		haritable ever	mnt organi	zation							16/1		x
		chases of asse													X
		ital of facilities													Х
(4) Rei	mbursement a	ırrangem	nents									1b(4)		X
		ns or loan gua													X
	-	formance of some of some facilities, expenses of facilities, expenses of the facilities of the facilit				-									X
		answer to any												faır m	
		f the goods, o													
٧	alue II	n any transact		-											
(a) Line	e no	(b) Amount invo	Ived	(c) Name of	noncharitable	e exempt organ	nization	- ``		n of transfe	ers, transac	ctions, and sha	ring arra	ingeme	nts
	-+	N/A						N/A	1		· · · —				
								<u> </u>		•					
								ļ			-				
								 							
	-							-							
								 							
		· · · · · · · · · · · · · · · · · · ·			.										
C	describ	foundation dir ped in section in the complete the	501(c) c e follow	of the Code (c	other than	section 50°	1(c)(3)) oı			"····	· · · · ·			es 🔀	No No
		(a) Name of org	anization			(b) Type of or	yanızation		 		c) Descrip	tion of relation	anip		
			_						ļ						
						·			ļ						
	Under	penalties of penun	v. I declare	that I have exam	nined this retui	m, including ac	companying	schedules a	and staten	ents, and t	o the best	of my knowled	ge and	belief, i	t is true
0 :-		t, and complete Dec													
Sign 		Sur			19	0.3.2	015	P	rea	100		May the IR with the p	S discu reparer_		
Here	Sign	nature of officer or	trustee		Di	ate		Title				(see instructio	ns)?	Yes	No.
		Dank/Torrer			Dark	ode elementions					· · ·		DTIN		
Paid		Print/Type prepared MANDY M G		e	111	ers signature	14	\ \ \(\begin{array}{c} \cdot	تم ار د	ite	. 117	heck if	PTIN POOS	{ 35 / 1	32
Prep	arer	Firm's name		, LLP			1	<u></u>		y Me	Firm's Eli				<u> </u>
Use '		Firm's address		N ROBINS	SON AVE,	STE 60				'				<u> </u>	
				AHOMA CIT				7	3102	-9421	Phone no	405-6	06-2	580	

THE MCLAUGHLIN DOTY FOUNDATION 27-431946
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description 0					Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
56,830.		MORGAN STANI 65,406.	LEY ST COVE	RED 074-011	026-281	V	/ARIOUS -8,576.	VARIOUS
69,853.		MORGAN STANI 71,457.	LEY ST COVE	RED 074-010	569-284	V	ARIOUS -1,604.	VARIOUS
19,278.		MORGAN STANI 19,718.	LEY ST UNCO	VERED 074-01	10569-2		04/14/2014 -440.	10/10/2014
56,942.		MORGAN STANI 45,021.	LEY LT COVE	RED 074-0105	569-284	V	ARIOUS 11,921.	VARIOUS
255,401.		MORGAN STANI 197,313.	LEY LT UNCO	VERED 074-01	10569-2	V	ARIOUS 58,088.	VARIOUS
64,424.		CAPITAL GAIN	IS DISTRIBU	TIONS		V	ARIOUS 64,424.	VARIOUS
28,954.		MORGAN STANI 31,154.	LEY ST COVE	RED 074-8967	751-284	V	ARIOUS -2,200.	VARIOUS
		MORGAN STANL	EY ST UNCO	VERED 074-89	96751-2	1	12/02/2013	01/31/201
189,107.		MORGAN STANL	EY LT COVE	RED 074-8967	751-284	V	ARIOUS 33,333.	VARIOUS
232.		MORGAN STANI 123.	EY LT UNCO	VERED 074-89	96751-2	1	1/21/2011	07/03/2014
96,720.		MORGAN STANL 96,000.	EY LT UNCO	VERED 074-89	96417-2	V	ARIOUS	VARIOUS
		FROM FLOW TH	RU ENTITIE	S		V	ARIOUS -876.	VARIOUS
'OTAL GAIN(LC	oss)					 ==	154,899.	
							ļ	
					İ	1		

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

	NET	INVESTMENT	INCOME	71,074.	41,977.
REVENUE	AND	EXPENSES	PER BOOKS	71,074.	41,977.
			ı		
			DESCRIPTION	DIVIDENDS	INTEREST

113,051.

113,051.

TOTAL

FORM 990PF, PART I - OTHER INCOME

INCOME
INVESTMENT
DESCRIFITON ROYALTY INCOME ALLOWABLE FLOW THRU INVESTMENT INCOME FEDERAL TAX REFUND

TOTALS

NET INVESTMENT	INCOME	9,073.	9,074.
REVENUE AND EXPENSES	PER BOOKS	-7,170. 9,073.	1,904.

PART I - INTEREST EXPENSE FORM 990PF,

NET INVESTMENT INCOME REVENUE AND EXPENSES PER BOOKS DESCRIPTION FROM K-1S

110.

110.

TOTALS

FORM 990PF, PART I - TAXES

NET INVESTMENT <u>INCOME</u>	89. 865. 2,331. 1,992.	5,277.
REVENUE AND EXPENSES PER BOOKS	89. 865. 2,331. 1,992.	5,277.
DESCRIPTION	FOREIGN TAXES FROM K-1S FOREIGN TAXES FROM MSSB PAYROLL TAXES TAXES PAID	TOTALS

PART I - OTHER EXPENSES FORM 990PF,

	NET	INVESTMENT	INCOME	828.	141.	743.	31,911.		200.	.8	33,831.
REVENUE	AND	EXPENSES	PER BOOKS	828.	141.	743.	31,911.	231.	200.	.8	34,062.
											TOTALS
			DESCRIPTION	COMMISSIONS AND FEES	DUES & SUBSCRIPTIONS	INSURANCE	MORGAN STANLEY MANAGEMENT	NONDEDUCTIBLE EXPENSES	INTERNET & WEBSITE	SHIPPING & FREIGHT	

9
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COMPENSATION	0	0	45,000.
TITLE AND AVERAGE HOURS PER	DIRECTOR	DIRECTOR	DIRECTOR
WEEK DEVOTED TO POSITION	1.00	1.00	1.00
NAME AND ADDRESS	BETH DOTY	MARK DOTY	STEPHANIE HERMAN
	PO BOX 855	PO BOX 3185	408 SPRING MILL DR.
	HUNT, TX 78024	DURANGO, CO 81302	KERRVILLE, TX 78028

45,000.

GRAND TOTALS

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

BETH DOTY MARK DOTY

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

STEPHANIE HERMAN PO BOX 769 HUNT, TX 78024 830-238-3575

2	7 - 4	3.	ı a	46	6

тнг	MCT.AUGHT.TN	DOTY	FOUNDATION

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

THE PRIVATE FOUNDATION DOES REQUIRE A SET FORMAT FOR APPLICATIONS, FOR GRANTS, SCHOLARSHIPS, ETC. PLEASE CONTACT THE FOUNDATION TO OBTAIN AN APPLICATION.

тнг	MCLAUGHLT	N DOTY	FOUNDA	$M \cap T \cap M$

27-4319466

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990PF, PART XV - SUBMISSION DEADLINES

THERE IS NOT A SUBMISSION DEADLINE FOR GRANT APPLICATIONS. THE SUBMISSION DEADLINE FOR SCHOLARSHIP APPLICATIONS IS APRIL 1ST.

THE	MCLAUGHLIN	DOTY	FOLINDATTO	M

27-4319466

ATTACHMENT	11
A LIACTIFICAL	, ,

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THERE ARE NO RESTRICTIONS ON GRANTS. THERE IS A \$5,000 PER SCHOOL YEAR LIMITATION ON SCHOLARSHIPS.

FORM 990DE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
YOGA DEVOTION	NONE	CONTRIBUTION	3,100.
415 MT VIALLGE BLVD, SUTIE 1222	PC		
TELLURIDE, CO 81435			
OUR LADY OF THE HILLS	NONE	CONTRIBUTION	10,000.
235 PETERSON FARM ROAD	PC		
KERRVILLE, TX 78028			
HCDJLSA	NONE	CONTRIBUTION	1,500
PO BOX 291217	PC		
KERRVILLE, TX 78029			
YMCA CAMP FLAMING ARROW	NONE	CONTRIBUTION	1,726
PO BOX 770	PC		
HUNT, TX 78024			
SUZUKI-ORFF SCHOOL OF MUSIC	NONE	CONTRIBUTION	2,500
1148 W. CHICAGO AVE	PC		
CHICAGO, IL 60642			
MYRIAD BOTANCIAL GARDENS FOUNDATION	NONE	CONTRIBUTION	2,000
301 W. RENO	PC		
OKLAHOMA CITY, OK 73102			

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KERRVILLE'S 4TH ON THE RIVER PO BOX 295081 KERRVILLE, TX 78029	NONE PC	CONTRIBUTION	1,000
SCHREINER UNIVERSITY 2100 MEMORIAL BLVD CMB 6229 KERRVILLE, TX 78028	NONE PC	CONTRIBUTION	10,000
HILL COUNTRY ARTS FOUNDATION PO BOX 1169 INGRAM, TX 78025	NONE PC	CONTRIBUTION	5,000.
HABITAT FOR HUMANITY KERR COUNTY PO BOX 2140 KERRVILLE, TX 78028	NONE PC	CONTRIBUTION	5,000
AUSTIN COLLEGE 900 N GRAND AVE , STE 6G SHREMAN, TX 75090	NONE PC	CONTRIBUTION	5,000.
BAYLOR UNIVERSITY CASHIER'S OFFICE, OUTSIDE AWARDS ONE BEAR PLACE #97048 WACO, TX 76798	NONE PC	CONTRIBUTION	20, 000

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OUR LADY OF THE LAKE UNIVERSITY CASHIER'S OFFICE 411 SW 24TH ST SAN ANTONIO, TX 78028	NONE PC	CONTRIBUTION	5,000.
THE UNIVERSITY OF TEXAS AT DALLAS BURSAR OFFICE SSB21, 800 WEST CAMPBELL ROAD RICHARDSON, TX 75080	NONE PC	CONTRIBUTION	5, 000
MISSISSIPPI STATE UNIVERSITY MSU CONTROLLER PO BOX 5328 MISSISSIPPI STATE, MS 39762	NONE PC	CONTRIBUTION	5, 000.
ABILENE CHRISTIAN UNIVERSITY STUDENT FINANCIAL SERVICES ACU BOX 29007 ABILENE, TX 79699	NONE PC	CONTRIBUTION	5, 000
CONSPIRARE 505 E HUNTLAND DRIVE AUSTIN, TX 78752	NONE PC	CONTRIBUTION	300.
ANGELO STATE UNIVERSITY HARDEMAN BUILDING, RM 101 ASU STATION #11015 SAN ANGELO, TX 76909	NONE PC	CONTRIBUTION	5,000

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN UNIVERSITY	NONE	CONTRIBUTION	5,000
4400 MASSACHUSETTS AVE NW	PC		
WASHINGTON, DC 20016			
TEXAS STATE UNIVERSITY	NONE	CONTRIBUTION	20,000
601 UNVERSITY DRIVE	PC		
JC KELLAM BLDG. STE. 240			
SAN MARCOS, TX 78666			
TEXAS A&M CORPUS CHRISTI	NONE	CONTRIBUTION	5,000.
6300 OCEAN DR. UNIT 5772	PC		
CORPUS CHRISTI, TX 78412			
TEXAS A&M UNIVERSITY	NONE	CONTRIBUTION	10,000
PO BOX 30015	PC		
COLLEGE STATION, TX 77842			
UNIVERSITY OF NORTH TEXAS	NONE	CONTRIBUTION	5,000.
1155 UNION CIRCLE	PC		
DENTON, TX 76203			
FIELDS AND FUTURES	NONE	CONTRIBUTION	1,510
7001 NW 164TH	PC		
EDMOND, OK 73013			

YEAR	
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AND CONTRIBIT	
GRANTS	
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PART	
FORM 990PF.	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CIRCLE OF HEALTH INTERNATIONAL 1905 PARAMOUNT AVE	NONE PC	CONTRIBUTION	2,000
AUSTIN, TX 78703 KERR COUNTY YMCA 1607 SIDNEY BAKER ST KERRVILLE, TX 78029	NONE PC	CONTRIBUTION	10,000.
KERRVILLE CHRISTWAS LIGHTING CORP 31000 MEMORIAL BLVD KERRVILLE, TX 78028	NONE PC	CONTRIBUTION	1,000.
NEW HOPE COUNSELING CENTER 616 BARNETT KERVILLE, TX 78028	NONE PC	CONTRIBUTION	2,800
COMFORT PUBLIC LIBRARY PO BOX 536 COMFORT, TX 78013	NONE PC	CONTRIBUTION	2,000
RIVERSIDE NATURE CENETER ASSOCIATION 150 FRANCISCO LEMOS ST KERVILLE, TX 78028	NONE PC	CONTRIBUTION	5,000.

THE MCLAUGHLIN DOTY FOUNDATION

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

5,000. 10,000. 20,000. 1,000. 1,000 10,000 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NONE NONE PC NONE PC NONE PG S SC S RAPHAEL COMMUNITY FREE CLINIC INC SYMPHONY OF THE HILLS ASSOCIATION SHUTER LIBRARY OF ANGEL FIRE HILL COUNTRY YOUTH ORCHESTRA RECIPIENT NAME AND ADDRESS ANGEL FIRE, NM 87710 KERRVILLE, TX 78029 1006-C JUNCTION HWY KERRVILLE, TX 78029 KERRVILLE, TX 78029 KERRVILLE, TX 78028 FAMILIES & LITERACY KERVILLE, TX 78029 321 THOMPSON DR PLAYHOUSE 2000 PO BOX 294703 PO BOX 291729 PO BOX 290088 PO BOX 298

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FORM	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HORSE LINK	NONE	CONTRIBUTION	200
PO BOX 300571	PC		
AUSTIN, TX 78703			
WORLD NEIGHBORS	NONE	CONTRIBUTION	800
PO BOX 270058	Q		
ОКГАНОМА СІТУ, ОК 73137			
UNIVERSITY OF TEXAS - SAN ANTONIO	NONE	CONTRIBUTION	5,000
ONE UTSA CIRCLE	PC		
SAN ANTONIO, TX 78249			
ART 2 HEART	NONE	CONTRIBUTION	4,000.
PO BOX 290290	PC		
KERRVILLE, TX 78029			

FORM 990-PE, PART XVI-A - ANALYSIS OF OTHER REVENUE

RELATED OR EXEMPT FUNCTION INCOME 1,904. AMOUNT EXCLUSION CODE 19 AMOUNT BUSINESS O&G FLOW THRU LOSS DESCRIPTION

1,904.

TOTALS

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number

THE MCLAUGHLIN DOTY FOUNDATION 27-4319466 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) Adjustments to gain or loss from Subtract column (e) the lines below (d) (e) from column (d) and Proceeds Cost Form(s) 8949, Part I, combine the result with This form may be easier to complete if you round off cents (or other basis) (sales price) line 2, column (g) column (g) to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 168,017. 155,637. -12,380.Totals for all transactions reported on Form(s) 8949 19,278. 19,718. -440.Totals for all transactions reported on Form(s) 8949 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2013 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on -12,820.Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments (h) Gain or (loss) Subtract column (e) the lines below (e) Cost to gain or loss from from column (d) and Proceeds Form(s) 8949, Part II, combine the result with This form may be easier to complete if you round off cents (sales price) (or other basis) line 2, column (g) column (g) to whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 598,402. 495,107. 103,295. Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 64,424. 64,424. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 12 12 13 13 14 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2013 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on 167,719.

G, line 1a (or Form 990-T, line 36)

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

attachment 404

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No 12A

vame(s)	snown on return		
THE	MCLAUGHLIN	POTY	FOUNDATTO

Social security number or taxpayer identification number 27-4319466

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Part I

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

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

	u <i>must</i> check Box A, B, <i>or</i> C be							
for	one or more of the boxes, com	plete as mai	ny forms with	the same box ch	ecked as you r	need		
2	(A) Short-term transactions rep		• •		•	· ·)	
<u> </u> _	(B) Short-term transactions rep	•	•	•	reported to the IF	RS		
1	(C) Short-term transactions not	(b)	(c) Date sold or	(d)	(e) Cost or other basis See the	If you enter an a enter a cod	iny, to gain or loss. imount in column (g). de in column (f) rate instructions.	(h) Gain or (loss).
	Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	disposed (Mo , day, yr)	(sales pnce) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e from column (d) an combine the result with column (g)
M	ORGAN STANLEY ST							
	COVERED 074-011026	VARIOUS	VARIOUS	56,830.	65,406.			-8,576
M	ORGAN STANLEY ST COVERED 074-010569	VARIOUS	VARIOUS	69,853.	71,457.			-1,604
M	ORGAN STANLEY ST				,	 		
	COVERED 074-896751	VARIOUS	VARIOUS	28,954.	31,154.			-2,200
								-
					-		-	
							•	
_			<u></u>	-		-		
2	Totals. Add the amounts in column act negative amounts) Enter each your Schedule D, line 1b (if Box A	n total here an above is check	id include on (ed), line 2 (if	155 627	160 017			10 200

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

Form 8949

Sales and Other Dispositions of Capital Assets

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

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

OMB No 1545-0074

2014

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE MCLAUGHLIN DOTY FOUNDATION

Social security number or taxpayer identification number

27-4319466

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Part I

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

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

Schedule D, line 1a;	you are not	t required to	report these tr	ansactions or	n Form 8949	(see instruction	ns).
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more short-	term transact		
	•	-		•			
(A) Short-term transactions rep			-			:)	
X (B) Short-term transactions repo			_	reported to the IF	RS		
(C) Short-term transactions not	геропеа то уои	i on Form 1099	-в Г	1	Adiustment if	anu to noin en less	<u> </u>
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e) from column (d) and combine the result with column (g)
MORGAN STANLEY ST	04/14/2014	10/10/2014	10 070	10 710		-	440
UNCOVERED 074-01056	04/14/2014	10/10/2014	19,278.	19,718.			-440
MORGAN STANLEY ST UNCOVERED 074-89675	. =						
				-	-		
						-	
				!			
	-						
	-			<u> </u>	_		
2 Totals. Add the amounts in column act negative amounts) Enter each your Schedule D, line 1b (if Box A Box B above is checked) or line 3.	h total here an above is check	id include on ked), line 2 (if	19.278	19.718			-440

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

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side
THE MCLAUGHLIN DOTY FOUNDATION

Social security number or taxpayer Identification number 27-4319466

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- OD) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
 - (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales proce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a cod See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XÝZ Čo)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
MORGAN STANLEY LT							-
COVERED 074-010569-	VARIOUS	VARIOUS	56,942.	45,021.			11,921.
MORGAN STANLEY LT							
UNCOVERED 074-01056	VARIOUS	VARIOUS	255,401.	197,313.			58,088
MORGAN STANLEY LT							
COVERED 074-896751-	VARIOUS	VARIOUS	189,107.	155,774.			33,333
MORGAN STANLEY LT							
UNCOVERED 074-89675	11/21/2011	07/03/2014	232.	123.			109
MORGAN STANLEY LT				_			
UNCOVERED 074-89641	VARIOUS	VARIOUS	96,720.	96,000.	.[720
FROM FLOW THRU ENTITIE	VARIOUS	VARIOUS		876.			-876
	-					· · · · · · · · · · · · · · · · · · ·	
						· · · · · · · · · · · · · · · · · · ·	
				<u> </u>			
	 						
		L					-
2 Totals. Add the amounts in coling (subtract negative amounts) Einclude on your Schedule D, Iinchecked), Iine 9 (if Box E above	inter each totale 8b (if Box I	al here and D above is	500 400	405 105			
(If Box F above is checked) ▶			598,402	<u> </u>	<u> </u>	<u> </u>	103,295.

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

Form 8949 (20	wn on return. Name and SSN or	laxnaver identification	on no not required	f shown on other eide	Social ear		taxpayer identificat	
` .	AUGHLIN DOTY FOU		arrio notroquies	310417 017 01101 3.00	1	27-431946		
	check Box D, E, or F below,		vi received an	/ Form/s) 1000-B o				tute
statement v	will have the same informati ist report basis to the IRS	tion as Form 10	99-B Either ma	ay show your basis	(usually your cos	st) even if your i	broker did not repoi	rt it to the IRS.
Part II	Long-Term. Transactions, see pa		ing capital	assets you held	d more than	1 year are	long term. For	short-term
	Note. You may agg to the IRS and for v you are not required	vhich no adj	ustments o	r codes are red	uired Enter	the total dire	•	•
You must	check Box D, E, or F						ong-term transac	ctions, complete
a separate	Form 8949, page 2, fo	or each applic	able box If y	ou have more lo	ng-term transa		-	·
(D) L	e boxes, complete as m .ong-term transactions .ong-term transactions .ong-term transactions	reported on F reported on F	orm(s) 1099 orm(s) 1099	-B showing basis -B showing basis	was reported t			
	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the			(h) Gain or (loss). Subtract column (e) from column (d) and
	mple 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
CAPITAI	GAINS TRIBUTIONS	VARIOUS	VARIOUS	64,424.				64,424
	IKIBOTIONS			04,424.				04,424
	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·						<u> </u>	
	<u></u>							
	-	 						
								
				<u> </u>				
						<u>-</u>		
								l
(subtra	Add the amounts in col ct negative amounts) E on your Schedule D, lir	Enter each tota	I here and					

checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ 64,424. Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

64,424.

ESTIMATED TAX WORKSHEET FOR FORM 990-W

	2015 Estimated Tax	Α	
В	Enter 100 % of Line A		
С	Enter 100 % of tax on 2014 FORM 990-T c		
	Required Annual Payment (Smaller of lines B or C)		
	Income tax withheld (if applicable)		
F	Balance (As rounded to the nearest multiple of	F	

Record of Estimated Tax Payments							
Payment number	(a) Date	(b) Amount	(c) 2014 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))			
1	04/15/2015						
2	06/15/2015						
3	09/15/2015						
4	12/15/2015						
otal							

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• 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-Mo	onth Extens	sion, complete only Pa	irt 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.							
a corporation 8868 to requ Return for T	Ing (e-file). You can electronically file Form to required to file Form 990-T), or an addition uest an extension of time to file any of the ransfers Associated With Certain Persona For more details on the electronic filing of the	ial (not aut forms liste I Benefit (omatic) 3-month exten d in Part I or Part II wi Contracts, which must	sion of time. You can electronicall th the exception of Form 8870, I be sent to the IRS in paper for	y file Form nformation ormat (see		
Part I Aut	omatic 3-Month Extension of Time. On	ly submit	original (no copies ne	eded).			
A corporation	required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete			
Part I only							
All other con	porations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use I	Form 7004 to request an extension of	of time		
to file income	e tax returns.			Enter filer's identifying number, see	e instructions		
Tuno co	Name of exempt organization or other filer, see in	structions.		Employer identification number (EIN) of	ır		
Type or							
print	THE MCLAUGHLIN DOTY FOUNDATION	NC		27-4319466			
File by the due date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SSN)			
filing your	PO BOX 769				<u> </u>		
return. See Instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
	HUNT, TX 78024						
Enter the Re	eturn code for the return that this application	is for (file a	separate application fo	or each return)	04		
							
Application		Return	Application		Return		
ls For		Code	ls For		Code		
	Form 990-EZ	01	Form 990-T (corporat	ion)	07		
Form 990-Bl		02	Form 1041-A				
Form 4720 (03		Form 4720 (other than individual)			
Form 990-PF		04	Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069		11		
Form 990-T (trust other than above) 06 Form 8870 12							
	s are in the care of MANDY GARVIE, 21	l1 N ROE	SINSON AVE SUITE	600 OKLAHOMA CITY, OK	73102		
	e No. ► 405 606-2580		FAX No. ► 405 600		_		
	anization does not have an office or place of				▶∐.		
	or a Group Return, enter the organization's fo	_	•	` '	is is		
for the whole group, check this box							
	e names and EINs of all members the extens						
•	est an automatic 3-month (6 months for a co						
until		exempt or	ganization return for the	e organization named above. The e	xtension is		
	organization's return for:						
	calendar year 20 14 or						
▶∟⊥	tax year beginning	, 20_	, and ending	, 20			
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
Change in accounting period							
3a 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 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.							
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS							
(Electronic Federal Tax Payment System). See instructions. 3c \$ \(\bullet \) UU U Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment							
instructions.	n and Acuth to wave an electronic lands withdraws	u (un act 886	41) WILL HIS FOIR 0006, S	ee romi eess to and romi 88/9-EU (л рауптепт		
For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2014)							