

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

	<u> </u>	or the	2014 calendar year, or tax year beginning 02/21, 201	4, and ending	12/	/31, 20 14
	R ~	eck if app	C Name of organization		D Employer identificat	ion number
		неск и арр —	JACK R MACDONALD CHARITABLE TRUST			
		Addres			30-6410216	5
		Name	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Х	Initial r	BANK OF AMERICA, NA PO BOX 831041		800 357-70)94
		Final ro	City or town, state or province country, and ZIP or foreign postal code		000 001	
	\vdash	lermina Amend	otod		G Gross receipts \$	441,905,399.
	V	return Applica		7 7	H(a) is this a group return	
	<u> </u>	pendin	BANK OF AMERICA, I		subordinates?	
				-3176	H(b) Are all subordinates incl	
			mpt status X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1	or 527	If "No," attach a list	
			e. ► NONE		H(c) Group exemption nu	
			forganization Corporation X Trust Association Other	L Year of form	nation 2014 M State o	of legal domicile WA
	12	rt l	Summary	·	· · · · · · · · · · · · · · · · · · ·	
		1	Briefly describe the organization's mission or most significant activities	SEE A	TTACHMENT A	
	8		THIS CHARITABLE TRUST WAS CREATED BY THE TRUST	OR TO SUPPO	ORT THE	
	ğ		CHARITABLE ORGANIZATONS NAMED IN THE GOVERNIN	G DOCUMENT		
	ē	2	Check this box If the organization discontinued its operations or disposit		% of its net assets	
	Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)			1
	æ		Number of independent voting members of the governing body (Part VI, line 1b)			
	es		Total number of individuals employed in calendar year 2014 (Part V, line 2a).			NONE
	ξ					NONE
	ğ		Total number of volunteers (estimate if necessary)			NONE
Ś			Total unrelated business revenue from Part VIII, column (C), line 12		1.1	
Q		D D	Net unrelated business taxable income from Form 990-T, line 34	 	Prior Year	NONE Current Year
SCANNED	1	_		<u> </u>	FIIOT TEAL	
Ž	e		Contributions and grants (Part VIII, line 1h)		· · · · - ·	177,785,946.
Ш	Revenue		Program service revenue (Part VIII, line 2g)			
C	è		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			7,221,471.
3 0		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			137,822.
$\ddot{\Box}$		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			185,145,239.
ibas.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			9,124,089.
2		14	Benefits paid to or for members (Part IX, column (A), line 4)			
	Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			<u>322,941</u> .
20 15	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ن	Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) > No	ONE		
	ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 1 (f-24e) RECEIVE			662,611.
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25)		NONE	10,109,641.
		19	Revenue less expenses. Subtract line 18 from line 12		NONE	175,035,598.
	2 8				ginning of Current Year	End of Year
	anc	20	Total assets (Part V. line, 16)	ان د	NONE	178,251,199.
	Net Asse Fund Bal	21	Total liabilities (Part X, line 26)	i&j├─-	NONE	NONE
	i et	22	Not assets or fund halances. Subtract line 21 from line 20. OGDEN. U.	ſ Ŧ ᠂▔▍··├─	NONE	178,251,199
			iver assets of fund balances. Subtract line 21 from line 20.		NOME	110,231,199
		rt II	Signature Block salties of perjury, I declare that I have examined this return, including accompanying sche	dulas and statement	and to the best of my k	nowledge and holief it in
	tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer has any	knowledge	nowledge and belief, it is
			10/11		11/12/0	015
	Sig	n	- There		11/13/2	015
	He		Signature of Officer		Date	
			BANK OF AMERICA, N.A., TRUSTEE			
			Type or print name and title			
	Paic	1	Print/Type preparer's name Preparer's signature	Date	Cuecx [] "	TIN
		parer			self-employed	
		Only	Firm's name		Firm's EIN ▶	
		- Jilly	Firm's address >		Phone no	
	May	the If	as discuss this return with the preparer shown above? (see instructions)			. Yes X No
	50-	Dane:	work Dadustian Act Notice and the consents instructions			5 990 (2214)

JSA 4E1010 1 0000 EOZ556 L775 11/13/2015 18:26:10

60

	n 990 (20		Page Z
Pa	rt III		
1	Drofly	Check if Schedule O contains a response or note to any line in this Part III	•
	-	CHARITABLE TRUST WAS CREATED BY THE TRUSTOR TO SUPPORT THE	
		RITABLE ORGANIZATONS NAMED IN THE GOVERNING DOCUMENT.	
		TITEDE ONO.ELIZATIONO TITEDO IN TITE OUTERATIO DOCUMENT.	
2	Did the	e organization undertake any significant program services during the year which were not listed on the	
_	prior F	form 990 or 990-EZ?	X No
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program	X No
		," describe these changes on Schedule O.	
4	expens	be the organization's program service accomplishments for each of its three largest program services, as meas ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to al expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$3,685,740. including grants of \$3,628,265.) (Revenue \$ TLE CHILDREN'S HOSPITAL FOUNDATION - FOR RESEARCH NEEDS OF THE)
		NDATION	
4b	(Code:) (Expenses \$2,764,306. including grants of \$2,721,199.) (Revenue \$	······
		ERSITY OF WASHINGTON - SCHOOL OF LAW TO ENDOW THE JACK R	
		DONALD CHAIR WITH THE REMAINDER IN EQUAL SHARES FOR SCHOLARSHIPS	
	_TO 1	DESERVING LOW-INCOME STUDENTS AND UNRESTRICTED GENERAL SUPPORT	
	-		
			
4c	(Code:)
		SALVATION ARMY - UNRESTRICTED GENERAL SUPPORT FOR THE NORTHWEST	
	DIV	ISION	
			
4d	Other	program services (Describe in Schedule O.)	<u> </u>
_		nses\$ 54,272. including grants of\$ 53,426.)(Revenue\$)	

	00 (2014)		P	age 3
Part	V Checklist of Required Schedules	Т	. 1	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
9	complete Schedule A	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ı
	Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
_	"Yes," complete Schedule D, Part I,	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	.,		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	i		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization s answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	!		v
	complete Schedule D, Part VI	11a		X
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			v
	complete Schedule D, Parts XI and XII	12a	ļ <u>-</u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12b		х
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate		i	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			V
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 -	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	1	V
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	+-	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		 	
13	If "Yes," complete Schedule G, Part III	19		X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			(0014)

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If Yes, complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer Yes to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If Yes, complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If No, go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	.		.,
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
	transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I			<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	-50		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
24	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		<u>_</u>
=	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	L	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI		-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		X	
	19? Note. All Form 990 filers are required to complete Schedule O			(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		-:-	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	2 h		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3 <i>a</i>		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
h	If Yes, enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		X
	required to file Form 8282?	76		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			i.
	Initiation fees and capital contributions included on Part VIII, line 12			f'
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11				
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120	y .	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		<u></u>

. . .

Form 9	90 (2014)			F	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI	. 			X
Sect	ion A. Governing Body and Management				
			,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · ·	1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	j		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2		_ X_
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	-	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to ele				
	one or more members of the governing body?		7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval				
_	stockholders, or persons other than the governing body?	• •	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under				
•	the year by the following:	artaken duning			
а	The governing body?		8a	X	1
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		1		<u> </u>
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	De reached at	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the In			e.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. .	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of				
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the louis .	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
•	rise to conflicts?	-	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po				
·			12c	Х	
13	describe in Schedule O how this was done		13	X	_
14	Did the organization have a written document retention and destruction policy?		14	X	\vdash
15					
13	Did the process for determining compensation of the following persons include a review an independent persons, comparability data, and contemporaneous substantiation of the deliberation				
•			15a		y
a	The organization's CEO, Executive Director, or top management official		15b		X
b	Other officers or key employees of the organization		130	 	<u> </u>
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	and organization in continuous decision to, or participate in a joint voltare of annual	=	100		X
b	with a taxable entity during the year?		16a	 	<u> </u>
U	If "Yes," did the organization follow a written policy or procedure requiring the organization in participation in joint contract and applicable federal that leave and take attached to the contract and take att				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	sareguard the			
Sect	ion C. Disclosure	<u> </u>	16b	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed Washington				:
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	990-1 (Section	501(c)(3)s	only)
	Own website Another's website X Upon request Other (explain in Sci	nedula Ol			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and record	ls: ►		
JSA	BANK OF AMERICA, N.A. TEL: (206)358-0912 800 5TH AVE, FL 33; SEATTLE, WA 98104-3176		F	000	(2014)
	000 31H UAP! ER 33! REWITHE! MW 30104-31/0		rorm	JJU	120 14)

	-
Daga	•

E ~	999	(2014)	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors								
	Check if Schedule O contains	a response	or note to	anv lir	ne in this Part	VII			

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any related	orga	nizat	tion	cor	npens	sate	d any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles r and	s pe	more rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	1 ∺ ⊊	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W2) 1003 Miles	organization and related organizations
(1) BANK OF AMERICA, N.A. TRUSTEE			х					322,941.	NONE	NON
_(2)		-								
_(3)										-
_(4)										
(5)										
_(6)										
_(7)										
_(8)				-						
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s,	and h	ligl	nest Compensati	ed Employ	ees (cor	ntinued)
400	, ₃ ,			•	C) ition			(5)	, res		(E)
(A) Name and title	(B) Average			eck	more	than c		(D) Reportable	(E) Reportab	ole	(F) Estimated
Trains and and	hours per					ıs both or/trusi		compensation	compensation	n from	amount of
	week (list any hours for							from the	related organizati		other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		from the organization
	organizations below dotted	tor	onal		망	ee com		(44-2/ 1053-141100)			and related
	line)	ustee	trust		e	peng					organizations
		"	ee			sated					
(15)						_					
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
[24]											
(25)											
1b Sub-total					: :		>			_	
d Total (add lines 1b and 1c)							<u> </u>			NONE	NON
2 Total number of individuals (including but no		o tho		stec	d ab	ove)	who	o received more th	nan \$100,00	0 of	
reportable compensation from the organization)II -		0						· · · · · · · · · · · · · · · · · · ·		Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Schee											3 X
											, i
4 For any individual listed on line 1a, is the organization and related organizations g											
individual											4 X
5 Did any person listed on line 1a receive o											
for services rendered to the organization? If " Section B. Independent Contractors	Yes," comp	lete S	che	dule) J 1	or suc	:h p	<u>erson</u>			5 X
1 Complete this table for your five highest con	mpensated	inde	oeno	dent	co	ntraci	ors	that received mo	re than \$10	0,000 o	f
compensation from the organization. Report year.											
(A) Name and business ad	dress							(B) Description of si	ervices	Co	(C) mpensation
							\bot				
						_	+				
							+				
							_				
2 Total number of independent contractor received more than \$100,000 of compensati							to 0	those listed abo	ove) who		

rm 99	_						Page 9
art \	/III	-	00 07 mate to co	u lina in thia Da-170	1		
		Check if Schedule O contains a respon	se or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	1a b c d e f	Federated campaigns	177785946			,	
- 1		Total. Add lines 1a-1f		177785946.			
Program Service Revenue	2a b c		Business Code				
Ser	d						
۾ ا	e						
10 g	f	All other program service revenue	L			<u> </u>	-
		Total. Add lines 2a-2f		1			
	3 4 5	Investment income (including dividen and other similar amounts)	proceeds .	3,503,374.			3,503,37
	6a b c d	Gross rents	(II) Other				
į	b c d	Less cost or other basis and sales expenses	-4261868	3,718,097.			3,718,09
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
je	Ь	Less direct expenses b	L				
-	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities.		1			
		See Part IV, line 19	L			-	
1	0a	Gross sales of inventory, less returns and allowances					
	b c	Less. cost of goods sold b Net income or (loss) from sales of inventory.	. <u> ▶</u>				
L		Miscellaneous Revenue	Business Code			ļ	
1	1a b	TRADE ERROR COMPENSATION		137,822.			137,82
	C						
	d	All other revenue		127 000		 	-
	e 2	Total. Add lines 11a-11d		137,822. 185145239.	· · · · · · · · · · · · · · · · · · ·	 	7,359,29

Section 501(c)(3) and 501(c)(4) organizations mu Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,097,376.	9,097,376.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 		26,713.		
5 Compensation of current officers, directors, trustees, and key employees	200 041	129,176.	193,765.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				·
11 Fees for services (non-employees).				
a Management				
b Legal	1 15 224	15,334.		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees			136,089.	
9 Other (If line 11g amount exceeds 10% of line 25, column	1			
(A) amount, list line 11g expenses on Schedule 0)	1			
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	·			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	· 			
24 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EXCISE_TAX_ESTIMATES_PAID	200 200		322,000.	
b FOREIGN TAXES_PAID		····································	116,730.	
c PARTMERSHIP EXPENSES			71,773.	· · · · · · · · · · · · · · · · · · ·
d OTHER INVESTMENT_FEE			660.	
e All other expenses		25.		
25 Total functional expenses. Add lines 1 through 24e		9,268,624.	841,017.	NON
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Par		· • · ·	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	· · · · · · · · · · · · · · · · · · ·
2	Savings and temporary cash investments		2	3,937,391
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section		1	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions) Complete Part II of Schedule L		6	
일 7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a		1	
Ь	Less: accumulated depreciation 10b	_	10c	
11	Investments - publicly traded securities		11	174,313,808
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	NONE	16	178,251,199
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≝ ₂₂	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
3	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	NONE	-	NON
- -	Organizations that follow SFAS 117 (ASC 958), check here and			
2	complete lines 27 through 29, and lines 33 and 34.			1
ဋ 27	Unrestricted net assets		27	
28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
D 29	Permanently restricted net assets		29	
27 28 29 29	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	178,251,199
30 31 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Paid-in or capital surplus, or land, building, or equipment fund		31	110,231,133
32	Retained earnings, endowment, accumulated income, or other funds	NONE		
33	Total net assets or fund balances	NONE		178,251,199
34	Total liabilities and net assets/fund balances	NONE		178,251,199
134	Total nabilities and her assets/fully paidlices	NOINE	34	Form 990 (2014

Form 99	0 (2014)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	185,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,1		
3	Revenue less expenses Subtract line 2 from line 1	3	175,0	<u>35,5</u>	<u> 98.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	NONE
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,2	<u> 15,6</u>	<u> 601.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<u> 178,2</u>	<u>51,</u>	<u>199.</u>
Part .					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		$\perp \perp$
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplaın in	· [
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	•		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?	.	. 2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	ı		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for e	versight	t		
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	xplain ir	1		1
	Schedule O.			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth ir	۱		
	the Single Audit Act and OMB Circular A-133?		. 3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the	•	l	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	<u> </u>	Ь
			Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Open to Public Inspection

Nam	e of	the organization					Employer ident	ification number
JA	CK E	R MACDONALD CHARITA	ABLE TRUST				30-6	410216
Pai		Reason for Public Char		rganizations must co	omplete	this pa	rt.) See instructions	
		inization is not a private foun						
1		A church, convention of chu	irches, or associati	on of churches descri	bed in s	ection 1	7 O(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii).	(Attach Schedule E)				
3		A hospital or a cooperative	hospital service or	ganization described i	n section	170(b)	(1) (A)(iii).	
4		A medical research organiza	ation operated in c	onjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st		•	•			
5		An organization operated f section 170(b)(1)(A)(iv). (C	or the benefit of	a college or universit	y owned	or ope	rated by a governme	ntal unit described in
6		A federal, state, or local gov		amontal unit docoribos	l in coati	on 170/	5.1/1.1/Δ (ω)	
7	\vdash	An organization that norma	-					om the general nublic
•		_	-		pport iit	nii a go	verninental unit of he	on the general public
۰		described in section 170(b)			Dort II \			
8	\vdash	A community trust describe	•					webin food and aross
9	Ш	An organization that norma	•					
		receipts from activities rela	· ·	=				
		support from gross invest						tax) Itom businesses
40	$\overline{}$	acquired by the organization	•			•		
10	17	An organization organized a						n, aut tha nurnasa af
11	<u> X</u>	An organization organized a						
		one or more publicly suppo						
		the box in lines 11a through						
а		Type I. A supporting orga						
		the supported organization			elect a m	ajority o	f the directors or trus	tees of the supporting
	_	organization You must co						
b	L	Type II A supporting org						
		control or management of			the sam	e person	is that control or man	age the supported
		organization(s). You must	•			_		
C	L	Type III functionally inte	-	· -				ly integrated with,
	_	its supported organization						
d	<u>.</u>	X Type III non-functionally	-					
		that is not functionally int	-	=				an attentiveness
		requirement (see instructi						.
е	_	Check this box if the orga						i, type iii
		functionally integrated, or	* *		_	_		5
ī		ter the number of supported			• • • •		• • • • • • • • • • • • • • • • • • • •	
<u>g</u>		ovide the following informati	1		f		(-) (-)	(vi) A of
	(I) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) is the	ır göverning	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above or IRC section	docu	ment?	instructions)	instructions)
				(see instructions))	Yes	No		
					163	140		
(A)		CEE DADM UT						}
		SEE PART VI	-		 	 		
(B)					Ì			
		· · · · · · · · · · · · · · · · · · ·			<u> </u>			
(C)					1			
			-	ļ	-	ļ		
(D)								
		 			 	 		
(E)								
			-		 	-		
T . 4	_1						1	•

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support	is to quality ut	ider the tests	nsteu below, L	rease comple	te rait iii./	N/A
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	107 20 10	(9,2011	(0) 20 12	(4) 2010	(0) 20 14	(1) 10101
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	100					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u>L</u>		<u> </u>
	ion B. Total Support		1				
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		L. <u>-</u> ,	<u></u>		 	
12	Gross receipts from related activities, etc. (s						
13	First five years If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup				_		
14	Public support percentage for 2014 (li						%
15	Public support percentage from 2013					15	%
16a	331/3% support test - 2014. If the c						
h	this box and stop here. The organization 331/3% support test - 2013. If the organization						
U	check this box and stop here. The org	_					I I
17a	10%-facts-and-circumstances test -	•	•				
	10% or more, and if the organization		₹				
	Part VI how the organization meets					-	
	organization						▶ 🛄
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org	anizatıon meet	s the "facts-an	d-circumstances	" test, check	this box and s	top here.
	Explain in Part VI how the organization				=		. 1 1
18	supported organization Private foundation. If the organization	did not check	a box on line 13	3, 16a, 16b, 17 a	a, or 17b, check	this box and se	e
	instructions	<u></u>	<u>.</u>	<u></u>	<u></u>	<u> </u>	P

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sect	ion A. Public Support							N/A
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
1	Gifts, grants, contributions, and membership fees					·		
	received (Do not include any "unusual grants ")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities		ĺ					
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid						1	
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of \$5,000						1	
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6)	<u> </u>						
Sect	ion B. Total Support		1					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
9	Amounts from line 6	<u> </u>						
10 a	Gross income from interest, dividends,	+					1	
	payments received on securities loans, rents, royalties and income from similar							
	sources			_				
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses						1	
	acquired after June 30, 1975						\longrightarrow	
C	Add lines 10a and 10b						\longrightarrow	
11	Net income from unrelated business			1				
	activities not included in line 10b, whether or not the business is regularly							
	carried on · · · · · · · · · · · · · · · · · ·			 			\longrightarrow	
12	Other income Do not include gain or							
	loss from the sale of capital assets				1			
	(Explain in Part VI)		 		-			
13	Total support. (Add lines 9, 10c, 11,							
	and 12)		<u> </u>	l	I	l		
14	First five years. If the Form 990 is fo							
<u></u>	organization, check this box and stop here					• • • • •	<u> </u>	🟲 📗
	tion C. Computation of Public Sup			1433		 	-	
15	Public support percentage for 2014 (line 8					15		%_
16	Public support percentage from 2013 Sche					16		%
	tion D. Computation of Investmen							
17	Investment income percentage for 2014 (I					17		<u>%</u>
18	Investment income percentage from 2013							%_
19a	331/3% support tests - 2014. If the or							
	17 is not more than 331/3%, check the			· · ·			_	
þ	331/3% support tests - 2013. If the org	='						
	line 18 is not more than 331/3%, check		-	•			•	 1
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19				
JSA	••					chedule A	(Form 99	0 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Se	ctio	n A. All Supporting Organizations			
				Yes	No
	1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1_	Х	
+	2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		х
	3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		X
	b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
	С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
*	4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
	b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
	5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		X
	b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization s supported organizations? If "Yes," provide detail in Part VI.	5c		X
	7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		Х
	8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8_		Х
	9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
	b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Х
	C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
	10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	х	
	b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		Х

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If Yes to a, b, or c, provide detail in Part VI.	11c		X
Section	on B. Type I Supporting Organizations N/A			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization s directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations N/A			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the example to mystude to each of its supported example tions, but the less day of the fifth would be		Yes	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organizations governing documents in effect on the date of notification, to the extent not previously provided?	1	х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		Х
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	х	
Section	on E. Type III Functionally-Integrated Supporting Organizations N/A			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization s involvement, one or more of the organization s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization s position that its supported organization(s) would have engaged in these activities but for the organization s involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 296,154. 2 2 Recoveries of prior-year distributions 3,641,196. 3 Other gross income (see instructions) 3 3,937,350. 4 Add lines 1 through 3 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 519,017. 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 3,418,333. (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 148,782,730. a Average monthly value of securities 1a 1b 11,518,753. b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d 160,301,483. e Discount claimed for blockage or other factors (explain in detail in Part VI). 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 160,301,483. 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 2,404,522. see instructions). 5 157,896,961. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 6 5,526,394. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 5,526,394 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 X Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		9,124,089
2	Amounts paid to perform activity that directly furthers exen		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ses of supported organiz	zations	144,535
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			9,268,624
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions.	·		9,124,089
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
C				
d	· · · · · · · · · · · · · · · · · · ·			
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$ 9,268,624.			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
_ <u>C</u>	Remainder Subtract lines 4a and 4b from 4.	9,268,624.		
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015 Add lines 3j			
	and 4c.	9,268,624.		
8	Breakdown of line 7:			
a				
ь				
<u> </u>				
d	Excess from 2013			
е	Excess from 2014 9, 268, 624 .	<u></u>		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
CLOSE AND CONTINUOUS WORKING RELATIONSHIP EXPLANATION
PART IV, SECTION D # 2
THE TRUSTEE MEETS QUARTERLY WITH THE OFFICERS OF EACH OF THE
SUPPORTED ORGANIZATIONS TO DISCUSS THE SUPPORTED ORGANIZATIONS'
NEEDS AND WAYS IN WHICH THE SUPPORTED ORGANIZATIONS WOULD LIKE THE
CHARITABLE TRUST TO USE ITS INCOME AND TO INVEST ITS ASSETS.
CLOSE AND CONTINUOUS WORKING RELATIONSHIP EXPLANATION
PART IV, SECTION D # 2
THE TRUSTEE COMMUNICATES REGULARLY WITH THE OFFICERS OF EACH
SUPPORTED ORGANIZATION REGARDING THE CHARITABLE TRUST'S INVESTMENTS
AND PLANS FOR DISTRIBUTIONS.
CLOSE AND CONTINUOUS WORKING RELATIONSHIP EXPLANATION
PART IV, SECTION D # 2
THE TRUSTEE PROVIDES THE OFFICERS OF EACH SUPPORTED ORGANIZATION
QUARTERLY INVESTMENT STATEMENTS AND AN ANNUAL YEAR END ACCOUNT
STATEMENT.
SIGNIFICANT VOICE EXPLANATION
PART IV, SECTION D # 3
THE TRUSTEE PROVIDES THE OFFICERS OF EACH SUPPORTED ORGANIZATION A
COPY OF THE INVESTMENT POLICY FOR REVIEW AND COMMENT, SUCH AS AN
INQUIRY REGARDING THE TRUSTEE'S APPROACH TO ALTERNATIVE INVESTMENTS.
SIGNIFICANT VOICE EXPLANATION
PART IV, SECTION D # 3

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
AT THE QUARTERLY MEETINGS, THE TRUSTEE PROVIDES THE SUPPORTED
ORGANIZATIONS WITH INFORMATION ON THE TRUST'S INVESTMENTS AND
DISTRIBUTION PLANS AND INVITES ANY COMMENTS OR SUGGESTIONS.
SIGNIFICANT VOICE EXPLANATION
PART IV, SECTION D # 3
THE TRUSTEE CONDUCTS ONGOING CONFERENCE CALLS WITH THE SUPPORTED
ORGANIZATIONS TO RESPOND TO QUESTIONS AND SUGGESTIONS RELATED TO THE
TRUST, SUCH AS THE CALCULATION OF THE TRUSTEE'S FEES, THE TEDRA
AGREEMENT REFORMING THE TRUST, AND THE FORM 1023 APPLICATION.
ATTENTIVE SUUPORTED ORGANIZATIONS EXPLANATION
PART V, SECTION D # 8
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - THE AMOUNTS RECEIVED IS A
SIGNIFICANT PERCENTAGE OF TOTAL SUPPORT. WITHOUT THIS SUPPORT,
INNOVATIVE & EXPERIMENTAL RESEARCH PROJECTS WOULD NOT BE POSSIBLE.
ATTENTIVE SUUPORTED ORGANIZATIONS EXPLANATION
PART V, SECTION D # 8
UNIVERSITY OF WASHINGTON (SCHOOL OF LAW) - THE DISTRIBUTIONS ARE A
SIGNIFICANT PERCENTAGE OF TOTAL SUPPORT AND ARE EXPECTED TO MAKE A
SIGNIFICANT IMPACT ON THE QUALITY OF FACULTY AND STUDENTS NOW AND IN
THE FUTURE.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (q) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS NAME OF SUPPORTED ORGANIZATION: UNIVERSITY OF WASHINGTON EIN: 91-6001537 TYPE OF ORGANIZATION FROM PART I: 170(b)(1)(A)(ii) IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES 2,721,199. CHILDREN'S HOSPITAL FDN EIN: 91-1156519 TYPE OF ORGANIZATION FROM PART I: 170(b)(1)(A)(vi) IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES 3,628,265. AMOUNT OF SUPPORT: NAME OF SUPPORTED ORGANIZATION: THE SALVATION ARMY EIN: 94-1156347 TYPE OF ORGANIZATION FROM PART I: 170(b)(1)(A)(i) IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES 2,721,199. AMOUNT OF SUPPORT: 9,070,663. TOTAL SUPPORT: NONE TOTAL OTHER SUPPORT:

※★ IN ADDITION, IN 2014 THE CHARITABLE TRUST DONATED TO THE FOLLOWING TWO ORGANIZATIONS:

TOWNSHIP OF CENTRE WELLINGTON, ONTARIO, CANADA SEATTLE UNITY CHURCH	26,713 26,713
	53.426

AS EXPLAINED IN ATTACHMENT A, AS SOON AS THE PROPOSED REFORMED CHARITABLE TRUST IS APPROVED, THE CHARITABLE TRUST WILL MAKE ONE-TIME DISTRIBUTIONS TO THESE TWO ENTITIES BASED UPON A PRESENT VALUE ANALYSIS.

81

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$\pi\$ not \$\text{D}_{\text{color}}\$ in the organization answered "Yes" on Form 990, Schedule F (Form 990) 2014
Part || Grants and

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal,
(1) SER STATEMENT 1								ano la
(3)								
(4)								
(5)								:
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Enter total number of other organizations or entities 8

Schedule F (Form 990) 2014

30-6410216 Parants and Other Assistance to Individuals Outside the United States. Complete of the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014 Part III

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance 3 (8) (10) (11) (12) (13) (14) (15) (16) (1) 2 **₹** (2) (9) (2) 6) (17) (18)

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Ye	es X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Ye	es X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Ye	es X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Ye	es X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Ye	es X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Ye	es X No

Schedule F (Form 990) 2014

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public

Employer identification number

30-6410216

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

General Information on Grants and Assistance

CHARITABLE TRUST

R MACDONALD

Part 1

Department of the Treasury Internal Revenue Service Name of the organization

Š (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Yes to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section if applicable (b) EIN 1 (a) Name and address of organization or government (1) SEE STATEMENT Part II

(2)

€

(3)

(2)

9

0

8

ම

Schedule I (Form 990) (2014)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table.

=

9

12)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	ı mestic Indivic al space ıs nee	duals . Complete ded.	if the organization	in answered "Yes" to Form	990, Part IV, line 22.	ı
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	ı
1/A							1
7							
, m							
4							
r.							l
9							ı
, ,						3 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ı
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information	on required in Pa	ıt I, line 2, Part II	l, column (b), and any othe	r additional information.	1 1
IXPLAN	EXPLANATION FOR FORM 990, SCHEDULE	Ι, Ι	PART 1, LINE 2				
THE FC	FOUNDATION IS MANAGED BY A COR	RPORATE TRI	JSTEE WITH S	A CORPORATE TRUSTEE WITH STRICT POLICIES	ES		1
ON GF	ON GRANTMAKING. DISTRIBUTIONS AR	ARE MADE SOI	SOLELY TO THE	TO THE CHARITABLE			1
BENEE	BENEFICIARIES NAMED IN THE TRUST'S		GOVERNING DOCUMENT.				1
							ı
							1
							l
							l
							ı
							ı
						Schedule I (Form 990) (2014)	₹

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form 990.

Inspection

JACK R MACDONALD CHARITABLE TRUST Part I Types of Property

Employer identification number 30-6410216

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deterr noncash contribution		ınts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional Interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	50	159,988,792.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous	Х	2	15,362,834.	FMV		
13	Qualified conservation		-·· · · · ·				
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	_					
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledge	ement	[29] 0	1	
						Yes	No
30a	During the year, did the organizat			•	• 1 1		
	28, that it must hold for at least th				•		•
	to be used for exempt purposes for		olding period?	• • • • • • • • • • • • •	30a		X
	If Yes, describe the arrangement in						
31	Does the organization have a	_					••
	contributions?						<u>X</u>
3 2a	Does the organization hire or use						
	contributions?				32a		X
	If Yes, describe in Part II						
33	If the organization did not report ar describe in Part II	amount in	column (c) for a type of pro	perty for which column (a)) is checked,		

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

2014
Open to Public Inspection

Name of the organization Employer identification number JACK R MACDONALD CHARITABLE TRUST 30-6410216 EXPLANATION FOR FORM 990, PAGE 2, PART III, LINE 4d *** SEE ATTACHMENT A *** UNRESTRICTED GENERAL SUPPORT FOR TWO ORGANIZATIONS, 26,713 EACH - SEATTLE UNITY CHURCH - SEATTLE, WA & TOWNSHIP OF CENTRE WELLINGTON - ONTARIO, CANADA EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8a WHEN DECISIONS ARE MADE, THEY ARE DOCUMENTED IN THE PERMANENT RECORD EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b THERE ARE NO COMMITTEES. FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW THIS ORGANIZATION IS FORMED AS A TRUST UNDER STATE LAW, AND BANK OF AMERICA IS THE INSTITUTIONAL TRUSTEE. THE FORM 990 IS PREPARED BY BANK OF AMERICA TAX PROFESSIONALS UNDER THE DIRECT SUPERVISION OF A CORPORATE OFFICER. THUS, THE FORM 990 IS REVIEWED PRIOR TO FILING BY AN OFFICER OF THE BANK, THE SOLE TRUSTEE OF THE TRUST. EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c ANNUAL STATEMENT BY ALL INSTITUTIONAL TRUSTEE EMPLOYEES ARE SIGNED AND DOCUMENTED DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION FORM 990, PAGE 6, PART VI, LINE 15a NOT APPLICABLE, TRUST HAS CORPORATE TRUSTEE.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization JACK R MACDONALD CHARITABLE TRUST	Employer identification number 30-6410216
	30-0410210
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 18	
UPON REQUEST - SEE CONTACT INFORMATION FOR ORGANIZATION RECO	ORDS AND
BOOKS BELOW.	
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 19	
THE TRUST AND / OR THE BANK AS INSTITUTIONAL TRUSTEE MAKES I	ITS
GOVERANCE DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINAL	NCIAL
STATEMENTS AVAILABLE TO THE PUBLIC AS REQUIRED BY FEDERAL A	AND STATE
LAWS.	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
NET SALES ADJUSTMENT 71,275; NET INCOME ADJUSTMENT (1,070	0,218);
CTF TIMING ADJUSTMENT (56,324); BASIS ADJUSTMENT-SALES	(22,830);
PURCHASED ACCRUED INTEREST - 2014 (1,789); ROC BASIS ADJU	JSTMENT
(12,755); PARTNERSHIP ADJUSTMENT 4,331,384; NET FACTORING	
ADJUSTMENT (23,135); NET ROUNDING (7)	