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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

Do Information

For calendar year 2014 or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	rcalend	ar year 2014 or tax year beginning ,	and ending						
1	lame of fou	undation			A Employ	er identification number			
	Dr .T.	ohn T Macdonald Foundation, I	Inc		59-	0818918			
		d street (or P O box number if mail is not delivered to street address)		om/suite	B Telephone number (see instructions)				
	1550	Madruga Avenue	2	15	305-667-6017				
		state or province, country, and ZIP or foreign postal code	-		C If exemp	otion application is pending, cl	neck here		
_	<u>Cora</u>	<u>l Gables </u>			1	non approator is periality, a			
G	Check a	all that apply 🔲 Initial return 🔲 Initial retui	rn of a former public cha	arity	D 1 Fore	ign organizations, check here	• □		
		Final return Amended	return		2 Fore	ign organizations meeting the	,		
		Address change Name cha	ange		85%	test, check here and attach	computation		
Н	Check I	type of organization X Section 501(c)(3) exempt private	foundation		E If private	foundation status was termi	nated under		
	Section	n 4947(a)(1) nonexempt charitable trust Other taxable	le private foundation		section	507(b)(1)(A), check here	▶		
	Fair mar	rket value of all assets at J Accounting method	Cash X Acci	ual	F If the for	undation is in a 60-month tem	nination		
	end of ye	ear (from Part II, col. (c), Other (specify)			under so	ection 507(b)(1)(B), check her	re 🕨 📘		
o_	lıne 16)	▶ \$ 25,210,242 (Part I, column (d) must	be on cash basis)		<u> </u>				
>	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for chantable		
֓֞֝֞֞֞֞֞֜֞֜֞֜֞֜֝֡֟֝֡֡֟֝֡֟֟֝		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes (cash basis only)		
=	1	Contributions, gifts, grants, etc , received (attach schedule)	32,876				(Gasii Dasis Offly)		
	2	Check if the foundation is not required to attach Sch B	32,070						
Z	3	Interest on savings and temporary cash investments	4,254		4,254		······································		
₹	4	Dividends and interest from securities	563,936	5	63,936				
	5a	Gross rents	- 337333		00,300	·			
	ا ـ	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of assets not on line 10	1,743,127						
	5 b	Gross sales price for all assets on line 6a 10, 503, 120							
		Capital gain net income (from Part IV, line 2)		1,7	43,127				
	- · 8	Net short-term capital gain				0	······		
	9	Income modifications							
	10a	Gross sales less returns and allowances					_		
	Ь	Less Cost of goods sold					-		
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule) Stmt 1	11,060	•	10,273				
	12	Total. Add lines 1 through 11	2,355,253	2,3	321,590	0			
	13	Compensation of officers, directors, trustees, etc	148,320		14,832		133,488		
	14 15 16a	Other employee salaries and wages	20,212		2,021		18,191		
į	15	Pension plans, employee benefits	22,248		2,225				
Ĺ	Ь	Accounting fees (attach schedule) Stmt 2	22,739		4,000		17,789		
	20 21 22 23 24 25	Other professional fees (attach schedule) Stmt 3	41,841		41,841				
3	17	Interest RECEIVED			1 055				
	18	Taxes (attach schedule) (see instructions) Stmt 4	-74		1,056		9,477		
	<u> </u>	Depreciation (attach schedule) and depletion	20 744				00 500		
7	20	Occupancy JUN 2 6 2015 Travel conferences, and meetings	32,744		3,274		29,538		
7	21	Travel conferences, and meetings		ļ					
	22	Printing and publications Other expenses (all sch.) Stmt 5	02 252	<u> </u>	21 000		FO 007		
1	D) 23		83,353		21,062		59 , 987		
4	를 24 명	Total operating and administrative expenses.	271 202		00 211	0	260 470		
	5 25	Add lines 13 through 23	371,383 1,806,818		90,311		268,470		
Ċ	25	Contributions, gifts, grants paid	2,178,201		90,311	0	1,854,781 2,123,251		
_	26 27	Total expenses and disbursements. Add lines 24 and 25	2,110,201		20,211		2,123,231		
		Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	177,052	1					
	l a	Net investment income (if negative, enter -0-)	1,,,,,,,,,		231,279	· · · · · · · · · · · · · · · · · · ·	···		
	"				,-,5	0			

See Statement 10

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

1,614,809

5

6

5 Decreases not included in line 2 (itemize) ▶

Complete only for assets showing gar in column (f)) and owned by the foundation on 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation on 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation on 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in column (f)) and owned by the foundation of 12/31/69 Complete only for assets showing gar in the foundation of 12/31/69 Complete only for assets showing gar in the foundation of 12/31/69 Complete only for assets showing gar in the foundation of 12/31/69 Complete only for assets showing gar in the foundation of 12/31/69 Complete only for assets showing gar in the foundation of 12/31/69 Complete only for assets showing gar in the foundation of 12/31/69 Complete only for assets showing gar in the foundation of 12/31/69 Complete only for the foundation folder of 12/31/69 Com	Part IV Capital Gains and	I Losses for Tax on Investment	t Income				,
to Gross sees passe in the personance acreed (p) Gross sees passe in the personance acree (p) Gross sees passe in the personance acreed (p) Gross sees passed (p) Gross sees p	(a) List and describe	e the kind(s) of property sold (e g , real estate,		P - Purchase			1
(e) Gross sees price (in Constitution (in Standards) (in Standards	1a See Worksheet						
(b) Circles safes price (c) Circles safes price (b) Circles safes price (c) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (c) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (d) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (d) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (d) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (d) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (d) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain in column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain and column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain and column (c) (according to the foundation on 12/31/69 (d) Complete only for assets showing gain and column (c) (according to the foundation on 12/31/69 (d) Complete on	b						
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7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the	C Fate 40/ of ant more transition	(40) of Dowl Line 27h)					22 212
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the	• Enter 1% of net investment income	(1 /0 UI Fait I, IIIIE 2/D)				 	42,313
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the	7 Add lines F and C				,		2 /82 12/
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the	o due o sauti de					 	2,403,134
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the	8 Enter qualiture distributions from D	eart XII line 4			ء أ		2 122 251
	· · · · · ·		t complete that per	t using a 1% tay rate			2,12J,2JI
Part VI instructions			20pioto triat par	. Jones & Tro tax rate	JUG IIIG		

orm	990-PF(2014) Dr John T'Macdonald Foundation, Inc 59-0818918		F	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		44,	626
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2		44.	626
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		/	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		4 4	626
6	Credits/Payments			<u> </u>
a				
b	Exempt foreign organizations – tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld		~ ~	000
7	Total credits and payments Add lines 6a through 6d		20,	<u>929</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		23,	<u>697</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	L	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		1	
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c	[Χ
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 ▶ \$			ŧ
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers \\$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	Х
~	If "Yes," attach a detailed description of the activities	<u>-</u>		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		l x
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
4a	/-	4a	-	
b	·		 	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		-
_	If "Yes," attach the statement required by General Instruction T			1
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		l	ŧ
	conflict with the state law remain in the governing instrument?	6	X	<u> </u>
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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
	${ t FL}$			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
	(or designate) of each state as required by General Instruction G? if "No," attach explanation	8b	X	<u></u>
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,"			1
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses Stmt 11	10	X	<u></u>
	6/15 INT 60 FTP 118 TOT 23,875	Form 9	90-P	F (2014)

Form	990-PF (2014) Dr John T' Macdonald Foundation,	Inc 59-0	818918	•		Page 6
	rt VII-B Statements Regarding Activities for Which Form 4			nued)		
5a	During the year'did the foundation pay or incur any amount to					1
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	5(e))?	Y	'es 🛚 No		
	(2) Influence the outcome of any specific public election (see section 4955), or to c	arry on,				
	directly or indirectly, any voter registration drive?		□ Y	es X No		1
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	'es X No		1
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in		_		1
	section 4945(d)(4)(A)? (see instructions)		□ Y	es X No		1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	lucational				1
	purposes, or for the prevention of cruelty to children or animals?			′es X No		1
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under t	he excentions desc				
_	Regulations section 53 4945 or in a current notice regarding disaster assistance (se			N/A	5b	Ī
	Organizations relying on a current notice regarding disaster assistance check here	, , , , , , , , , , , , , , , , , , , ,		▶ 🗂		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tay		, _		
C	because it maintained expenditure responsibility for the grant?	inc tax	N/A 🗌 Y	′es	. 1	
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)		.,,,,,,			
c-		romume				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	nermums		′es 🏻 No		1
	on a personal benefit contract?	nal banafit contract		es 🖾 No	6b	X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nai beneiit contract	,		OD	<u> </u>
_	If "Yes" to 6b, file Form 8870			res X No		1
	At any time during the tax year, was the foundation a party to a prohibited tax shelte			′es ∐XINo N/A		•
	If "Yes," did the foundation receive any proceeds or have any net income attributab				7b	
Pi	Information About Officers, Directors, Trustees, Found Contractors	indation mana	gers, mignily r	alu Employe	<i>5</i> 0,	
	and Contractors _ist all officers, directors, trustees, foundation managers and their compensation.	tion (see instruction	one)	.,		
	List all officers, directors, trustees, foundation managers and their compensa-	lion (see instruction	Jiis <i>j</i> .	(d) Contributions to	Г	
		(b) Title, and average	(c) Compensation (If not paid,	(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and address	hours per week devoted to position	enter -0-)	plans and deferred compensation	other	allowances
				Соттрепаваот		
Se	ee Statement 12	•				
	<u> </u>				 	
					 	
			i			
					\vdash	
		1				
		<u> </u>		<u>.</u>	Щ	
2	Compensation of five highest-paid employees (other than those included on	line 1 – see instr	uctions). If none,	enter		
	"NONE."	,	 		т—	
		(b) Title, and average		(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		rallowances
				compensation	+-	
N	DNE					
			_		┼	
		-			+	
					₩	
				1	 	
			<u></u>	<u> </u>	<u></u>	,
Tota	I number of other employees paid over \$50,000				<u> </u>] 0
				F	-om 99	0-PF (2014)

Form 990-PF (20	14) Dr Jbhn T' Macdonald Foundation, Inc	59-0818918	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundati	on Managers, Highly Paid En	nployees,
3 Five highe	and Contractors (continued) est-paid independent contractors for professional services (see instruction	ons) If none enter "NONE"	
3 Five inglie	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			1,7,7,1,1
			-
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant statistical information such as ther beneficianes served, conferences convened, research papers produced, etc.	the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instruction	ons)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
, ,	elated investments. See instructions		
3			
Total. Add lines	1 through 3		

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

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2014)

2,123,251

4

<u>5</u>

Pa	at XIII Undistributed Income (see instructions)				
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
	line 7				1,219,901
2	Undistributed income, if any, as of the end of 2014				1
а	Enter amount for 2013 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2014				
а	From 2009 170,763				
b	From 2010 313, 118				1
С	From 2011 622,088				
d	From 2012 3, 824, 233				
е	From 2013 1,679,057				
f	Total of lines 3a through e	6,609,259			
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$ 2,123,251				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required – see instructions)				
c	Treated as distributions out of corpus (Election				
Ī	required see instructions)				1
d	Applied to 2014 distributable amount				1,219,901
	Remaining amount distributed out of corpus	903,350			1
5	Excess distributions carryover applied to 2014				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				1
6	Enter the net total of each column as				
•	indicated below:				1
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,512,609			1
	Prior years' undistributed income Subtract	, , , , , , , , , , , , , , , , , , , ,			
	line 4b from line 2b				1
	Enter the amount of prior years' undistributed				
Ŭ	income for which a notice of deficiency has				1
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
u	amount – see instructions				1
_	Undistributed income for 2013 Subtract line				
-	4a from line 2a Taxable amount – see				
	instructions				
	Undistributed income for 2014 Subtract lines				
'	4d and 5 from line 1. This amount must be				
	distributed in 2015				0
7	Amounts treated as distributions out of corpus				· ·
•	to salisfy requirements imposed by section				-
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				Ī
8	Excess distributions carryover from 2009 not				
0	applied on line 5 or line 7 (see instructions)	170,763			1
9	Excess distributions carryover to 2015.	110,103			
9		7,341,846			1
	Subtract lines 7 and 8 from line 6a	1,341,646			
10	Analysis of line 9				1
a	Excess from 2010 313, 118				1
b	Excess from 2011 622, 088				1
С	Excess from 2012 3, 824, 233				1
d	Excess from 2013 1, 679, 057				
е	Excess from 2014 903, 350	111		<u>L</u>	.ŧ

Form	990-PF (2014) Dr John T Ma					Page 10
Pa	rt XIV Private Operating Fou	ındations (see ins	structions and Part	VII-A, question 9	,	
1a	If the foundation has received a ruling or o	letermination letter that	it is a private operating	9		
	foundation, and the ruling is effective for 2	014, enter the date of t	he ruling	_		
b	Check box to indicate whether the foundation	tion is a private operatii	ng foundation describe	d in section 4	.942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) rotai
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the				1	· · ·
•	alternative test relied upon					
-	"Assets" alternative test – enter					
a	(1) Value of all assets					
	` '					
	(2) Value of assets qualifying under					
L	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed	-				
С	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on		ĺ			
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in				İ	
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income		l	<u> </u>	<u> </u>	
P	ert XV Supplementary Inform	•		the foundation ha	ad \$5,000 or more	in assets at
	any time during the y		tions.)			
1	Information Regarding Foundation Ma	•				
а	List any managers of the foundation who			-	the foundation	
	before the close of any tax year (but only	f they have contributed	I more than \$5,000) (S	see section 507(d)(2))		
	N/A	,				
b	List any managers of the foundation who				ortion of the	
	ownership of a partnership or other entity	of which the foundatio	n has a 10% or greate	r interest		
	N/A					·
2	Information Regarding Contribution, G	Grant, Gift, Loan, Sch	olarship, etc., Progra	ms:		
	Check here ▶ ☐ If the foundation only	makes contributions to	preselected charitable	e organizations and do	es not accept	
	unsolicited requests for funds. If the found	lation makes gifts, grar	nts, etc (see instruction	ns) to individuals or org	anizations under	
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone numb			oplications should be a	ddressed	
	Dr. John T. MacDonal					
	1550 Madruga Avenue	Coral Gable	es FL 33146			···
b	The form in which applications should be	submitted and informat	tion and materials they	should include		
	Contact foundation f	or applicat	ion			
С	Any submission deadlines:					
	Contact foundation f	or deadline	es			
d	Any restrictions or limitations on awards,			ds, kinds of institutions	, or other	
	factors					
	<u>See Statement 13</u>					
DAA						Form 990-PF (2014)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Attached 1,468,713 See Attached 386,068 ▶ 3a 1,854,781 Total Approved for future payment See Attached 364,237 ▶ 3b 364,237 Total

	Part XVI-A	Analysis of Income-Producing Activ	<u> ities </u>				
Ent	er gross amoun	ts unless otherwise indicated	Unrelate (a)	ed business income (b)	Exclude (c)	d by section 512, 513, or 514 (d)	(e) Related or exempt
1	Program service	e revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
	•						
				-			
					1		
	f				1		- · · · · · · · · · · · · · · · · · · ·
	· ———	contracts from government agencies			1		
2	_	ues and assessments			†		
		ings and temporary cash investments			14	4,254	
		interest from securities			14	563,936	
		me or (loss) from real estate			 * 	303,330	
3		ced property		<u>† </u>	 		
			<u> </u>		 		
c		nanced property			 		
		me or (loss) from personal property	<u> </u>		+		
	Other investme				18	1 742 127	· · · ·
		from sales of assets other than inventory			10	1,743,127	
		(loss) from special events			 		
		(loss) from sales of inventory			 	- · - ·	
11	Other revenue			1	1	707	
	b Other				1 1	787	
		nisholm Partners III, LP			14	88	
		nisholm Partners IV, LP			14	15	
		autic Partners V, LP	ļ		14	10,170	
		columns (b), (d), and (e)		<u> </u>)	2,322,377	
13	Total. Add line	12, columns (b), (d), and (e)				13	2,322,377
		line 13 instructions to verify calculations)					
	Part XVI-B	Relationship of Activities to the Acc					
		Explain below how each activity for which income is					
		accomplishment of the foundation's exempt purpose	es (other than b	by providing funds for s	uch purp	oses) (See instructions)
	N/A						
	l					.	
		· <u> </u>					
			_				
							· · ·
_		· · · · · · · · · · · · · · · · · · ·					
_							
							

	0-PF (201	4) Dr John T	Macdo	nald Foun	dation,	Inc 5	9-08189	18 •		Pa	ige 1
Part:		Information Rega	_	nsfers To and	Transaction	is and Re	lationship	s With No	ncharitable		
		Exempt Organiza							-	1	T
		nization directly or indire			-	_				Yes	No
		11(c) of the Code (other	than section	501(c)(3) organiza	itions) or in secti	on 527, relat	ing to political				1
	ganization										1
		om the reporting founda	tion to a non	charitable exempt o	organization of				<u> </u>		ŧ.,
•) Cash								1a(1)		X
•) Other as								1a(2)		X
	ther transa								.		ŧ.,
-		assets to a noncharital	-	_					1b(1)		X
-	•	es of assets from a nor		, •					1b(2)	Ī	X
		f facilities, equipment, o	or other asse	ts					1b(3)		X
		rsement arrangements							1b(4)		X
•	-	r loan guarantees							1b(5)		X
•	•	ance of services or me	•	•					1b(6)	-	X
	-	icilities, equipment, mai							<u>1c</u>		X
		r to any of the above is		•			•				
		goods, other assets, or	_	•							
-		transaction or sharing a	1			1					
	ine no	(b) Amount involved	(c) Nam	e of nonchantable exemp	t organization	(d) Description of tra	ınsfers, transactio	ons, and sharing arrangeme	nts	
<u>N/A</u>											
									-		
			1								
	-										
-											
22 lc	the found	ation directly or indirect	ly affiliated w	ith or related to or	ne or more tay-e	vemnt organi	izations				
		section 501(c) of the C	-			. •	Zations			ے آx	а в
		nplete the following sch	•	ian section of Noyl	0)) 0: 111 30011011	027			' لــا '	C3 [2	יי ני
		(a) Name of organization	edule	(b) Type of o	rganization	T		(c) Description of i	relationship		
N/		ay reality of organization		(2) () (2)	. 50.112.114.1	 	,		- Contraction in pro-		
147	7.		-								
						 					
						 					
						<u> </u>					
	Linder per	nalties of perjury, I declare that	at I have examin	ad this return, including	accompanyana echar	lulae and statem	sente and to the h	est of my knowle	idae and helief it is taie		
		nd complete Declaration of p						est of filly knowle			
									May the IRS discuss this i with the preparer shown b		
Sign	ر ا	2/							(see instructions)?	Yes	□ N
Here		V 19/12	0		la. /a	15/15		C 7	2. /	L	
	• ×#	The William			×ω	યૂ<વૄાડ	- *	CKEC-T	restor		
	Sign	ature of officer or trustee			Date		▼ Titfe	1			
	Print/Ty	pe preparer's name			Preparer's signatu	re k	1		Date	Check	\Box
Paid				_		, 0	Λ				mploye
	Mich	ael J. Robbins			10, F	hul	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		06/09/15		
Prepare	71	. ► PORRI	INC C T	ANDINO E	270			571	. D0121	16/19	Ω

ROBBINS & LANDINO,

222 S.E. 10th Street

Fort Lauderdale, FL 33316

P01210648

65-0356804

PTIN

Firm's EIN ▶

Use Only

Firm's name

Firm's address

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

2014

Dr John T Macdonald Foundation, Inc	59-0818918
Organization type (check one)	
Filers of: Section:	
Form 990 or 990-EZ 501(c)() (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as	a private foundation
527 political organization	
Form 990-PF X 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation
501(c)(3) taxable private foundation	
Check if your organization is covered by the General Rule or a Special Rule . Note . Only a section 501(c)(7), (8), or (10) organization can check boxes for both the Gen instructions	eral Rule and a Special Rule See
General Rule	
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the your more (in money or property) from any one contributor. Complete Parts I and II	
contributor's total contributions Special Rules	
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that	
regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule 13, 16a, or 16b, and that received from any one contributor, during the year, total	
\$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 9	990-EZ that received from any one
contributor, during the year, total contributions of more than \$1,000 exclusively for	~
literary, or educational purposes, or for the prevention of cruelty to children or anir	nals Complete Parts I, II, and III
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or scontributor, during the year, contributions exclusively for religious, charitable, etc.	•
contributions totaled more than \$1,000 If this box is checked, enter here the total	
during the year for an exclusively religious, charitable, etc., purpose. Do not comp	lete any of the parts unless the
General Rule applies to this organization because it received nonexclusively relig	·
totaling \$5,000 or more during the year	▶ \$
Caution . An organization that is not covered by the General Rule and/or the Special Rules 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check to Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedules.	he box on line H of its Form 990-EZ or on its

Name of organization

Dr John T Macdonald Foundation, Inc

Employer identification number 59-0818918

Part I · Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Adele H. Goddard Trust c/o Russo & Baker, P.A. 2655 Le Jeune Road, Suite 201 Coral Gables FL 33134	s 32,875	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	ivanie, audiess, and Lif + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

Name

For calendar year 2014, or tax year beginning

, and ending

2014

Employer Identification Number

Dr John T Macdonald Foundation, Inc 59-0818918

(a) List and describe the kind(s) of property sold, e.g. real estate. (b) How acquired (c) Date acquired (d) Date

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co	(b) How acquired P-Purchase D-Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
(1) Mainstay EPOCH Global Eq SH Yld	Р	06/22/10	02/12/14
(2) Global Multi-Strategy-See Attached	P	Various	Various
(3) Global Multi-Strategy-See Attached	P	Various	Various
(4) Goldman Sachs Satellite Strategies	P	06/23/10	02/12/14
(5) First Eagle Overseas Cl 1	Р	12/13/06	02/12/14
(6) Vulcan Value Partners Fund	P	02/14/14	06/06/14
(7) CS McKee-See Attached	Р	Various	Various
(8) CS McKee-See Attached	P	Various	Various
(9) Hussman Strategic Total Return	P	Various	Various
(10) Hussman Strategic Total Return	P	Various	Various
(11) Artisan International	P	12/10/01	Various
(12) Dodge & Cox Intl Stock	P	02/14/14	06/06/14
(13) Columbia Fds Ser Tr Intl Value R5	P	Various	Various
(14) Columbia Fds Ser Tr Intl Value R5	P	Various	Various
(15) Harbor Small Cap Value	P	Various	Various

(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 17,600		11,906	5,694
(2) 1,405,088		1,368,196	36,892
(3) 662,224		602,255	59,969
(4) 54,700		48,999	5,701
(5) 24,100		25,572	-1,472
(6) 70,000		64,838	5,162
(7) 192,239		166,958	25,281
(8) 1,367,968		868,810	499,158
(9) 154,454		155,470	-1,016
(10) 1,636,355		1,782,693	-146,338
(11) 267,300		156,475	110,825
(12) 47,000		43,131	3,869
(13) 38,114		36,788	1,326
(14) 757,100		625,543	131,557
(15) 229,500		146,932	82,568

Complete only for assets showing	g gain in column (h) and owned by the fou	ndation on 12/31/69	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) Of Losses (from col. (h))
(1)			5,694
(2)			36,892
(3)			59,969
(4)			5,701
(5)			-1,472
(6)			5,162
(7)			25,281
(8)			499,158
(9)			-1,016
(10)			-146,338
(11)			110,825
(12)			3,869
(13)			1,326
(14)			131,557
(15)			82,568

Capital Gains and Losses for Tax on Investment Income 2014 990-PF Form For calendar year 2014, or tax year beginning and ending **Employer Identification Number** Name Dr John T Macdonald Foundation, Inc 59-0818918 (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co (b) How acquired P-Purchase D-Donation (C) Date acquired (mo , day, yr) (d) Date sold (mo , day, yr) Schwab Charles Family Muni Money Sel Various Р Various (1)P 12/19/07 06/06/14 Artisan Midcap Growth (2) Barron Small Cap Р Various Various (3) Harbor Capital Appreciation 01/30/12 Various (4) K-1 Chisholm Partners III, LP Р Various Various (5) Ρ K-1 Chisholm Partners IV, LP Various Various (6) Р Various K-1 Nautic Partners V, LP Various (7) Capital Gain Distributions (8) (9) (10)(11) (12)(13)(14)(15)(g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) (e) Gross sales price (f) Depreciation allowed (or allowable) 2,206,979 2,206,979 (1) 10,950 19,050 30,000 (2) 198,094 110,206 308,300 (3)219,212 330,000 110,788 (4) 8,642 -8,642(5) -3,4503,450 (6)167,558 167,558 (7)536,541 536,541 (8) (9) (10)(11)(12)(13)(14)(15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) Or Losses (from col (h)) (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (1) 10,950 (2) 110,206 (3) 110,788 (4) <u>-8,642</u> (5) -3.450(6)167,558 <u>(7)</u> 536,541 (8) (9) (10)(11) (12)(13)

(14) (15)

59-0818918		Federal Statements	Stateme	ents			
State	ment 1 -	Statement 1 - Form 990-PF, Part I, Line 11 - Other Income	Part I, Lii	ne 11 - Other	Income		
Description			Reve B	Revenue per Books	Net Investment Income	Adjusted Net Throme	
Other Income K-1 Chisholm Partners III, LP K-1 Chisholm Partners IV, LP K-1 Nautic Partners V, LP Total			w w	787 88 15 10,170 11,060	\$ 88 15 10,170 \$ 10,273	v v	• •
Statement	7	- Form 990-PF, P	Part I, Line	Line 16b - Accou	Accounting Fees		1
Description Accounting and Tax Services Audit Services Total	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Total 9, 739 13, 000 22, 739	AVII &	Net Investment 4,000	Adjusted Net	Charitable Purpose \$ 4,789 13,000 \$ 17,789	 .
Statement	3 - Form	990-PF, Part	l, Line 16c	- Other Prof	Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees		
Description Investment Advisory & Mgmt Fees Total	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Total 41,841 41,841	Nul s s	Net Investment 41,841 41,841	Adjusted Net	Charitable Purpose	
SI	Statement 4	t 4 - Form 990-PF	i _1	Part I, Line 18 - Ta	- Taxes		, I
Description		Total	Inve	Net Investment	Adjusted Net	Charitable Purpose	Þ
Payroll Taxes Other Taxes Excise Tax	w.	10,951 -391 -10,634	জ	1,095	w.	\$ 9,829 -352	
Total	, Μ	-74	ဟ က	1,056	0 %	\$ 9,477	
-							
						1-4	

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Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description		Total	l	Net Investment	Adjusted Net	}	24	Charitable Purpose
	v>		ም		<i>ባ</i> ጉ		小	
		7		7				7
		1,142		1.14				\sim
Workshops and Seminars		4,259		1,491				9
Dues and Subscriptions		3,572						3,572
		45,617		12,317				33,442
Computer and Internet Expense		4,878		1,464				1,175
		156						156
		•						10,514
		6,702		2,345				4,115
		250		88				163
		2,886		998				2,055
								1,000
K-1 Chisholm Partners III, LP Other Deductions		950		950				
K-1 Chisholm Partners IV, LP- Other Deductions		808		808				
<pre>K-1 Nautic Partners V, LP- Other Deductions</pre>		618		618				
	w	83,353	ς, V	21,062	\$	0	\$	59,987

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

		Beginning		End of	Basis of	Fair Market
Description		of Year	ĺ	Year	Valuation	Value
Mainstay Epoch Glb1/Pimco Total	s	747,962	w	777,469	Market	\$ 777,469
Global Multi Strat/The Vanguard Grp		6, 569, 563		6,139,862	Market	6,139,862
Chisholm Partners III LP		37,309		38,772	Market	38,772
Chisholm Mgmt IV LP		33,387		38,409	Market	38,409
Satellite Strat/Private Capital		1,264,156		1,589,343	Market	1,589,343
CS McKee		1,636,847			Market	
Navis Partners V		524,602		301,594	Market	301,594
Fixed Income/Low Duration Fund		5,919,022		6,075,951	Market	6,075,951
Artisan International		1,601,435		1,321,612	Market	1,321,612
Columbia/Nations Int'l Value		799,854			Market	
Harbor Small Value		988,872		811,312	Market	811,312
Artisan Midcap		691,539		699,446	Market	699,446

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· φ	ng , 761 , 134	Fig. 1, 6	ar 26,250 69,734 67,421 46,330	Basis of Valuation Market Market Market Market Market	а °	Fair Market Value 726,250 1,669,734 1,617,652 1,167,421 746,330
nii	Beginni Saron Small Cap First Eagle Harbor Cap Appr./Schwab Funding Julcan Value Artisan Midcap Value	beginning of Year \$ 1,027,761 744,134 1,833,497	beginning of Year \$ 1,027,761 744,134 1,833,497	' "	beginning	beginning End of Hasis of Of Year Year Year Yaluation \$ 1,027,761 \$ 726,250 Market

Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Net FMV		0
End Accumulated Depreciation	\$ 11,596	\$ 11,596
End Cost / Basis	\$ 11,596	\$ 11,596
Beginning Net Book	S	\$
Description	Property and Equipment	Total

59-0818918

Federal Statements

Statement 8 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	[Beginning of Year		End of Year
Employee Benefits Payable Federal Excise Taxes Payable Deferred Federal Excise Taxes Payable	\$	258,551 19,525 65,043	\$	280,812 9,133 33,120
Total	\$	343,119	\$ <u></u>	323,065

Statement 9 - Form 990-PF, Part III, Line 3 - Other Increases

		Description		Amount
Unrealized Partners		Adjustments K-1 Chisholm	\$	10,57
		Chisholm Partners IV, LP	_	8,15
Total			\$_	18,72

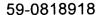
Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases

Description		Amount
Unrealized Loss on Investments Unrealized Loss K-1 Nautic Partners V, LP	\$	1,514,835 99,974
Total	\$_	1,614,809

59-0818918	Federal Statements	tatement	S		
Statement 11 - Form 990-	rm 990-PF, Part VII-	-A, Line 10 -	PF, Part VII-A, Line 10 - Substantial Contributors	butors	
Name	Address		Cit	Citv. State. Zip	
Adele H. Goddard Trust 2655 Le Jeune Ro	Road, Suite 201	Coral	Gables FL 33134		•
Statement 12 - Form 990-PF,	90-PF, Part VIII, Lin	ine 1 - List of Etc.	Part VIII, Line 1 - List of Officers, Directors, Trustees,	, Trustees,	•
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Kim Greene, L.C.S.W. 1550 Madruga Avenue Coral Gables FL 33146	Exec. Dir.	40.00	148,320	22,248	0
Steven S. Pabalan, M.D. 1550 Madruga Avenue Coral Gables FL 33146	Chairman	1.00	0	0	0
Thomas M. Mark, M.D. 1550 Madruga Avenue Coral Gables FL 33146	ViceChairman	1.00	0	0	0
Karl Smiley, M.D. 1550 Madruga Avenue Coral Gables FL 33146	Secretary	1.00	0	0	0
Robert G. Breier 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	
Aldo C. Busot 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	• 0
Gary W. Dix, C.P.A 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	0
		00.00	0	0	0
					11-12

Statement 12 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Charles A. Dunn, M.D. 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	0
R. Rodney Howell, M.D. 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	0
John C. Nordt, III, M.D. 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	0
R. Latanae Parker, Jr., M.D. 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	0
Dean H. Roller, M.D. 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	0
Stuart H. Savedoff, D.D.S. 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	0
Margaret C. Starner, C.F.P. 1550 Madruga Avenue Coral Gables FL 33146	Director	1.00	0	0	



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

Description

Contact foundation for application

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

Description

Contact foundation for deadlines

Statement 13 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

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

Form 990-PF (2014) Dr John T. N	MacDonald Foundation, Inc		59-0818918	
Part XV Supplementary Infor	mation			
Line 3 Grants and Contribution	ns Paid During the Year or Appr	oved for Future Payme	ent	
Recipient Name and Address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
University of Miami/Dr John T Macdonald Foundation, Inc Biomedical Nanotechnology Institute 5801 Red Road Coral Gables, FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$750,000
University of Miami 5801 Red Road Coral Gables, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$417,463
Barry University-School of Nursing 11300 NE 2nd Avenue Miami Shores, FL 33161	N/A	501(c)(3)	To Promote Healthcare	\$10,000
Camp Boogy Creek 30500 Brantley Branch Road Eustis, FL 32736	N/A	501(c)(3)	To Promote Healthcare	\$12,500
Coral Gables Women's Club 1009 E Ponce de Leon Blvd Coral Gables, FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$17,500
Easter Seals South Florida 7300 N Kendall Drive, Suite 700 Miami, FL 33156	N/A	501(c)(3)	To Promote Healthcare	\$8,500
Epilepsy Foundation 155 South Miami Avenue, Suite 400 Miami, FL 33130-1617	N/A	501(c)(3)	To Promote Healthcare	\$20,000
FIU Foundation-College of Medicine 11200 SW 8th Street, AHC2 Miami, FL 33199	N/A	501(c)(3)	To Promote Healthcare	\$12,500
Florida International University-School of Nursing and Health 15800 NW 42 Avenue Miami, FL 33054	N/A	501(c)(3)	To Promote Healthcare	\$22,500
Good Hope Equestrian Training Center 22155 SW 14th Ave Miami, FL 33170	N/A	501(c)(3)	To Promote Healthcare	\$7,500
Hearing Research Institute, inc 6280 Sunset Drive Ste 405 South Miami, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$17,500
Miami Lighthouse for the Blind 601 SW 8th Avenue Miami, FL 33130	N/A	501(c)(3)	To Promote Healthcare	\$25,000
NSU for College of Dental Medicine 3301 College Avenue Fort Lauderdale-Davie, FI 33314	N/A	501(c)(3)	To Promote Healthcare	\$27,500
Open Door Health Center 1350 SW 4 Street Homestead, FL 33030	N/A	501(c)(3)	To Promote Healthcare	\$12,500

Form 000 DE (2014) Dr. John T. M	Jac Daneld Foundation Inc.	I	50 0010010	
Form 990-PF (2014) Dr John T Mart XV Supplementary Infor			59-0818918	
	ns Paid During the Year or Appr	oved for Future Payme	nt .	
	To raid During the real of Appr			
Recipient Name and Address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Paid during the year	<u> </u>			
University of Miami-School of Medicine or George Mekras Scholarship 1801 Red Road Coral Gables, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$10,000
Shake-A-Leg Miami 620 South Bayshore Drive Coconut Grove, FL 33133	N/A	501(c)(3)	To Promote Healthcare	\$7,750
South Flonda Autism Charter Schools, nc 13835 NW 97 Avenue	N/A	501(c)(3)	To Promote Healthcare	\$2,500
Hialeah, FL 33018 SSJ Health Foundation	N/A	501(c)(3)	To Promote Healthcare	\$12,500
3661 South Miami Avenue, Suite 103 Miami, FL 33133		:		
The Sundari Foundation 217 NW 15th Street Miami, Flonda 33136	N/A	501(c)(3)	To Promote Healthcare	\$25,000
The Women's Breast Health Initiative 14125 NW 80th Ave , Suite 306 Mami, Florida 33016	N/A	501(c)(3)	To Promote Healthcare	\$12,500
University of Miami-School of Nursing 5801 Red Road Coral Gables, FL 33134	N/A	501(c)(3)	To Promote Healthcare	\$10,000
Jnited Cerebral Palsy Assn of Miami 1411 NW 14th Ave Miami, FL 33125	N/A	501(c)(3)	To Promote Healthcare	\$15,000
Nounded Warriors of South Florida 1335 Old Dixie Highway, Suite 3 .ake Park, FL 33403	N/A	501(c)(3)	To Promote Healthcare	\$12,500
		Total Amount Pald on Curr	ent Year Approved Grants	\$1,468,713
		The state of the s	The special diameter	Ţ., 700j. 70
University of Miami 5801 Red Road Coral Gables, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$145,950
Camillus House 336 NW 5th Street Mamı, FL 33128	N/A	501(c)(3)	To Promote Healthcare	\$17,500
Cancer Support Community Greater Miami 3609 S Dixie Highway Miami, FL 33143	N/A	501(c)(3)	To Promote Healthcare	\$15,000
Casa Valentina 2990 SW 35 Avenue Miami, FL 33133	N/A	501(c)(3)	To Promote Healthcare	\$3,868

Form 990-PF (2014) Dr John T MacDonald Foundation, Inc. 59-0818918 Part XV **Supplementary Information** Line 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or **Recipient Name and Address** Foundation status of Purpose of grant or substantial contributor (home or business) contribution Amount recipient a Paid during the year Coral Gables Women's Club To Promote Healthcare N/A 501(c)(3) \$17,500 1009 E Ponce de Leon Blvd Coral Gables, FL 33134 Easter Seals South Florida To Promote Healthcare \$7,500 N/A 501(c)(3) 7300 N Kendall Drive, Suite 700 Mıamı, FL 33156 Family Resource Center of South 501(c)(3) To Promote Healthcare \$3,750 N/A Florida, Inc 155 South Miami Avenue, Suite 400 Miami, FL 33130-1617 Florida International University-School of N/A 501(c)(3) To Promote Healthcare \$12,500 Nursing and Health 15800 NW 42 Avenue Miami, FL 33054 Good Hope Equestrian Training Center N/A 501(c)(3) To Promote Healthcare \$7,500 22155 SW 14th Ave Mıamı, FL 33170 Hearing Research Institute, Inc. N/A 501(c)(3) To Promote Healthcare \$17,500 6280 Sunset Drive Ste 405 South Miami, FL 33143 Kristi House N/A 501(c)(3) To Promote Healthcare \$25,000 1265 NW 12th Avenue Miami, FL 33136 Miami Lighthouse for the Blind N/A To Promote Healthcare \$32,500 501(c)(3) 601 SW 8th Avenue Miami, FL 33130 NSU for College of Dental Medicine N/A 501(c)(3) To Promote Healthcare \$35,000 3301 College Avenue Fort Lauderdale-Davie, FI 33314 Open Door Health Center N/A 501(c)(3) \$25,000 To Promote Healthcare 1350 SW 4 Street Homestead, FL 33030 The Sandy B Muller Breast Cancer N/A 501(c)(3) To Promote Healthcare \$7,500 Foundation P O Box 565371 Miami, Florida 33256 United Cerebral Palsy Assn of Miami N/A 501(c)(3) To Promote Healthcare \$12,500 1411 NW 14th Ave Miami, FL 33125 **Total Amount Paid on Prior Year Approved Grants** \$386,068 \$1,854,781 Total Line 3a

Form 990-PF (2014) Dr. John T. MacDonald Foundation, Inc. 59-0818918 Part XV Supplementary Information Line 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or Purpose of grant or **Recipient Name and Address** Foundation status of substantial contributor contribution Amount (home or business) recipient b Approved for future payment To Promote Healthcare \$12,500 N/A 501(c)(3) Camp Boogy Creek 30500 Brantley Branch Road Eustis, FL 32736 Coral Gables Women's Club N/A 501(c)(3) To Promote Healthcare \$17.500 1009 E Ponce de Leon Blvd Coral Gables, FL 33134 Easter Seals South Flonda \$8,500 501(c)(3) To Promote Healthcare N/A 1475 N W 14th Avenue Miami, FL 33125 To Promote Healthcare \$20,000 Epilepsy Foundation N/A 501(c)(3) 155 South Miami Avenue, Suite 400 Miami, FL 33130-1617 FIU Foundation-College of Medicine 11200 SW 8th Street, AHC2 \$12 500 N/A 501(c)(3) To Promote Healthcare Miami, FL 33199 Florida International University-School of N/A 501(c)(3) To Promote Healthcare \$12,500 Nursing and Health 15800 NW 42 Avenue Miami, FL 33054 Good Hope Equestnan Training Center N/A 501(c)(3) To Promote Healthcare \$7.500 22155 SW 14th Ave Miami, FL 33170 Hearing Research Institute, Inc. \$17.500 To Promote Healthcare N/A 501(c)(3) 6280 Sunset Drive Ste 405 South Miami, FL 33143 To Promote Healthcare \$25,000 Miami Lighthouse for the Blind N/A 501(c)(3) 601 SW 8th Avenue Miami, FL 33130 NSU for College of Dental Medicine 501(c)(3) To Promote Healthcare \$27,500 N/A 3301 College Avenue Fort Lauderdale-Davie, Fl 33314 Open Door Health Center 501(c)(3) \$12,500 N/A To Promote Healthcare 1350 SW 4 Street Homestead, FL 33030 Shake-A-Leg Miami N/A 501(c)(3) To Promote Healthcare \$7,750 2620 South Bayshore Drive Coconut Grove, FL 33133 SSJ Health Foundation N/A 501(c)(3) To Promote Healthcare \$12,500 3661 South Miami Avenue, Suite 103 Miami, FL 33133 The Sundan Foundation N/A 501(c)(3) To Promote Healthcare \$25,000 217 NW 15th Street Miami, Florida 33136 United Cerebral Palsy Assn of Miami 501(c)(3) To Promote Healthcare \$15,000 N/A 1411 NW 14th Ave Mıamı, FL 33125 The Women's Breast Health Initiative N/A 501(c)(3) To Promote Healthcare \$12 500 14125 NW 80th Ave , Suite 306 Miami, Florida 33016 501(c)(3) To Promote Healthcare \$12,500 Wounded Warners of South Florida N/A 1335 Old Dixie Highway, Suite 3 Lake Park, FL 33403 University of Miami N/A 501(c)(3) To Promote Healthcare \$105,487 5801 Red Road Coral Gables, FL 33143 Total Line 3b \$364,237 00

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB	NI.	1545-	1700

File a separate application for each return.

nternal Revenue	Service Information about For	m 8868 and	its instructions is at www.ir	s.gov/rorma	000.			
If you are	filing for an Automatic 3-Month Extension, comple	te only Par	t I and check this box					► X
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							_	
o not comp	lete Part II unless you have already been granted ar	n automatic	3-month extension on a previo	usly filed For	m 886	88		
lactronic fil	ing (a file). You can alcotropically file Form 9969 if it	au naad a 2	month automatic automace of	tumo to filo //	2	tha far		
	ing (e-file). You can electronically file Form 8868 if y required to file Form 990-T), or an additional (not aut			•				
•	•	•			•			
	est an extension of time to file any of the forms listed in Insfers Associated With Certain Personal Benefit Cor		· · · · · · · · · · · · · · · · · · ·			41		
_	For more details on the electronic filing of this form, v					ofite		
Part I	Automatic 3-Month Extension of Time				TOTIPI	mia.		
	required to file Form 990-T and requesting an automi							
art I only	, o							▶ □
•	orations (including 1120-C filers), partnerships, REMI	Cs. and trus	ts must use Form 7004 to rea	uest an exten	sion (of time		
file income		,						
1	•		En	ter filer's ide	entify	na numb	er. see in	structions
ype or	Name of exempt organization or other filer, see ins	tructions		Employer ide				
rint			1	' '			` ,	
	Dr John T Macdonald Found	dation	, Inc	59-081	891	8		••
	Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN)						V)	
by the 1550 Madruga Avenue 215								
ue date for	City, town or post office, state, and ZIP code For a	foreign add	ress, see instructions					
ing your sturn See								
structions	Coral Gables FL	33146	, ,					
inter the Det	urn code for the return that this application is for file	a conorato a	nation for each return)					04
inter the Return code for the return that this application is for (file a separate application for each return)								
Application Return Application							Return	
Is For Code Is For							Code	
Form 990 or Form 990-EZ 01 Form 990-T (corporation)						07 ~		
Form 990-BL 02 Form 1041-A						08		
							09	
Form 990-P	<u> </u>	04	Form 5227	_		····		10
	(sec 401(a) or 408(a) trust)	05	Form 6069					11
Form 990-T	(trust other than above)	06	Form 8870					12
	Executive Director							-
	1550 Madruga Avenue,	Suite 2	215					_
The books	are in the care of ▶ Coral Gables					FL	3314	6
	205 667 6017							****
	e No. ► 305-667-6017	FAX No						, "
,	inization does not have an office or place of business				_			ایا 🔻
1	or a Group Return, enter the organization's four digit Cogroup, check this box			If this	is			
•	group, check this box	the group, c	rieck this box	and attach				
~~~~	at an automatic 3-month (6 months for a corporation in	ogurod to fil	a Form 200 T) automora of the					12.4
-	8/15/15 , to file the exempt organization retur	•	•					_
	organization's return for	ii ioi tile oig	anization named above. The e	xtension is				**
	calendar year 2014 or		,					
- (1)	Calendar year 2014 Or		t					_
▶□	tax year beginning , and ending							
	x year entered in line 1 is for less than 12 months, chi	eck reason:	Initial return Fina	al return				
	hange in accounting period	CON TOBOUT		ii ieluili				
	oplication is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 ent	er the tentative tay less any		- 1			
	ndable credits. See instructions	o, 0003, c ill	or the temative tax, less ally		3-	•		<u>_</u> 0
	oplication is for Forms 990-PF, 990-T, 4720, or 6069,	enter any re	fundable credits and		3a	_ ₹		,u.
_	ed tax payments made Include any prior year overpa	-			3b	\$		1,548
	e due. Subtract line 3b from line 3a Include your pays					<u> </u>		
	(Electronic Federal Tax Payment System) See instru				3c	\$		
aution If you	are going to make an electronic funds withdrawal (direct debit	with this Form	n 8868 soo Form 8453 EO and Fr	0070 50 6-				<u> </u>