

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	9	9	0	_	P	F	
	_		_				

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state ret

OMB No 1545-0052 2011

Inte	emai Re	venue Service Note. The foundation may	be able					ung requirements	
		endar year 2011 or tax year beginning			/01 , 2011 ,	, and endi	ing		11/30, 2012
	Name	of foundation O'CONNELL FAMILY FO	UNDAT	ION, INC.				A Employer identif	cation number
	C/0	DANIEL S. O'CONNELL						13-374591	2
	Numb	er and street (or P O box number if mail is not delive	ered to st	reet address)		Room/su	ıte	B Telephone numb	er (see instructions)
								() –
	16 E	ROCK RIDGE AVENUE				Ì			
_	City o	r town, state, and ZIP code							
								C if exemption application pending, check here	ation is
	GREI	ENWICH, CT 06831						pending, creek new	
	•	ck all that apply Initial return		Initial return of	of a former p	ublic char	rity	D 1 Foreign organiza	tions check here
		Final return		Amended ret	•			2. Foreign organiza	
		Address change		Name change				85% test, check computation	
H	Che	ck type of organization X Section 501	(c)(3) e				\Box	•	
Ï	_	ection 4947(a)(1) nonexempt chantable trust		Other taxable pri		tion		E if private foundation	o)(1)(A), check here
Ť				method: X Ca		crual		•	in a 60-month termination
•				pecify)					o)(1)(B), check here
				n (d) must be on	cash basis)			•	
r		Analysis of Revenue and Expenses (The							(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(a)	Revenue and xpenses per	(b) Net inve		(0	c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions))	"	books	incom	ne		ıncome	purposes (cash basis only)
_	1		 	790,453.	ATCH 1				(Casil Dasis Ully)
	2	Contributions, gifts, grants, etc., received (attach schedule) . Check if the foundation is not required to			"UTOH T	·			
	3	Check if the foundation is not required to attach Sch B	<u> </u>	8.		8.			
		Interest on savings and temporary cash investments		4,110.					ATCH 2
	4	Dividends and interest from securities				+			AICH Z
	1	Gross rents			······································			.,	
		Net rental income or (loss)		-4,737.				 ··	
Revenue		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 756, 691.		1,,0,,		+			· · · · · · · · · · · · · · · · · · ·
ķ	_	assets on line 6a	<u> </u>		8	4,673.			
2	7	Capital gain net income (from Part IV, line 2) .				1,0,3.			
	8	Net short-term capital gain							
	9 10 a	Gross sales less returns							
		and allowances · · · ·							
	l .	Less Cost of goods sold . [·			
	11	Other income (attach schedule)		150.					ATCH 3
	12	Total Add lines 1 through 11		789,984.	8	4,681.			AICH
_	13	•	<u> </u>			7,0021			
	14	Compensation of officers, directors, trustees, etc Other employee salaries and wages							
S	15	Pension plans, employee benefits	<u> </u>						<u> </u>
enses	ł.	Legal fees (attach schedule)	<u> </u>	•					
Expe		Accounting fees (attach schedule)	-			_	•		
e E	ı	Other professional fees (attach schedule)	<u> </u>						
흝	1 C	1.1	-						
뚩	17 18	Taxes (attach schedule) (see Internetials)	ļ	25.					25
Ĕ	19	Depreciation (attach schedule) and depletion.				_			
튽	20	1 b 1 bbs/							
₹	l	Occupancy OCDEN Travel, conferences and meetings							
and Administrative	21 22								
ğ	23	Printing and publications Other expenses (attach schedule) ATCH 5		187.					187.
Operating	24								1
ě		Total operating and administrative expenses. Add lines 13 through 23		212.					212.
Ö	2.5	•		705,750.					705,750
	25 26	Contributions, gifts, grants paid Total expenses and disbursements Add lines 24 and 25		705,962.		o			705,962
-	27	Subtract line 26 from line 12		35,2021					1.30,302
		Excess of revenue over expenses and disbursements		84,022.		ľ			
		Net investment income (if negative, enter -0-)	——	0.,022.	8	4,681.			
	l	Adjusted net income (if negative enter -0-)				-,			

For Paperwork Reduction Act Notice, see instructions.

1E1410 1 000 40368N 2706 3/6/2013 4:34:34 PM V 11-6.5

Form **990-PF** (2011) PAGE 7

JSA ** ATCH 4

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
• • •	d describe the kind(s) of property sold (- · · · · · · · · · · · · · · · · · · ·	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHEI	· · · · · · · · · · · · · · · · · · ·				
b					
c					
d					
e			-0.		<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а					· · · · · · · · · · · · · · · · · · ·
b					
С					
_d					
e					
Complete only for assets	showing gain in column (h) and owne			Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	COI	(k), but not less t Losses (from co	
_a					
b					
С					
_d					
_e		<u> </u>			
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		84,673.
	i or (loss) as defined in sections 12				
	t I, line 8, column (c) (see inst				
	 		3		0
		duced Tax on Net Investment In e section 4940(a) tax on net investr			
	·	outable amount of any year in the ba Do not complete this part	ase perio	d?	Yes X No
1 Enter the appropriate am	ount in each column for each year	; see the instructions before making	any entr	ies.	
(a)	(b)	(c)		(d)	
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2010	662,083.	53,906.		1	2.282176
2009	23,684.	1,811.		1	3.077858
2008	306,524.	53,633.			5.715213
2007	28,160.	59,351.	ļ		0.474465
2006	581,850.	404,585.			1.438140
2 Total of line 1, column (d)			2	3	2.987852
3 Average distribution ratio	for the 5-year base period - divide dation has been in existence if less	the total on line 2 by 5, or by the	_3		6.597570
4 Enter the net value of nor	ncharitable-use assets for 2011 fro	m Part X, line 5	4		41,605.
5 Multiply line 4 by line 3			5		274,492.
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		847.
			7		275,339.
If line 8 is equal to or gri Part VI instructions	eater than line 7, check the box i	n Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate. See the

8 b

NA

Х

and addresses

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete

Page 8

Pa	irt X	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn found	ations,
1	Fair r	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo			
а	Avera	ge monthly fair market value of securities	1a	
b	Avera	ige of monthly cash balances	1b	42,239.
С	Fair n	narket value of all other assets (see instructions)	1c	
d	Total	(add lines 1a, b, and c)	1d	42,239.
e	Redu	ction claimed for blockage or other factors reported on lines 1a and		
	1c (at	ttach detailed explanation)tel		
2	Acqui	sition indebtedness applicable to line 1 assets	2	
3	C	and have O forms have did	3	42,239.
4	Cash	deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	4		4	634.
5	Net va	alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	41,605.
6	Minim	num investment return. Enter 5% of line 5	6	2,080.
Pa	irt XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ □ and do not complete this p	nart)	
	Manin	num investment return from Part X, line 6	1	2,080.
	Tayo	In investment income for 2011 from Part VI. line 5 2a 847.	 	2,000.
Zd	Innom			
		ne tax for 2011. (This does not include the tax from Part VI)		0.47
		ines 2a and 2b	2c	847. 1,233.
3		butable amount before adjustments Subtract line 2c from line 1	3	1,233.
4		veries of amounts treated as qualifying distributions	4	1 022
5		ines 3 and 4	6	1,233.
6 7	Dietri	ction from distributable amount (see instructions) ibutable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	-	
′			_	1 022
_	line 1		7	1,233.
Pa	ırt XII	Qualifying Distributions (see instructions)		
1		unts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expe	enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	705,962.
þ	_		1b	
2	Amo	gram-related investments - total from Part IX-B ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		oses	2	
3	Amo	unts set aside for specific charitable projects that satisfy the		
а		ability test (prior IRS approval required)	3a	
b		n distribution test (attach the required schedule)	3b	
4	Quali	ifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	705,962.
5		ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	 	
-		r 1% of Part I, line 27b (see instructions)	5	847.
6	Adiu	sted qualifying distributions. Subtract line 5 from line 4	6	705,115.
•	Note	e. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal		
		qualifies for the section 4940(e) reduction of tax in those years	Jaiating	who the foundation

Form 990-PF (2011)

* SEE ATTACHMENT #7

10 Analysis of line 9

a Excess from 2007 . . .

b Excess from 2008 . . .

c Excess from 2009 . . .

d Excess from 2010 . . .

e Excess from 2011 . . .

28,160.

306,524.

23,659.

661,900.

705,750.

Page **11**

3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of		
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
a Paid during the year			שטיי אדם ייטובי	
a Paid during the year ATTACHMENT 7			TO AID THE DONEE ORGANIZATION CARRYING OUT THEIR EXEMPT FUNCTIONS.	IN
Total				3a 705,750
b Approved for future payment				3b

t XVI-A Analysis of Income-Produ		ated business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c)	(d) Amount	Related or exempt function income
rogram service revenue					(See instructions)
			1		
<u></u>			<u> </u>		
Fees and contracts from government agencies					
fembership dues and assessments Iterest on savings and temporary cash investments			14	8.	
Dividends and interest from securities			14	4,110.	
let rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal property .					<u>-</u>
Other investment income			1.0	4 727	
Gain or (loss) from sales of assets other than inventory			18	-4,737.	
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a					
Subtotal Add solumns (5) (4) 4 (5)					
Subtotal Add columns (b), (d), and (e)				-619.	
otal. Add line 12, columns (b), (d), and (e)				<u> </u>	-61
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calci	ulations)			13	-61
otal. Add line 12, columns (b), (d), and (e)	ulations)			13	-61
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calci	ulations) to the Ac	complishment of E	xempt Purp	13	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcit XVI-B Relationship of Activities e No. Explain below how each activity	ulations) to the Ac	complishment of E h income is reported by purposes (other than	xempt Purp	ooses e) of Part XVI-A contribution of the such purposes	uted importantly to

111)	O'CONNELL	FAMILY	FOUNDATION,	INC.	13-3745912	Page 13
Information R		sfers To	and Transact	ions and	I Relationships With Noncharit	able

•		Excilipt O.gai									
1	Did the	e organization direct	y or indirectly	engage in any of th	e following	with any	other orga	nization described		Yes	No
		ion 501(c) of the Co							1		
		zations?	,	,,,,				• ,			
а	_	ers from the reporting	a foundation to	a noncharitable exe	empt organiz	ation of:					
-		sh	-						1a(1)		х
		ner assets							1a(2)		Х
h		transactions.							10(2)		
D			aabaritabla ayaa	mat araani-ation					45/43		х
		les of assets to a no							1b(1)	<u> </u>	X
		rchases of assets fro							1b(2)		X
		ntal of facilities, equi							1b(3)	\vdash	$\frac{\lambda}{X}$
	(4) Re	ımbursement arrange	ements	• • • • • • • • • •		• • • • •	• • • • •	• • • • • • • • •	1b(4)	<u> </u>	X
	(5) Loa	ans or loan guarantee	s		• • • • • • •	• • • • •	• • • • •	• • • • • • • • •	1b(5)		
		rformance of service							1b(6)		X
		g of facilities, equipm							1c	<u> </u>	X
d		answer to any of th									
		of the goods, other									
		n any transaction or								_	
(a) L	ine no	(b) Amount involved	(c) Name of n	onchantable exempt orga	nization		ption of transf	ers, transactions, and sh	anng ama	ingeme	nts
						N/A		 			
											
							,				
							· · · · · · · · · · · · · · · · · · ·				
		<u> </u>									
			··								
2a	Is the	foundation directly	or indirectly af	filiated with, or rela	ted to, one	or more	tax-exemp	t organizations			
		bed in section 501(c)								es 🛚 🗵	No
b		" complete the follow									
		(a) Name of organization	n	(b) Type of o	ganızatıon			c) Description of relation	ıshıp		
	Under	r penalties of penury, 1 decis	re that I have exami	ned this return, including a	companying sche	dules and sta	atements, and t	o the best of my knowle	dge and i	belief, it	is true,
Sigı	n correc	ci, and complete Declaration of	r preparer (other than t	expayer) is based on all inform	nation of which pre	eparer has any	knowledge	<u> </u>			
Her	e 🕨				•			May the ii with the	RS discus preparer		return below
		nature of officer or trustee		Date	T T	îtle		(see instruction		7 .	No
				_				<u> </u>			
Del-		Print/Type preparer's	name	Prepare's signatu	re		Date	Check If	PTIN		
Paid		THOMAS ROONEY		Jana 1			3/12/		P008	4045	3
Pre	parer		LOITTE TAX	A P	"			Firm's EIN ▶86-1		_	-
Use	Only	Firm's address ▶ TW		NANCIAL CENTER	······································						
	,		W YORK, N			1028	31	Phone no			
		1							Form 99	0-PF	(2011)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization			Employer identification number
O'CONNELL FAMILY FOUN	DATION, INC.		
C/O DANIEL S. O'CONNE	LL		13-3745912
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treat	ed as a private fou	ndation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated a	as a private foundat	tion
	501(c)(3) taxable private foundation		
	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the G	Seneral Rule and a S	Special Rule. See
General Rule			
	ling Form 990, 990-EZ, or 990-PF that received, during ne contributor. Complete Parts I and II	the year, \$5,000 o	or more (in money or
Special Rules			
under sections 509(a	3) organization filing Form 990 or 990-EZ that met the 3)(1) and 170(b)(1)(A)(vi) and received from any one coi 000 or (2) 2% of the amount on (i) Form 990, Part VIII, II	ntributor, during the	e year, a contribution of
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ to contributions of more than \$1,000 for use exclusively foses, or the prevention of cruelty to children or animals.	or religious, charita	ble, scientific, literary,
during the year, contr not total to more than year for an <i>exclusivel</i> y	7), (8), or (10) organization filing Form 990 or 990-EZ to abbitions for use exclusively for religious, charitable, etc. \$1,000. If this box is checked, enter here the total convergious, charitable, etc., purpose. Do not complete ai exation because it received nonexclusively religious, charitable.	, purposes, but the tributions that were ny of the parts unles ritable, etc., contrit	ese contributions did be received during the sis the General Rule butions of \$5,000 or
Caution. An organization that is	not covered by the General Rule and/or the Special Ru	ules does not file S	chedule B (Form 990
990-EZ, or 990-PF), but it must	answer "No" on Part IV, line 2, of its Form 990, or chec F, to certify that it does not meet the filing requirements	ck the box on line H	of its Form 990-EZ or on
For Paperwork Reduction Act Notice,	see the Instructions for Form 990, 990-EZ, or 990-PF	Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization O'CONNELL FAMILY FOUNDATION, INC. C/O DANIEL S. O'CONNELL

Employer identification number 13-3745912

Part I	Contributors	(see instructions)	 Use duplicate 	copies of Part	I if additional s	pace is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	DANIEL S. & GLORIA P. O'CONNELL 16 ROCK RIDGE AVENUE GREENWICH, CT 06831	\$761,428.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_	DANIEL S. & GLORIA P. O'CONNELL 16 ROCK RIDGE AVENUE GREENWICH, CT 06831	\$29,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	DANIEL S. & GLORIA P. O'CONNELL 16 ROCK RIDGE AVENUE GREENWICH, CT 06831	\$25.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is

Name of organization O'CONNELL FAMILY FOUNDATION, INC. C/O DANIEL S. O'CONNELL

Employer identification number 13-3745912

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	US TREASURY NOTES		
		\$\$.	6/26/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

ı	1
RECEIVED	
GRANTS	
AND	
GIFTS	
CONTRIBUTIONS,	
Н	
PART	
FORM 990PE,	

DIRECT PUBLIC SUPPORT	761,428.	29,000.	25.	790,453.
DATE	6/26/2012			TOTAL CONTRIBUTION AMOUNTS
NAME AND ADDRESS	DANIEL S. & GLORIA P. O'CONNELL 16 ROCK RIDGE AVENUE GREENWICH, CT 06831	DANIEL S. & GLORIA P. O'CONNELL 16 ROCK RIDGE AVENUE GREENWICH, CT 06831	DANIEL S. & GLORIA P. O'CONNELL 16 ROCK RIDGE AVENUE GREENWICH, CT 06831	TOTAL CC

13-3745912

ATTACHMENT 2

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

REVENUE

AND

EXPENSES

DESCRIPTION PER BOOKS

ACCRUED INTEREST 4,110.

TOTAL 4,110.

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION

ANNUAL BANK FEE - WAIVED

REVENUE AND

EXPENSES

PER BOOKS

150.

TOTALS

150.

TAXES	
1	I
Н	I
PART	
990PF,	
FORM	

NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	25.	25.
		TOTALS
DESCRIPTION	NYS FILING FEE	

CHARITABLE PURPOSES	25.
------------------------	-----

ATTACHMENT 4 PAGE 28

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES

DESCRIPTION ANNUAL BANK FEE RETURN CHECK FEE OVERDRAFT LOAN FEE PER BOOKS 150.

TOTALS

187.

30.

7.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES	174	ATTACHMENT 6	•
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION			
DANIEL S O'CONNELL 16 ROCK RIDGE AVENUE GREENWICH, CT 06831	PRESIDENT	0	0	0
GLORIA P O'CONNELL 16 ROCK RIDGE AVENUE GREENWICH, CT 06831	VICE PRESIDENT	0	0	0
CHRISTINE POMAR 10 GREENRIDGE DRIVE CHAPPAQUA, NY 10514	DIRECTOR	0	0	0

GRAND TOTALS

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE BOATHOUSE FOUNDATION TWO MAIN STREET EDGARTOWN, MA 02539	501(C)(3)		300.
CARDINAL SPELLMAN H.S. ONE CARDINAL SPELLMAN PLACE BRONX, NY 10466	501(C)(3)		2,200.
BOSTON PREPARATORY CHARTER PUBLIC SCHOOL 1286 HYDE PARK AVE HYDE PARK, MA 02136	201 (C) (3)		2,500
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	501(C)(3)		500.
BROWN UNIVERSITY BOX 1877 PROVIDENCE, RI 02912	501(C)(3)		575, 000
YALE UNIVERSITY DEVELOPMENT 157 CHURCH STREET NEW HAVEN, CT 06510	501(C)(3)		50,000.

ATTACHMENT 7 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION.	AMOUNT
WATERSIDE SCHOOL 770 PACIFIC STREET STAMFORD, CT 06902	501 (C) (3)		2,000.
VGC FOUNDATION 100 CLUBHOUSE LANE EDGARTOWN, NA 02539	501 (C) (3)		200
SHERIFF'S MEADOW FOUNDATION S7 DAVID AVENUE VINEYARD HAVEN, MA 02568	S01(C)(3)		3,500.
PMC 77 FOURTH AVENUE NEEDHAM, MA 02494	501 (C) (3)		1,000.
PESTALOZZI US CHILDRENS CHARITITY PO BOX 314 1202 LEXINGTON AVENUE NEW YORK, NY 10017	501(C) (3)		2,000.
CYCLE FOR SURVIVAL 1275 YORK AVENUE NEW YORK, NY 10065	501(C) (3)		1,000.

ATTACHMENT 7 (CONT'D)

]
AB
ክ
爿
J
BUTIONS PAID DURING
릐
줴
뙭
빏
副
CONTR
8
ď
SRANTS
GRA
PART XV - GR
Þ
PART XV
PART XV -
ᆈ
30b
3
FOR
- 11

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NYU LANGONE MEDICAL CENTER ONE PARK AVENUE, 17TH FLOOR NEW YORK, NY 10016	501(C)(3)		500.
MARTHAS VINEYARD PRESERVATION TRUST 99 MAIN ST EDGARTOWN, MA 02539	501(C)(3)		2,000.
THE BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	501(C)(3)		10,000.
BROWN SPORTS FOUNDATION BOX 1925 PROVIDENCE, RI 02912	501(C)(3)		3,500.
HARVARD GRADUATE SCHOOL APPIAN WAY CAMBRIDGE, MA 02138	501(C)(3)		1,000.
THE GORDAN A. RICH MEMORIAL SCHOLARSHIP ATTN: JOYCE GROSS, CREDIT SUISSE ONE MADISON AVENUE, 10TH FLOOR NEW YORK, NY 10010	501(C)(3)		2,000.

V 11-6.5

O	
INC	
FOUNDATION,	
FAMILY	
O'CONNELL	

13-3745912

ATTACHMENT 7 (CONT'D) 1,250. 20,000 25,000. AMOUNT PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 501(C)(3) 501 (C) (3) 2249 WILLARD LOOP DRIVE, SUITE N460 UNIVERSITY OF COLORADO PARENTS FUND CENTER FOR COMMUNITY, 59 UCB RECIPIENT NAME AND ADDRESS STS. PHILIP & JAMES SCHOOL BROWN FOOTBALL ASSOCIATION PROVIDENCE, RI 02912 NEW YORK, NY 10469 BOULDER, CO 80309 1160 E 213TH ST

TOTAL CONTRIBUTIONS PAID

705,750

PAGE 34 ATTACHMENT 7

V 11-6.5

4:15.04 PM

40368N 2706 3/10/2013

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2011

Department of the Treasury Internal Revenue Service Name of estate or trust

Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if O'CONNELL FAMILY FOUNDATION, INC.

Employer identification number

	C/O DANIEL S. O'CONNELL	12					
Note	: Form 5227 filers need to complete only F	Parts I and II					
Par	t Short-Term Capital Gains and L	osses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							· · · · · · · · · · · · · · · · · · ·
b	Enter the short-term gain or (loss), if any,	from Schedule D)-1, line 1b	• • • • • • • • • • • • • • • • • • • •		1 b	
2							
3	Net short-term gain or (loss) from partne					3	
4	Short-term capital loss carryover. Ente	r the amount, i	f any, from I	ine 9 of the 2010	Capital Loss		/
5	Carryover Worksheet	e lines 1a throu	gh 4 in colum	in (f) Enter here ar	ed on line 13,	4	
Par	t II Long-Term Capital Gains and L	osses - Assets	Held More T	han One Year	▶	5	
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	1	(d) Sales price	(e) Cost or other basis (see instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							,, ,,
							-
					<u> </u>		
b	b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b						84,673.
7	Long-term capital gain or (loss) from For	ms 2439, 4684,	6252, 6781, aı	nd 8824		7	
8							
9							
						9	
10 11	Gain from Form 4797, Part I Long-term capital loss carryover Enter	the amount, if	any, from lir	ne 14 of the 2010	Capital Loss	10	-
12	Carryover Worksheet	lines 6a through	11 in colum	n (f). Enter here and		11	()
	column (3) on the back				. .	12	84.673.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

Schedule D (Form 1041) 2011			Page 2
Part III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part.	(see instr)	or trust's	
3 Net short-term gain or (loss)13			
4 Net long-term gain or (loss):			04 688
a Total for year 14a			84,673.
b Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b			
c 28% rate gain			04 672
5 Total net gain or (loss). Combine lines 13 and 14a			84,673.
lote : If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For ains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete			
Part IV Capital Loss Limitation			1004 00 1100000017
6 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, II	ine (c. if a trust) the sr	naller of	
			1
a The loss on line 15, column (3) or b \$3,000 lote: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line anyover Worksheet in the instructions to figure your capital loss carryover	ne 22 (or Form 990-T, III	ne 34), is a loss, comp	lete the Capital Loss
			·
Part V Tax Computation Using Maximum Capital Gains Rates			
form 1041 filers. Complete this part only if both lines 14a and 15 in column (2		nount is entered in P	art I or Part II and
here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than			
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instruct Either line 14b, col (2) or line 14c, col (2) is more than zero, or	cuons II		
Description 1941, Line 2b(1), and Form 4952, line 4g are more than zero			
form 990-T trusts. Complete this part only if both lines 14a and 15 are gain	ns. or qualified divide	ends are included in	income in Part I
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and co			
either line 14b, col (2) or line 14c, col (2) is more than zero	•		
7 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
8 Enter the smaller of line 14a or 15 in column (2)			
but not less than zero			
9 Enter the estate's or trust's qualified dividends			
from Form 1041, line 2b(2) (or enter the qualified			
dividends included in income in Part I of Form 990-T) 19			
20 Add lines 18 and 19 20			
11 If the estate or trust is filing Form 4952, enter the	- 		
amount from line 4g, otherwise, enter -0 ▶ 21	1		
22 Subtract line 21 from line 20 If zero or less, enter -0-	22		
3 Subtract line 22 from line 17 If zero or less, enter -0-	23		
			
4 Enter the smaller of the amount on line 17 or \$2,300	24		
5 Is the amount on line 23 equal to or more than the amount on line 24?			
Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.			
No. Enter the amount from line 23	25		
6 Subtract line 25 from line 24	• •		
7 Are the amounts on lines 22 and 26 the same?			
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27		
8 Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
9 Subtract line 28 from line 27	29		
Multiply line 29 by 15% (.15)		30	
Figure the tax on the amount on line 23 Use the 2011 Tax Rate Sch	nedule for Estates ar	nd Trusts	
(see the Schedule Ginstructions in the instructions for Form 1041)			
		· · · · · · - · 	
2 Add lines 30 and 31		32	
33 Figure the tax on the amount on line 17. Use the 2011 Tax Rate Sch	nedule for Estates ar	nd Trusts	
(see the Schedule Ginstructions in the instructions for Form 1041)			
Tax on all taxable income. Enter the smaller of line 32 or line 33 here a			
G. line 1a (or Form 990-T. line 36)		34	

Schedule D (Form 1041) 2011

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side						
O'CONNELL FAMILY FOUNDATION, INC. 13-374591 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year						
Part I	Long-Term Capital Gains an	d Losses - Asse	ts Held More Tha	an One Year		
	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a US	TREASURY INFLATION NOTE	01/12/2010	06/26/2012	756,691.	672,018.	84,673.
-						
			-			
	-					
			L			
6b To	tal. Combine the amounts in column	(f) Enter here and	d on Schedule D, III	ne 6b		84,673.

FEDERAL FOOTNOTES

ELECTION UNDER IRC.REG SEC 53-4942 (A)-3(D)(2):

THE O'CONNELL FAMILY FOUNDATION HEREBY ELECTS TO TREAT THE CURRENT YEAR'S QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING YEAR'S UNDISTRIBUTED INCOME AS MADE OUT OF CORPUS.

SIGNED:

FOUNDATION MANAGER

O'CONNELL FAMILY FOUNDATION, INC. 13-3745912
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P		Description				P or D	Date acquired	Date sold
Gross sale Depreciation price less allowed/		Cost or FMV Adj. basis Excess of					Gain	
price less expenses of sale	allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı basıs	Ш	or (loss)	
TAL GAIN(L	SS)			• • • • • • • • • •	• • • • • •		84,673.	
	,							
ļ								
1	İ							
						11		
ĺ								
İ								
						$\parallel \parallel$		
						Ш		
						Ш		
						$\ \cdot\ $		
ļ								
Ī								
	-							
l								
ł								
1								
1								