

# 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



Department of the Treasury Internal Revenue Service

Form **990-PF** 

# EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

ror cale	iuar year 2014 ui lax year	Degining	· · · · · · · · · · · · · · · · · · ·		, and end	ing		
Name o	f foundation						A Employer identification	number
THE	HENRY A. MC	KINNELL FOU	NDATION				27-1279165	
	and street (or P O box number i	B Telephone number						
	. BOX 524	301-203-26	62					
	own, state or province, cou	intry, and ZIP or foreign p	ostal code				C If exemption application is p	
		3001-0524					,	
G Check	call that apply	Initial return	Initial return	n of a for	mer public cha	arity	D 1. Foreign organizations	, check here
		Final return	Amended r	eturn	-	•		
		Address change	Name chan	ge			Foreign organizations me check here and attach co	eting the 85% test, mputation
H Chec	type of organization	X Section 501(c)(3) ex	empt private founda	tion			E If private foundation stat	tus was terminated
Se	ection 4947(a)(1) nonexem	pt charitable trust	Other taxable private	foundat	ion		under section 507(b)(1)	
I Fair m	arket value of all assets at e	end of year   J   Accounti	ng method X	Cash	П Асстиа	11	F If the foundation is in a (	
(from	Part II, col. (c), line 16)		her (specify)				under section 507(b)(1)	
▶\$		) , 309 . (Part I, colu	mn (d) must be on	cash ba	asıs.)			
Part	Analysis of Revenue an (The total of amounts in colunecessanly equal the amoun	d Expenses	(a) Revenue ar		(b) Net inve	estment	(c) Adjusted net	(d) Disbursements
	necessarily equal the amoun	ts in column (a) )	expenses per b		Incom	10	income	for chantable purposes (cash basis only)
	Contributions, gifts, grant	ts, etc., received	3,693,8	00.	·····		N/A	
2		n is not required to attach Sch. B.			<u></u>			16.
_   3	Interest on savings and tempo cash investments	orary	10,6			,631.		STATEMENT 2
<u>∓</u> □ ‡	Dividends and interest fro	om securities	256,3	55.	256	,355.		STATEMENT 3
~ ^ "	Gross rents					<del></del>	, ,	
: 8 r	Net rental income or (loss)				<del></del>	<del></del>		
m 📆 68	Net gain or (loss) from sale of Gross sales price for all		1,5	38.	<del></del>	<del></del>	<u>'</u>	STATEMENT 1
	assets on line 6a	127,838.		<del></del>	<del></del>		+,*	
7	Capital gain net income (from				32	,838.		
	Net short-term capital gai	in	<del></del>	<del></del>	711 TI II			<del></del>
3	Income modifications Gross sales less returns	I						
, III "	and allowances							
	Less Cost of goods sold				<del></del>	~~~~~~~~~~		
	Gross profit or (loss)			$\longrightarrow$		<del></del>		t un Hina akalana
	Other income	h 44	3,962,3	21	200	,824.		
12			3,702,3	0.	233	0.		0.
14	Other employee salaries a			<del></del>				
15	Pension plans, employee	•	-				RECEIVED	
S	Legal fees	belletiks .					TALOLIT	
ens i	Accounting fees			<del></del>			2 224	(8)
Ř.	Other professional fees			<del></del>	<u></u>	A018	JUN 1 0 2015	
9 17	Interest					12		+02
₹ 18	Taxes	STMT 4	8,4	77.		0.	OCULIN, UT	0.
Operating and Administrative Expendence 12 0 1 1 1 1 2 1 2 1 2 1 1 1 1 1 1 1 1	Depreciation and depletion					-		
Ē 20	Occupancy							
₽ 21	Travel, conferences, and	meetings			<del></del>	,		
22	Printing and publications	*						
ව 23	Other expenses							
.≣ 24	Total operating and adm	inistrative	_					
be	expenses Add lines 13 t	hrough 23	8,4	77.		0.		0.
25	Contributions, gifts, gran	ts paid	105,0	00.				105,000.
26	Total expenses and disb	ursements.		_				
	Add lines 24 and 25		113,4	77.		0.		105,000
27	Subtract line 26 from line	12						
} ;	2 Excess of revenue over expen	ises and disbursements	3,848,8	47.	<del></del>			{
	h Natiousalmantineama (	if negative, enter -0-)	E .	1	299	,824.		1
l l	b Net investment income ( C Adjusted net income (if n	-	·····				N/A	<del></del>

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	-	
	(must agree with end-of-year figure reported on prior year's return)	1	11,883,227
2	Enter amount from Part I, line 27a	2	3,848,847
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	15,732,074
5	Decreases not included in line 2 (itemize)	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	15,732,074

Form 990-PF (2014)

Form 990-PF (2014) TH	E HEN	RY A. MCKINN	EPP LO	JNDAT TON			<u>/-12/</u>	9102	Page 3
Part IV Capital Gain	s and Lo	sses for Tax on In	vestment	Income					
(a) List and de	(b) How acquired P - Purchase	(c) Date a		(d) Date					
2-story brick	D - Donation	(mo , da		(mo , da	· · ·				
1a 4,000 SHS. PF	PP	01/3	1/08	02/12	2/14				
b					<del></del>				
d		<del>-</del>		<del></del>				-	
e								<del></del>	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale			ain or (loss (f) minus		
a 127,838	•			95,00	0.		,	32	,838.
b									
C									
d									
е				10.10.1.100					
Complete only for assets sho	<del></del>		·····			(I) Gains (C ol (k), but r			
(I) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			(from col		
a								32	,838
b									
<u>c</u>									
<u>d</u>	_	· <del>- ·</del>							
<u>e</u>	l								
2 Capital gain net income or (ne	t capital loss	If gain, also enter) { If (loss), enter -0-	in Part I, line : - in Part I, line	7 7	2			32	,838
3 Net short-term capital gain or	(loss) as def	•							
If gain, also enter in Part I, line			, ,		<b>,</b>		/-		
If (loss), enter -0- in Part I, line		)	Daduard	Tow on Net	<u> </u>		N/A	<u> </u>	
Part V Qualification					****	icome			
(For optional use by domestic private)	vate foundati	ions subject to the section 4	1940(a) tax on	net investment ir	icome )				
If section 4940(d)(2) applies, leav	e this part b	lank							
Was the foundation liable for the s	section 4942	tax on the distributable am	iount of any ve	ar in the base oe	nod?			Yes	X No
If "Yes," the foundation does not o									
1 Enter the appropriate amount	ın each colu	mn for each year, see the in	structions bef	ore making any e	entries				
(a) Base period years		(b)			(c)	_	Distri	(d) bution ratio	
Calendar year (or tax year begi	nning in)	Adjusted qualifying dis		Net value of no	oncharitable-use asse		(col (b) divided by col (c))		
2013			3,285.		12,395,57		.06883		
2012			3,189. 3,654.	<del></del>	8,117,80 6,071,88				2530
2011			7,736.		3,118,35				0568
2010 2009			0.		2,462,36				0000
		<u> </u>							
2 Total of line 1, column (d)						2		. 1	3225
3 Average distribution ratio for t	he 5-year ba	se period - divide the total (	on line 2 by 5,	or by the number	r of years				
the foundation has been in exi	stence if les	s than 5 years				3		.0	2645
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5						4	1	6,271	,327
								400	200
5 Multiply line 4 by line 3						5		430	,393
6 Enter 1% of net investment income (1% of Part I, line 27b)						6		2	,998
7 Add lines 5 and 6						7		433	,391
8 Enter qualifying distributions t	from Part YII	l line 4				8		105	,000
If line 8 is equal to or greater t			1b, and comp	lete that part usir	ng a 1% tax rate		L.,		,
See the Part VI instructions									

Form **990-PF** (2014)

Form	990-PF(2014) THE HENRY A. MCKINNELL FOUNDATION			-12791			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a	), 4940(b), 4940(e),	or 4948	- see in	stru	ction	าร)
1 a	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 necessity					_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	l and enter 1%	1			5,9	96.
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of ${\bf R}$						_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others	s enter -0-)	2	<del> </del>			<u>0.</u>
3	Add lines 1 and 2		3			5,9	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Other	s enter -0-)	4	ļ			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	- <del></del>	·······	<b>5,</b> 9	96.
6	Credits/Payments	.   15 40					
		$\frac{15,42}{}$	20.				
		ib					
	· · · · · · · · · · · · · · · · · · ·	ic .					
		id	—		1 (	5 1	20.
,	Total credits and payments Add lines 6a through 6d		7			),4	20.
0	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached.	J	8				
40	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<ul><li>9</li><li>10</li></ul>		<del></del> -	2 1	24.
10	Enter the amount of line 10 to be Credited to 2015 estimated tax	6,000 . Refunder		+		$\frac{7}{3}$	$\frac{24.}{24.}$
	rt VII-A Statements Regarding Activities	O / O O O •   Neturidet	1 11			<i>J</i> , <u> </u>	21.
	During the tax year, did the foundation attempt to influence any national, state, or local legislatio	n or did it narticinate or inte	n/ene in		T	Yes	No
	any political campaign?	in or did it participate or line		-	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (	see instructions for the defi	nition\?	-	1b		X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and co		=	.	-:-		
	distributed by the foundation in connection with the activities.	.,			-		
C	Did the foundation file Form 1120-POL for this year?				10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the yea	r		ľ			
	(1) On the foundation > \$ 0. (2) On foundation managers		0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure		<del></del>	İ	Ì		
	managers > \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			1	2		X
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instru	ument, articles of incorpora	tion, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-	_		4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				.5		X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively amends the governing instrument so that the governing instrument in the governing in the go	rections that conflict with the	e state law		_		v
_	remain in the governing instrument?			}	6	Х	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	ete Paπ II, coi. (c), and Pa	irt XV	}	7		ļ
۵.	Enter the states to which the foundation reports or with which it is registered (see instructions)	•					
Oa	WY			<del></del>			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	nev General (or decionate)		<del></del>			
Ü	of each state as required by General Instruction G? If "No," attach explanation	io, acheral (or designate)			8b	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section	n 4942(i)(3) or 4942(i)(5) fo	r calendar	ŀ	~~		
•	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," comp		. outstiddi	ĺ	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis			ļ	10		X
				Form		-PF (	(2014)

423541 11-24-14 Form **990-PF** (2014)

423551 11-24-14

form 990-PF (2014) THE HENRY A. MCKINNELL FOUNDATION	ON 27-1	2791 <u>65</u> Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
Five highest-paid independent contractors for professional services. If none, enti-	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del></del>
	-	
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		<del> </del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro-	istical information such as the oduced, etc	Expenses
N/A		
2		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
N/A		
2		
All other program-related investments See instructions		<del></del>
3		

Total. Add lines 1 through 3

	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	11,120,874. 5,398,240.
b	Average of monthly cash balances	1b	5,398,240.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	16,519,114.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d .	3	16,519,114.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	247,787.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	16,271,327.
6	Minimum investment return. Enter 5% of line 5	6	813,566.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	813,566.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI )  2b		
C	Add lines 2a and 2b	2c	5,996.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,996. 807,570.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	807,570.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	807,570.
P	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	105,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	·····
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	105,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	105,000.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies 1	for the section

Form **990-PF** (2014)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI.		······································		
line 7				807,570.
2 Undistributed income, if any, as of the end of 2014		······································	······································	<del>anno manin an'i di ina</del>
a Enter amount for 2013 only			103,831.	
b Total for prior years				<del> du'</del>
<u> </u>		0.		
3 Excess distributions carryover, if any, to 2014	7		······································	hillithin hillitan
a From 2009				
b From 2010		· ·		
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				·····
Part XII, line 4 > \$ 105,000				
a Applied to 2013, but not more than line 2a		-	103,831.	
	7	* * * * * * * * * * * * * * * * * * * *	103,031.	······································
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)			<del></del>	
c Treated as distributions out of corpus	0.	[		
(Election required - see instructions)				1 1 0
d Applied to 2014 distributable amount				1,169.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				······································
line 4b from line 2b		0.		
c Enter the amount of prior years'	***************************************	······································		······································
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	***************************************	0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
·			0.	
f Undistributed income for 2014 Subtract				
				806,401.
be distributed in 2015  7 Amounts treated as distributions out of		······································	···· ·································	000,401.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.	•		
may be required - see instructions)	<u> </u>	<del></del>		n 1 mm
8 Excess distributions carryover from 2009	_			
not applied on line 5 or line 7	0.			· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2015.	_			
Subtract lines 7 and 8 from line 6a	0.	<del></del>	· · · · · · · · · · · · · · · · · · ·	
O Analysis of line 9		{		
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
123581 11-24-14				Form 000-DE (2014)

	RY A. MCKIN				79165 Page 10
Part XIV Private Operating F			·A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	the ruling	▶ ∟		
<b>b</b> Check box to indicate whether the found	lation is a private operation	ng foundation described i		4942(j)(3) or4!	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for			į		
each year listed .					
<b>b</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			1		
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets		<del>                                     </del>			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			<del> </del>	-	<del> </del>
(3) Largest amount of support from					
an exempt organization					<del> </del>
(4) Gross investment income		to this most only	if the formulation	- bad \$5,000 as m	oro in coceta
Part XV Supplementary Info			if the foundatio	n nad \$5,000 or m	ore in assets
at any time during t		ructions.)		<del> </del>	· <del></del>
1 Information Regarding Foundation a List any managers of the foundation when the foundation of the		than 2% of the total conf	ributions received by th	ne foundation before the clo	ose of any tax
year (but only if they have contributed r	more than \$5,000) (See s	section 507(d)(2) )			,
DR. HENRY A. MCKINNE	<del></del>		······································	·	<del></del>
b List any managers of the foundation when other entity) of which the foundation has			(or an equally large por	tion of the ownership of a ${}_{\parallel}$	partnership or
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here X if the foundation the foundation makes gifts, grants, etc	only makes contributions	to preselected charitable	organizations and does		
	· · · · · · · · · · · · · · · · · · ·	<del></del>			
a The name, address, and telephone num ROBERT J. MILLER, ES			ications should be 4001	ซออซีน -	
C/O DAY PITNEY LLP,			CHAMEODD	CT 06901	
b The form in which applications should				<u>C1 00301</u>	
c Any submission deadlines					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields	, kinds of institutions, o	r other factors	<u> </u>
2	,, 5886		,,,,,,,,,		
423601 11-24-14	<del></del>		<del></del>		Form <b>990-PF</b> (2014)

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,		Durana of a set of	
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				
ACCORDIA GLOBAL HEALTH FOUNDATION	NONE	501(C)(3)	TO SUPPORT PROGRAMS	
1101 14TH STREET, NW, SUITE 801			AND ACTIVITIES	
WASHINGTON, DC 20005				100,000.
VANGUARD CHARITABLE ENDOWMENT	NONE	501(C)(3)	TO SUPPORT PROGRAMS	
			AND ACTIVITIES	5,000.
Total			<b>▶</b> 3a	105,000.
<b>b</b> Approved for future payment				
NONE				
Total			<b>▶</b> 3h	0.

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

Enter gross amounts unless otherwise indicated	Unrelated	business income		y section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	10,631.	<del> </del>
4 Dividends and interest from securities			14	256,355.	· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					,
6 Net rental income or (loss) from personal property	1				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	1,538.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	_				····
b					
C					
d					
e					
12 Subtotal Add columns (b), (d), and (e)			0.	268,524.	0 .
13 Total. Add line 12, columns (b), (d), and (e)				13	268,524
(See worksheet in line 13 instructions to verify calculations	)				·····

Line No.														
▼ .	the fo	oundation'	's exemp	ot purpos	es (other	than by p	roviding 1	funds for su	ch purpo	ses)				
3&4	THE	INVES	STME	NT O	F FO	UNDA'	TION	ASSET	'S IS	INTE	NDED TO	ENHANCE	THE	AMOUNT
	THAT	MAY	BE	EXPE	NDED	FOR	GRAI	NTMAKI	NG,	WHICH	IS THE	FOUNDAT:	ION'S	5
	PRIN	CIPAL	AC	TIVI	TY.									
		-										.,		
			_											

423621 11-24-14

THE HENRY A. MCKINNELL FOUNDATION 27-1279165 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1<u>b(1)</u> (2) Purchases of assets from a noncharitable exempt organization 16(2) (3) Rental of facilities, equipment, or other assets 16(3) (4) Reimbursement arrangements 16(4) (5) Loans or loan guarantees 10(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A gamined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this Sign return with the preparer n below (see instr )? Here X Yes Signature of officer or trustee Title Date PTIN Check Print/Type preparer's name Date Preparer's signature self-employed Paid ROBERT J. MILLER P00836026 Firm's EIN ► 06-0317480 **Preparer** Firm's name ► DAY PITNEY

Form **990-PF** (2014)

Phone no 203-977-7300

**Use Only** 

Firm's address ► ONE CANTERBURY GREEN

STAMFORD, CT 06901

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

OMB No 1545-0047

2014

Name of the organization

**Employer identification number** 

<u></u>	THE HENRY A. MCKINNELL FOUNDATION	27-1279165						
Organization type (check	cone):							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 private foundation							
	501(c)(3) taxable private foundation							
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule See instructions.						
General Rule								
·	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contrib	-						
Special Rules								
sections 509(a)( any one contrib	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the arEZ, line 1. Complete Parts I and II	16a, or 16b, and that received from						
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
but it <b>must</b> answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

### THE HENRY A. MCKINNELL FOUNDATION

27-1279165

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. HENRY A. MCKINNELL P.O. BOX 524  JACKSON, WY 83001-0524	\$ 3,693,800.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# THE HENRY A. MCKINNELL FOUNDATION

27-1279165

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
	33,250 SHS. VANGUARD SMALL CAP INDEX	-	
-		\$ 3,693,800.	11/20/14
(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
		\$	90, 990-EZ, or 990-PF) (

lame of orga	nization			Employer identification number				
гне не	NRY A. MCKINNELL FOUNDA	TION		27-1279165				
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	butions to organizations described lumns (a) through (e) and the follo chantable, etc., contributions of \$1,000 o	Wing line entry For organization	r (10) that total more than \$1,000 for				
(a) No.			<u> </u>					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
.								
-				<del>-</del>				
		(e) Transfer of git	ft					
	Transferee's name, address, and	17ID . A	Dolotio achie of terr					
	Transferee's flame, address, and	12IP + 4	Relationship of tra	insferor to transferee				
.								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
.								
[								
		(e) Transfer of git	ft					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transfered 5 hame, dadress, and		ricidionally of the	msicror to transferee				
.								
(a) No. from	4) 5	( ) 11 ( ) 6						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
<del></del>   -								
ľ		(e) Transfer of gif	ft					
	Transferee's name, address, and	Relationship of tra	Relationship of transferor to transferee					
Γ.								
,								
-								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dec	cription of how gift is held				
Part I	(b) rurpose of gat	(c) use of gift	(d) Desc					
<u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, and	Relationship of tra	insferor to transferee					
<u> </u>								
,								
				<del></del>				

FORM 990-PF	GAIN OR (	(LOSS) I	FROM SA	ALE O	F AS	SETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPE	ERTY					NNER UIRED	DA' ACQU		DATE S	OLD
4,000 SHS. PFIZER IN	NC.				PURC	HASED	01/3	1/08	02/12	/14
(B) GROSS	(C) COST		(I EXPEN		F	(E)			(F)	
SALES PRICE				ALE		DEPRE	c	GAIN	OR LOS	s
127,83	38. 12	26,300.			0.		0.		1,5	38.
CAPITAL GAINS DIVIDE	ENDS FROM PA	ART IV								0.
TOTAL TO FORM 990-PE	F, PART I, I	LINE 6A					=		1,5	38.
FORM 990-PF INTERES	ST ON SAVING	S AND S	rempor <i>i</i>	ARY C	ASH	INVEST	MENTS	STA	TEMENT	2
SOURCE			(A) EVENUE R BOOKS		NET	(B) INVEST			(C) ADJUSTED	
SOURCE  VANGUARD A/C 2582647  VANGUARD PRIME MONEY			EVENUE R BOOKS 10,09	<del></del>	NET	INVEST INCOME				
VANGUARD A/C 2582647	Y MARKET		EVENUE R BOOKS 10,09	92. 39.	NET	INVEST INCOME	092.		DJUSTED	
VANGUARD A/C 2582647 VANGUARD PRIME MONEY	Y MARKET	PEI	10,09 53	92. 39. 31.		INVEST INCOME 10,	092. 539. 631.		DJUSTED	
VANGUARD A/C 2582647 VANGUARD PRIME MONEY TOTAL TO PART I, LIN	Y MARKET NE 3	PEI	TEREST	FROM		INVEST INCOME 10, 10,	092. 539. 631.	ST-	ADJUSTED ET INCOM	TED
VANGUARD A/C 2582647 VANGUARD PRIME MONEY TOTAL TO PART I, LIN FORM 990-PF  SOURCE VANGUARD A/C 25826478	Y MARKET  NE 3  DIVIDENDS  GROSS	AND INT	TEREST	FROM REV PER	A)	INVEST INCOME 10, 10, URITIE	092. 539. 631. S	ST-OME	ADJUSTED T INCOM ATEMENT (C) ADJUST	TED
VANGUARD A/C 2582647 VANGUARD PRIME MONEY TOTAL TO PART I, LIN FORM 990-PF  SOURCE VANGUARD A/C	Y MARKET  NE 3  DIVIDENDS  GROSS  AMOUNT	AND INT	TAL NS ENDS	FROM  REV PER	A) ZENUE BOOK	INVEST INCOME 10, 10, URITIE S MEN	092. 539. 631. S (B) INVE	ST-OME	ADJUSTED T INCOM ATEMENT (C) ADJUST	TED

FORM 990-PF	XAT	ES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
2014 ESTIMATED TAXES	8,477.	0	•	0.		
TO FORM 990-PF, PG 1, LN 18	8,477.	0	•	0.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 5		
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE		
VANGUARD A/C 25826478			10,238,882.	15,247,117.		
TOTAL TO FORM 990-PF, PART I	<del></del>	10,238,882.	15,247,117.			