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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.

For calendar year 2014 or tax year beginning		, and ending		
Name of foundation			A Employer identificati	on number
THE MCCONNELL EDUCATIONAL	FOUNDATION		31-136534	4
Number and street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	
200 W. NATIONWIDE BLVD.			(614) 436	-2418
City or town, state or province, country, and ZIP or foreign COLUMBUS, OH 43215	postal code		C If exemption application is	s pending, check here
G Check all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ons, check here
Final return	Amended return			
Address change	Name change		Foreign organizations check here and attach	meeting the 85% test, computation
H Check type of organization X Section 501(c)(3) e	xempt private foundation		E If private foundation s	status was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)	
Fair market value of all assets at end of year J Account	ting method. Cash	X Accrual	F If the foundation is in	a 60-month termination
	Other (specify)		under section 507(b)	(1)(B), check here 🕨 🗔
▶\$ 40,444,584. (Part I, coll	umn (d) must be on cash b	pasis.)	<u> </u>	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	195,786.		N/A	
2 Check If the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities .	1,822,718.	1,822,718	•	STATEMENT 1
5a Gross rents				
Net rental income or (loss)	101			
6a Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all 1,902.	-101.			
assets on line 6a		0		
7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		·	•	
9 Income modifications			~	
Gross sales less returns 10a and allowances				
b Less Cost of goods sold		*****************		
c Gross profit or (loss)	İ			10,
11 Other income				
12 Total. Add lines 1 through 11	2,018,403.	1,822,718		
13 Compensation of officers, directors, trustees, etc	0.	0	•	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits			1	
16a Legal fees STMT 2	5,704.	5-704		0.
b Accounting fees STMT 2 c Other professional fees	5,704.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 3	0.
		100	2015 (8)	
E 18 Taxes STMT 3	41,987.	18 445 9 8 7		0.
19 Depreciation and depletion	22/23/3	100	3 100	
20 Occupancy)	W	
21 Travel, conferences, and meetings				-
Travel, conferences, and meetings Travel 17 Interest 18 Taxes STMT 3				
	40,181.	40,181	•	0.
23 Other expenses STMT 4 Total operating and administrative expenses. Add lines 13 through 23				
	87,872.	87,872	•	0.
25 Contributions, gifts, grants paid	1,959,000.		+	1,959,000.
26 Total expenses and disbursements.	2 046 072	07 070		1 050 000
Add lines 24 and 25	2,046,872.	87,872	•	1,959,000.
27 Subtract line 26 from line 12	-28,469.			
Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	20,409.	1,734,846	_	
C. Adjusted net income (it perature enter-0-)		_,,,,,,,,	N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014) THE MCCONNELL EDUCATION		0-PF(2014) THE MCCONNELL EDUCATION	AL FOUNDATION	31	31-1365344 Page 2			
Part Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year		d of year			
	ar t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Marke			
	1	Cash - non-interest-bearing	2,044,181.	2,677,876		,876.		
		Savings and temporary cash investments	348,862.	390,263	390	,263.		
	3	Accounts receivable ► 13,061.		12 061				
		Less allowance for doubtful accounts		13,061	• 13	,061.		
	4	Pledges receivable ►						
		Less allowance for doubtful accounts		 -				
	_	Grants receivable			- 			
	5	Receivables due from officers, directors, trustees, and other						
	_	disqualified persons		· · · · · · · · · · · · · · · · · · ·				
	7	Other notes and loans receivable	1					
		Less allowance for doubtful accounts				-		
Assets	_	Inventories for sale or use						
Ass	9	Prepaid expenses and deferred charges Investments - U S and state government obligations						
	l	Investments - corporate stock STMT 6	2,134,342.	2,134,342	3.701	,070.		
	l	Investments - corporate bonds	2,131,312.	2,101,012	3,701	7070.		
	l	Investments - Lond, buildings, and equipment basis						
	'''	Less: accumulated depreciation	Ì					
	12	Investments - mortgage loans	-					
	13	Investments - other STMT 7	34,407,383.	33,662,314	. 33,662	314.		
	14	Land, buildings, and equipment basis		······································				
		Less. accumulated depreciation	İ					
	15	Other assets (describe ►)						
	16	Total assets (to be completed by all filers - see the						
		instructions. Also, see page 1, item I)	38,934,768.	38,877,856	40,444	,584.		
	17	Accounts payable and accrued expenses	780.					
	18	Grants payable						
es	19	Deferred revenue .		-				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
iab.	21	Mortgages and other notes payable						
_	22	Other liabilities (describe			_			
	ļ		700	0				
_	23	Total liabilities (add lines 17 through 22)	780.	0	<u>-</u>			
		Foundations that follow SFAS 117, check here						
S		and complete lines 24 through 26 and lines 30 and 31.	38,933,988.	38,877,856				
ü	24	Unrestricted	30,933,900.	30,011,030	'-			
3ala	25 26	Temporarily restricted			\dashv			
Net Assets or Fund Balances	20	Permanently restricted Foundations that do not follow SFAS 117, check here			-			
Ē		and complete lines 27 through 31.						
9	27	Capital stock, trust principal, or current funds						
sets	28	Paid-in or capital surplus, or land, bldg, and equipment fund						
Ass	29	Retained earnings, accumulated income, endowment, or other funds						
<u>f</u> et	30	Total net assets or fund balances	38,933,988.	38,877,856	.			
_								
	31	Total liabilities and net assets/fund balances	38,934,768.	38,877,856	i.]			
	iant	III Analysis of Changes in Net Assets or Fund B	alances					
_								
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		20.00			
		st agree with end-of-year figure reported on prior year's return)		· · · · · · · · · · · · · · · · · · ·	1 38,933	3,988.		
		r amount from Part I, line 27a		<u> </u>		3,469.		
		r increases not included in line 2 (itemize)			3 4 38,905	0.		
		lines 1, 2, and 3	SEE STA	_		7,663.		
		reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co			$\frac{5}{6}$ $\frac{2}{38,877}$	7.856		
<u> </u>	ryld	i not assorts of fund balances at end of year time 4 fillings line s) - Falt II, Cl	AIRTINI (N) INIO AO			,		

11-24-14

6 38,877,856. Form **990-PF** (2014)

		Losses for Tax on Inve			TON			1-130	JJ44	rage 3
. .	(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.)					w acquired Purchase Donation		acquired ay, yr)	(d) Date so (mo , day,	
1a	FERRO CORP, FOE				-	J 0	07/2	6/12	10/28/	14
b										
C										
<u>d</u>	7		_				·			
e		(f) Depreciation allowed	(a) Coo	t or other been	-		(b) G	aın or (loss	<u> </u>	
	(e) Gross sales price	(i) Depreciation allowed (ii) depreciation allowed		t or other basis xpense of sale				aiii oi (ioss s (f) minus		
a	1,902.			2,00	3.		-		-1	01.
b										
C					_					
<u>d</u>					_		·			
<u>e</u>	Complete only for assets showing gain	un column (h) and owned by the	foundation	on 12/31/69	+	·	(I) Gains (C	ol (h) gain	minus	
	(i) F M V as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I)			ol (k), but i	not less tha (from col (n -0-) or	
a			·						-1	01.
_ <u>_</u>			•							
C										
<u>d</u>										
<u>e</u>					\rightarrow	 -				
2	Capital gain net income or (net capital le	oss) { If gain, also enter in If (loss), enter -0- in	Part I, line ? Part I, line	7 7	}	2				101.
3	Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, column		6)		}			N/A		
F	If (loss), enter -0- in Part I, line 8 Part V Qualification Unde	r Section 4940(e) for R	educed	Tax on Net	Inve	stment In	come	14/ 23		
	or optional use by domestic private found	 								
·	•					,				
	section 4940(d)(2) applies, leave this pai									
	as the foundation liable for the section 49 'Yes," the foundation does not qualify un				rıod?			-	Yes 🖸	<u> </u>
<u> </u>					entries					
	(a) Base period years	(b)		Alak al a af a	(c)			Distri	(d) bution ratio	_
_	Calendar year (or tax year beginning in)	Adjusted qualifying distrib		Net value of no				(col (b) dr	vided by col. (c)	
_	2013	1,404	, 400.			168,26 081,80			.034	
_	2012 2011		,050.			050,46			.016	
_	2010		,500.			211,10			.017	
	2009	133	,444.		1,	818,01	5.		.073	3401
	Total of line 1, column (d)						2	ļ	.157	7126
3	Average distribution ratio for the 5-year the foundation has been in existence if		line 2 by 5,	or by the numbe	r of yea 	rs	3		.031	1425
4	Enter the net value of nonchantable-use	e assets for 2014 from Part X, line	e 5 .			-	. 4	4	1,248,1	198.
5	Multiply line 4 by line 3						5		1,296,2	225.
			•	•	•	•• ••			17,3	
D	Enter 1% of net investment income (1%	6 OT Part I, line 270)					6			
7	Add lines 5 and 6		•		•		7		1,313,5	
8	Enter qualifying distributions from Part						8_	<u> </u>	1,959,0	000.
	If line 8 is equal to or greater than line? See the Part VI instructions	/, cneck the box in Part VI, line 1b	o, and comp	piete that part usi	ng a 1%	tax rate				

			1365.			Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see ir	ıstru	ctior	ns)
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 here ► X and enter 1%	1		1	7,3	<u>48.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3		1	7,3	<u>48.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1	7,3	<u>48.</u>
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 35,000.					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c	1				
d	Backup withholding erroneously withheld . 6d .					
7	Total credits and payments Add lines 6a through 6d	7		3.	5,0	<u>00.</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			1_	94.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1	7,4	58.
	Enter the amount of line 10 to be Credited to 2015 estimated tax ► 17,458. Refunded ►	11	 			0.
	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 participate or intervene	ın	ļ		Yes	_
	any political campaign?		-	<u> 1a </u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		-	1b		<u>X</u>
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities		1			v
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\bigsim \mathbb{\sigma} \si					
	(*)					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers ▶\$		•			Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•		2		
_	If "Yes," attach a detailed description of the activities.	_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ı		3		х
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		}	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		, · · ·	5		Х
J	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:					
,0	By language in the governing instrument, or			j		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law				
	remain in the governing instrument?			6	Х	
7	The state of the s	,	l	·7	X	
-	, , , , , , , , , , , , , , , , , , ,			·····		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	ОН					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		- 7		
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses S	TM T	8	10	X	

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_	art VII-A, Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► MICHAEL A. PRIEST Telephone no ► (614)	436	-24	18
	Located at ► 200 W. NATIONWIDE BLVD., COLUMBUS, OH ZIP+4 ►4	3215		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the year . Let 15		/ <u>A</u>	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	. 1	Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the			
	foreign country 🕨			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A			
	· · · · · · · · · · · · · · · · · · ·	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1	Х
•	before the first day of the tax year beginning in 2014?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years ▶			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		1
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	-==-		-
	•			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	b if "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		-	1
	had not been removed from leopardy before the first day of the tax year beginning in 2014?	4b	1	X

orm 990-PF (2014) THE MCCONNELL EDUCATION	AL FOUNDATION		<u>31-13653</u>	44 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be R	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	95?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			_	
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literar	v or educational nurnoses or fe			
the prevention of cruelty to children or animals?	y, or educational purposes, or it		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the executions described in		.3 (
section 53 4945 or in a current notice regarding disaster assistance (see inst	·	ii negulations	N/A s	ib 1
Organizations relying on a current notice regarding disaster assistance (see mist	•	•		""
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		/A ☐ Ye		
expenditure responsibility for the grant?		/A	es L No	
If "Yes," attach the statement required by Regulations section 53 49	· •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on	—	ভেন	
a personal benefit contract?		. L Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			ib X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attri				7b
Part VIII Information About Officers, Directors, Trus	stees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors				<u>_</u>
List all officers, directors, trustees, foundation managers and the		(c) Compensation	(d) Contributions to	(-) Fyzana
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
JOHN P. MCCONNELL	_PRESIDENT AND	TRUSTEE		
200 W. NATIONWIDE BLVD.	1 00			_
COLUMBUS, OH 43215	1.00	0.	0.	0.
MICHAEL A. PRIEST	_VICE PRES/TRE	ASURER AN	D TR	
200 W. NATIONWIDE BLVD.			_	
COLUMBUS, OH 43215	1.00	0.	0.	0.
DANIEL J. MINOR	TRUSTEE			
200 W. NATIONWIDE BLVD.				
COLUMBUS, OH 43215	1.00	0.	0.	0.
KIMBERLY R. SIEVERS	SECRETARY			
200 W. NATIONWIDE BLVD.				
COLUMBUS, OH 43215	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(a) Companyation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
	 			
	7			
Total number of other employees paid over \$50,000		<u> </u>		0
- Co. Hamber of Other Chiproyees paid 6461 @00,000	 			

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) (Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	•	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Exper	nses
1 FOUNDATION MAKES GRANTS TO SCHOOL DISTRICTS TO HELP THEM AND THEIR STUDENTS ACHIEVE THEIR EDUCATIONAL GOALS.		0.
2 FOUNDATION MAKES DONATIONS TO VARIOUS CHARITABLE ORGANIZATIONS FOR RESEARCH AND ADVANCEMENTS IN THE FIELD OF MEDICINE.	3	19,183.
3		, ,,
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amo	unt
1 N/A		0.
2		
All other program-related investments. See instructions 3		
Total Add lines 1 through 3		0.

	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	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	38,678,591.
	Average of monthly cash balances	1b	3,197,752.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	41,876,343.
	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	41,876,343.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	628,145.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	41,248,198.
6	Minimum investment return. Enter 5% of line 5	6	2,062,410.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	ıd certaii	n
1	Minimum investment return from Part X, line 6	1	2,062,410.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 17, 348.		
b	income tax for 2014 (This does not include the tax from Part VI)		
C		2c]	17,348.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	17,348. 2,045,062.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,045,062.
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	2,045,062.
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	1,959,000.
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	1,959,000.
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	17,348.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,941,652.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies	for the section

Page 9

Part XIII 'Undistributed Income (see instructions)

THE MCCONNELL EDUCATIONAL FOUNDATION

•	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,		, , , , , , , , , , , , , , , , , , ,		
line 7				2,045,062.
2 Undistributed income, if any, as of the end of 2014				······································
a Enter amount for 2013 only			1,942,788.	
b Total for prior years				
,		0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010 .				
¢ From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.	, , , , , , , ,		
4 Qualifying distributions for 2014 from		, ,,		740
Part XII, line 4 ► \$ 1,959,000.				
a Applied to 2013, but not more than line 2a			1,942,788.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				16,212.
e Remaining amount distributed out of corpus	0.	,		7.4
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				100 7
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract		Mark 1 Charles		
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.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1 This amount must				
be distributed in 2015				2,028,850.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	i			
may be required - see instructions)	0.			·····
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.			
10 Analysis of line 9				
a Excess from 2010		,		
b Excess from 2011]	
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
423581 11-24-14				Form 990-PF (2014)

		ATIONAL FOU			65344 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	<u> </u>
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the found	lation is a private operati	ng foundation described i	n section	4942(j)(3) or 49	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					
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					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter					
(1) Value of all assets					
(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			<u> </u>		
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section	1				
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during	the year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi			tributions received by th	e foundation before the clo	ose of any tax
year (but only if they have contributed	more than \$5,000). (See	section 507(d)(2))			
NONE					
b List any managers of the foundation w	o own 10% or more of t	he stock of a corporation	(or an equally large por	tion of the ownership of a p	partnership or
other entity) of which the foundation ha	is a 10% or greater intere	est			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here X if the foundation	only makes contributions	to preselected chantable	organizations and does	not accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations i	under other conditions,	complete items 2a, b, c, an	d d
a The name, address, and telephone num	nber or e-mail address of	the person to whom appl	ications should be addr	essed	
b The form in which applications should	be submitted and informa	ation and materials they s	hould include.		
c Any submission deadlines.					
	· · · · -				
d Any restrictions or limitations on award	ls, such as by geographic	cal areas, charitable fields	, kınds of ınstitutions, o	r other factors	

Page 11

Part XVI-A Analysis of Income-Pro			T = -		
Enter gross amounts unless otherwise indicated	(a) Business	(b)	(c) Exclu-	d by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a					
b					
C					
d					 <u>-</u>
e					<u>-</u> -
f					
g Fees and contracts from government agencies					 ,-
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					·
4 Dividends and interest from securities			14	1,822,718.	
5 Net rental income or (loss) from real estate					14
a Debt-financed property					
b Not debt-financed property					· · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1.0	-101.	
than inventory .			18	-101.	
9 Net income or (loss) from special events	•				
10 Gross profit or (loss) from sales of inventory	-				
11 Other revenue					
ab	1 1				
					· · · · · · · · · · · · · · · · · · ·
d					 ·
е					
12 Subtotal Add columns (b), (d), and (e)		C).	1,822,617.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	1,822,617
(See worksheet in line 13 instructions to verify calculation					
Part XVI-B Relationship of Activiti		nplishment of	Exempt	Purposes	
Line No. Explain below how each activity for which			I-A contribut	ed importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other	than by providing fund	s for such purposes)			
					
				• • • •	
			· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·	
				.	
				•	
				•1	

Form 990	-PF (2014	THE M	CCONNELL :	EDUCAT	IONAL FOUNDA	ATION	31-136	5344	Pa	ige 13
Part X				sfers To a	nd Transactions	and Relations	ships With Noncha	ritable		
		Exempt Organ								
	•				g with any other organizati		tion 501(c) of		Yes	No
	•				7, relating to political orga	nizations?				
		m the reporting founda	ation to a noncharitat	ole exempt or	ganization of					v
	Cash							1a(1)		X
	Other as:					•		1a(2)		
-	er transac		hla avamat a-aa-inat					15/4		v
		assets to a noncharital						1b(1) 1b(2)		X
• •		es of assets from a noi facilities, equipment,	•	iganization	• • • • • • • • • • • • • • • • • • • •		•	1b(3)		X
٠,		sement arrangements			••			1b(4)		X
• •		· loan guarantees	• •		•	• •	•	1b(5)		X
		ance of services or me	mhershin or fundrais	una solicitatio	ns		•	1b(6)		X
		cilities, equipment, ma	•	•		•	•	10		X
	•		•	•	•	ways show the fair	market value of the goods,		ets	
		•		-			n or sharing arrangement,		010,	
	-	ne value of the goods,				,				
(a) Line no		Amount involved	· · · · · · · · · · · · · · · · · · ·		exempt organization	(d) Description	on of transfers, transactions, and	sharing arr	angeme	ents
				N/A	-					
									_	

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	ļ									
	-				•,					
	-				· · · · · · · · · · · · · · · · · · ·					
										
	<u> </u>	· · · · · · · · · · · · · · · · · · ·								
		•	-		or more tax-exempt organ	izations described	Г		TV	٦.,,
		1(c) of the Code (othe		(3)) or in sect	10N 5277		L	Yes	LA	No
	es, com	plete the following sch (a) Name of org			(b) Type of organization	1	(c) Description of relations	hin	-	
		N/A	janization		(b) Type of organization	 	(c) bescription of relations	ппр		
		11/21								
						-				
			- · · · · · · · · · · · · · · · · · · ·			 				
			· ·				· · · · · · · · · · · · · · · · · · ·			
					ig accompanying schedules and			y the IRS d		thus
Sign	and belief	, files true, correct, and corr	nplete Declaration of pre	eparer (other tha	n taxpayer) is based on all infor	mation of which prepar	er nas any knowledge ret	um with the	e prepar	rer
Here	1	nelales t	K Sken	رديه	18-12-15	ess A		X Yes	(See IIIs	"No
	Signate	re of officer or Hustee			Date	Title	L O'J'			
	P	rint/Type preparer's na	ame	Preparer's s	gnature	Date	Check if PTIN	-		
				max	. Dans	8/12/15	self- employed			
Paid		MELISSA RA		' jeus	sa kugu	12/10		1380		
Prepa		ırm's name ► GBQ	PARTNERS	LLC	· 0		Firm's EIN ► 20-2	1223	06	
Use C										
	F	ırm's address ► 23		-						
		C0	LUMBUS, O	H 4321	5-2663		Phone no 614-2			
							F	om 990)-PF	(2014)

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

	TH	E MCCONNELL EDUCATIONAL FOUNDATION	31-1365344			
Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-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				
	nly a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.			
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun, line 1. Complete Parts I and II.	or 16b, and that received from			
	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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter I purpose. Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled manere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc.,			
but it m	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet 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)

THE MCCONNELL EDUCATIONAL FOUNDATION

Part I	Contributors (see instructions).	Use duplicate copies of	of Part Lif add	ditional space is needed.
--------	----------------	--------------------	-------------------------	-----------------	---------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES STEEL CORP. 600 GRANT STREET SUITE 6100 PITTSBURGH, PA 15219	\$13,061.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OHIOHEALTH PARENT PO BOX 9 COLUMBUS, OH 43216	\$13,061.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WORTHINGTON INDUSTRIES 200 OLD WILSON BRIDGE ROAD WORTHINGTON, OH 43085	\$ 13,061.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PETER KARMANOS JR. 4740 DOW RIDGE ROAD ORCHARD LAKE, MI 48324	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DR. JAMES MASON 6000 RIVERSIDE DRIVE, APT. B167 DUBLIN, OH 43017	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0	JOHN MCCONNELL 200 OLD WILSON BRIDGE ROAD WORTHINGTON, OH 43085	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

THE 'MCCONNELL EDUCATIONAL FOUNDATION

Part I	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	
7	MARK AYERS 227 WEST TRADE STREET, SUITE 305 CHARLOTTE, NC 28202	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	JOHN BLYSTONE 3220 SEVEN EAGLES ROAD CHARLOTTE, NC 28210	\$\$.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	VORYS, SATER, SEYMOUR & PEASE PO BOX 1008 COLUMBUS, OH 43215	\$\$.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	ANTHONY CIAFARDINI 9275 OLD INDIAN HILL ROAD CINCINNATI, OH 45243	\$ 10,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	MICHAEL DEVER 633 W. THIRD STREET COVINGTON, KY 41011	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	JOHN SURMA 1710 HUNTERS PATH LANE PITTSBURGH, PA 15241	\$\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

THE MCCONNELL EDUCATIONAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KOKOSING CONSTRUCTION, INC. PO BOX 226 FREDERICKTOWN, OH 43019	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	PRIMO WATER CORP 104 CAMBRIDGE PLAZA DRIVE WINSTON-SALEM, NC 27104	\$10,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	WALTER FAMILY FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	JOHN DAVIDSON 816 CAMPBELL LANE DUBLIN, OH 43017	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	BRUCE CASSIDY SR. 8060 COW CAMP LANE SARASOTA, FL 34240	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	BARBARA FLOWERS 4521 SW PARKGATE BLVD PALM CITY, FL 34990	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		A	900 000-F7 at 000 DE\ /201/

Name of organization

Employer identification number

THE MCCONNELL EDUCATIONAL FOUNDATION

Part 1	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		
19	DAVID PIVIC 2219 YORK ROAD TIMONIUM, MD 21093	\$500.	Person X Payroli		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	DAVID WILLIAMS 3750 HILLVIEW DRIVE COLUMBUS, OH 43220	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	DICK RUHL PO BOX 6652 SNOWMASS VILLAGE, CO 81615	\$ 1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	GREGORY POWELL 6529 CALECOTT DRIVE NAPLES, FL 34113	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	JAMES BACHMANN 7559 EHRET ROUND NEW ALBANY, OH 43054	\$ 1,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	PATRICK GALLAGHER PGT TRUCKING INC. PO BOX 400 MONACA, PA 15061	\$\$	Person X Payroll		
423452 11-0		Schedule B (Form	990, 990-EZ, or 990-PF) (2014)		

Name of organization

Employer identification number

THE MCCONNELL EDUCATIONAL FOUNDATION

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I i	f additional space	s needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	PETER LACAILLADE 282 BEACON STREET, 9TH FLOOR BOSTON, MA 02116	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	RICHARD SAVAGE 6100 WEST 183RD STREET STILLWELL, KS 66085	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	TODD VOSS 6299 CHESHIRE ROAD GALENA, OH 43021	ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	VICTOR BEGHINI 9686 LONGMONT HOUSTON, TX 77063	\$\$	Person X Payroll
	9686 LONGMONT	\$\$(c) Total contributions	Payroll Noncash (Complete Part II for
(a)	9686 LONGMONT HOUSTON, TX 77063 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	9686 LONGMONT HOUSTON, TX 77063 (b) Name, address, and ZIP + 4 WALT CHAMBERS 4505 HEADLEYS MILL ROAD SW	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No. 29	9686 LONGMONT HOUSTON, TX 77063 (b) Name, address, and ZIP + 4 WALT CHAMBERS 4505 HEADLEYS MILL ROAD SW PATASKALA, OH 43062 (b)	(c) Total contributions \$ 250.	Payroli Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

THE MCCONNELL EDUCATIONAL FOUNDATION

31-1365344

(c) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions (c) (d) Type of contributions (c) (d) Type of contributions Person X Payroll Noncash (Complete Part II for noncash contributions) (c) (d) Type of contributions
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Person X Payroll Complete Part II for noncash contributions (c) (c) (d) Type of contributions
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contributions Type of contribution
1 613011
Payroll
(Complete Part II for noncash contributions
(c) (d) contributions Type of contribution
Person X
Payroll Noncash
(Complete Part II for noncash contributions
(c) (d) contributions Type of contribution
Person X
Payroll 2,500. Noncash
(Complete Part II for noncash contributions
THO TO COST TO STATE OF THE STA
(c) (d) contributions Type of contribution

5691 FOX CHASE TRAIL

GALENA, OH 43021

2,500.

Payroll

Noncash (Complete Part II for

noncash contributions.)

THE 'MCCONNELL EDUCATIONAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MICHAEL HURD	-	Person X Payroll
	2011 PEVENSEY COURT	\$ 2,500.	Noncash
	COLUMBUS, OH 43220	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	MRM FAMILY ENTERPRISES	_	Person X
	470 WEST HANES MILLS ROAD SUITE 200	\$1,000.	Payroll Noncash
	WINSTON-SALEM, NC 27105	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	BRUCE RUHL	_	Person X
	1426 S 3B'S & K ROAD	\$\$	Payroll Noncash
	GALENA, OH 43021	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	ED LYDON		Person X
			Doumell -
	1266 WILLIAM PENN	_ \$1,000.	Payroll Noncash
	1266 WILLIAM PENN BENSALEM, PA 19020	\$\$.	=
(a) No.		\$ 1,000. (c) Total contributions	Noncash (Complete Part II for
No.	BENSALEM, PA 19020 (b)	(c)	Noncash (Complete Part II for noncash contributions.)
	BENSALEM, PA 19020 (b) Name, address, and ZIP + 4	(c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash
No.	BENSALEM, PA 19020 (b) Name, address, and ZIP+4 STEPHEN CASCIANI	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
No.	BENSALEM, PA 19020 (b) Name, address, and ZIP+4 STEPHEN CASCIANI 8321 RIVER ROCK LANE DELAWARE, OH 43015 (b)	(c) Total contributions \$	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 41	BENSALEM, PA 19020 (b) Name, address, and ZIP+4 STEPHEN CASCIANI 8321 RIVER ROCK LANE DELAWARE, OH 43015	(c) Total contributions - \$ 1,000.	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 41	BENSALEM, PA 19020 (b) Name, address, and ZIP+4 STEPHEN CASCIANI 8321 RIVER ROCK LANE DELAWARE, OH 43015 (b)	(c) Total contributions \$	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	BENSALEM, PA 19020 (b) Name, address, and ZIP + 4 STEPHEN CASCIANI 8321 RIVER ROCK LANE DELAWARE, OH 43015 (b) Name, address, and ZIP + 4	(c) Total contributions \$	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash
(a)	BENSALEM, PA 19020 (b) Name, address, and ZIP+4 STEPHEN CASCIANI 8321 RIVER ROCK LANE DELAWARE, OH 43015 (b) Name, address, and ZIP+4 LYLE GANSKE	(c) Total contributions \$ 1,000. (c) Total contributions \$ 2,003.	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash

Page 2

THE MCCONNELL EDUCATIONAL FOUNDATION

Part I	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	
43	TULLY FAMILY FOUNDATION 33 NORTH DEARBORN STREET SUITE 2450 CHICAGO, IL 60602	- \$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44	ANDY ROSE 2395 CLUB ROAD COLUMBUS, OH 43221	- \$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>45</u>	CASSIDY TURLEY 325 JOHN H. MCCONNELL BLVD COLUMBUS, OH 43215	- - \$\$.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
46	THOMAS MCGARITY 325 JOHN H. MCCONNELL BLVD COLUMBUS, OH 43215	\$1,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
47	COLUMBUS PARTNERSHIP 150 SOUTH FRONT STREET SUITE 200 COLUMBUS, OH 43215	\$2,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
48	GEORGE STOE 679 WALNUT VALLEY PARKWAY ARDEN, NC 28704	\$2,500.	Person X Payroll	

Name of organization

Employer identification number

THE MCCONNELL EDUCATIONAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	JEFF JOSEPH 7610 ROYAL PORTRUSH SOLON, OH 44139	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	JOHN ROBERTS 1401 PENINSULA POINTE SUMMERVILLE, SC 29485	\$ 2,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	ROSARIO CRISCOLO 5547 LAKE RIDGE DRIVE BRIGHTON, MI 48116	\$ 2,500.	Person X 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.)

THE MCCONNELL EDUCATIONAL FOUNDATION

Part	art II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I (b) Description of noncash property given FMV (or estimate) (see instructions) Date received (se	No. from		FMV (or estimate)	(d) Date received
No. (a) Description of noncash property given FMV (or estimate) (description of noncash property given S (e) FMV (or estimate) (description of noncash property given S (e) FMV (or estimate) (for estimate				
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(a) No. (b) from Part I (c) FMV (or estimate) (see instructions) Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) from Description of noncash property given Part I				
	No. from		FMV (or estimate)	(d) Date received
l m			 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 **Employer identification number** Name of organization THE MCCONNELL EDUCATIONAL FOUNDATION 31-1365344 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations Part III completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee			

FORM 990-PF	D:	IVIDEND	S AND	INTERE	ST	FROM SECUR	ITIES S'	TATEMENT	1
SOURCE		GROSS AMOUNT	(APITAL GAINS VIDENDS	; 	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTI NET INCO	
HUNTINGTON INVESTMENT CO. INTEREST INCOME INTEREST INCOME -	1,	54 713,821).	54. 1,713,821.	54. 1,713,821.		
481(A) ADJ WORTHINGTON		27,663	•	0		27,663.	27,663.		
INDUSTRIES		81,180	<u>. </u>	0		81,180.	81,180.		
TO PART I, LINE 4	1,	822,718	•	0		1,822,718.	1,822,718.		
		· · · · · · · · · · · · · · · · · · ·							
FORM 990-PF			AC	COUNTIN	IG F	EES	S	TATEMENT	2
DESCRIPTION			EXPE			(B) INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING FEES		_		5,704.		5,704.			0.
TO FORM 990-PF, P	G 1, 1	LN 16B =		5,704.		5,704.			0.
FORM 990-PF				TAXE	ES		S	TATEMENT	3
DESCRIPTION			EXPE			(B) TINVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
EXCISE TAXES		_	4	1,987.		41,987.			0.
TO FORM 990-PF, P	G 1, 3	LN 18	4	1,987.		41,987.			0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
OHIO ANNUAL REPORT FEE BANK FEES BIRDIES FOR BUDDIES	800. 198. 39,183.	198	3.		0.
TO FORM 990-PF, PG 1, LN 23	40,181.	40,18	l.		0.
FORM 990-PF OTHER DECREASI	ES IN NET AS	SETS OR FUNI) BALANCES	STATEMENT	5
DESCRIPTION				TUUOMA	
ADJUSTMENT RELATED TO ACCRUA	L TO CASH CO	NVERSION		27,66	63.
TOTAL TO FORM 990-PF, PART I	II, LINE 5			27,66	53.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	ϵ
DESCRIPTION		1	BOOK VALUE	FAIR MARKET	Г
123,000 COMMON SHARES OF WOR'	THINGTON IND		•		
INC.	1111101011 1110	OUSTRIES,	, 2,134,342.	3,701,0	70.
		OUSTRIES,	2,134,342.	3,701,0	
INC.			<u> </u>		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B OTHER INV	ZESTMENTS	<u> </u>	3,701,0	70.
TOTAL TO FORM 990-PF, PART I	OTHER INV	ZESTMENTS	2,134,342.	3,701,0° STATEMENT FAIR MARKET	70. T 54. 38.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

8

NAME OF CONTRIBUTOR

ADDRESS

ESTATE OF JOHN H. MCCONNELL

200 WEST NATIONWIDE BLVD.

COLUMBUS, OH 43215

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
DUBLIN HIGH SCHOOL HOCKEY ASSOCIATION 7030 COFFMAN ROAD	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	
COLUMBUS, OH 43017			;LISTTOTAL 16000	16,000
GAHANNA LINCOLN HOCKEY	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
140 S HAMILTON RD GAHANNA, OH 43230			EDUCATION	6,000
HILLIARD HIGH SCHOOL HOCKEY	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
4200 LEPPERT RD			EDUCATION	F 000
HILLIARD, OH 43026			;LISTTOTAL 5000	5,000
LIBERTY ATHLETIC BOOSTERS-ICE	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
3584 HOME RD			EDUCATION	
GAHANNA, OH 43065			;LISTTOTAL 6000	8,000
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	
COLUMBUS, OH 43205				700,000
NEW ALBANY HOCKEY CLUB	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
PO BOX 996 NEW ALBANY, OH 43054			EDUCATION	2,000
			,	
NEWARK GENERALS VARSITY CLUB	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
936 SHARON VALLEY RD			EDUCATION	2 000
NEWARK, OH 43055				3,000
NEWARK GENERALS	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
936 SHARON VALLEY RD		-	EDUCATION	
NEWARK, OH 43055				2,000
NORTHEAST STORM HOCKEY CLUB 184 EAST SCHREYER PLACE	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	
COLUMBUS, OH 43055			;LISTTOTAL 5000	5,000
OHIOHEALTH FOUNDATION	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
180 EAST BROAD ST			EDUCATION	F (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
COLUMBUS, OH 43215 Total from continuation sheets			;LISTTOTAL 1022700	1,748,000

Part XV Supplementary Information 3 Grants and Contributions Paid During the			 	
Recipient	If recipient is an individual,		T	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or šubstantial contributor	recipient		
OLENTANGY BRAVES HOCKEY	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
814 SHANAHAN RD STE 100			EDUCATION	
LEWIS CENTER, OH 43035				6,000
OLENTANGY ORANGE ATHLETIC BOOSTERS	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
2680 E ORANGE RD			EDUCATION	
LEWIS CENTER, OH 43035		<u> </u>		2,000
ORANGE ATHLETIC DEPARTMENT	NONE	PUBLIC CHARITY		
2680 E ORANGE RD			MRAGER - 07/31/14	
LEWIS CENTER, OH 43035			08:23AM WORKSHEET	
· · · · · · · · · · · · · · · · · · ·			PRIVATE FOUNDATION	4,000
PROSTATE CANCER FOUNDATION	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
1250 FOURTH STREET			EDUCATION	
SANTA MONICA, CA 90401				115,000
				-
PROWLERS HOCKEY ASSOCIATION	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
100 LOCKVILLE RD			EDUCATION	
PICKERINGTON, OH 43147			;LISTTOTAL 5000	5,000
ST. CHARLES PREPATORY SCHOOL 2010 EAST BROAD ST	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
COLUMBUS OH 43209			EDUCATION ;LISTTOTAL 6000	6,000
<u> </u>			, HISTICIAL GOOD	8,000
ST. FRANCIS DESALES HOCKEY	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
4212 KARL ROAD			EDUCATION	
COLUMBUS, OH 43224				4,000
THE STAR HOUSE 1621 N 4TH STREET	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
COLUMBUS, OH 43201			EDUCATION	300,000
				300,000
THOMAS WORTHINGTON HOCKEY BOOSTERS	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
300 W. GRANVILLE RD			EDUCATION	
WORTHINGTON, OH 43085				4,000
UPPER ARLINGTON ICE HOCKEY	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
4950 NORTH MALLWAY DR UPPER ARLINGTON, OH 43221			EDUCATION ;LISTTOTAL 6000	6 000
Total from continuation sheets			PERSTRUME GOOD	6,000

Part XV Supplementary Information 3 Grants and Contributions Paid During the		-		
Recipient				
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
WESTERVILLE WARCATS HOCKEY	NONE	PUBLIC CHARITY	ENHANCE CONTINUING	
PO BOX 1443			EDUCATION	
WESTERVILLE, OH 43086		-	;LISTTOTAL 5000	5,000.
WKHS ICE BOOSTERS	NONE	DIDITO CUARTEV	ENHANCE CONTINUING	
1499 HARD ROAD	NONE	PUBLIC CHARITY	EDUCATION	
WORTHINGTON, OH 43235				4,000.
				<u></u>
		1		
Total from continuation sheets				

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box .			ightharpoons
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electror	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a c	orporation
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	368 to request a	an extension
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated With	Certain
Persona	Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions). For more details	on the elec	tronic filing of ti	his form,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits	S				•
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).	 -	
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and	complete		
Part I on				·		▶ □
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
	come tax returns.				r's identifying	number
Type or	Name of exempt organization or other filer, see instru	ctions.			identification n	
print				' ´		(, ,
	THE MCCONNELL EDUCATIONAL	FOUND	ATION		31-1365	344
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSN)
filing your	200 W. NATIONWIDE BLVD.				,	,
return See instruction:	City, town or post office, state, and ZIP code. For a fe	oreign add	lress, see instructions.			
	COLUMBUS, OH 43215	•	·			
						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	•	•	,	•		
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
	MICHAEL A. PRI					
• The b	books are in the care of > 200 W. NATIONW		LVD COLUMBUS. O	H 432	15	
	phone No. ► (614) 436-2418		Fax No.			
	organization does not have an office or place of busines	s in the Ur				
	s is for a Group Return, enter the organization's four digit			· · If this is foi	r the whole arou	in check this
box ►		_			_	• •
	equest an automatic 3-month (6 months for a corporation				CIS THE EXTENSIO	71 13 101.
			tion return for the organization nam		The extension	
IS.	for the organization's return for:	rt Grganiza	mon rotatt for the organization man	od abovo.	THE EXICHSION	
	X calendar year 2014 or					
•	tax year beginning	an	id ending			
-		, ui	a criding		_·	
2 If	the tax year entered in line 1 is for less than 12 months, o	hack rese	on: Initial return	Final retur	n	
~ "r	Change in accounting period	AICCK ICAS	on. L mida retom	rillarietui	''	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6060	enter the tentative tax less ony			
		, 01 0009,	enter the tentative tax, less any	2-	•	0.
	onrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	anto-	v rofundable and the and	3a	\$	
			•	۸.	.	Λ
_	stimated tax payments made. Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa		•			^
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution Instruct	 If you are going to make an electronic funds withdrawations. 	ı (dırect de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-E	O for payment