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DLN: 93491134001186

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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 instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public Inspection

For	cale	ndar year 2015, or tax y	year beginning 01-0	1-2015	, a	nd ending 1	2-31-2015	
	e of four	ndation NNELL EDUCATIONAL FOUNDATION				A Employer ide	entification numbe	er
111	L MCCO	NNELE EDUCATIONAL FOUNDATION				31-1365344		
		street (or P O box number if mail is	not delivered to street address)	Room/suite		B Telephone nur	nber (see instruction	s)
20	0 W NAT	IONWIDE BLVD				(614) 436-2418		
		state or province, country, and ZIP of OH 43215	r foreign postal code			C If exemption	application is pendin	g, check here 🕨 🦵
COL	эмьоз, (JN 43213						
G Cl	neck al	I that apply Initial return Final return	Initial return of a for Amended return	ormer public charity		D 1. Foreign or	ganizations, check h	ere ▶ 厂
		Address chang	<u>-</u>				ganizations meeting	
H C h	eck ty	pe of organization 🔽 Section	501(c)(3) exempt private	e foundation		E If private fou	k here and attach co Indation status was t	erminated
		1947(a)(1) nonexempt charital	ole trust Other taxable JAccounting method		ı		n 507(b)(1)(A), chec	
		et value of all assets at end rom Part II, col. (c),	Cother (specify)		'		tion is in a 60-mont i 507(b)(1)(B), chec	
		\$ 40,308,111	(Part I, column (d) must	be on cash basıs.)				
Pa	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in c instructions))	(b), (c), and (d) may not	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, e	etc , received (attach					
		schedule)		171,444				
	2	Check ► ┌ If the foundation	is not required to attach					
		'						
	3	Interest on savings and temp	oorary cash investments					
	4	Dividends and interest from s	securities	1,803,985		1,803,985		
	5a	Gross rents						
	b	Net rental income or (loss)						
\$	6a	Net gain or (loss) from sale o	fassets not on line 10					
Revenue	b	Gross sales price for all asse	ets on line 6a					
	7	Capital gain net income (from	n Part IV, line 2)			0		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold .						
	C	Gross profit or (loss) (attach	schedule)					
	11	Other income (attach schedu	•					
	12	Total. Add lines 1 through 11		1,975,429		1,803,985		
	13	Compensation of officers, dir	·	0		0		0
	14	O ther employee salaries and						
Š	15 16a	Pension plans, employee ben Legal fees (attach schedule).						
Ē Ē	b	Accounting fees (attach sche		3,000		3,000		0
Expenses		Other professional fees (atta		3,000		3,000		
	17	Interest	-					
rati	18							
ž	19	Taxes (attach schedule) (see Depreciation (attach schedul	•					
Administrative	20	Occupancy						
Ą	21	Travel, conferences, and mee						
and	22	Printing and publications						
	23	Other expenses (attach sche	edule)	42,399		42,399		0
Operating	24	Total operating and administ	rative expenses.					
Ē		Add lines 13 through 23		45,399		45,399		0
0	25	Contributions, gifts, grants p	aid	2,044,990				2,044,990
	26	Total expenses and disburser 25	nents.Add lines 24 and	2,090,389		45,399		2,044,990
	27	Subtract line 26 from line 12		_,030,303				_,5,2 50
	a	Excess of revenue over exper	nses and disbursements	-114,960				
	ь	Net investment income (If ne				1,758,586		
	С	Adjusted net income(If negat	:ive, enter -0-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	·
	1	should be for end-or-year amounts only (See instructions) Cash—non-interest-bearing	(a) Book Value 2,677,876	(b) Book Value 3,240,932	(c) Fair Market Value 3,240,932
		Savings and temporary cash investments	390,263	481,288	
	2		390,203	401,200	401,288
	3	Accounts receivable Less allowance for doubtful accounts -	13,061		
	4	Pledges receivable	13,001		
	4	Less allowance for doubtful accounts -			
	_	Grants receivable			
	5	Receivables due from officers, directors, trustees, and other			
	6	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	,	Less allowance for doubtful accounts			
		Inventories for sale or use			
<u>پ</u>	8	Prepaid expenses and deferred charges			
Assets	9	Investments—U S and state government obligations (attach			
⋖	10a	schedule)			
	b	Investments—corporate stock (attach schedule)	2,134,342	2,134,342	3,707,220
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans		E7	
	13	Investments—other (attach schedule)	33,662,314	32,878,671	32,878,671
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe •)			
	16	Total assets(to be completed by all filers—see the			
		Instructions Also, see page 1, item I)	38,877,856	38,735,233	40,308,111
	17	Accounts payable and accrued expenses			
اہ	18	Grants payable			
14	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
۳ ا	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	0	0	
'n		Foundations that follow SFAS 117, check here 🕨 🔽			
힐		and complete lines 24 through 26 and lines 30 and 31.			
lan	24	Unrestricted	38,877,856	38,735,233	
<u>ස</u>	25	Temporarily restricted			
핃	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here 🕨 🦵			
5		and complete lines 27 through 31.			
낉	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
₹	30	Total net assets or fund balances(see instructions)	38,877,856	38,735,233	
	31	Total liabilities and net assets/fund balances(see instructions)	38,877,856	38,735,233	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must ag	ree	
		with end-of-year figure reported on prior year's return) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		1	38,877,856
2		Enter amount from Part I, line 27a		2	-114,960
3		Other increases not included in line 2 (itemize)		_ 3	0
4		Add lines 1, 2, and 3		4	38,762,896
5		Decreases not included in line 2 (itemize)			27,663
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), lin	e 30 . 6	38,735,233

Part IV Capital Gains	and Losses for Tax on Inve	stment Income			
	e the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	Date acquired	Date sold (d) (mo , day, yr)
1a					
b					
С					
d					
e					
(e) Gross sales price	Depreciation allowe		or other basis		or (loss)
	(f) (or allowable)	(g) plus e	xpense of sale	(n) (e) plus	(f) minus (g)
a L				+	
b					
<u> </u>					
d				1	
e					
Complete only for assets	showing gain in column (h) and owne				(h) gain minus
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69		ess of col (ı) col (j), ıf any		t less than -0-) o i from col (h))
a					
b					
С					
d					
e					
	tal gain or (loss) as defined in section Part I, line 8, column (c) (see instru		,	2	
<u> </u>	Under Section 4940(e) for R	Peduced Tay on	Net Investme	nt Income	
	private foundations subject to the se				
f "Yes," the foundation does n	ne section 4942 tax on the distribute not qualify under section 4940(e) Do	o not complete this p	part		Yes No
	ount in each column for each year, s	ee instructions befor •	e making any enti		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharit	table-use assets	(d) Distributio (col (b) divided	n ratio
2014	1,941,652		41,248,198	(00) (0) airiaea	0 047072
2013	1,404,400		40,168,267		0 034963
2012	406,000		28,081,803		0 014458
2011	136,050		8,050,468		0 016900
2010	125,500		7,211,104		0 017404
2 Totalof line 1, colum	n (d)			2	0 130797
	ratio for the 5-year base period—di the foundation has been in existence			3	0 026159
	of noncharitable-use assets for 2015			4	39,820,076
5 Multiply line 4 by line	e 3			5	1,041,653
6 Enter 1% of net inve	estment income (1% of Part I, line 2	7b)		6	17,586
7 Add lines 5 and 6.				7	1.059.239

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

Enter qualifying distributions from Part XII, line 4.

the Part VI instructions

2,044,990

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(a)	or 4948—see	e nage	18 of	the inst	ructio		age 4
	Exempt operating foundations described in section 4940(d)(2), check here		, 01 4540 30	L page	. 10 01	the mac	ructio	113)	
1a	and enter "N/A" on line 1								
	Date of ruling or determination letter			}					
b	(attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V	check			1			1 -	7,586
	here F and enter 1% of Part I, line 27b			.)	-			1	,,500
c	All other domestic foundations enter 2% of line 27b Exempt foreign organiz	ations (enter 4% of						
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)								0
3								17	7,586
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)								0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter-C)		5			17	7,586
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	17	458,					
b	Exempt foreign organizations—tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7			17	7,458
8	Enter any $\mbox{\it penalty}$ for underpayment of estimated tax. Check here $\mbox{\it call}$ if Form	2220 19	s attached 📽	5	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				128
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	nt over	paid	•	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	<u> </u>	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loo	cal legislatior	n or di	d			Yes	No
-	it participate or intervene in any political campaign?						1a	\vdash	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for	politica	I purposes (s	see In	structi	ons			N
	for definition)?					•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities published or distributed by the foundation in connection with the activities.	s and co	ppies or any m	iaceria	is				
_	Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo			•		•	10		NO
u	(1) On the foundation \Rightarrow \$ 0 (2) On foundation managers								
e	Enter the reimbursement (if any) paid by the foundation during the year for po				osed				
	on foundation managers 🕨 \$0								
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in	ıts gove	erning instrur	nent,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a con-	formed	copy of the ch	anges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more	durıng t	he year?				4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction du	uring th	e year?				5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section $508(e)$ (relating to sections 4941 through 494	945)sa	tisfied either						
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so the state legislation in the state legislation.	hat no r	nandatory dır	ectio	าร				
	that conflict with the state law remain in the governing instrument? . $$.						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year and Part XV.	⁻?If "Ye: • • •	s," complete P	Part II,	col. (c,), • • •	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered	(see ins	structions)						
	►OH								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9								
_	General (or designate) of each state as required by General Instruction G? If				, , , , . .		8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the		_						
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (solution of the same of th	see insi	ciuctions for I	rant X	1 V) '		9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes</i>	· · · · · · · · · · · · · · · · · · ·	h a schedule l	istina	their n	· · ·			140
10	and addresses.			_			10	Yes	

Pai	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		No
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	<u> </u>	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►MICHAEL A PRIEST Telephone no ►(614) 436	-2418	
	Located at ▶200 W NATIONWIDE BLVD COLUMBUS OH ZIP+4 ▶43215			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مدا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t 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? Yes V No			
	(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 V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(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			
L	after termination of government service, if terminating within 90 days) Yes V No			
Ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
С	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2		10		NO
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 2015, did the foundation have any undistributed income (lines 6d			
•	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes Vo			
	If "Yes," list the years > 20			
ь	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 allyears listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	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 2015 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			
	ıf the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Par	£ ATT-B	Statements Rega	raii	ig Activities for	WI	ich Form 4/20	may	Be Required (Cont	inue	;a)	
5 a	During the	year did the foundation	рау	or incur any amoun	t to						
	(1) Carry	on propaganda, or othe	wise	attempt to influence	e leg	ıslatıon (section 494	45(e)) [?]	No		
	(2) Influer	nce the outcome of any	spec	ific public election (see	section 4955), or to	car	ry			
	on, dir	ectly or indirectly, any	vote	registration drive?.				⊤ Yes ▽	No		
	(3) Provid	e a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		「Yes ▽	No		
	(4) Provid	e a grant to an organiza	tion	other than a charıta	ble,	etc , organization de:	scrit	ped			
	ın sect	tion 4945(d)(4)(A)? (se	e in	structions)				\ Yes 🔽	No		
	(5) Provid	e for any purpose other	thar	religious, charitable	e, sc	ientific, literary, or					
	educat	tional purposes, or for t	he pr	evention of cruelty t	o ch	ıldren or anımals?.			No		
b	If any ans	werıs "Yes" to 5a(1)–(5), d	ıd any of the transac	tions	fail to qualify under	the	exceptions described in			
	Regulation	ns section 53 4945 or i	n a c	urrent notice regard	ıng c	lisaster assistance ((see	ınstructions)?		5b	
	O rganızatı	ions relying on a curren	t not	ice regarding disast	eras	sistance check here	≥		-		
c	If the answ	wer is "Yes" to questior	5a(4), does the foundat	ion c	laım exemption from	the				
	tax becaus	se it maintained expend	liture	responsibility for th	ne gr	ant?		Г Yes Г	No		
	If "Yes," at	tach the statement requ	red l	y Regulations section	n 53.	4945-5(d).					
6a	Did the fou	undation, during the yea	r, re	ceive any funds, dire	ectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?							No		
b	Did the fou	undation, during the yea	r, pa	y premiums, directly	orı	ndırectly, on a perso	nal	benefit contract?		6b N	lo
	If "Yes" to	6b, file Form 8870.									
7a		e during the tax year, v	as t	ne foundation a party	/ to a	prohibited tax shelf	tert	ransaction? Tyes F	No		
								the transaction?		7b	_
								n Managers, Highly			_
Par		and Contractors			-,	ustcos, i suitau		in rianagers, riigiii,		p.o, cco	,
1	List all offi	cers, directors, trustees	s, fo	ındation managers a	nd t	heir compensation (s	see i	nstructions).			
				Title, and average	(c	Compensation(If		(d)		_	
	(a) Nam	ne and address		hours per week	``	not paid, enter	٦	Contributions to mployee benefit plans		Expense accour other allowance	
			(b)	devoted to position		-0-)		d deferred compensation	(0)	other anowance	
JOHN	P MCCONNEL	L	PRE	SIDENT AND		0		0			0
		WIDE BLVD	l	STEE							
COL	UMBUS,OF	H 43215	1 00)							
MICH	AEL A PRIEST		VIC			0		0			0
		WIDE BLVD	l	S/TREASURER) TR							
COL	UMBUS,OF	H 43215	1 00								
DANIE	L J MINOR			STEE		0		0			0
200	WNATION	WIDE BLVD	1 0								
COL	UMBUS,OF	H 43215									
KIMBE	RLY R SIEVER	RS	SEC	RETARY		0		0			0
		WIDE BLVD	1 00)							
	UMBUS,OF				<u> </u>						
2	Compensat	ion of five highest-paid	emp	oloyees (other than i	thos	e included on line 1—	-see	instructions). If none, en	iter "	NONE."	
		(a)		Title, and aver				Contributions to employee benefit		Expense accour	nt.
Nan		ess of each employee p e than \$50,000	aıd	hours per wee (b) devoted to posi		(c) Compensatio	n	plans and deferred		other allowance	•
	11101	——————————————————————————————————————		(b) devoted to posi	LIOII			(d) compensation			_
иои	E										
]							
											_
				1							
											_
				1							
Tota	Inumber of	other employees hald o	Ver	<u> </u> 50 000							_

Part VIII Information About Officers, Directors, To and Contractors (continued)	rustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional serv	vices (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	1	
Total number of others receiving over \$50,000 for professional serv	ices	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Incluorganizations and other beneficiaries served, conferences convened, research paper		Expenses
1 FOUNDATION MAKES GRANTS TO SCHOOL DISTRICTS TO	•	·
ACHIEVE THEIR EDUCATIONAL GOALS	THE THE HAND THEIR STODENTS	104,000
2 FOUNDATION MAKES DONATIONS TO VARIOUS CHARITA	BLE ORGANIZATIONS FOR RESEARCH AND	
ADVANCEMENTS IN THE FIELD OF MEDICINE		1,911,194
3		
4		
Part IX-B Summary of Program-Related Investme	nts (see instructions)	
Describe the two largest program-related investments made by the foundation of	Juring the tax year on lines 1 and 2	A mount
1 N/A		С
2		
All other program-related investments See instructions		
3		
Tatal Add lines 1 through 2		

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
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	36,576,654
b	Average of monthly cash balances	1b	3,849,819
c	Fair market value of all other assets (see instructions)	1 c	0
d	Total (add lines 1a, b, and c)	1d	40,426,473
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	40,426,473
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ 0 of line 3 (for greater amount, see		
	ınstructions)	4	606,397
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	39,820,076
6	Minimum investment return. Enter 5% of line 5	6	1,991,004
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	1,991,004
2a	Tax on investment income for 2015 from Part VI, line 5 2a 17,586		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	17,586
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,973,418
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,973,418
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,973,418
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,044,990
	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	2,044,990
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 (see instructions)	5	17,586
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,027,404
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				1,973,418
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			2,028,850	
Ь	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
	From 2011				
c	From 2012				
d	From 2013				
	From 2014				
	Total of lines 3a through e		0		
	Qualifying distributions for 2015 from Part				
•	XII, line 4 > \$ 2,044,990				
a	Applied to 2014, but not more than line 2a			2,028,850	
	Applied to undistributed income of prior years		0	, ,	
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)		0		
d	Applied to 2015 distributable amount				16,140
е	Remaining amount distributed out of corpus		0		
5	Excess distributions carryover applied to 2015		0		0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		0		
	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)		0		
_	tax has been previously assessed		· · · · · ·		
d	Subtract line 6c from line 6b Taxable amount —see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	instructions			O .	
t	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				1,957,278
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)		0		
8	Excess distributions carryover from 2010 not		0		
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.		0		
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				

	Private Operating Foundat	•			19)	
1a	If the foundation has received a ruling or determ					
	foundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		ting foundation de		1 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	year listed					
b 8	35% 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					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3		1			
-	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 $4942(j)(3)(B)(iii)$.					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in
	assets at any time during the	<u>year—see ins</u>	tructions.)			
L a	Information Regarding Foundation Managers: List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation
	before the close of any tax year (but only if they					ideloli
b	List any managers of the foundation who own 10				large portion of th	е
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest		
	Total Control Control Control City	Cabalanak	:t- B			
2	Information Regarding Contribution, Grant, Gift					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed	
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed	
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e	
C	Any submission deadlines					
_	A					
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution					
a Paid during the year See Additional Data Table	or substantial contributor	recipient						
Total	<u> </u>		▶ 3a	2,044,990				
				T				

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page 12
Enter gross amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See
-	Business code	Amount	Exclusion code	Amount	ınstructions)
a b					
c					
d					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,803,985	
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					
7 Other investment income 8 Gain or (loss) from sales of assets other than					
inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory .					
1 Other revenue a					
b c					
d					
e					
2 Subtotal Add columns (b), (d), and (e) 3 Total.Add line 12, columns (b), (d), and (e)		0		1,803,985 13	
(See worksheet in line 13 instructions to verify	calculations)				
Line No. Explain below how each activity for whithe accomplishment of the foundation's	ıch ıncome ıs re	ported ın column ((e) of Part XVI-A c	ontributed importa	
instructions)	s exempt purpos	ses (other than by	providing funds for	such purposes) (
	<u> </u>				

Part	XVII	Information Re Noncharitable					nsactio	ons and I	Relationships	With			
		ganization directly or ii	ndirectly (engage	ın any of	the following						Yes	No
orga	nızatı	ons?											
a Tran	nsfers	from the reporting four	idation to	a noncl	harıtable	exempt organ	nization o	f					
(1)	Cash										1a(1)		No
(2)	Othe	rassets									1a(2)		No
b 0 th	er trai	nsactions											
(1)	Sales	of assets to a noncha	rıtable ex	empt or	ganızatıo	n					1b(1)		No
(2)	Purch	nases of assets from a	noncharıt	able ex	empt orga	anızatıon					1b(2)		No
		al of facilities, equipme											No
		bursement arrangemen									1b(4)		No
		s or loan guarantees.									1b(5)		No
		mance of services or m									1b(6)		No
		f facılıtıes, equipment, i									1c		No
	_	wer to any of the above	_									السلما	140
of th	ne goo ny tra	ds, other assets, or sensaction or sharing arra (b) Amount involved	rvices giv angement	en by tl , show i	he reporti n column	ıng foundatıor	n If the fore e of the go	oundation r oods, other	eceived less than	n fair marko ces receivo	et value ed		nts
		, .						·		·	-		
	_												
	_						_						
	-+												
	+												
des	cribed	ndation directly or indii in section 501(c) of the complete the following s (a) Name of organization	ie Code (d schedule		an sectio		or in sec			otion of relati	. ┌Ye	s V	No
Sign Here	the Info	er penalties of perjury, best of my knowledge a mation of which prepar *****	nd belief,	ıt ıs tru	ie, correc		te Decla			an taxpaye May t return	r) is bas he IRS di	sed on	all
	,	Signature of officer or t	rustee			Date		Title		below			
		Print/Type preparer's MELISSA RAGER	name	Prepa	rer's Sıgr	nature	Date		Check if self- employed ►	PTIN	013807	69	
Paid Prepa Use	arer	Firm's name ► GBQ PARTNERS LLC					•		Firm's EIN ► 2	0-212230	6		
Only		Firm's address ► 230 WEST STREET S 432152663	UITE 700	COLU	MBUS, O	Н			Phone no (614	1)221-112	20		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
ATHENS YOUTH HOCKEY ASSOCIATION PO BOX 614 ATHENS,OH 45701	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	5,000
BISHOP WATTERSON HOCKEY 99 E COOKE ROAD COLUMBUS,OH 43214	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	4,000
CHAMPIONS OF THE COMMUNITY ONE NATIONWIDE BLVD COLUMBUS,OH 43215	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	100,000
COL BLUE JACKETS FOUNDATION 200 W NATIONWIDE BLVD COLUMBUS,OH 43215	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	610,000
COLUMBUS ICE HOCKEY CLUB NONE COLUMBUS,OH 43209	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	4,000
COMMUNITY SHELTER BOARD 111 LIBERTY ST 150 COLUMBUS,OH 43215		PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	100,000
DANIALLE KARMANOS' WORK IT OUT ONE CAMPUS MARTIUS DETROIT,MI 48226		PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	100,000
DUBLIN HIGH SCHOOL HOCKEY ASSOCIATION 7030 COFFMAN ROAD COLUMBUS,OH 43017	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION,LISTTOTAL 16000	16,000
GAHANNA LINCOLN HOCKEY 140 S HAMILTON RD GAHANNA,OH 43230	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	6,000
HILLIARD HIGH SCHOOL HOCKEY 4200 LEPPERT RD HILLIARD,OH 43026	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	5,000
JANIS FOLIGNO FOUNDATION 2226 SOUTH SHORE ROAD SUDBURY CA	NONE		ENHANCE CONTINUING EDUCATION	50,000
LIBERTY ATHLETIC BOOSTERS- ICE 3584 HOME RD GAHANNA,OH 43065	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	6,000
MARIA TIBERI FOUNDATION PO BOX 4225 DUBLIN,OH 43016		PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	25,000
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS,OH 43205	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	600,000
NEW ALBANY HOCKEY CLUB PO BOX 996 NEW ALBANY,OH 43054	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	6,000
Total				2,044,990

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
NEWARK GENERALS VARSITY CLUB 936 SHARON VALLEY RD NEWARK, OH 43055	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	3,000
NEWARK GENERALS 936 SHARON VALLEY RD NEWARK, OH 43055	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	2,000
NORTHEAST STORM HOCKEY CLUB 184 EAST SCHREYER PLACE COLUMBUS,OH 43055	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	5,000
OHIOHEALTH FOUNDATION 180 EAST BROAD ST COLUMBUS,OH 43215	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	94,995
OLENTANGY BRAVES HOCKEY 814 SHANAHAN RD STE 100 LEWIS CENTER,OH 43035	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	6,000
OLENTANGY DISTRICT HOCKEY CLUB 3584 HOME RD POWELL,OH 43065		PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	2,000
OLENTANGY ORANGE ATHLETIC BOOSTERS 2680 E ORANGE RD LEWIS CENTER,OH 43035	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	2,000
ORANGE ATHLETIC DEPARTMENT 2680 E ORANGE RD LEWIS CENTER,OH 43035	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	4,000
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA,CA 90401	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	104,995
PROWLERS HOCKEY ASSOCIATION 100 LOCKVILLE RD PICKERINGTON,OH 43147	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	5,000
SIMON KENTON COUNCIL 807 KINNEAR ROAD COLUMBUS,OH 43212	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	50,000
ST CHARLES PREPATORY SCHOOL 2010 EAST BROAD ST COLUMBUS,OH 43209	NONE	PUBLIC CHARITY	MOLAKER - 02/09/16 03 00PM INTERVIEW FORM PF-19	6,000
ST FRANCIS DESALES HOCKEY 4212 KARL ROAD COLUMBUS,OH 43224	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	4,000
THE COLUMBUS FOUNDATION 1234 E BROAD ST COLUMBUS,OH 43205		PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	100,000
THOMAS WORTHINGTON HOCKEY BOOSTERS 300 W GRANVILLE RD WORTHINGTON,OH 43085	NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	4,000
Total			▶ 3a	2,044,990

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

	Foundation	Purpose of grant or	A mount
show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	6,000
NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	5,000
NONE	PUBLIC CHARITY	ENHANCE CONTINUING EDUCATION	4,000
	any foundation manager or substantial contributor NONE	any foundation manager or substantial contributor NONE PUBLIC CHARITY NONE PUBLIC CHARITY PUBLIC CHARITY	any foundation manager or substantial contributor PUBLIC ENHANCE CONTINUING EDUCATION NONE PUBLIC ENHANCE CONTINUING EDUCATION PUBLIC ENHANCE CONTINUING EDUCATION NONE PUBLIC ENHANCE CONTINUING

TY 2015 Accounting Fees Schedule

Name: THE MCCONNELL EDUCATIONAL FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,000	3,000		0

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TY 2015 Investments Corporate Stock Schedule

Name: THE MCCONNELL EDUCATIONAL FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
123,000 COMMON SHARES OF WORTHINGTON INDUSTRIES, INC.	2,134,342	3,707,220

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TY 2015 Investments - Other Schedule

Name: THE MCCONNELL EDUCATIONAL FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
NOTE RECEIVABLE - MFT	AT COST	24,180,054	24,180,054
NOTE RECEIVABLE - JMAC AIR	AT COST	2,754,834	2,754,834
NOTE RECEIVABLE - BRLP	AT COST	1,090,565	1,090,565
NOTE RECEIVABLE - JMAC	AT COST	4,481,859	4,481,859
INTEREST RECEIVABLE	AT COST	371,359	371,359

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TY 2015 Other Decreases Schedule

Name: THE MCCONNELL EDUCATIONAL FOUNDATION

Description	Amount
ADJUSTMENT RELATED TO ACCRUAL TO CASH CONVERSION	27,663

TY 2015 Other Expenses Schedule

Name: THE MCCONNELL EDUCATIONAL FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISC FILING FEES	625	625		0
BANK FEES	209	209		0
BIRDIES FOR BUDDIES	39,954	39,954		0
MEETING	1,611	1,611		0

TY 2015 Substantial Contributors Schedule

Name: THE MCCONNELL EDUCATIONAL FOUNDATION

Name	Address	
ESTATE OF JOHN H MCCONNELL	200 WEST NATIONWIDE BLVD COLUMBUS,OH 43215	

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THE MCCONNELL EDUCATIONAL FOUNDATION

As Filed Data

DLN: 93491134001186

OMB No 1545-0047

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2015

Employer identification number

			31-1365344
Organizati	on type (check on	e)	
Filers of:		Section:	
Form 990 o	r 990-EZ	☐ 501(c)() (enter number) organization	
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		□ 527 political organization	
Form 990-P	F	▽ 501(c)(3) exempt private foundation	
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	
		□ 501(c)(3) taxable private foundation	
ot	or an organization fi her property) from	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions t any one contributor Complete Parts I and II See instructions for determining a	
Special Ru	les		
und rec	ler sections 509(a)(eived from any one	scribed in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^1 \%\%$ supp 1) and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Part contributor, during the year, total contributions of the greater of (1) \$5,000 or (Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that
dur	ing the year, total c	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ontributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, ruelty to children or animals. Complete Parts I, II, and III	_
duri this pur	ing the year, contrit box is checked, er pose Do not compl	scribed in section $501(c)(7)$, (8) , or (10) filing Form 990 or 990-EZ that received outlons $exclusively$ for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an $exclusively$ etc any of the parts unless the General Rule applies to this organization becalloc, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively
Caution. A	n organization that	is not covered by the General Rule and/or the Special Rules does not file Sche	edule B (Form 990,

990-EZ, or 990-PF)

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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization **Employer identification number** THE MCCONNELL EDUCATIONAL FOUNDATION 31-1365344 Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed Part I (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution See Additional Data Table Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash \$ (Complete Part II for noncash

lame of organizat	ion . EDUCATIONAL FOUNDATION	Employer identification number		
HE MCCONNELL	EDUCATIONAL FOUNDATION	31-1365344		
Part II	Noncas h 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	
(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	
		s		
(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	

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)

Page 4

Name of organization
THE MCCONNELL EDUCATIONAL FOUNDATION

Employer identification number

	JCATTONAL TO UNDATTON	31-	-1365344
total more line entry. of \$1,000 or	religious, charitable, etc., contribut than \$1,000 for the year from any or For organizations completing Part II r less for the year. (Enter this inform the coples of Part III if additional space is n	ne contributor. Complete column I, enter the total of exclusively re nation once. See instructions.) >	is (a) through (e) and the following ligious, charitable, etc., contributions
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
• =	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 (a)	Transferee's name, address, and		ationship of transferor to transferee
from Part I —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee

Software ID: Software Version:

EIN: 31-1365344

Name: THE MCCONNELL EDUCATIONAL FOUNDATION

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	OHIOHEALTH		Person <u></u> ✓
1			Payroll
	РО ВОХ 9	\$ 19,977	Noncash
	COLUMBUS, OH43216		(Complete Part II for
	WORTHINGTON INDUSTRIES		noncash contribution) Person
2	\dashv		Payroll
	200 OLD WILSON BRIDGE ROAD	\$ 19,977	Noncash
	WORTHINGTON, OH43085		
			(Complete Part II for noncash contribution)
3			Person 🔽
<u>-</u>	JOHN P MCCONNELL		Payroll
	200 OLD WILSON BRIDGE ROAD	\$ 10,000	Noncash
	WORTHINGTON, OH43085		(Complete Part II for noncash contribution)
4	VORYS SATER SEYMOUR & PEASE		Person 🔽
4			Payroll
	PO BOX 1008	\$ 10,000	Noncash
	COLUMBUS, OH43216		
			(Complete Part II for noncash contribution)
5			Person 🔽
	TCCA - ANTHONY CIAFARDINI		Payroll 🗀
	4555 LAKE FOREST DRIVE SUITE 550	\$ 10,000	Noncash
	CINCINNATI, OH45242		(Complete Doubli For
			(Complete Part II for noncash contribution)
6	KOKOSING CONSTRUCTION INC - WILLIAM BURGETT		Person 🔽
			Payroll
	6235 WESTERVILLE ROAD SUITE 200	\$ 10,000	Noncash
	WESTERVILLE, OH43081		(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PRIMO WATER CORPORATION - BILL PRIM		Person 🔽
			Payroll 「
	104 CAMBRIDGE PLAZA DRIVE	\$ 10,000	Noncash
	WINSTONSALEM, NC 27101		(Complete Part II for noncash contribution)
			Person 🔽
8	JOHN DAVIDSON		Payroll
	200 WEST NATIONWIDE BLVD	\$ 2,500	Noncash
	COLUMBUS, OH43215		(Complete Part II for noncash contribution)
9			Person 🔽
	BRUCE CASSIDY SR		Payroll 🗀
	8060 COW CAMP LANE	\$ 5,000	Noncash
	SARASOTA, FL34240		(Complete Part II for noncash contribution)
			Person 🔽
10	BARBARA FLOWERS		Payroll
	4521 SW PARKGATE BLVD	\$ 2,000	Noncash
	PALM CITY, FL34990		(Complete Part II for noncash contribution)
11			Person
11	- DAVID DIVIC		Payroll
	DAVID PIVIC 2219 YORK ROAD SUITE 201	\$ 500	Noncash
	TIMONIUM, MD21093		(Complete Part II for
			noncash contribution) Person
12	<u> </u>		
	DAVID WILLIAMS 835 WEST GOODALE BLVD	\$ 200	Payroll C
	COLUMBUS, OH43212	Ψ 200	Noncash
	COLUMBUS, UN43212		(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13			Person 🔽
	DICK RUHL		Payroll Γ
	PO BOX 6652	\$ 1,000	Noncash
	SNOWMASS VILLAGE, CO 81615		(Complete Part II for
			noncash contribution)
14			Person ▽
	JAMES BACHMANN		Payroll
	7559 EHRET ROUND	\$ 1,000	Noncash
	NEW ALBANY, OH43054		
			(Complete Part II for noncash contribution)
<u>15</u>			Person ▽
	PGT TRUCKING - PATRICK GALLAGHER		Payroll Γ
	ONE PGT WAY	\$ 500	Noncash
	MONACA, PA 15601		
			(Complete Part II for noncash contribution)
16			Person 🔽
	RICHARD SAVAGE		Payroll
	6100 WEST 183RD STREET	<u> </u>	Noncash
	STILLWELL, KS66085		
			(Complete Part II for noncash contribution)
17			Person ✓
	TODD VOSS		Payroll
	6299 CHESHIRE ROAD	\$ 1,000	Noncash
	GALENA, OH43021		
			(Complete Part II for noncash contribution)
18			Person 🔽
	VG BEGHINI		Payroll
	9686 LONGMONT	\$ 240	Noncash
	HOUSTON, TX77063		
			(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19			Person 🗸
	WILLIAM COURTNEY		Payroll
	9100 CENTRE POINT DRIVE SUITE 210	\$ 500	Noncash
	WEST CHESTER, OH45069		(Complete Part II for noncash contribution)
			Person <u></u> ✓
20	WILLIAM HICKMAN		Payroll
	5236 CANTERBURY DRIVE	\$ 200	Noncash
	POWELL, OH43065		(Complete Part II for noncash contribution)
21			Person 🔽
	MICHAEL PRIEST		Payroll
	200 WEST NATIONWIDE BLVD	\$ 2,500	Noncash
	COLUMBUS, OH43215		(Complete Part II for noncash contribution)
			Person 🔽
22	VIRGIL WINLAND		Payroll
	200 OLD WILSON BRIDGE ROAD	\$ 2,500	Noncash
	WORTHINGTON, OH43085		(Complete Part II for noncash contribution)
			Person 🔽
23	MICHAEL HURD		Payroll
	2011 PEVENSEY COURT	\$ 5,000	Noncash
	UPPER ARLINGTON, OH43220		(Complete Part II for
			noncash contribution)
24	_		Person 🔽
	BRUCE RUHL		Payroll 「
	6025 CHESHIRE ROAD	\$ 100	Noncash
	GALENA, OH43021		(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	TULLY FAMILY FOUNDATION		Person F Payroll F
	CHICAGO, IL60602	\$ 1,000	Noncash
	CITICAGO, ILOUOUZ		(Complete Part II for noncash contribution)
26			Person 🔽 Payroll 🔽
	ANDY ROSE 2395 CLUB ROAD	\$ 10,000	Noncash
	COLUMBUS, OH43221		(Complete Part II for noncash contribution)
27			Person F Payroll F
	DON JOSEPH INC - JEFF JOSEPH 1111 WEST MAIN STREET	\$ 3,750	Noncash
	KENT, OH44240		(Complete Part II for noncash contribution)
28	ROSARIO CRISCUOLO		Person 🔽 Payroll 🔽
	5701 S PENNSYLVANIA AVENUE	\$ 10,000	Noncash
	LANSING, MI48911		(Complete Part II for noncash contribution)
29			Person 🔽 Payroll 🗆
	LOUIS CAPANO JRIII FAMILY FOUNDATIO 105 FOULK ROAD	\$ 500	Noncash
	WILMINGTON, DE 19803		(Complete Part II for noncash contribution)
30			Person 🔽
	GREGORY HIRSCH 3 LEESBURY COURT	\$ 1,500	Payroll Noncash
	NEWPORT BEACH, CA 92660		(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JARMO KEKALAINEN 2363 SHEPHERD COURT	\$ 2,500	Person Payroll Noncash
	POWELL, OH43065		(Complete Part II for noncash contribution)
32	GREGORY POWELL		Person ▽ □ Payroll □
	HOUSTON, TX77027	\$ 1,000	Noncash
			(Complete Part II for noncash contribution) Person
33	ERIC SMOLENSKI 5691 FOX CHASE CIRCLE	\$ 2,500	Payroll Noncash
	GALENA, OH43021		(Complete Part II for noncash contribution)
34	THOMAS STOVER		Person 🔽 Payroll 🗆
	643 HUNTLEY DRIVE MEDINA, OH44256	\$ 1,000	Noncash
35			(Complete Part II for noncash contribution) Person
33	WILLIAM ZITO 6895 MACNEIL DRIVE	\$ 2,500	Payroll Noncash
	DUBLIN, OH43017		(Complete Part II for noncash contribution)
36			Person
	MARK ZMYSLOWSKI 12400 STEPHENS ROAD	\$ 10,000	Noncash
	WARREN, MI48089		(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	PETER KARMANOS JR 4740 DOW RIDGE ORCHARD LAKE, MI48324	\$ 10,000	Person F Payroll F Noncash
	SIGNING EME, ITTOSET		(Complete Part II for noncash contribution)