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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

## DLN: 93491135046667

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

OMB No 1545-0052

2016

## **Return of 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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

|                                       |   | ndar year 2016, or tax year   | beginning 01-01-20  | 16 , a                                    | nd ending 12-31  |  |   |
|---------------------------------------|---|---|---|---|--|--|---|
| JO                                    | HN N &                                  | INDITION  MARILYN P MCCONNELL CHARITABLE  ION INC                         |   |   | 47-3373964   | lentification numbe  | er  |
|                                       |   | l street (or P O box number if mail is no<br>DFLY LANE                    | ot delivered to street address)                               | Room/suite                                | <b>B</b> Telephone nu (302) 636-450  | umber (see instructio  | ns)   |
|                                       |   | , state or province, country, and ZIP or<br>H, FL 32963                   | foreign postal code   |   |  | application is pendir  | ng, check here                                  |
| I Ch                                  | neck ty<br>Section<br>r mark<br>year (f | I that apply  | $501(c)(3)$ exempt private for the trust $\Box$ Other taxable | foundation private foundation  Cash Accru | 2. Foreign o test, check test, | rganizations, check h<br>rganizations meeting<br>ck here and attach co<br>undation status was<br>on 507(b)(1)(A), chec<br>ation is in a 60-mont<br>on 507(b)(1)(B), chec | terminated ck here                              |
| Pa                                    | rt I                                    | Analysis of Revenue and   | Expenses (The total   | (a) Revenue and                           |  |  | (d) Disbursements                               |
|                                       |   | of amounts in columns (b), (c), and (equal the amounts in column (a) (see |   | expenses per<br>books                     | (b) Net investment income  | (c) Adjusted net income  | for charitable<br>purposes<br>(cash basis only) |
|                                       | 1                                       | Contributions, gifts, grants, etc ,                                       | received (attach  | 2,058,841                                 |  |  | ( )   |
|                                       | 2                                       | schedule)  Check ▶ ☐ if the foundation is  Sch B                          | not required to attach  |   |  |  |   |
|                                       | 3                                       | Interest on savings and temporar  |   | 309                                       | 300  |  |   |
|                                       | 4                                       | Dividends and interest from secu  | rities  | 18,315                                    | 18,315   |  |   |
|                                       | 5a                                      | Gross rents   |   |   |  |  |   |
|                                       | b                                       | Net rental income or (loss)   |   |   |  |  |   |
| K                                     | 6a                                      | Net gain or (loss) from sale of as  | sets not on line 10   | -4,150                                    | )  |  |   |
| Revenue                               | b                                       | Gross sales price for all assets on                                       |   |   |  |  |   |
| ă                                     | 7                                       | Capital gain net income (from Pai   |   |   | С  |  |   |
|                                       | 8                                       | Net short-term capital gain   |   |   |  |  |   |
|                                       | 9                                       | Income modifications  | 1   |   |  |  |   |
|                                       | <b>10a</b><br>b                         | Gross sales less returns and allov<br>Less Cost of goods sold             | vances  |   |  |  |   |
|                                       | 6                                       | Gross profit or (loss) (attach sche                                       | -dule)  |   |  |  |   |
|                                       | 11                                      | Oblica  | ŕ   | <b>45</b> 13,525                          | 13,525   |  |   |
|                                       | 12                                      | <b>Total.</b> Add lines 1 through 11                                      |   | 2,086,840                                 | -  | -  |   |
|                                       |   | Compensation of officers, directo   |   | 2,000,040                                 | · ·  | 1  |   |
|                                       | 13<br>14                                | Other employee salaries and wag   | ·   | U   |  |  |   |
| ıΛ                                    | 15                                      | Pension plans, employee benefits  |   |   |  | <del>                                     </del>   |   |
| Se                                    | 16a                                     | Legal fees (attach schedule)  |   |   |  |  |   |
| <u>=</u>                              | ь                                       | Accounting fees (attach schedule  |   |   |  | <del>                                     </del>   |   |
| Ĕ                                     | c                                       | Other professional fees (attach so  | ĺ   |   |  |  |   |
| ĕ                                     | 17                                      | Interest  | ·   |   |  |  |   |
| <u>ت</u> ع                            | 18                                      | Taxes (attach schedule) (see inst   |   | 14,782                                    |  | <del> </del>   | 0   |
| <u> </u>                              | 19                                      | Depreciation (attach schedule) ar   | · · · · · · · · · · · · · · · · · · ·                         | 2.,                                       |  |  |   |
| Ē                                     | 20                                      | Occupancy   | ·   |   |  |  |   |
| AC                                    | 21                                      | Travel, conferences, and meeting  |   |   |  |  |   |
| ב<br>ב                                | 22                                      | Printing and publications   |   |   |  |  |   |
| ਨ<br><u>ਹ</u> ੋ:                      | 23                                      | Other expenses (attach schedule)  |   | 14,407                                    | 14,407   |  | C   |
| Operating and Administrative Expenses | 24                                      | Total operating and administr   |   | · ·                                       |  | 1  |   |
| ĕ                                     |   | Add lines 13 through 23   | •   | 29,189                                    | 14,407   |  | c   |
| j<br>j                                | 25                                      | Contributions, gifts, grants paid   |   | 351,409                                   |  |  | 351,409   |
|                                       | 26                                      | Total expenses and disbursen  | nents. Add lines 24 and                                       | 380,598                                   | 14,407   |  | 351,409   |
|                                       | 27                                      | Subtract line 26 from line 12   |   |   |  |  |   |
|                                       | а                                       | Excess of revenue over expen disbursements                                | ses and   | 1,706,242                                 |  |  |   |
|                                       | ь                                       | Net investment income (if neg   | ative, enter -0-)   |   | 17,733   |  |   |
|                                       | С                                       | Adjusted net income(if negative   | •   |   |  |  |   |
| or                                    | Daner                                   | work Reduction Act Notice, see  | instructions  | <u> </u>                                  | Cat No. 11289  | У Бо   | rm <b>990-PF</b> (2016)                         |

666,757

1,272,714

245.759

1,570,054

1.570.054

1,570,054

1,570,054

2

3

4

5

1,053,242

1,706,242

2,759,484

1,189,430

1,570,054 Form **990-PF** (2016)

2,435,175

251.400

2,738,156

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . . .

| ssets |  |
|-------|--|
| ď     |  |
|       |  |

h

| Assets          | 10                    |
|-----------------|-----------------------|
|                 | 1                     |
|                 | 1<br>1<br>1           |
|                 | 1                     |
| Liabilities     | 1<br>1<br>2<br>2<br>2 |
| Fund Balances   | 2 2 2                 |
| Net Assets or I | 2<br>2<br>3<br>3      |
| Pa<br>1         | 3                     |
| 2<br>3<br>4     |                       |

|             | 1      |
|-------------|--------|
|             | 1<br>1 |
|             | 1      |
|             | 1      |
|             | 1      |
|             | 1      |
|             | 2      |
|             | 2      |
| ı           | 2      |
|             | 2      |
| 5 2 2 1 1 2 | 2      |
| 5           | 2      |
| 2           | 2      |
| אווא ספונע  |        |
| 2           | 2      |
|             |        |
| ١,          | ر ا    |

|     | С      | Investments—corporate bonds (attach schedule)   |                     |            |
|-----|--------|---|---------------------|------------|
|     | 11     | Investments—land, buildings, and equipment basis ▶  |                     |            |
|     |        | Less accumulated depreciation (attach schedule) ▶   |                     |            |
|     | 12     | Investments—mortgage loans  |                     |            |
|     | 13     | Investments—other (attach schedule)   | 237,823             | <b>%</b> ∫ |
|     | 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   |                     |            |
|     |        | ınstructions Also, see page 1, item I)  | 1,053,242           |            |
|     | 17     | Accounts payable and accrued expenses   |                     |            |
|     | 18     | Grants payable  |                     |            |
| 2   | 19     | Deferred revenue  |                     |            |
|     | 20     | Loans from officers, directors, trustees, and other disqualified persons  |                     |            |
|     | 21     | Mortgages and other notes payable (attach schedule)   |                     |            |
| ۱'  | 22     | Other liabilities (describe)  |                     |            |
|     | 23     | Total liabilities(add lines 17 through 22)  | 0                   |            |
| ć   |        | Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.                      |                     |            |
| [ ] | 24     | Unrestricted  |                     |            |
| ĕ   | 25     | Temporarily restricted  |                     |            |
| 2   | 26     | Permanently restricted  |                     |            |
| 10  |        | Foundations that do not follow SFAS 117, check here  and complete lines 27 through 31.                                      |                     |            |
| ٥   | 27     | Capital stock, trust principal, or current funds  | 1,053,242           |            |
| Š   | 28     | Paid-in or capital surplus, or land, bldg , and equipment fund  | 0                   |            |
| 3   | 29     | Retained earnings, accumulated income, endowment, or other funds  | 0                   |            |
|     | 30     | Total net assets or fund balances (see instructions)  | 1,053,242           |            |
|     | 31     | Total liabilities and net assets/fund balances (see instructions) .   | 1,053,242           |            |
| a   | rt III | Analysis of Changes in Net Assets or Fund Balances  |                     | <b>'</b>   |
| 1   |        | l net assets or fund balances at beginning of year—Part II, column (a), line<br>ear figure reported on prior year's return) | 30 (must agree with | end-       |
| 2   | Ente   | r amount from Part I, line 27a  |                     | . [        |
| 3   |        | r increases not included in line 2 (itemize) ▶  |                     | ļ          |
| 4   |        | lines 1, 2, and 3   |                     | •          |
| 5   |        | eases not included in line 2 (itemize)  |                     | Ļ          |
| 6   | Tota   | l net assets or fund balances at end of year (line 4 minus line 5)—Part II, $lpha$  | olumn (b), line 30  | -          |

| - Capital Sallis C   | and Losses for Tax on Thivest  | anciic Income                   |   |         |  | <u> </u>                                |
|--|--|---------------------------------|---|---------|--|---|
|  | <b>(a)</b><br>the kınd(s) of property sold (e g , re<br>ehouse, or common stock, 200 shs |                                 | (b)<br>How acquire<br>P—Purchase        | e D     | (c)<br>ate acquired<br>no , day, yr )  | (d) Date sold (mo , day, yr )           |
|  |  | ,                               | D—Donatioi                              | n '     | . ,.,,                                 | , , , , ,                               |
| 1 a FORTIVE CORP   |  |                                 | P                                       |         | 2015-08-24                             | 2016-07-08                              |
| b FORTIVE CORP   | TANGE  |                                 | P                                       |         | 2015-06-09                             | 2016-07-08                              |
| c WALGREENS BOOTS ALL  |  |                                 | P                                       |         | 2015-06-09                             | 2016-12-15                              |
| d SALIENT MLP TOTAL RET  |  |                                 | P                                       |         | 2015-06-30                             | 2016-12-31                              |
| e SALIENT MLP TOTAL RET  |  |                                 | р<br>(g)                                |         | 2015-06-30                             | 2016-12-31                              |
| (e)<br>Gross sales price                                       |  |                                 |   |         | Gain o                                 | <b>h)</b><br>r (loss)<br>) minus (g)    |
| a  | a 2  |                                 |   | 2       |  | 0                                       |
| b  | 22   |                                 |   | 18      |  | 4                                       |
|  | 5,352  |                                 | 44.                                     | .544    |  | 808                                     |
| d  | -,   |                                 |   | 408     |  | -408                                    |
| e  |  |                                 | 4                                       | .554    |  | -4,554                                  |
|  | abourne gain in column (b) and ou  | unad by the foundation          |   | ,554    |  |   |
| Complete only for assets                                       | showing gain in column (h) and ow  |                                 |   |         | Gains (Col. (I                         | <b>l)</b><br>h) gain minus              |
| (i)<br>F M V as of 12/31/69                                    | (j)<br>Adjusted basis<br>as of 12/31/69  | Excess                          | ( <b>k)</b><br>of col(ı)<br>(յ), ıf any | С       | ol (k), but not                        | less than -0-) <b>or</b><br>om col (h)) |
| a  |  |                                 |   |         |  | 0                                       |
| b  |  |                                 |   |         |  | 4                                       |
| С  |  |                                 |   |         |  | 808                                     |
| d  |  |                                 |   |         |  | -408                                    |
| e  |  |                                 |   |         |  | -4,554                                  |
| If gain, also enter in Pai<br>in Part I, line 8                | pain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi          | ons) If (loss), enter -0        |   | } 3     |  |   |
| _  | Inder Section 4940(e) for Re   |                                 |   |         | e                                      |   |
| If section 4940(d)(2) applies, le                              | •  | ction 4940(a) tax on he         | it investment in                        | icome ) |  |   |
| Was the foundation liable for the                              | e section 4942 tax on the distributa<br>et qualify under section 4940(e) Do              |                                 | ın the base pe                          | rıod?   | ☐ Ye                                   | es 🗹 No                                 |
|  | nount in each column for each year,  |                                 | making any er                           | ntries  |  |   |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitab | le-use assets                           | (col    | (d) Distribution rati (b) divided by c |   |
| 2015   | 90,250   |                                 | 653,076                                 | , 50    | ,,,                                    | 0 138192                                |
| 2014   | - 3,253  |                                 | ,                                       |         |  |   |
| 2013   |  |                                 |   |         |  |   |
| 2012   |  |                                 |   |         |  |   |
| 2011   |  |                                 |   |         |  |   |
| 2 Total of line 1, column (c                                   | d)   |                                 | 1                                       | 2       |  | 0 138192                                |
| ,  | for the 5-year base period—divide  |                                 | <u> </u>                                |         |  |   |
| number of years the foun                                       | dation has been in existence if less<br>ncharitable-use assets for 2016 fron             | than 5 years                    |   | 3<br>4  |  | 0 138192<br>1,999,215                   |
| <b>5</b> Multiply line 4 by line 3                             |  |                                 | 🗀                                       | 5       |  | 276,276                                 |
| • •  | ent income (1% of Part I, line 27b)  |                                 | 🗀                                       | 6       |  | 177                                     |
| <b>7</b> Add lines 5 and 6                                     |  |                                 | 🗀                                       | 7       |  | 276,453                                 |
|  | ons from Part XII, line 4  |                                 |   | 8       |  | 351,409                                 |
|  | eater than line 7, check the box in Pa   |                                 |   |         | % tax rate Se                          |   |
| instructions   | ,  |                                 |   |         |  | orm <b>990-PF</b> (2016)                |

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|--|---------------------------|
| Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)   | Employees,                |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No   | ONE".                     |
| (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   | 0                         |
| Part IX-A Summary of Direct Charitable Activities  |                           |
| 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. | Expenses                  |
| 1  |                           |
|  |                           |
|  |                           |
| 2  |                           |
|  |                           |
|  |                           |
| 3  |                           |
|  |                           |
|  |                           |
| 4  |                           |
|  |                           |
|  |                           |
| Part IX-B Summary of Program-Related Investments (see instructions)  |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2   | Amount                    |
| 1  |                           |
|  |                           |
|  |                           |
| 2  |                           |
|  |                           |
| All other program-related investments See instructions   | +                         |
| 3  |                           |
|  |                           |
| Total. Add lines 1 through 3   | <u>▶</u>                  |
|  | Form <b>990-PF</b> (2016) |

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

За 3h

4

5

351.409

351.232

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177

Amounts set aside for specific charitable projects that satisfy the

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

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

3

4

5

From 2012. . c From 2013. From 2014.

e From 2015. . . .

99.784

0

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| Form | n 990-PF (2016)                                     |               |
|------|---|---------------|
| P    | art XIII Undistributed Income (see instruc          | tions)        |
|      |   | (a)<br>Corpus |
| 1    | Distributable amount for 2016 from Part XI, line 7  |               |
| 2    | Undistributed income, if any, as of the end of 2016 |               |
| а    | Enter amount for 2015 only                          |               |
| b    | Total for prior years 20                            |               |
| 3    | Excess distributions carryover, if any, to 2016     |               |
| _    | From 2011   |               |

f Total of lines 3a through e. . . . . . .

**d** Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. .

d Excess from 2015. .

e Excess from 2016. .

Subtract lines 7 and 8 from line 6a . . . .

indicated below:

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

81,134

81,134

251,625

(b)

Years prior to 2015

81.134

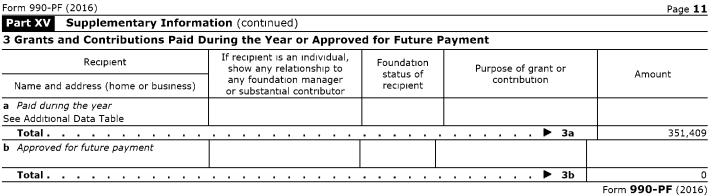
251,625

332,759

332,759

(c)

2015



| rm 990-PF (2016)   |   |                       |                |                     |                                       |                                      |
|--|---|-----------------------|----------------|---------------------|---------------------------------------|--------------------------------------|
| art XVI-A Anal   | ysis of Income-Producing  | Activities            |                | T                   |                                       |                                      |
| ter gross amounts un   | less otherwise indicated  | Unrelated bu          | isiness income | Excluded by section | n 512, 513, or 514                    | (e)<br>Related or exempt             |
| _  |   | _ (a)                 | (b)            | (c)                 | (d)                                   | function income<br>(See instructions |
| Program service reve   |   | Business code         | Amount         | Exclusion code      | Amount                                | (See Ilistructions )                 |
|  |   |                       |                |                     |                                       |                                      |
|  |   |                       |                |                     |                                       |                                      |
| d  |   |                       |                |                     |                                       |                                      |
|  |   |                       |                |                     |                                       |                                      |
|  |   |                       |                |                     |                                       |                                      |
| _  | s from government agencies  |                       |                |                     |                                       |                                      |
| Interest on savings  |   |                       |                |                     |                                       |                                      |
| investments .  |   |                       |                | 14                  | 309                                   |                                      |
|  | est from securities   |                       |                | 14                  | 18,315                                |                                      |
|  | r (loss) from real estate   |                       |                |                     |                                       |                                      |
|  | property  |                       |                |                     |                                       |                                      |
| Net rental income  | or (loss) from personal property  |                       |                |                     |                                       |                                      |
| Other investment in  |   |                       |                |                     |                                       |                                      |
|  | sales of assets other than  |                       |                | 10                  | = -                                   |                                      |
| Net income or (loss)   | from special events   |                       |                | 18                  | -4,150                                |                                      |
|  | ) from sales of inventory   |                       |                |                     |                                       |                                      |
| Other revenue  | ,   |                       |                |                     |                                       |                                      |
| a OTHER INVESTMENT   |   |                       |                | 14                  | 13,525                                |                                      |
| b  |   |                       |                |                     |                                       |                                      |
| _  |   |                       |                |                     |                                       |                                      |
| c  |   |                       |                |                     |                                       |                                      |
|  |   |                       |                |                     |                                       |                                      |
| de   |   |                       | (              | 0                   | 27,999                                |                                      |
| e  | nns (b), (d), and (e) columns (b), (d), and (e)                                     |                       |                | 1                   | 27,999<br><b>3</b>                    | 27,999                               |
| e  | nns (b), (d), and (e) columns (b), (d), and (e) 3 instructions to verify calculatio | ns)                   |                | 1                   | · · · · · · · · · · · · · · · · · · · |                                      |
| d  | nns (b), (d), and (e)   | ns )<br>le Accomplish | ment of Exem   | pt Purposes         | 3                                     | 27,999                               |
| Subtotal Add colum Total. Add line 12, e worksheet in line 1 art XVI-B Relations No.   Explain be  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,999                               |
| d e Subtotal Add colum Total. Add line 12, e worksheet in line 1 art XVI-B Relations No. Explain be the accompany to the exception of the exce | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,999                               |
| Subtotal Add colum  Total. Add line 12, are worksheet in line 1  art XVI-B Relation  Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,999                               |
| Subtotal Add colum Total. Add line 12, art XVI-B Relation  No. Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,999                               |
| Subtotal Add colum  Total. Add line 12, a e worksheet in line 1 art XVI-B Relation  Relation  Explain be the accomminstruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum  Total. Add line 12, a e worksheet in line 1 art XVI-B Relation  Relation  Explain be the accomminstruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum Total. Add line 12, and the worksheet in line 1 art XVI-B Relation  Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum  Total. Add line 12, a e worksheet in line 1 art XVI-B Relation  Relation  Explain be the accomminstruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum Total. Add line 12, a e worksheet in line 1 art XVI-B Relat ne No.  Explain be the accom- instruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum  Total. Add line 12, and a second sheet in line 1  Int XVI-B Relation be the accomministruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum Total. Add line 12, a e worksheet in line 1 art XVI-B Relat ne No.  Explain be the accom- instruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum Total. Add line 12, a e worksheet in line 1 art XVI-B Relat ne No.  Explain be the accom- instruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum  Total. Add line 12, a e worksheet in line 1 art XVI-B Relation  Relation  Explain be the accomminstruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum Total. Add line 12, art XVI-B Relation  No. Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum  Total. Add line 12, a e worksheet in line 1 art XVI-B Relation  Relation  Explain be the accomminstruction   | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum Total. Add line 12, art XVI-B Relation  No. Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum  Total. Add line 12, are worksheet in line 1  art XVI-B Relation  Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum Total. Add line 12, art XVI-B Relation  No. Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,99                                |
| Subtotal Add colum  Total. Add line 12, are worksheet in line 1  art XVI-B Relation  Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,999                               |
| Subtotal Add colum Total. Add line 12, art XVI-B Relation  No. Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,999                               |
| Subtotal Add colum  Total. Add line 12, are worksheet in line 1  art XVI-B Relation  Explain be the accomminstruction  | ons (b), (d), and (e)   |                       |                |                     | 3uted importantly to                  | 27,999                               |

|  |   | Information Re   | garding T     | ransi  | fers To a    | and Tra           | nsactio    | ns and I      | Relatio     | nships With No         | nchari               | table     | 1 4        | 90 10 |
|--|---|--|---------------|--------|--------------|-------------------|------------|---------------|-------------|------------------------|----------------------|-----------|------------|-------|
| Pa   | rt XVII   | Exempt Organia   | zations       |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   | ganization directly or in-<br>Code (other than sectio  |               |        |              |                   |            |               |             |                        | ion 501              |           | Yes        | No    |
| a Ti   | ransfers  | from the reporting foun                                | dation to a n | oncha  | rıtable ex   | empt org          | anızatıon  | of            |             |                        |                      |           |            |       |
| (:   | <b>1)</b> Cash  |  |               |        |              |                   |            |               |             |                        |                      | 1a(1)     |            | No    |
| (2) Other assets   |   |  |               |        |              |                   |            |               |             |                        | 1a(2)                |           | No         |       |
| b Other transactions   |   |  |               |        |              |                   |            |               |             |                        |                      | 41.44     |            |       |
| (1) Sales of assets to a noncharitable exempt organization       |   |  |               |        |              |                   |            |               |             |                        |                      | 1b(1)     |            | No    |
| (2) Purchases of assets from a noncharitable exempt organization |   |  |               |        |              |                   |            |               |             |                        | 1b(2)<br>1b(3)       |           | No<br>No   |       |
| •  | -   | al of facilities, equipment<br>abursement arrangemen   | •             |        |              |                   | • •        |               |             |                        |                      | 1b(3)     |            | No    |
| •  | -   | s or loan guarantees.                                  |               |        |              |                   |            |               |             |                        |                      | 1b(5)     |            | No    |
| •  | -   | rmance of services or m                                |               |        |              |                   |            |               |             |                        |                      | 1b(6)     |            | No    |
| •  | •   |  | •             |        | -            |                   |            |               |             |                        |                      | 1c        |            | No    |
| of   | d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
| (a) Li   | ne No   | (b) Amount involved                                    | (c) Name of   | noncha | arıtable exe | mpt organi        | zation     | (d) Des       | cription of | transfers, transaction | s, and sha           | rıng arra | ngemen     | ts    |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  | .1 661 .      |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   | ndation directly or indire                             |               |        |              |                   |            |               |             |                        | Г                    | □Yes      | <b>☑</b> N | _     |
|  |   | in section 501(c) of the                               | •             | tnan   | section 50   | J1(C)(3))         | or in sec  | tion 52//.    |             |                        |                      | ⊥ res     | <b>▼</b> N | 0     |
| D IT   | res, c  | omplete the following so<br>(a) Name of organizatio    |               |        | l a          | <b>b)</b> Type of | organizati | on            | I           | (c) Descriptio         | n of relation        | onship    |            |       |
|  |   | (-,  |               |        |              | -, -,,,           |            |               |             | (-)                    |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |
|  | 11  |  | T J           | L T I  |              |                   |            | 1             |             |                        |                      | L         |            | L t   |
|  |   | ler penalties of perjury, i<br>ny knowledge and belief |               |        |              |                   |            |               |             |                        |                      |           |            |       |
| Sig  | n who   | ch preparer has any kno                                | wledge        |        |              |                   |            |               |             |                        |                      |           |            |       |
| ler  | e 1   | *****  |               |        |              | 2017-05           | 5-12       | **            | ****        |                        | May the I with the p |           |            |       |
|  |   | Signature of officer or ti                             | rustee        |        |              | Date              |            | — <b>/</b> Tı | tle         |                        | (see instr           | · —       |            |       |
|  |   | <u></u>  |               |        |              |                   |            | 1             |             |                        | (50052.              |           |            |       |
|  |   | Print/Type preparer's                                  | name          | Prepa  | arer's Sıgı  | nature            |            | Date          |             | Check if self-         | PTIN                 |           |            |       |
|  |   |  |               |        |              |                   |            |               |             | employed ▶ □           |                      | P00156    | 688        |       |
| Paid   | d   | CONNIE HENDERS   | ON            |        |              |                   |            |               |             | cp.o, car              |                      |           |            |       |
|  | u<br>parei  | Francis was to BOW                                     | HC H.D        |        |              |                   |            |               |             |                        |                      |           |            |       |
|  | Only  |  | US LLP        |        |              |                   |            |               |             |                        | Firm's E             | IN ▶42    | -07143     | 325   |
|  | ··· y   |  | 01 MAIN STR   | REET S | SUITE 400    | )                 |            |               |             |                        |                      |           |            |       |
|  |   | IZ A   | NSAS CITY,    | MO     | 4112         |                   |            |               |             |                        | Phone n              | o (816    | 753-3      | 3000  |
|  |   |  |               |        | ·7112        |                   |            |               |             |                        |                      |           |            |       |
|  |   |  |               |        |              |                   |            |               |             |                        |                      |           |            |       |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |  |                                      |   |        |  |  |
|--|--|--------------------------------------|---|--------|--|--|
| Recipient  Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution         | Amount |  |  |
| a Paid during the year   | or substantial contributor   |                                      |   |        |  |  |
| KANSAS CITY BALLET ROAD PROGRAM<br>500 W PERSHING ROAD<br>KANSAS CITY, MO 64108                          | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 3,500  |  |  |
| QUAIL VALLEY CHARITIES INC<br>2345 HIGHWAY AIA<br>VERO BEACH, FL 32963                                   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 2,100  |  |  |
| RIVERSIDE THEATRE<br>3250 RIVERSIDE PARK DRIVE<br>VERO BEACH, FL 32963                                   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 20,069 |  |  |
| SANTA FE OPERA PO BOX 2408<br>SANTA FE, NM 87504   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 50,000 |  |  |
| THE LEARNING ALLIANCE<br>PO BOX 643446<br>VERO BEACH, FL 32964   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 10,035 |  |  |
| UNITED WAY OF INDIAN RIVER COUNTY<br>1836 14TH AVENUE<br>VERO BEACH, FL 32961                            | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 10,035 |  |  |
| FEED THE LAMBS ENRICHMENT<br>PROGRAM<br>1615 18TH AVENUE SW<br>VERO BEACH, FL 32962                      | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 250    |  |  |
| SMITHSONIAN MARINE STATION<br>701 SEAWAY DRIVE<br>FORT PIERCE, FL 34949                                  | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 1,000  |  |  |
| EVERY DREAM HAS A PRICE INC<br>2179 10TH AVENUE<br>VERO BEACH, FL 32960                                  | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 25     |  |  |
| INDIAN RIVER HABITAT FOR HUMANITY<br>4568 N US HIGHWAY 1<br>VERO BEACH, FL 32967                         | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 25     |  |  |
| VISITING NURSES ASSOCIATION OF<br>TREASURE COAST INC<br>1110 35TH LANE<br>VERO BEACH, FL 32960           | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 25     |  |  |
| CHILDREN'S HOME SOCIETY OF<br>FLORIDA<br>1485 SEMORAN BLVD NO 1448<br>WINTER PARK, FL 32792              | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 6,000  |  |  |
| INDIAN RIVER STATE COLLEGE<br>FOUNDATION<br>3209 VIRGINIA AVENUE<br>FORT PIERCE, FL 34981                | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 1,000  |  |  |
| TRINITY EPISCOPAL CHURCH<br>1830 S BABCOCK STREET<br>MELBOURNE, FL 32901                                 | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 5,275  |  |  |
| CREATIVE SANTA FE PO BOX 2388<br>SANTA FE, NM 87504  | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 25     |  |  |

Total . 3a 351,409

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |   |   |  |  |  |
|--|---|---|---|--|--|--|
| If recipient is an individual, show any relationship to  | Foundation<br>status of   | Purpose of grant or contribution  | Amount  |  |  |  |
| any foundation manager<br>or substantial contributor   | recipient   |   |   |  |  |  |
|  |   |   |   |  |  |  |
| NONE   | PC  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 25  |  |  |  |
| NONE   | PC  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 25  |  |  |  |
| NONE   | EOF   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 25  |  |  |  |
| NONE   | PC  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 25  |  |  |  |
| NONE   | PF  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 100   |  |  |  |
| NONE   | PC  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 16,500  |  |  |  |
| NONE   | PC  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 6,500   |  |  |  |
| NONE   |   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 100   |  |  |  |
| NONE   | PC  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 500   |  |  |  |
| NONE   |   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 5,000   |  |  |  |
| NONE   | PC  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 50  |  |  |  |
| NONE   |   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 500   |  |  |  |
| NONE   | PC  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 10,000  |  |  |  |
| NONE   | EOF   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION   | 50  |  |  |  |
|  | If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  NONE | If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  PC  NONE  PC | If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PF  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PF  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION  NONE  PC  FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION |  |  |  |

PC

FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION

25,000

351,409

MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905

Total . . 3a NONE

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment               |  |                                      |   |        |  |
|--|--|--------------------------------------|---|--------|--|
| Recipient  Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution            | Amount |  |
| a Paid during the year   |  |                                      |   |        |  |
| LIBERTY MEMORIAL LOAN (WWI<br>MUSEUM)<br>2 MEMORIAL DRIVE<br>KANSAS CITY, MO 64108                                     | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 25     |  |
| VILLAGE PRESBYTERIAN CHURCH<br>6641 MISSION ROAD<br>PRAIRIE VILLAGE, KS 66208  | NONE   | EOF                                  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 50     |  |
| CHILDREN'S MERCY HOSPITAL<br>2401 GILLHAM ROAD<br>KANSAS CITY, MO 64108  | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 50     |  |
| MUSEUM OF NEW MEXICO FOUNDATION<br>PO BOX 2065<br>SANTA FE, NM 87504   | NONE   | PF                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 68     |  |
| THE HUNGER COALITION<br>121 HONEYSUCKLE STREET<br>BELLEVUE, ID 83313   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 50     |  |
| SHEDD AQUARIUM<br>1200 SOUTH LAKE SHORE DRIVE<br>CHICAGO, IL 60605   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 100    |  |
| SUNRISE THEATRE<br>117 SOUTH 2ND STREET<br>FORT PIERCE, FL 34950   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 1,000  |  |
| THE FAMILY CONSERVANCY<br>444 MINNESOTA AVE SUITE STE 200<br>KANSAS CITY, KS 66101                                     | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 250    |  |
| MERIT SCHOOL OF MUSIC<br>38 SOUTH PEORIA STREET<br>CHICAGO, IL 60607   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 50     |  |
| SCOTT SCHWALLER MEMORIAL FUND<br>GREATER KANSAS CITY COMMUNITY<br>FOUNDATION<br>1055 BROADWAY<br>KANSAS CITY, MO 64105 | NONE   | PF                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 250    |  |
| KANSAS CITY HOSPICE<br>1500 MEADOW LAKE PARKWAY<br>KANSAS CITY, MO 64114   | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 25     |  |
| ST TERESA'S ACADEMY<br>5600 MAIN STREET<br>KANSAS CITY, MO 64113   | NONE   | EOF                                  | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 25     |  |
| BISHOP MIEGE HIGH SCHOOL<br>5041 REINHARDT<br>SHAWNEE MISSION, KS 66205  | NONE   | PC                                   | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 25     |  |
| ROCKHURST HIGH SCHOOL  | NONE   | EOF                                  | FOR THE EXEMPT PURPOSE OF                   | 25     |  |

PC

NONE

9301 STATE LINE ROAD KANSAS CITY, MO 64114

BOYS & GIRLS CLUB OF GKC

4001 BLUE PARKWAY NO 102

KANSAS CITY, MO 64132

Total . 3a THIS ORGANIZATION

THIS ORGANIZATION

FOR THE EXEMPT PURPOSE OF

50

351,409

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 Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JUVENILE DIABETES RESEARCH NONE ΡF FOR THE EXEMPT PURPOSE OF 50 **FOUNDATION** THIS ORGANIZATION 26 BROADWAY 15TH FL NEW YORK, NY 10004 JUST LIKE YOU FILMS NONE PC FOR THE EXEMPT PURPOSE OF 100 6320 BROOKSIDE PLAZA SUITE 293 THIS ORGANIZATION

| KANSAS CITY, MO 64113   |      |    |   |        |
|---|------|----|---|--------|
| THE SANTA FE OPERA PO BOX 2408<br>SANTA FE, NM 32963          | NONE | PC | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 9,991  |
| THE MAYO CLINIC<br>200 FIRST STREET SW<br>ROCHESTER, MN 55905 | NONE | PC | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION | 75,048 |
| THE SANTA FE OPERA PO BOX 2408                                | NONE | PC | FOR THE EXEMPT PURPOSE OF                   | 90,413 |

| П |   |      |    |  |      |
|---|---|------|----|--|------|
|   | THE MAYO CLINIC<br>200 FIRST STREET SW<br>ROCHESTER, MN 55905 | NONE | PC | FOR THE EXEMPT PURPOSE OF<br>THIS ORGANIZATION | 75,0 |
|   | THE SANTA FE OPERA PO BOX 2408<br>SANTA FE, NM 32963          | NONE | PC | FOR THE EXEMPT PURPOSE OF THIS ORGANIZATION    | 90,4 |
|   |   |      |    |  |      |

351,409 

| efile GRAPHIC print - DO NOT PROCESS                | As Filed Data - | DLN: 93491135046667 |  |  |
|---|-----------------|---------------------|--|--|
|   |                 | _                   |  |  |
| TV 2016 Taylor the out of Compounts Charle Cabadyla |                 |                     |  |  |

## **TY 2016 Investments Corporate Stock Schedule**

Name: JOHN N & MARILYN P MCCONNELL CHARITABLE

FOUNDATION INC

| EIN: 47-3373964                 |                           |                                  |  |  |
|---------------------------------|---------------------------|----------------------------------|--|--|
| Name of Stock                   | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |
| ALPHABET INC                    | 71,964                    | 106,511                          |  |  |
| CERNER CORP                     | 76,636                    | 54,712                           |  |  |
| CHENIERE ENERGY INC             | 70,596                    | 42,466                           |  |  |
| DANAHER CORP                    | 78,549                    | 93,797                           |  |  |
| GILEAD SCIENCES INC             | 59,764                    | 38,311                           |  |  |
| ILLUMINA INC                    | 45,447                    | 28,169                           |  |  |
| KANSAS CITY SOUTHERN INDUSTRIES | 36,544                    | 33,092                           |  |  |
| SOUTHERN CO                     | 36,166                    | 41,812                           |  |  |
| THERMO FISHER SCIENTIFIC INC    | 122,121                   | 134,751                          |  |  |
| WALGREENS BOOTS ALLIANCE INC    | 0                         | 0                                |  |  |
| UNIVERSAL DISPLAY CORP          | 89,531                    | 191,420                          |  |  |
| FORTIVE CORP - W/I              | 24,415                    | 32,285                           |  |  |
| WESTAR ENERGY INC.              | 560,981                   | 1,637,849                        |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data -                   | DLN: 93491135046667      |
|--------------------------------------|-----------------------------------|--------------------------|
| TY 2016 Investments - Other S        | Schedule                          |                          |
|                                      | JOHN N & MARILY<br>FOUNDATION INC | N P MCCONNELL CHARITABLE |

| <b>EIN:</b> 4/-33/3964           |                       |            |                                  |  |
|----------------------------------|-----------------------|------------|----------------------------------|--|
| Category/ Item                   | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |  |
| SALIENT MLP TOTAL RETURN TE FUND | AT COST               | 245,759    | 251,400                          |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |                           | DLN: 93491135046667 |  |  |
|--------------------------------------|-----------------|---------------------------|---------------------|--|--|
| TY 2016 Other Decreases Schedule     |                 |                           |                     |  |  |
|                                      |                 |                           |                     |  |  |
| Name:                                | JOHN N & MAF    | RILYN P MCCONNELL CHARITA | BLE                 |  |  |
| FOUNDATION INC                       |                 |                           |                     |  |  |
| <b>EIN:</b> 47-3373964               |                 |                           |                     |  |  |
| De                                   | escription      |                           | Amount              |  |  |
| MARKET VALUE ADJUSTMENT ON CONTR     | RIBUTION        |                           | 1,189,430           |  |  |

| efile GRAPHIC print - DO NOT PROCESS   | As Filed Data -                      | ·                        | DLN                    | : 93491135046667                            |  |
|--|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2016 Other Expenses Schedule  |                                      |                          |                        |   |  |
| Name: JOHN N & MARILYN P MCCONNELL CHARITABLE FOUNDATION INC EIN: 47-3373964 Other Expenses Schedule |                                      |                          |                        |   |  |
| Description  | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |
| SALIENT PTN EXPENSES   | 2,410                                | 2,410                    |                        | 0   |  |
| TODD FENNELL FEES  | 377                                  | 377                      |                        | 0   |  |

11,620

11,620

MANAGER FEE

| cine district print Do Not 1 Rocess | A3 T IICG Data | DEI(1 )5431133040007 |
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|                                     |                |                      |
|                                     | _              |                      |
| TY 2016 Other Income Schedu         | ile            |                      |
| o_o o o o o o o o o o o o o o o o o |                |                      |
|                                     |                |                      |
|                                     |                |                      |

Name: JOHN N & MARILYN P MCCONNELL CHARITABLE

DIN: 93491135046667

FOUNDATION INC.

47 22726

**EIN:** 47-3373964

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| Other Income Schedule         |                                   |                          |                     |  |  |
|-------------------------------|-----------------------------------|--------------------------|---------------------|--|--|
| Description                   | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |  |  |
| OTHER INVESTMENT INCOME - PTN | 13,525                            | 13,525                   | 13,525              |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data          | <u>-</u>                 | DLI                    | N: 93491135046667                           |  |
|--------------------------------------|------------------------|--------------------------|------------------------|---|--|
| TY 2016 Taxes Schedule               | TY 2016 Taxes Schedule |                          |                        |   |  |
|                                      |                        |                          |                        | <b>!</b>                                    |  |
| Name:                                | JOHN N & M             | IARILYN P MCCONN         | NELL CHARITABLE        |   |  |
| FOUNDATION INC                       |                        |                          |                        |   |  |
| EIN:                                 | <b>EIN:</b> 47-3373964 |                          |                        |   |  |
| Category                             | Amount                 | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |
| FEDERAL EXCISE TAX 2015              | 13,875                 | 0                        |                        | 0   |  |
| FEDERAL ESTIMATED TAX 2016           | 600                    | 0                        |                        | 0   |  |
| MISCELLANEOUS                        | 307                    | 0                        |                        | 0   |  |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491135046667 |  |   |   |   |  |
|--|--|---|---|---|--|
| Schedule B<br>(Form 990, 990-EZ,   | Schedule of Contributors   |   |   | OMB No 1545-0047  |  |
| or 990-PF) Department of the Treasury Internal Revenue Service           | ► Information about Schedule B (   | ► 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> . |   | 2016  |  |
| Name of the organizat<br>JOHN N & MARILYN P MC                           |  |   | Employer id   | lentification number  |  |
| FOUNDATION INC  Organization type (characteristics)                      | eck one)   |   | 47-3373964  |   |  |
| organization type (on  | on one   |   |   |   |  |
| Filers of:   | Section:   |   |   |   |  |
| Form 990 or 990-EZ   | 501(c)( ) (enter number) organization  |   |   |   |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |   |   |   |  |
| 5 000 D5   | 527 political organization   |   |   |   |  |
| Form 990-PF  | <b>✓</b> 501(c)(3) exempt private foundation   |   |   |   |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |   |   |   |  |
|  | 501(c)(3) taxable private foundation   |   |   |   |  |
|  | ation filing Form 990, 990-EZ, or 990-<br>r property) from any one contributor C   |   |   |   |  |
| Special Rules  |  |   |   |   |  |
| under sections : received from a   | tion described in section 501(c)(3) filin<br>509(a)(1) and 170(b)(1)(A)(vi), that che<br>ny one contributor, during the year, tot<br>ne 1h, or (ii) Form 990-EZ, line 1 Com                                | ecked Schedule A (Form 990 or 9<br>al contributions of the greater of <b>(</b>  | 90-EZ), Part II, line 13,   | 16a, or 16b, and that   |  |
| during the year,   | tion described in section 501(c)(7), (8) total contributions of more than \$1,00 the prevention of cruelty to children or  | 0 <i>exclusively</i> for religious, charita   | ble, scientific, literary, c  |   |  |
| during the year,<br>If this box is che<br>purpose Do no                  | tion described in section 501(c)(7), (8) contributions exclusively for religious, cked, enter here the total contributions complete any of the parts unless the able, etc., contributions totaling \$5,000 | charitable, etc. purposes, but no<br>s that were received during the ye<br>General Rule applies to this orga  | such contributions tota<br>ear for an <i>exclusively</i> re<br>anization because it rec | led more than \$1,000<br>ligious, charitable, etc,<br>eived <i>nonexclusively</i> |  |
| 990-EZ, or 990-PF), bu   | on that is not covered by the General F<br>: it <b>must</b> answer "No" on Part IV, line 2<br>form 990PF, Part I, line 2, to certify tha   | 2, of its Form 990, or check the bo   | ox on line H of its   |   |  |
| For Paperwork Reduction for Form 990, 990-EZ, or 9                       | Act Notice, see the Instructions<br>0-PF   | Cat No 30613X   | Schedule B (Form 990  | , 990-EZ, or 990-PF) (2016)   |  |

| Name of organization IOHN N & MARILYN P MCCONNELL CHARITABLE FOUNDATION INC |  | Employer identification<br>47-3373964 | Employer identification number<br>47-3373964                           |  |  |
|---|--|---------------------------------------|--|--|--|
| Part I  | Contributors (see instructions) Use duplicate copies of Part I if ad | ditional space is needed              |  |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions            | (d)<br>Type of contribution  |  |  |
| 1   | JOHN N MCCONNELL  715 SANDFLY LANE                                   | \$ 204.765                            | Person   |  |  |
|   | VERO BEACH, FL32963  | \$ 204,765                            | Noncash  (Complete Part II for noncash contributions)                  |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions            | (d)<br>Type of contribution  |  |  |
| 2   | JOHN N MCCONNELL  715 SANDFLY LANE  VERO BEACH, FL32963              | \$ 1,531,650                          | Person Payroll Doncash (Complete Part II for noncash contributions )   |  |  |
| (a)<br>No.  | (b) Name, address, and ZIP + 4                                       | (c) Total contributions               | (d)<br>Type of contribution  |  |  |
| 3   | JOHN N MCCONNELL  715 SANDFLY LANE  VERO BEACH, FL32963              | <u>\$ 319,104</u>                     | Person   |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions            | (d)<br>Type of contribution  |  |  |
| 4   | JOHN N MCCONNELL  715 SANDFLY LANE  VERO BEACH, FL32963              | \$ 3,322                              | Person  Payroll  Noncash  (Complete Part II for noncash contributions) |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions            | (d)<br>Type of contribution  |  |  |
| -   |  | <u>\$</u>                             | Person Payroll Noncash (Complete Part II for noncash contributions)    |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions            | (d)<br>Type of contribution  |  |  |
|   |  | \$                                    | Person  Payroll  Noncash  (Complete Part II for noncash contributions) |  |  |

| Schedule B (Forr                        | n 990, 990-EZ, or 990-PF) (2016)  |  | Page <b>3</b>                  |  |
|---|---|--|--------------------------------|--|
|   | N P MCCONNELL CHARITABLE  |  | Employer identification number |  |
| FOUNDATION INC Part II Noncash Property |   | 47-3373964                               |                                |  |
| (a)<br>No.from Part I                   | (see instructions) Use duplicate copies of Part II if additional space is needed (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |
| 1                                       | 3400 SHARES UNIVERSAL DISPLAY CORPORATION   | \$ 204 765                               | 2016-04-18                     |  |
| (a)<br>No.from Part I                   | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |
| 2                                       | 27272 97 SHARES WESTAR ENERGY INC   | \$ 1,531 650                             | 2016-06-14                     |  |
| (a)<br>No.from Part I                   | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |
| 3                                       | 5691 68 SHARES WESTAR ENERGY INC  | \$ 319 104                               | 2016-06-15                     |  |
| (a)<br>No.from Part I                   | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |
|   |   | \$                                       |                                |  |
| (a)<br>No.from Part I                   | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |
|   |   | \$                                       |                                |  |
| (a)<br>No.from Part I                   | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |  |
|   |   | s  |                                |  |
|   |   |  |                                |  |

| Schedule B (Form  | 990, 990-EZ, or 990-PF) (2016)  |  | Page <b>4</b>  |  |
|---|---|--|--|--|
| Name of organization JOHN N & MARILYN P MCCONNELL CHARITABLE FOUNDATION INC |   |  | Employer identification number 47-3373964  |  |
| than \$1,<br>organiz<br>the year  | 000 for the year from any one contributor   | r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$ | d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for |  |
| (a)<br>No.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   | Relationship of transferor to transferee   |  |
| (a)   | (I) Down and of sife  | (2) 112 2 25 1156  |  |  |
| 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 |  |  |  |
| (a)<br>No.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   | Relationship of transferor to transferee   |  |
| (a)<br>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 transf     |  |  |  |
|   |   |  | Schedule B (Form 990, 990-EZ, or 990-PF) (2016)  |  |