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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

MICHAEL LYNCH MEMORIAL FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 132

City or town, state or country, and ZIP + 4

BRONX, NEW YORK 10465

D Employer identification number

13-4200404

E Telephone number

(718) 409-3165

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ mlynch.org**J** Tax-exempt status (check only one) — ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 373,402**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	265,062
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	28,323
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 249,318 of contributions reported on line 1)	6a	80,017
b	Less direct expenses other than fundraising expenses	6b	83,094	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(3,077.00)	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00	
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	290,308.00	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	200,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	607
	16	Other expenses (describe ▶ Bank/Credit Card Fees, State Annual Reports)	16	3,248
	17	Total expenses. Add lines 10 through 16	17	203,855.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	86,453.00
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	859,684.00
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	946,137.00

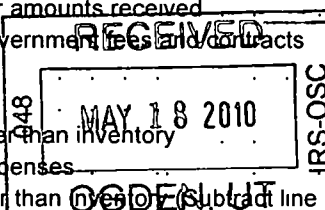
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	859,684	22 946,137
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	859,684.00	25 946,137.00
26 Total liabilities (describe ▶)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	859,684.00	27 946,137.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED JUL 03 2010



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Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	SCHOLARSHIPS/EDUCATIONAL ASSISTANCE		
	(Grants \$) If this amount includes foreign grants, check here	28a	200,000
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32a	00,000.00

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation
(If not paid,
enter -0-)

(d) Contributions to employee benefit plans & deferred compensation	
---	--

(e) Expense account and other allowances

JOHN B. LYNCH, SR.				
P.O. BOX 132 BRONX, NY 10465	PRESIDENT 4	0	0	0

JOHN B. LYNCH, JR.				
P.O. BOX 132 BRONX, NY 10465	SECRETARY 4	0	0	0

FREDERICK J. LYNCH				
P.O. BOX 132 BRONX, NY 10465	TREASURER 4	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <u>JOHN LYNCH</u> Telephone no. <u>(718) 409-3165</u> Located at <u>BRONX, NEW YORK</u> ZIP + 4 <u>10465</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

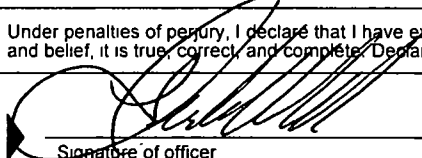
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date MAY 8 2010	
Paid Preparer's Use Only	Type or print name and title Treasurer - Frederick J Lynch		Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Preparer's signature	Date		
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MICHAEL LYNCH MEMORIAL FOUNDATION

Employer identification number

13-4200404

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?

11g(ii)		
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(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
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h Provide the following information about the supported organization(s).

B Provide the following information about the supported organization(s).									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0.00

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	186,412	171,595	220,643	181,192	265,062	1,024,904.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	186,412.00	171,595.00	220,643.00	181,192.00	265,062.00	1,024,904.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						326,153
6 Public support. Subtract line 5 from line 4						698,751.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	186,412.00	171,595.00	220,643.00	181,192.00	265,062.00	1,024,904.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,727	23,223	35,230	31,237	28,323	126,740.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						1,151,644.00
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	60.67%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	66.29%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I) **NOT APPLICABLE**

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

NOT APPLICABLE

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

MICHAEL LYNCH MEMORIAL FOUNDATION

Employer Identification number

13-4200404

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- | (i) Name of individual
or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have
custody or control of
contributions? | | (iv) Gross receipts
from activity | (v) Amount paid to
(or retained by)
fundraiser listed in
col (i) | (vi) Amount paid to
(or retained by)
organization |
|--|---------------|--|----|--------------------------------------|---|---|
| | | Yes | No | | | |
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| Total | | | | | | |

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>AWARDS DINNER</u> (event type)	<u>GOLF OUTING</u> (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	291,563	37,772		329,335.00
	2 Less: Charitable contributions	231,394	17,924		249,318.00
	3 Gross income (line 1 minus line 2)	60,169.00	19,848.00		80,017.00
Direct Expenses	4 Cash prizes				0.00
	5 Noncash prizes				0.00
	6 Rent/facility costs				0.00
	7 Food and beverages				0.00
	8 Entertainment				0.00
	9 Other direct expenses	62,121	20,973		83,094.00
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶	(83,094.00)			
	11 Net income summary. Combine line 3, column (d), and line 10 ▶	(3,077.00)			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. **NOT APPLICABLE**

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party		
	Name ►		
	Address ►		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

ATTACHMENT TO FORM 990-EZ, PART I, LINE 10

<u>Grantee's Name</u>	<u>Grantee's Address</u>	<u>Amount Awarded</u>
Darren McKee	103 Wilson Avenue Long Beach, NY 11561	\$5,000.00
Kaitlyn Hurley	117 Onderdock Road Warwick, NY 10990	\$5,000.00
Kelly McCool	122C Sunset Road Montros, NY 10548	\$5,000.00
Sarah Rogan	85 Sylvia Drive West Islip, NY 11795	\$5,000.00
Daniel Newman	17 Manville Lane Rockaway Point, NY 11697	\$5,000.00
Raymond Wang	3 Ethan Court Orangeburg, NY 10962	\$5,000.00
Catherine Melia	15 Driscoll Avenue Rockville Centre, NY 11570	\$5,000.00
Lauren McNoble	232 Bixley Heath Lynbrook, NY 11563	\$5,000.00
Alyson Lee	228 Beach 128 th Street Belle Harbor, NY 11694	\$5,000.00
Justin Werner	143-09 Newport Avenue Neponsit, NY 11694	\$ 5,000.00
Celsete Pollicino	25 Randy Lane Plainview NY 11803	\$ 5,000.00
Alycia Foti	473 FDR Drive #706K New York, NY 10002	\$ 5,000.00
Bridget Fisher	2318 Balle Lane Point Pleasant, NJ 08742	\$ 5,000.00

ATTACHMENT TO FORM 990-EZ, PART I, LINE 10

Robert Pay	509 Chelsa Road Oceanside, NY 11572	\$ 5,000.00
Kyle Bloecker	7 Swan Ct. Old Bethpage, NY 11804	\$ 5,000.00
Colleen Walsh	5 Sunset Terrace Highland Mills, NY 10930	\$ 5,000.00
Kyle Ferrier	207 Palmer Circle Sayerville, NY 11782	\$ 5,000.00
Particia Moran	7 Bonnie Brae Ct. Granite Springs, NY 10527	\$ 5,000.00
Alyssa Palma	181 Elderberry Rd. Mineola, NY 11501	\$5,000.00
Christopher Otten	7 South Harrison Ave. East Islip, NY 11730	\$5,000.00
Kathryn McCool	122C Sunset Rd. Montrose, NY 10548	\$5,000.00
Christine Berghorn	153 Woodbine Ave. Merrick, NY 11566	\$5,000.00
Anne Melia	15 Driscoll Ave. Rockville Centre, NY 11570	\$5,000.00
Danielle Fleischmann	146 Highland Ave. Eastchester, NY 10709	\$5,000.00
Patrick Skehill	63 Spence Ave. Holtsville, NY 11742	\$5,000.00
Wendy Scherer	21 Oak St. St. James, NY 11780	\$5,000.00
Kate Newman	17 Manville Lane Rockaway Point, NY 11697	\$5,000.00
AnnMarie Kennedy	968 78 th Street Brooklyn, NY 11228	\$5,000.00

ATTACHMENT TO FORM 990-EZ, PART I, LINE 10

Kathleen Baker	39 Rolling Hills Drive Ridge, N.Y. 11961	\$5,000.00
Megan Morris	35 Brentwood Road Carmel, NY 10512	\$5,000.00
Lauren Pearsall	2 Second Street Glenwood Landing, NY 11547	\$5,000.00
Michael Hogan	37 Astor Avenue St. James, NY 11780	\$5,000.00
Jacob Vormittag IV	394 Laurel Road Pearl River, NY 10965	\$5,000.00
Kristen Incarnato	101 Lolly Lane Centerreach, NY 11720	\$5,000.00
Christine Conroy	89 Chester Avenue Brooklyn, NY 11218	\$5,000.00
Jean Caliendo	64 Jane Road Hauppauge, NY 11788	\$5,000.00
Jeanna Calia	73 Sandpiper Drive Manalapan, NJ 07726	\$5,000.00
James Lynch	16 Garrity Blvd. Brewster, NY 10509	\$5,000.00
William Krukowski	8 Terri Drive Kings Park, NY 11754	\$5,000.00
Matthew Jovic	211 McKinley Street Massapequa Park, NY 11762	\$5,000.00

None of the grantees are related to any officers/directors of the Foundation.

**MICHAEL LYNCH MEMORIAL FOUNDATION
P.O. BOX 132
BRONX, NY 10465**

LIST OF OFFICERS & DIRECTORS

Officers:

John B. Lynch, Sr. – President
John B. Lynch, Jr. – Secretary
Frederick J. Lynch – Treasurer

Directors:

John B. Lynch, Sr.
Kathleen V. Lynch
John B. Lynch, Jr.
Maureen Baker
Frederick J. Lynch
Kevin Lynch
Thomas Lynch
Colleen Parigen
Paul Lynch
Mark Multerer
Patrick Lynch
Kathleen A. Lynch

None of the Officers/Directors receive any compensation for their duties.

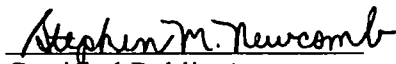
INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Michael Lynch Memorial Foundation
P.O. Box 132
Bronx, NY 10465

I have audited the accompanying statements of financial position of the Michael Lynch Memorial Foundation (a not-for-profit organization) as of December 31, 2009 and the related statements of activities and changes in net assets. The financial statements are the responsibility of the Organization's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted the audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that the audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Michael Lynch Memorial Foundation as of December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.


Certified Public Accountant

Yonkers, New York
April 23, 2010

MICHAEL LYNCH MEMORIAL FOUNDATION, INC.

Notes to Financial Statements

December 31, 2009

Note 1 – Organization:

Michael Lynch Memorial Foundation, Inc. (the “Foundation”) was incorporated on November 29, 2001, to provide grants to enable children of firefighters and other victims of the September 11 attacks and other fires and disasters to afford higher education. The Foundation is an organization described under Section 501(c)(3) of the Internal Revenue Code and therefore is exempt from Federal income taxes pursuant to Section 501(a) of the Code.

Note 2 – Summary of Significant Accounting Policies:

- a. The financial statements of the Foundation are presented on the cash basis of accounting. The cash basis recognizes revenues when cash is received and expenses when the obligation is paid.
- b. A substantial number of volunteers made significant contributions of their time to the Foundation’s programs. The value of this contributed time is not reflected in these statements since it is not susceptible to objective measurement or valuation.

Note 3 – Savings and Cash Investments:

Savings and Cash Investments consist of an insured money-market savings account, and insured certificates of deposit.

Note 4 - Contributions:

Contributions are recognized as revenues in the period received.

Note 5 - Financial Dependency:

The Foundation’s largest sources of revenue are individual monetary contributions. The Foundation is economically dependent on these contributions to carry on its operations.

Note 6 - Property and Equipment:

None

Note 7 - Commitments and Other Contingencies:

None

MICHAEL LYNCH MEMORIAL FOUNDATION
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2009

2009

Revenue and Other Support:

Contributions, Gifts, Grants, and Similar Amounts Received	\$265,062
Special Events (Net of Expenses)	(3,077)
Interest & Dividends	<u>28,323</u>
	<u>\$290,308</u>

Operating and Other Expenses:

Program Services:

Scholarship Grants	\$200,000
Total Program Services	<u>\$200,000</u>

Support Services:

Management & General	\$ 3,855
Total Support Services	<u>\$ 3,855</u>

Total Operating Expenses	<u>\$203,855</u>
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Changes in Net Assets	\$ 86,453
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Net Assets

Beginning of Year	<u>\$859,684</u>
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Net Assets

End of Year	<u>\$946,137</u>
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MICHAEL LYNCH MEMORIAL FOUNDATION
STATEMENT OF FINANCIAL POSITION
AS OF DECEMBER 31, 2009

ASSETS

Cash and Cash Equivalents	<u>\$946,137</u>
Total Assets	\$946,137

LIABILITIES AND NET ASSETS

Liabilities:

Accounts Payable and Accrued Expenses	None
Total Liabilities	None
Net Assets	<u>\$946,137</u>
Total Liabilities and Net Assets	\$946,137