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## Form 990-PF Department of the Treasury Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

	ruru	alen	dar year zuit or tax year	<u>beginning</u>					, and er	laing					
	Nar	ne of	foundation								A E	mployer identificatio	n number		
			AN LYNCH FAM								+	48-0896694	<u> </u>		
	Number and street (or P O box number if mail is not delivered to street address)  Room/suite								Room/suite	<b>B</b> Telephone number					
			95 WEST GREE	ENTREE	COURT						_	<u>(913)390-8</u>	3525		
	,		own, state, and ZIP code	\ C 1							C If	exemption application is	pending, check h	ere	
			THE, KS 660				i				-				
	GC	heck	all that apply	Initial return			Initial return of		rmer public c	harity	0 1	. Foreign organization	s, check here		
				Final return			Amended retu	rn			١.	Foreign organizations m	eeting the 85% t	est, 🛌 i	
		اممط	<u> </u>	Address chan			Name change Invate foundation				∤ ²	. check here and attach c	omputation		
	<u> </u>	-	type of organization { ction 4947(a)(1) nonexem				rivate roundation ixable private foi		tion			f private foundation sta			$\overline{}$
	_ <u></u>		rket value of all assets at 6		Accountii				Accri	ıol	7	inder section 507(b)(1			
			Part II, col. (c), line 16)	silu di yeai	<del></del> 1	her (sp		)11	Accit	Jai	1	f the foundation is in a inder section 507(b)(1			
	( <i>''</i>			),570.			must be on ca	sh t	oasis)		u	inder section 507(b)(1	)(b), check he	ile 🗾	
	Pa	rt I	Analysis of Revenue an (The total of amounts in colu				) Revenue and		(b) Net inv	estment.		(c) Adjusted net	(d) Disb	ursements	
	<u> </u>	<u></u>	<ul> <li>(The total of amounts in colu- necessarily equal the amoun</li> </ul>	mns (b), (c), and ( its in column (a))	d) may not		penses per book	s	inco			income	for chantal		
		1	Contributions, gifts, grant	ts, etc , receive	d		50,040	<b>5.</b>				N/A			
		2		n is not required to at	tach Sch B									***************************************	~~~~
		3	Interest on savings and tempo cash investments	orary				1.		1.			STATEM	ENT	2
~		4	Dividends and interest fro	m securities			20,092	2.	2	0,092.			STATEM	ENT	3
2012		5a	Gross rents								ļ	·····			
7		b	Net rental income or (loss) _					_							
8	e	6a	Net gain or (loss) from sale of a Gross sales price for all				13,80	1.		<del></del>	ļ		STATEM	ENT	1
>	Revenue	b	assets on line 6a	<u>-</u>	738.			-		2 002	<u> </u>				
MAY 3 0	æ		Capital gain net income (from	•					3	3,083.	-				
		_	Net short-term capital gai	ın				-							
		9 10a	Income modifications Gross sales less returns	1							-	······································			
Z		_	and allowances  Less Cost of goods sold					_							
SCANNED			Gross profit or (loss)				•		***************************************		1-		<del> </del>		
ပ္သ		11	Other income				<4,96	) <b>.</b>	> <	4,960.	$\vdash$		STATEM	ENT	4
(J)		12	Total. Add lines 1 throug	h 11			78,97			8,216.					
		13	Compensation of officers, dire	ectors, trustees, e	etc		(	).		0.					0.
		14	Other employee salaries a	and wages											
	(n	15	Pension plans, employee	benefits							<u> </u>				
	ıses		Legal fees											ļ <u>.</u>	
	ē		Accounting fees	STM	T 5		97	٠ د		975.	<u> </u>	RECEIV	±D .		0.
	ũ		Other professional fees								1		1 SC		
	Ě		Interest	СШМ	T 6		25	<del>,</del>		40.	15	<del>\$  MAY 1 8 °</del>	2012   9	<b> </b>	^
	and Administrative Expen		Taxes		11 0		23	<del>' •</del>		40.	115	4	100		0.
	Ē	19 20	Depreciation and depletio Occupancy	111				-			#	OGDEN,	UT	<del> </del>	•••••
	Adr	21	Travel, conferences, and	meetings							╟═	ر المالياليالياليا	-	J	
	P	22	Printing and publications	-							$\vdash$		<del>                                     </del>		
	g B	23	Other expenses												
	atin		Total operating and adm	inistrative											
	Operating		expenses. Add lines 13 t				1,23	2.		1,015.					0.
	0	25	Contributions, gifts, grant	-			1,23 27,70	5.					2	7,70	
		26	Total expenses and disb	ursements.											
			Add lines 24 and 25				28,93	7.		1,015.			2	27,70	)5 <u>.</u>
		27	Subtract line 26 from line	12											_
			Excess of revenue over expen				50,04	) <b>.</b>							
			Net investment income (	-		ļ	······································		4	7,201.	<u> </u>		-		
	1005	C	Adjusted net income (if ne	egative, enter -0-	)		<b>.</b>					N/A	<u> </u>		

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		•
(must agree with end-of-year figure reported on prior year's return)	1	508,447.
2 Enter amount from Part I, line 27a	2	50,040.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	558,487.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	558,487.

Part IV Capital Gains a	and Losses for Tax on Ir	nvestment	Income					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)  (b) How acquired P - Purchase D - Donation				d (ı	Date ac		(d) Date sold (mo , day, yr )	
1a PUBLICLY TRADEI	SECURITIES					_		
b CAPITAL GAINS I	DIVIDENDS							
C								
_d	<del></del>							
<u>e</u>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				n or (loss) (f) minus (	g)
a 71,609.			38,65	5.				32,954.
b 129.	<del></del>							129.
C								
d			<del></del> -					
Complete only for accets chayung	gain in column (h) and owned by	the foundation	on 10/01/60		411.0			<del></del>
Complete only for assets showing		T					l (h) gain i ot less than	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any		00. (	Losses (f	from col (h	1))
a		1	()//					32,954.
b	···	-						129.
C	<del>-</del>	<del> </del>		<del></del>				127
d								
e	· · · · · ·							
	∫ If gain, also ente	r in Part I line	7	7				
2 Capital gain net income or (net cap	oital loss) { If (loss), enter -0	)- ın Part I, line	7	2				33,083.
3 Net short-term capital gain or (loss								
If gain, also enter in Part I, line 8, o		(0)		<i>J</i>				
If (loss), enter -0- in Part I, line 8				J 3			N/A	
Part V Qualification Ur	nder Section 4940(e) for	r Reduced	Tax on Net	Investment	t Inco	me		
If section 4940(d)(2) applies, leave thi Was the foundation liable for the secti If "Yes," the foundation does not qualif	on 4942 tax on the distributable an			od?				Yes X No
1 Enter the appropriate amount in ea	ach column for each year, see instr	ructions before	making any entrie	S				
(a) Base period years	(b)			(c)			Dietrib	(d) ution ratio
Calendar year (or tax year beginnin		1	Net value of nor	ncharitable-use a		(c		ided by col (c))
2010	1	1,783.		539,		02		.021832
2009		0.	-	410,2				.000000
2008		0.		429,8				.000000
2007		0.		329,0				.000000
2006		0.		235,2	230.	<del> </del>		.000000
7. Total of loss 4. selvens (d)								001000
2 Total of line 1, column (d) 3 Average distribution ratio for the 5	waar bass paried duuds the total	on line O by E	or his the assesses	-f		2	<u>_</u>	.021832
3 Average distribution ratio for the 5 the foundation has been in existen-		on line 2 by 5,	or by the number	or years				.004366
the foundation has been in existen	ce ii iess tiiaii 5 years					3	<del>-</del>	.004300
4 Enter the net value of noncharitable	e-use assets for 2011 from Part Y	line 5				4		648,992.
	0 000 000000 101 20 11 110111 7 010 11,							010,332.
5 Multiply line 4 by line 3						5		2,833.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		472.
	. ,							
7 Add lines 5 and 6						7		3,305.
								•
8 Enter qualifying distributions from	Part XII, line 4					8		27,705.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	tb, and comp	lete that part using	a 1% tax rate				
See the Part VI instructions	<u> </u>	<u> </u>						

Form		08966			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see in	ıstru	ctior	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%			4	<u>72.</u>
	of Part I, line 27b				
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 🗸 📗				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3				4	72.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			4	72.
6					
	a 2011 estimated tax payments and 2010 overpayment credited to 2011				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	1 Backup withholding erroneously withheld 6d 6				^
7	Total credits and payments Add lines 6a through 6d				0.
8	· · · · · · · · · · · · · · · · · · ·				72
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			4	72.
10	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
	Enter the amount of line 10 to be Credited to 2012 estimated tax Refunded 11				
	art VII-A Statements Regarding Activities	Т		Vaa	No
12	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	}	4-	162	X
	any political campaign?		1a		X
IJ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	+	1b		
	If the answer is "Yes" to $1_{\alpha}$ or $1_{b}$ , attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities		10		Х
	c Did the foundation file <b>Form 1120-POL</b> for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ŀ	10		
u	(1) On the foundation  \$\bigs\\$  \text{O} \cdot \text{(2) On foundation managers} \bigs\\$  \text{O} \cdot \text{O} \text{O} \cdot \				
0	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers > \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	į į	х
-	If "Yes," attach a detailed description of the activities.	ŀ	_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Ì	4a		X
		/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				1
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV				
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions) NONE				
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT	9	8b	ļ	X
9					
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Forn	n <b>990</b>	-PF	(2011)

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Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	647,360.
b	Average of monthly cash balances	1b	647,360. 11,515.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	658,875.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	658,875.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,883.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	9,883. 648,992.
6	Minimum investment return. Enter 5% of line 5	6	32,450.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	32,450.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	472.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	472. 31,978.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	31,978.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	31,978.
P	art XII Qualifying Distributions (see instructions)	r	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		05 505
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	27,705.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,705.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	472. 27,233.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u> 27,233.</u>

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

BRYAN LYNCH FAMILY FOUNDATION

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4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

BRYAN LYNCH FAMILY FOUNDATION

	(a) Corpus	(b) Years prior to 2010	( <b>c</b> ) 2010	( <b>d)</b> 2011
1 Distributable amount for 2011 from Part XI, line 7				31,978.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			26,705.	
<b>b</b> Total for prior years		_		
S. Fyeese distributions personal features 2011		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
<b>b</b> From 2007				
c From 2008				
d From 2009				
e From 2010	0.	`		
f Total of lines 3a through e	<b>0</b> •			
4 Qualifying distributions for 2011 from Part XII, line 4 ►\$ 27,705.				
			26,705.	
a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior			20,703.	
		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<b>0</b> • I			1,000.
d Applied to 2011 distributable amount	0.			1,000.
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2011	0.			0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	<b>.</b>			
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		-	·····
b Prior years' undistributed income Subtract		_		
line 4b from line 2b		0.		·····
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		`
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr		`	0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				30,978.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	•			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012	•			
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				Form <b>990-PF</b> (2011)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CLAYTON PUBLIC SCHOOLS PARENT TEACHER PUBLIC GROWING GLENRIDGE ORGANIZATION COUNCIL 7447 WELLINGTON WAY CLAYTON, MO 63105 3,000. PUBLIC KANSAS UNIVERSITY ENDOWMENT N/A ALUMNI ASSOCIATION FOUNDATION UNRESTRICTED P.O. BOX 928 LAWRENCE, KS 66044-0928 1,000. LAWRENCE ARTS CENTER N/A PUBLIC GENERAL FUND 940 NEW HAMPSHIRE ST. LAWRENCE, KS 66044 1,000. ST. JOHN CATHOLIC SCHOOL N/A PUBLIC ANNUAL SCHOOL 1229 VERMONT ST. IMPROVEMENT PROJECT LAWRENCE, KS 66047 2,000. LAWRENCE MEMORIAL HOSPITAL ENDOWMENT PUBLIC THE RIGHT CARE, RIGHT ASSOCIATION HERE, RIGHT NOW 325 MAINE CAMPAIGN LAWRENCE, KS 66044 1,000. SEE CONTINUATION SHEET(S) **▶** 3a 27,705. **b** Approved for future payment NONE Total

Part XVI-A	Analy	sis of	Income-	-Producina	Activities
* A*** * * * * * * * * * * * * * * * *	71101	7313 01		i roducing	WOU ALTICO

0.070.00.00	business income	EXCIU	ded by section 512, 513, or 514	(e)
(a)	(b)	(C) Exclu-	(d)	Related or exempt
Business	Amount	sion code	Amount	function income
			_	
				·
				_
		14	1.	
		14	20,092.	
				,
				<del></del>
		41	<4,960.	•
		18	13,804.	
	_			
				_
	0	•	28,937.	
			13	28,93
	Business code	Business Amount  O	Business Code  Amount Sion Code  14  14  18	Amount   Sich   Amount   Sich   Amount

### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

12-02-1

orm 990-P <b>Part X\</b>		LYNCH FAMILY F		48-089 nd Relationships With Noncha			age 13
<u>,                                    </u>	Exempt Organ		and mansactions a	nd Relationships with Nonone		-	
1 Did th		rectly engage in any of the following	ng with any other organizatio	n described in section 501(c) of		Yes	No
	-	(3) organizations) or in section 5		• •			
a Trans	fers from the reporting founda	ation to a noncharitable exempt or	ganization of				
(1) C	ash				1a(1)		X
<b>(2)</b> 0	Other assets				1a(2)		Х
<b>b</b> Other	transactions						
(1) S	ales of assets to a noncharital	ble exempt organization			1b(1)		X
(2) P	urchases of assets from a no	ncharitable exempt organization			1b(2)		X
( <b>3</b> ) R	Rental of facilities, equipment,	or other assets			1b(3)		X
(4) R	Reimbursement arrangements				1b(4)		X
(5) L	oans or loan guarantees				1b(5)		X
(6) P	erformance of services or me	mbership or fundraising solicitation	ons		1b(6)		X
c Sharir	ng of facilities, equipment, ma	ılıng lists, other assets, or paid en	nployees		1 <u>c</u>	L	X
			• •	vays show the fair market value of the goods,		sets,	
			ed less than fair market valu	e in any transaction or sharing arrangement,	show in		
	,	other assets, or services received	- <del>-</del>	1			
a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and	d shanng ar	rangem	ents
		N/A					
			_				
	<u> </u>						
	<u> </u>						
-							
			<del></del>				
			· · · · · · · · · · · · · · · · · · ·				
2a Istha	foundation directly or indirect	ı	or more tay-evemnt organi	zations described			
		r than section 501(c)(3)) or in sec	· · · · ·		Yes	ΓX	No 🖸
	s," complete the following sch		W. O.L.	,	163	نگ	110
ii 163	(a) Name of org		(b) Type of organization	(c) Description of relation	ship		
	N/A	,	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-)			
	<del></del>						

May the IRS discuss this return with the preparer shown below (see instr.)?

X Yes N Here Signature of officer or trustee Check Print/Type preparer's name Preparer's signature Date ıf self- employed 5/9/12 **Paid** LOREN J. YOUNG P00005242 Firm's name KENNEDY AND COE, Firm's EIN ► 48-0567703 **Preparer Use Only** Firm's address ► 3030 CORTLAND, P.O. BOX 1100 SALINA, KS 67402-1100 (785)825-1561 Phone no

ect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

Form **990-PF** (2011)

Sign

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

**Employer identification number** Name of the organization BRYAN LYNCH FAMILY FOUNDATION 48-0896694 Organization type (check one): Filers of: Section: \_\_\_ 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections. 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

#### BRYAN LYNCH FAMILY FOUNDATION

48-0896694

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUSAN L. BROWN  56 CLAVERACH DRIVE  CLAYTON, MO 63105	\$\$ \$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TERESA L. HANNA  3706 QUAIL CREEK COURT  LAWRENCE, KS 66047	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· · · · · · · · · · · · · · · · · · ·		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•	<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

#### BRYAN LYNCH FAMILY FOUNDATION

48-0896694

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is needed.
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 62	O SHARES GENERAL MILLS STOCK		
		\$ 25,020.	12/08/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2 62	O SHARES GENERAL MILLS STOCK		
		\$\$	12/08/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   _		\$	
(a) No. irom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   _		<b>\$</b>	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	

Name of orga	anization		Employer identification number
BRYAN Part III	LYNCH FAMILY FOUNDATION  Exclusively religious, charitable, etc., individing year Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	contributions of <b>\$1,000 or less f</b> or	48-0896694  (7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year (Enter this information once)  \$
(a) 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) 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 gif	t  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	t  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	t  Relationship of transferor to transferee

FORM 990-PF GAT	IN OR (LOSS)	FROM SALE	OF A	SSETS		STATE	EMENT	1
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DA' ACQU		ATE S	OLD
PUBLICLY TRADED SECURITI	ES		PUR	CHASED				
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		GAIN C	•	s
71,609.	57,934		0.		0.		13,6	75.
CAPITAL GAINS DIVIDENDS I	FROM PART IV	7				-	1:	29.
MOMAT MO EODM 000 DE DAT	RT TINE 6	. <b>z</b> .			-		13,8	
TOTAL TO FORM 990-PF, PAI	NI I, DIND (	, <u>n</u>			_			<del></del>
TOTAL TO FORM 990-PF, PAI					<u> </u>			
FORM 990-PF INTEREST ON	· · · · · · · · · · · · · · · · · · ·		CASH	INVEST	MENTS	STATE	MENT	
	· · · · · · · · · · · · · · · · · · ·		CASH	INVEST	MENTS	<del>-</del>	MENT MOUNT	
FORM 990-PF INTEREST ON	· · · · · · · · · · · · · · · · · · ·		CASH	INVEST	MENTS	<del>-</del>		
FORM 990-PF INTEREST ON SOURCE	SAVINGS AND	) TEMPORARY	CASH	INVEST	MENTS	<del>-</del>		2
FORM 990-PF INTEREST ON  SOURCE FIRST CLEARING, LLC	SAVINGS AND	) TEMPORARY	CASH	INVEST	MENTS	<del>-</del>		2
FORM 990-PF INTEREST ON  SOURCE FIRST CLEARING, LLC  TOTAL TO FORM 990-PF, PAI	SAVINGS AND	TEMPORARY  3, COLUMN A				<del>-</del>	OUNT	1.
FORM 990-PF INTEREST ON  SOURCE FIRST CLEARING, LLC  TOTAL TO FORM 990-PF, PAI	SAVINGS AND	TEMPORARY  3, COLUMN A	OM SE		S	STATE	OUNT	1.
FORM 990-PF INTEREST ON  SOURCE  FIRST CLEARING, LLC  TOTAL TO FORM 990-PF, PAI  FORM 990-PF DIV	SAVINGS AND	TEMPORARY  COLUMN A	OM SE	CURITIE	S	STATE	MENT  JMN (A	1. 1. 3

FORM 990-PF	OTHER 1	INCOME		STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
NET GAIN (LOSS) FROM KINDER MK-1	ORGAN -	<4,960	.> <4,960	- .>	-
TOTAL TO FORM 990-PF, PART I,	LINE 11	<4,960	.> <4,960	.>	
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS				
	975	975	<u> </u>		0.
ACCOUNTING	J. J.				
TO FORM 990-PF, PG 1, LN 16B	975	975	5.		0.
-	975	975 KES	5.	STATEMENT	
TO FORM 990-PF, PG 1, LN 16B	975		(C) - ADJUSTED	STATEMENT (D) CHARITAB	0. 6
TO FORM 990-PF, PG 1, LN 16B = FORM 990-PF	975 TAX (A) EXPENSES	(B) NET INVEST- MENT INCOM	(C) - ADJUSTED	STATEMENT  (D)  CHARITAB E PURPOSE	0. 6
TO FORM 990-PF, PG 1, LN 16B  FORM 990-PF  DESCRIPTION  ANNUAL REPORT	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOM	(C) ADJUSTED E NET INCOM	STATEMENT  (D)  CHARITAB E PURPOSE	0. 6 8LE
TO FORM 990-PF, PG 1, LN 16B  FORM 990-PF  DESCRIPTION  ANNUAL REPORT EXCISE TAX	(A) EXPENSES PER BOOKS 40 217	(B) NET INVEST- MENT INCOM	(C) ADJUSTED E NET INCOM	STATEMENT  (D)  CHARITAB E PURPOSE	0. 6 8LE SS
TO FORM 990-PF, PG 1, LN 16B  FORM 990-PF  DESCRIPTION  ANNUAL REPORT EXCISE TAX  TO FORM 990-PF, PG 1, LN 18	(A) EXPENSES PER BOOKS 40 217	(B) NET INVEST- MENT INCOMI  40 40 TE STOCK	(C) ADJUSTED E NET INCOM	STATEMENT  (D)  CHARITAB E PURPOSE	0. 6 8LE 8S 0. 0.
TO FORM 990-PF, PG 1, LN 16B  FORM 990-PF  DESCRIPTION  ANNUAL REPORT EXCISE TAX  TO FORM 990-PF, PG 1, LN 18  FORM 990-PF	(A) EXPENSES PER BOOKS 40 217	(B) NET INVEST- MENT INCOMI  40 40 TE STOCK	(C) ADJUSTED E NET INCOM	STATEMENT  (D)  CHARITAB  PURPOSE  STATEMENT  FAIR MARKET	0. 6 8LE 8S 0. 0.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT	8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	ŗ
MUTUAL FUNDS	COST	10,521.	11,15	50.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	10,521.	11,15	50.
FORM 990-PF EXPLANATION CONCERNING	PART VII-A.	T.TNE 8B	STATEMENT	<del></del>

EXPLANATION

NOT REQUIRED IN KANSAS

## BRYAN LYNCH FAMILY FOUNDATION

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	<del></del>			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
FOREST PARK FOREVER	N/A	PUBLIC	GENERAL FUND	
5595 GRAND DRIVE				
SAINT LOUIS, MO 63112		<del> </del>	_	2,000.
CHIDGE OF CH. MICHARI C CM. GRODGE	7/2	DUDI TO		
CHURCH OF ST. MICHAEL & ST. GEORGE 6345 WYDOWN BLVD.	N/A	PUBLIC	GENERAL FUND	
SAINT LOUIS, MO 63105				1,000
сго	N/A	PUBLIC	MIDNIGHT FARM	
2113 DELAWARE ST. LAWRENCE, KS 66046				1 000
LAWRENCE, AS 00040				1,000
A NAME OF TAXABLE OF				
LAMBDA OWL FOUNDATION 4000 W. 6TH ST., STE B #103	N/A	PUBLIC	ALUMNI CAMPAIGN	
LAWRENCE, KS 66049				1,000
VAN GO MOBILE ARTS	N/A	PUBLIC	GENERAL FUND	
715 NEW JERSEY				
LAWRENCE, KS 66044				1,000
GALLAM LOUIS GOO				
SAINT LOUIS ZOO 1 GOVERNMENT DRIVE	N/A	PUBLIC	GENERAL FUND	
SAINT LOUIS, MO 63110			-	2,000
KANSAS UNIVERSITY ENDOWMENT	N/A	PUBLIC	DOROTHY WOHLGEMUTH	
FOUNDATION			LYNCH ENDOWMENT	
P.O. BOX 928 LAWRENCE, KS 66044-0928				11,705
, 10 0001				11,703
Total from continuation sheets				19,705
. J.a. nom vommaanon oncom				13,103