

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Schedule B (Form 999, 999-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

or 990-PF.

## **Schedule of Contributors**

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

OM2 No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

2014

r identification number Donald D. Lynch Family Foundation 56-2053851 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (1) ECEIVED Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. CSC For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributory during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational NUV purposes, or for the prevention of cruelty to children or animals. Complete Parts 1, 11, and 111. OGDEN For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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), but it must answer 'No' on Part IV, line 2, of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,

	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part 1
Name of org	D. Lynch Family Foundation	1	)53851
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Donald Lynch  108 Artillery Lane  Raleigh, NC 27615	\$ <u>60.000.</u>	Person X Payroit  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ŽÍP + 4	_(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroti Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions.)
	7754700 (74744	S-b	n 990-F7 or 990-PF\ (2014)