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Form **990-PF**

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

| D In | epartn Iternal | nent of the Treasury Revenue Service | ► Do not ente ► Information about | | ecurity numbers on | | | | 190nf | en to Public Inspection |
|---------|---|---|---|--------------|--------------------------------|----------------|---------------------------|-------------|---------------------------------|-------------------------------|
| _ | | | or tax year beginnin | | 10/ | , | , and endi | | эорг он | 09/30, 20 16 |
| | | of foundation | o. tan your boginnin | 3 | | 01 ,2013 | , and endi | | oyer identific | cation number |
| | DAV | ID B LYNCH | FOUNDATION | | | | | | | 0458302 |
| | Numb | er and street (or PO b | ox number if mail is not deli | vered to str | eet address) | | Room/suite | B Telep | | r (see instructions) |
| | | | | | | | | | | |
| | 101 | 3 CENTRE RO | AD, SUITE 101 | | | | | | 212 | 2-493-8000 |
| | City or | town, state or provinc | e, country, and ZIP or foreig | n postal cod | le | | | | | |
| | | | | | | | | | nption applicating, check here. | |
| | | MINGTON, DE | 19805 | | | | | | • | |
| G | Che | eck all that apply: | Initial return | | Initial return | | oublic charı | ty D 1 For | eign organizatio | ons, check here ► |
| | | | Final return | | Amended ref | turn | | | | ons meeting the |
| _ | | | Address chang | | Name chang | | | | 6 test, check he nputation | |
| H | | | zation· X Section ! | | | | | E If priva | ite foundation s | status was terminated |
| Ţ | | | onexempt charitable tru | | Other taxable pr | | | | | (1)(A), check here . > |
| 1 | | | of all assets at JA | _ | - — | ashAcc | rual | • | | a 60-month termination |
| | | l of year <i>(from Pa</i> ► \$ 4 | 1 4— | | (specify) | | | — under | section 507(b)(| (1)(B), check here . > |
| ŀ | | | 690,243. (Pa | | n (d) must be on ca | sn basis) | · · · · · · · · · · · · · | | T | (d) Disbursements |
| a.i | en t | total of amounts i | n columns (b), (c), and (d | | a) Revenue and expenses per | (b) Net inve | I | (c) Adjust | | for charitable |
| | | may not necessari column (a) (see in | ily equal the amounts in | | books | incon | ne | incon | ne | purposes (cash basis only) |
| | 1 | | ts, etc , received (attach schedul | e) | 3,795,948. | | + | | | Todair Daala Olity/ |
| | 2 | Check I if th | e foundation is not required | ito | 3,733,310. | | | | | |
| | 3 | | ch Sch B | | | | | | | |
| | 4 | | rest from securities | | 72,542. | 7 | 2,542. | | | STMT 1 |
| | 5a | | | | | | | | | |
| | Ь | Net rental income or | (loss) | | | | | | | |
| ē | 6a | | n sale of assets not on line 1 | | 193,600. | | | | | |
| Revenue | Ь | Gross sales price for a assets on line 6a | 1,129,4 | 62. | | - | | | | |
| Š | 7 | Capital gain net inc | come (from Part IV, line : | 2) | | 19 | 3,600. | | | |
| Œ | 8 | Net short-term cap | ıtal gaın | | | | | | | |
| | 9 10a | Income modification | ons · · · · · · · · · · · · · · · · · · · | • • | | | | | | |
| | .00 | and allowances | | <u> </u> | _ | | | | | |
| | | Less Cost of goods so | | | · | I RI | CEN | | | |
| | l | | s) (attach schedule) | | 164. | 1-1-1 | ECEIV | ED 7 | ' | CITMIN 2 |
| | 11 12 | | ch schedule) | | 4,062,254. | 101 | 164. 16,30,6 | 18 | | STMT 3 |
| _ | | | cers, directors, trustees, etc | | 27,300. | 10 m | NONE C | | | 27,300 |
| es | | | laries and wages | | 21,500. | 1 00 | 17017 | ich i | NONE | 27,300 |
| us. | 15 | | oloyee benefits | | | <u>UG</u> | DEMONE | - PE | NONE | |
| Ç | 14 15 16a b c 17 18 19 20 21 22 23 24 | | schedule) | | | | | | | |
| ند | b | | ttach schedule)STMT | | 500. | | NONE | | NONE | 500 |
| ž | С | | fees (attach schSaUMAT). | | 5,510. | | 5,510. | | | |
| ī | 17 | Interest | | | | | | | | |
| JIS | 18 | Taxes (attach schee | dule) (see instru StIMS). | 6 | 3,339. | | 2,600. | | | |
| ٤ | 19 | Depreciation (attac | h schedule) and depletion | on | | | | | | |
| 밁 | 20 | • • | | | | | | | | |
| اع | 21 | | , and meetings | | | | NONE | | NONE | |
| ē | 22 | | ations | | | | NONE | | NONE | |
| Ĕ | 23 | | tach schedule) | | | | | | | |
| ē | 24 | • | d administrative expens | | 26 (40 | | 0 110 | | MONTE | 27 000 |
| 힑 | 25 | | gh 23 | | 36,649. 27,112. | | 8,110. | | NONE | 27,800 27,112 |
| - 1 | 25 26 | | grants paid | | 63,761 | <u> </u> | 8,110. | | NONE | |
| ╗ | <u> 26</u> 27 | Subtract line 26 from | oursements Add lines 24 and | 3 25 | 03,701. | | 0,110. | | NOME | 54,912 |
| | | | om line 12: expenses and disbursements | | 3,998,493. | | | | | |
| | | | come (if negative, enter | -0-) | <u> </u> | 2.5 | 8,196. | - <u> </u> | | |
| - | | | me (if negative, enter -0- | · | | | -, | | | |

JSA For Paperwork Reduction Act Notice, see instructions
5E1410 1 000
BPI464 696V 06/01/2017 07:05:41

Form **990-PF** (2015)

| Р | art II | Ralance Sheets | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | | of year |
|---|----------------------------|--|--|---------------------------------|----------------|-----------------------|
| _ | <u> </u> | — — — — — — — — — — — — — — — — — — — | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearir | ng | | 6,238. | 6,238. |
| | | | cash investments | 8,081. | 225,964. | 225,964. |
| | | Accounts receivable 🕨 | | | | |
| | | Less, allowance for doub | otful accounts > | | | |
| | 4 | Pledges receivable ▶ | | | | |
| | | Less allowance for doub | otful accounts | | | |
| - | 5 | Grants receivable | | | | |
| | 6 | Receivables due from | officers, directors, trustees, and other | | | |
| | | disqualified persons (atta | ach schedule) (see instructions) | | | |
| | 7 | Other notes and loans re | eceivable (attach schedule) 🕨 | | | |
| | | Less. allowance for doub | otful accounts NONE | | | |
| Assets | | | e <i>.</i> | | | |
| SSe | 9 | Prepaid expenses and de | eferred charges | | | |
| ۲ | 10a | Investments - U S and state | government obligations (attach schedule) | | | |
| | b | Investments - corporate : | stock (attach schedule) . STMT .7 | | 1,695,982. | 1,866,949. |
| | C | Investments - corporate | bonds (attach schedule) | | | |
| | 11 | Investments - land, building and equipment basis | s, > | | | |
| | | Less accumulated deprecia (attach schedule) | ition > | | | |
| | | | loans | | | |
| | 13 | Investments - other (atta | loans | 390,141. | 2,469,222. | 2,591,092. |
| Ì | 14 | Land, buildings, and | | | | |
| | | Less accumulated deprecia | tion | | | |
| | 15 | Other assets (describe > | ·) | | | |
| | | | completed by all filers - see the | | | |
| - | | | age 1, item I) | 398,222. | 4,397,406 | 4,690,243. |
| | | | ccrued expenses | | | |
| | 18 | | | | | |
| es | | | | | | |
| Ξ | 20 | | rs, trustees, and other disqualified persons | | | |
| i G | 21 | | tes payable (attach schedule) | | | |
| اڌ | 22 | | • ▶)[| | * | |
| | | | , | | | |
| | 23 | Total liabilities (add line | s 17 through 22) | | NONE | |
| | | Foundations that foll | ow SFAS 117, check here . ▶ | | | |
| es | | and complete lines 2 | 4 through 26 and lines 30 and 31. | | | |
| Ž, | 24 | Unrestricted | | | | |
| Balances | 25 | Temporarily restricted . | | | | |
| | | | | | | |
| Š | 27 28 29 30 31 | Foundations that do | not follow SFAS 117, ► X | | | |
| 띺 | | | plete lines 27 through 31. | | | |
| 9 | 27 | Capital stock, trust princ | ipal, or current funds | 398,222. | 4,397,406 | |
| ets | 28 | Paid-in or capital surplus, or | land, bldg , and equipment fund | | | |
| SS | 29 | Retained earnings, accumula | ated income, endowment, or other funds | | | |
| <u>, </u> | 30 | Total net assets or fund | I balances (see instructions) | 398,222. | 4,397,406 | |
| ž | 31 | Total liabilities and | net assets/fund balances (see | | | |
| | | | · · · · · · · · · · · · · · · · · · · | 398,222. | 4,397,406 | |
| | | | iges in Net Assets or Fund Bala | | | |
| 1 | | | palances at beginning of year - Part I | | | |
| | | | d on prior year's return) | | | 398,222. |
| | | | line 27a | | | 3,998,493. |
| 3 Other increases not included in line 2 (itemize) ► SEE STATEMENT 10 | | | | | | 691. |
| | | | | • • • • • • • • • • • • • • • • | | 4,397,406. |
| | | eases not included in | | 5 \ D . 0 | 5 | 4 305 406 |
| <u>6</u> | rota | net assets or fund ba | alances at end of year (line 4 minus li | ne 5) - Part II, column (b |), line 30 6 | 4,397,406. |

| _ | m 990-PF (2015) | and I associate Toy on Inve | | | | Page 3 |
|------------|---|--|--|--|--|----------------------------------|
| | | and Losses for Tax on Invedidescribe the kind(s) of property sold (e | | (b) How | (c) Date | (d) Data sold |
| | | rick warehouse, or common stock, 200 | | acquired P - Purchase D - Donation | acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| <u>1a</u> | PUBLICLY TRADED | SECURITIES | | <u> </u> | | |
| _ <u>b</u> | | | | | | |
| C | | | | ļ | | |
| _ <u>d</u> | | | | ļ | | |
| _ <u>e</u> | | (f) Dan as a series allowed | /r\ Cost or other basis | | L | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | , |
| a | 1,129,462. | | 935, 862. | | | 193,600. |
| b | | | 333,003. | | | |
| _c | | | | | | |
| d | | | | | | |
| <u>e</u> | | | | ļ | | |
| | Complete only for assets s | showing gain in column (h) and owned | | | Gains (Col (h) ga | |
| | (i) FM V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | COL | (k), but not less t Losses (from co | |
| | | 23 01 127 3 17 03 | Over cor (jr, ii airy | | | 193,600. |
| _a b | | | | | | 193,600. |
| C | · | | | ļ | | |
| d | | | | | | |
| е | | | | | | |
| 2 | Capital gain net income of | or (not conital loss) | gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 | | | |
| | | | | 2 | | 193,600. |
| 3 | | in or (loss) as defined in sections 1 | ` | | | |
| | | art I, line 8, column (c) (see inst | | | | |
| De | | Index Section 4940(a) for Red | uced Tax on Net Investment I | 3 | | |
| Wa | | · | outable amount of any year in the b | ase perio | d? | Yes X No |
| _ | | | ; see the instructions before making | a any enti | riae | |
| <u> </u> | (a) | (b) | (c) | anyend | (d) | |
| Ca | Base period years ilendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | Net value of noncharitable-use assets | ļ | Distribution ra (col (b) divided by | |
| | 2014 | 29,609. | 593,667. | | ` | 0.049875 |
| _ | 2013 | 27,322. | 597,568. | | | 0.045722 |
| | 2012 | 24,782. | 548,805. | | | 0.045156 |
| | 2011 | 24,507. | 499,516. | | | 0.049061 |
| _ | 2010 | 22,628. | 491,232. | | | 0.046064 |
| 2 | Total of line 1 nations 14 | n | | 2 | | 0.235878 |
| | | l) | | - | | 0.233070 |
| 3 | | | s than 5 years | 3 | | 0.047176 |
| 4 | Enter the net value of no | ncharitable-use assets for 2015 fro | om Part X, line 5 | 4 | 4 | 484,166. |
| 5 | Multiply line 4 by line 3. | | | 5 | | 211,545. |
| 6 | Enter 1% of net investme | nt income (1% of Part I, line 27b) | | 6 | | 2,582. |
| 7 | | | | 7 | _ | 214,127. |
| 8 | Enter qualifying distributi | ons from Part XII, line 4 | | 8 | | 54,912. |
| | If line 8 is equal to or gi Part VI instructions. | reater than line 7, check the box | ın Part VI, line 1b, and complete | that part | | |
| JSA | 130 1 000 | | | | Form | 990-PF (2015) |

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach

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Х

X

Х

X

8h

10

a schedule listing their

| Par | VII-A Statements Regarding Activities (continued) | | |
|-----|---|----------------|-----------------|
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | Ye | s No |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | x |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | Х |
| 13 | | | X |
| | Website address ► N/A | | |
| 14 | The books are in care of ▶ SEE STATEMENT 12 Telephone no ▶ | | |
| | Located at ▶ZIP+4 ▶ | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority | Ye | s No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of | | |
| | the foreign country | | |
| Par | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | V- | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | Ye | s No |
| 1a | During the year did the foundation (either directly or indirectly) | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | |
| | disqualified person? | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | į |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | i. |
| | foundation agreed to make a grant to or to employ the official for a period after | | |
| | termination of government service, if terminating within 90 days) | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | |
| | Organizations relying on a current notice regarding disaster assistance check here | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | |
| | were not corrected before the first day of the tax year beginning in 2015? | 1c | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | - | |
| a | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and | | |
| | 6e, Part XIII) for tax year(s) beginning before 2015? | ł | l l |
| | If "Yes," list the years ▶ | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | j | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | 2b | X |
| • | all years listed, answer "No" and attach statement - see instructions) | 20 | |
| · | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | Ì | |
| 32 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | |
| 54 | at any time during the year? | | |
| ь | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or | | ļ |
| _ | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | |
| | foundation had excess business holdings in 2015) | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | X |
| | For | m 990-F | F (2015) |

| | 90-PF (2015) | | 20-04 | | | Page 6 | | | |
|-----|--|---------------------------------------|-----------------------------------|---|-------------------------|-------------|--|--|--|
| Par | VII-B Statements Regarding Activities f | or Which Form 4 | 720 May Be Req | uired (continued) | | | | | |
| 5a | During the year did the foundation pay or incur any amo | unt to | | | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influe | nce legislation (section | n 4945(e))? | . Yes X No | • | | | | |
| | (2) Influence the outcome of any specific public ele | ection (see section 4 | 1955), or to carry or | | 1 1 | ľ | | | |
| | directly or indirectly, any voter registration drive? | | | . Yes X No | • | | | | |
| | (3) Provide a grant to an individual for travel, study, or o | ther similar purposes? | · | . Yes X No | · | 1 | | | |
| | (4) Provide a grant to an organization other than a | charitable, etc., org | anization described i | n n | | | | | |
| | section 4945(d)(4)(A)? (see instructions) | | | Yes X No | · | | | | |
| | (5) Provide for any purpose other than religious, of | haritable, scientific, l | literary, or educations | n | } } | | | | |
| | purposes, or for the prevention of cruelty to children | or animals? | | . Yes X No | , | ŀ | | | |
| ь | If any answer is "Yes" to 5a(1)-(5), did any of the | transactions fail to | qualify under the e | xceptions described in | ı]] | | | | |
| | Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? | | | | | | | | |
| | Organizations relying on a current notice regarding disas | ster assistance check | here , | | | | | | |
| С | If the answer is "Yes" to question 5a(4), does the | | | | _ | - | | | |
| | because it maintained expenditure responsibility for the | | • | | , | | | | |
| | If "Yes," attach the statement required by Regulations sec | - | | | 1 1 | 1 | | | |
| 6a | Did the foundation, during the year, receive any ful | | ectiv, to pay premiur | ms | | l | | | |
| | on a personal benefit contract? | • | | | , | | | | |
| b | Did the foundation, during the year, pay premiums, direct | | | | . 6ь | X | | | |
| | If "Yes" to 6b, file Form 8870 | , | | | | | | | |
| 7a | At any time during the tax year, was the foundation a pa | irty to a prohibited tax | shelter transaction? | Yes X No | , | | | | |
| b | If "Yes," did the foundation receive any proceeds or have | | | | . 7ь | | | | |
| Par | Information About Officers, Directors | rs, Trustees, Fou | ındation Manageı | s, Highly Paid Em | ployees, | | | | |
| 1 | List all officers, directors, trustees, foundation m | anagers and their | compensation (see | instructions). | | | | | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans | (e) Expense | | | | |
| | Tay reality and address | devoted to position | enter -0-) | and deferred compensation | other allov | vances | | | |
| | | .] | | l | | | | | |
| SEE | STATEMENT 13 | ļ | 27,300. | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | | | ļ | | | | | |
| | | . | 16 | | | | | | |
| | | ļ | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | Compensation of five highest-paid employees "NONE." | (other than thos | e included on lin | e 1 - see instruction | ons). If nor | ne, ente | | | |
| | | (b) Title, and average | | (d) Contributions to | | | | | |
| (a) | Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | (e) Expense other allow | | | | |
| | | devoted to position | | compensation | | | | | |
| | | . | | | | | | | |
| NON | <u> </u> | | NONE | NONE | NO | <u>NE</u> | | | |
| | | . | | İ | | | | | |
| | | ļ | | | | | | | |
| | | | | | | | | | |
| _ | | 1 | 1 | 1 | | | | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

NONE Form **990-PF** (2015)

| 0 | _ | _ | • | |
|---|---|---|---|--|
| | | | | |

| Part VIII Information About Officers, Directors, Trustees, I and Contractors (continued) | Foundation Managers, Highly Paid Employees | s, |
|--|--|-----------------|
| 3 Five highest-paid independent contractors for professional se | ervices (see instructions). If none, enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | | c) Compensation |
| NONE | | NONE |
| TONE . | | 1/01/12 |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional service | ces | NONE |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Inclu organizations and other beneficiaries served, conferences convened, research papers p | | Expenses |
| 1N/A | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see | | |
| Describe the two largest program-related investments made by the foundation during the $1\mathrm{N/A}$ | he tax year on lines 1 and 2 | Amount |
| IN/A | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions | | |
| 3 NONE | | |
| | | |
| Total. Add lines 1 through 3 | | 200 05 |

| Part | Minimum Investment Return (All domestic foundations must complete the see instructions.) | nis part. Foreign founda | tions, |
|--------|---|--------------------------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out cha | aritable, etc. | |
| | purposes: | | |
| а | a Average monthly fair market value of securities | 1a | 4,294,901. |
| | b Average of monthly cash balances | | 257,552. |
| C | c Fair market value of all other assets (see instructions) | 1c | NONE |
| _ | d Total (add lines 1a, b, and c) | | 4,552,453. |
| е | e Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | 1 1 | |
| 2 | | 2 | NONE |
| 3 | | 3 | 4,552,453. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater | amount, see | |
| | Instructions) | 4 | 68,287. |
| 5 | | | 4,484,166. |
| _6 | Minimum investment return. Enter 5% of line 5 | 6 | 224,208. |
| Part | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete this pa | operating foundations | |
| 1 | | 1 | 224,208. |
| 2a | a Tax on investment income for 2015 from Part VI, line 5 2a | 5,164. | |
| b | b Income tax for 2015 (This does not include the tax from Part VI.) | | |
| C | | 2c | 5,164. |
| 3 | | | 219,044. |
| 4 | | | NONE |
| 5 | | | 219,044. |
| 6 | | 6 | NONE |
| 7 | | | <u> </u> |
| • | line 1 | | 219,044. |
| Part | rt XII Qualifying Distributions (see instructions) | | |
| | | | |
| a | | | 54,912. |
| b | | | 34,312. |
| 2 | | | |
| 4 | | i i i | NONE |
| 3 | purposes | | |
| | , | 3a | NONE |
| a | | | NONE |
| b 4 | - deen distribution took (attach the required constant) | | NONE |
| 4 | | | 54,912. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest Enter 1% of Part I, line 27b (see instructions) | | N/A |
| 6 | | 6 | 54,912. |
| J | Note. The amount on line 6 will be used in Part V, column (b), in subsequent y | | |
| | qualifies for the section 4940(e) reduction of tax in those years. | years when calculating V | Anemier the loandation |

| Pa | rt XIII Undistributed Income (see instru | ictions) | | | |
|----|---|---------------|----------------------------|-------------|--------------------|
| 1 | Distributable amount for 2015 from Part XI, | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
| | line 7 | | - | | 219,044. |
| 2 | Undistributed income, if any, as of the end of 2015 | | | | |
| | Enter amount for 2014 only. | | | 27,110. | |
| t | Total for prior years 20 13 ,20 ,20 ,20 | | NONE | , | |
| 3 | Excess distributions carryover, if any, to 2015 | | | | |
| | From 2010 NONE | | | | |
| t | From 2011 NONE | | | | |
| | From 2012 NONE | | | | |
| | From 2013 NONE | | | | |
| | From 2014 NONE | | | | |
| | Total of lines 3a through e | NONB | | | |
| | Qualifying distributions for 2015 from Part XII, | | | | |
| | line 4 ▶ \$ 54,912. | 1 | | 27 110 | |
| | Applied to 2014, but not more than line 2a | | | 27,110. | |
| t | Applied to undistributed income of prior years (Election required - see instructions) | | NONE | | · |
| C | Treated as distributions out of corpus (Election required - see instructions) | NONE | | | |
| d | Applied to 2015 distributable amount | | | | 27,802. |
| е | Remaining amount distributed out of corpus | NONE | | | |
| 5 | Excess distributions carryover applied to 2015 . (If an amount appears in column (d), the same | NONB | | | NONE |
| 6 | emount must be shown in column (a)) Enter the net total of each column as indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | NONE | | | |
| | Prior years' undistributed income Subtract | | | | |
| | line 4b from line 2b | | NONE | | |
| | income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | NONE | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see instructions | | NONE | | |
| е | Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| | Undistributed income for 2015 Subtract lines | | | | |
| • | 4d and 5 from line 1 This amount must be distributed in 2016 | | | | 191,242. |
| 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) | NONE | | | |
| 8 | Excess distributions carryover from 2010 not | | | | |
| • | applied on line 5 or line 7 (see instructions) | NONE | | | |
| 9 | Excess distributions carryover to 2016. | | | | |
| • | Subtract lines 7 and 8 from line 6a | NONE | | | |
| 10 | Analysis of line 9 | | | | |
| | Excess from 2011 NONE | l | | | |
| | Excess from 2012 NONE | | | | |
| | Excess from 2013 NONE | | | | |
| | Excess from 2014 NONE | | | | |
| | Excess from 2015 NONE | ļ | | | |
| | TONB | | | | Form 990-PF (2015) |

| Pa | rt XIV Private Op | erating Foundations | s (see instructions a | nd Part VII-A, questi | on 9) | NOT APPLICABLE |
|----------|---|-----------------------------|----------------------------|--|-------------------|-------------------------------|
| 1 a | If the foundation has | received a ruling or d | etermination letter tha | t it is a private opera | ating | |
| | foundation, and the ruling | g is effective for 2015, en | ter the date of the ruling | | ▶ | |
| þ | Check box to indicate | whether the foundation | is a private operating | foundation described in | section | 4942(j)(3) or 4942(j)(5) |
| 2 a | Enter the lesser of the ad- | Tax year | | Prior 3 years | | (e) Total |
| | justed net income from Part I or the minimum investment | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | |
| | return from Part X for each | | | | | |
| | year listed | | | | | |
| | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed . | | | | ļ | |
| d | Amounts included in line 2c not | | | - | - | |
| | used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made | | | | | |
| | directly for active conduct of exempt activities Subtract line | | | | | |
| | 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| а | "Assets" alternative test enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section | | | | | |
| . | 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test- enter 2/3 of minimum invest- | | | | | |
| | ment return shown in Part X, | | | | | |
| c | line 6 for each year listed "Support" alternative test - enter | | | | | |
| · | (1) Total support other than | | | | | |
| | gross investment income (interest, dividends, rents, | | | | | |
| | payments on securities | 1 | | | | |
| | loans (section 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 or more | | | | | |
| | exempt organizations as provided in section 4942 | | | | | |
| | (j)(3)(B)(m) | | | | | |
| | (3) Largest amount of sup- port from an exempt organization | | | | | |
| | (4) Gross investment income. | | | | | |
| Pa | | | | only if the founda | tion had \$5,0 | 000 or more in assets at |
| _ | | uring the year - see | | | | |
| l a | Information Regarding | • | | re than 2% of the tot | al contributions | received by the foundation |
| Ī | before the close of any | | | | | |
| | NONE | | | | | |
| b | List any managers of ownership of a partne | | | | | equally large portion of the |
| | | ising of other entity, o | i willch the loundatio | ii iias a 10 % or greater | merest | |
| | NONE | | | | | |
| 2 | Information Regarding | Contribution, Grant, | Gift, Loan, Scholarsh | nip, etc., Programs: | | |
| | Check here ► X If | the foundation only | makes contributions | to preselected char | itable organiza | tions and does not accept |
| | unsolicited requests f | or funds. If the found | lation makes gifts, gi | rants, etc. (see instruc | tions) to indivi | duals or organizations under |
| | other conditions, com | | | | | |
| а | The name, address, ar | nd telephone number o | or e-mail address of th | e person to whom app | olications should | d be addressed: |
| b | The form in which app | lications should be su | bmitted and informat | on and materials they | should include: | |
| | | | _ | | | |
| C | Any submission deadl | ines: | | | | |
| | | | | | | |
| - d | Any restrictions or I | imitations on awards | such as by geog | raphical areas charit | able fields, kir | nds of institutions, or other |
| - | factors: | | ., Jas do dy goog | areas, ename | e noide, kii | |

| Form 990-PF (2015) | | | | Page 11 |
|---|--|----------------------|----------------------------------|----------------|
| Part XV Supplementary Information (| | | | |
| 3 Grants and Contributions Paid Durin | If recipient is an individual | | - | |
| Recipient | show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| a Paid during the year | | | | |
| ROBERT PACKARD CENTER FOR ALS RESEARCH AT JOH 550 N. BROADWAY BALTIMORE MD 21205 | NONE | PC | GENERAL PURPOSES | 6,778. |
| PHILLIPS EXETER ACADEMY | | | , | |
| 20 MAIN STREET EXETER NH 03833 | NONE | PC | GENERAL | 6,778. |
| IDF LIFE FOR A CHILD 166 CHAUSSEE DE LA HULPE BRUSSELS BELGIUM B | NONE | PC | GENERAL PURPOSES | 6,778. |
| ST. TIMOTHY'S SCHOOL 8400 GREENSPRING AVENUE STEVENSON MD 21153 | NONE | PC | GENERAL | 6,778. |
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| | | | | |
| | | | | |
| | | | ▶ 3a | 27,112. |
| b Approved for future payment | | | | |
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| | <u> </u> | | | |
| Total | <u></u> | <u></u> | ▶ 3b | <u></u> |

| Part XVI-A Analysis of Income-Produ | ucing Acti | ivities | | | |
|--|----------------------|------------------------|--|--------------------------|-----------------------------------|
| Enter gross amounts unless otherwise indicated | Unrela | ated business income | Excluded by | section 512, 513, or 514 | (e) |
| 1 Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income |
| | | | | | (See instructions) |
| b | | | | | |
| | | | | | |
| d | | | | | |
| e | | | † | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments • | 1 | | 14 | | |
| 4 Dividends and interest from securities | | | 14 | 72,542. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property · · · · · · | | | | | |
| 6 Net rental income or (loss) from personal property- | | | <u> </u> | | |
| 7 Other investment income | | | | 100 600 | |
| 8 Gain or (loss) from sales of assets other than inventory | / | | 18 | 193,600. | |
| 9 Net income or (loss) from special events · · · | | | | | |
| 10 Gross profit or (loss) from sales of inventory | <u> </u> | | | | |
| 11 Other revenue a | | | 14 | 164. | |
| b | | | 1-1-1 | 104. | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | | 266,306. | |
| 13 Total Add line 12, columns (b), (d), and (e) | | | <u> </u> | | |
| (See worksheet in line 13 instructions to verify calc | ulations) | | | | |
| Part XVI-B Relationship of Activities | s to the A | ccomplishment of Ex | xempt Pur | poses | |
| Line No. Explain below how each activity | ty for whic | h income is reported i | in column (| e) of Part XVI-A contrib | uted importantly to the |
| ▼ accomplishment of the foundati | | | | | |
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| orm 990-PF (2 | 2015) | | | | 2 | 0-0458302 | | | Pag | _{je} 13 |
|------------------|---|--|---------------------------------------|---------------------------------------|----------------|----------------|-------------------------|------------------------------|---------------------|------------------|
| Part XVII | Information R Exempt Organ | | sfers To and T | ransactio | | | | charit | table | |
| in sect | e organization directl ion 501(c) of the Co zations? | | | | | | | | Yes | No |
| • | ers from the reporting | g foundation to a | noncharitable exer | mpt organiz | ation of: | | | | | |
| | sh | - | | | | | | 1a(1) | | X |
| | her assets | | | | | | | 1a(2) | | X |
| | transactions | -h:4-h-l | | | | | | | | X |
| | les of assets to a non- rchases of assets fror | | - | | | | | | | X |
| | ntal of facilities, equip | | | | | | | | | X |
| | imbursement arrange | | | | | | | 1 1 | | X |
| (5) Loa | ans or loan guarantee | es | | | | | | 1b(5) | | X |
| | rformance of services | | - | | | | | | | X |
| | g of facilities, equipm | | | | | | | | لــــــا دەنە جە | X |
| value (| answer to any of th of the goods, other in any transaction or | assets, or service | es given by the re | porting fou | ndation. | lf the foundat | ion received less | than | fair m | arket |
| (a) Line no | (b) Amount involved | | ncharitable exempt orga | | | | , transactions, and sha | | | |
| | | | | | | | | | | |
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| | | <u> </u> | | | | | 4 | | | |
| | foundation directly bed in section 501(c) | • | | | | | | \square_{v} | es 🗔 | X No |
| | ;," complete the follow | | ier than section 50 | 11(0)(3)) 01 | III Section | 527 | | ш' | نے دہ | |
| <u> </u> | (a) Name of organizatio | | (b) Type of o | rganization | | (c) | Description of relation | nship | | |
| | | | | | | | | | | • |
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| | | | <u>.</u> | | - | | | | | |
| _ | | | ·- | | | | | | | |
| | r penalties of perjury, I decla | | | | | | the best of my knowled | ige and | belief, it | is true |
| | ct, and complete Declaration o | f preparer than tax | (payer) is based on all inform | nation of which p | oreparer has a | ny knowledge | | | | |
| Sign | Villan K | Lun | 06/01/20 | 017 | PRESI | DENT | | RS discu prepar <u>er</u> | ss this _shown_ | return below |
| lere Sign | nature of officer or trustee | 0 | Date | | Title | | (see instruction | ons)? | Yes | No |
| <u>W</u>] | ILLIAM R LEVY | | -Ta | · · · · · · · · · · · · · · · · · · · | | I Date | | DTIN | | |
| aid | Print/Type preparer's na | | Preparer's signature | (— | 0 | Date | Check if | PTIN | 1450 | <i>6</i> 0 |
| reparer | MATTHEW J GA | ARAND RNST & YOUNG | J.S. LLP | 1 O aran | * | 06/01/20 | | <u>P014</u> 6565- | | 00_ |
| Jse Only | | 00 CLARENDON | | - | | | minatin P 34 | 000 | , , , , 0 | |
| | | OSTON, MA | . 0111221 | 022 | 216 | | Phone no 508 - 9 | <u> 26</u> -6 | <u> 70</u> 7 | |
| | | | | | | | | orm 99 | | (2015) |

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

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

| Name of the organization | | Employer identification number |
|---|---|--|
| DAVID B LYNCH FOUNDAT | TON | 20-0458302 |
| Organization type (check one): | TON | 20 0430302 |
| Filers of: | Section: | |
| riieis di. | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private four | ndation |
| 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 | | |
| | ing Form 990, 990-EZ, or 990-PF that received, during the year, contributi property) from any one contributor. Complete Parts I and II. See instruction tributions. | |
| Special Rules | | |
| regulations under sect 13, 16a, or 16b, and t | escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions ne amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Contributions | or 990-EZ), Part II, line s of the greater of (1) |
| 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III. | | |
| 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 | | |
| 990-EZ, or 990-PF), but it must | not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line Fertify that it does not meet the filing requirements of Schedule B (Form 99) | of its Form 990-EZ or on its |

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) (2015)

Name of organization
DAVID ·B LYNCH FOUNDATION

Employer identification number 20-0458302

| Part I | Contributors (see instructions). Use duplicate cop | ies of Part I if additional space is no | eeded. |
|------------|--|---|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | JOSEPHINE LYNCH IRA | | Person X |
| | 919 N MARKET ST, SUITE 420 | \$\$. | Payroll X |
| | WILMINGTON, DE 19801 | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | JOSEPHINE LYNCH IRA | | Person X |
| | 919 N MARKET ST, SUITE 420 | \$\$\$ | Payroll Noncash |
| | WILMINGTON, DE 19801 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization DAVID -B LYNCH FOUNDATION Employer identification number

20-0458302

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) . Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 1_ | STOCKS FROM JOSEPHINE LYNCH'S IRA. | | |
| | | \$\$. | 12/31/2015 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | - |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| REVENUE AND EXPENSES INVESTMENT PER BOOKS INCOME |
|--|
| DESCRIPTION |

 \sim

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| NET INVESTMENT INCOME | 52. 72,542. ========== | |
|---|----------------------------------|--|
| REVENUE AND EXPENSES PER BOOKS | 52. 72,542. ========== | |
| | TOTAL | |
| DESCRIPTION | PERRIGO CO PLC COM STK | |

20-0458302

| INCOME |
|---------|
| - OTHER |
| H |
| PART |
| 990PF, |
| ORM |

| | NET | INVESTMENT | INCOME | !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! | 11 11 11 11 11 11 11 11 11 11 11 11 11 |
|---------|-----|------------|------------|---|--|
| REVENUE | AND | EXPENSES | PER BOOKS | 1 1 1 1 1 1 1 1 | 1 1 1 1 1 1 1 1 1 1 |
| | | | ESCRIPTION | 1 | |

164.

164.

TOTALS

20-0458302

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STATEMENT

| | | | _ |
|---------------------------------------|--------|-------------------------|---|
| NONE | NONE | 200. | TOTALS |
| | | | |
| | | C C L | COLIE-NON) HER NOTTEREDEPT X AT |
| † † † † † † † † † † † † † † † † † † † | | 1 1 1 1 1 1 1 1 1 1 1 1 | 1 |
| INCOME | INCOME | EAFENSES PER BOOKS | DESCRIPTION |
| ADJUSTED | NET | AND | |
| | | REVENUE | |
| | | !! | |
| | | S | FORM 990PF, PART I - ACCOUNTING FEES |

500.

500.

CHARITABLE PURPOSES

വ

20-0458302

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| NET INVESTMENT INCOME | 5,456. 54. 5,510. |
|---|---|
| REVENUE AND EXPENSES PER BOOKS | 5,456. 54. 5,510. |
| DESCRIPTION | INVESTMENT MGMT FEES-SUBJECT T OTHER NONALLOCABLE EXPENSES - TOTALS |

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FORM 990PF, PART I - TAXES

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| NET INVESTMENT INCOME | 2,600. | 2,600. |
|---|---|--------|
| REVENUE AND EXPENSES PER BOOKS | 207. 532. 2,600. | 3,339. |
| DESCRIPTION | FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR | TOTALS |

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| E STOCK | |
|----------|--------|
| CORPORAT | |
| - II | |
| PART | |
| 990PF, | |
| FORM | 11 |

| DESCRIPTION |
|--|
| BED BATH & BEYOND INC COMCAST CORP CL A |
| DISCOVERY COMMUNICATIONS LIBERTY INTERACTIVE CORP DIAGEO PLC-SPONS ADR |
| S A SPONS |
| |
| ECG RESCONCES INC OCCIDENTAL PETROLEUM |
| SCHLUMBERGER LTD BERKSHIRE HATHAWAY INC-CL B |
| |
| U S BANCORP |
| DENTSPLY SIRONA INC |
| NOVARTIS AG-ADR |
| HENRY SCHEIN INC ZOETIS INC |
| PERRIGO CO PLC |
| |
| ALPHABET INC CL C MICROSOFT CORP |
| ORACLE CORP |
| PAYPAL HLDGS INC |
| QUALCOMM INC CELANESE CORP SERIES A |
| NC |

| ENDING FMV | 40,911 | 3,70 | 1,10 | 60,92 | 1,57 | 0,33 | 4,25 | 7,36 | 3,75 | 3,08 | 2,52 | 0,16 | 8,27 | 1,99 | 5,39 | 6,85 | 0,37 | 7,51 | 3,60 | 3,28 | 9,44 | 25,28 | 0,34 | 9,32 | 5,69 | 5,92 | 4,37 |
|----------------------|---------|------|------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|------|------|------|------|------|
| ENDING BOOK VALUE | 54,069. | 2,16 | 4,50 | 6,27 | 6,14 | 5,15 | 1,06 | 9,47 | 9,93 | 6,71 | 6,63 | 9,07 | 4,67 | 1,94 | 3,02 | 0,79 | 6,65 | 09'9 | 5,27 | 6,03 | 2,10 | 6,24 | 4,42 | 1,66 | 1,22 | 1,29 | 5,69 |

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FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

ENDING BOOK VALUE

20-0458302

ENDING FMV

1,866,949. 1,695,982.

TOTALS

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| TNVESTMENTS |
|-------------|
| OTHER |
| - 1 |
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| PART |
| 990PF, |
| FORM |

20-0458302

| • | ENDING FMV | 200,543. 53,514. 1,463,144. 572,339. 301,552. | 2,591,092. |
|---|------------------------|---|--|
| | ENDING BOOK VALUE | 163,073. 48,396. 1,462,711. 518,745. 276,297. | 2,469,222. ================================== |
| | COST/ FMV C OR F | 000000 | TOTALS |
| | DESCRIPTION | BBH CORE SELECT FUND LONGLEAF PARTNERS SM CAP AKRE FOCUS FUND- SUPRA BBH LIMITED DURATION BBH INTERNATIONAL EQ ALPS SERIES TRUST AIT GLOBAL EMERGING MKTS | |

| FORM | 990PF, | PART | III | - | OTHER | INCREASES | IN | NET | WORTH | OR | FUND | BALANCES |
|-------|--------|-------|------|-----|--------|-----------|-----|-------|-------|------|-------|----------|
| ===== | ====== | ===== | ==== | === | ====== | ========= | === | ===== | ===== | ==== | ===== | ======= |

DESCRIPTION AMOUNT

ROUNDING 3. BASIS ADJUSTMENTS 688. TOTAL 691.

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

JOSEPHINE LYNCH IRA 919 N MARKET ST, SUITE 420 WILMINGTON, DE 19801

JOSEPHINE LYNCH IRA 919 N MARKET ST, SUITE 420 WILMINGTON, DE 19801 FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: BROWN BROS HARRIMAN TRUST COMPANY OF DELAWARE, N.A.

ADDRESS: 919 N. MARKET STREET, SUITE 420

WILMINGTON, DE 19801

TELEPHONE NUMBER: (212)493-8000

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

BROWN BROTHERS HARRIMAN TR CO OF DE

ADDRESS:

919 N MARKET ST, STE 420 WILMINGTON, DE 19801

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION EXPLANATION:

TRUSTEE FEES

OFFICER NAME:

MS. LINDA H. LYNCH

ADDRESS:

131 WINDSOR ROAD

Waban, MA 02468-1119

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION EXPLANATION:

NO COMPENSATION

OFFICER NAME:

MRS. ERNESTINE L FRIERTZ

ADDRESS:

9 MORETON TERRACE

LONDON, UNITED KINGDOM SW1V2NS

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION EXPLANATION:

NO COMPENSATION

TOTAL COMPENSATION:

27,300.