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2016

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year	r beginning 01-01-20)16 , aı	nd er	nding 12-31-	2016	
		ndation N CHARITABLE FOUNDATION				A Employer Id	entification numbe	r
111	LITTLA	N CHARTABLE FOUNDATION				43-1954390		
		street (or P O box number if mail is n	ot delivered to street address)	Room/suite		B Telephone nu	mber (see instructio	ns)
10	JUU MIYL	AN BOULEVARD				(724) 514-1725	· 5	
		, state or province, country, and ZIP or	r foreign postal code	1		1	application is pendin	a chack hara
CAIN	JNSBUI	RG, PA 15317				C II exemption	аррисасіон із ренаш	y, check here
G Ch	eck al	I that apply Initial return	Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere 🕨 🗌
		☐ Final return	☐ Amended return				rganizations meeting k here and attach co	
		Address chan]	undation status was t	· _
_		· -	501(c)(3) exempt private				n 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitabl		•	_	1		
		ket value of all assets at end from Part II, col (c),	J Accounting method	☐ Cash ☑ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), chec	
line	16)▶	\$ 30,824,521	Other (specify) (Part I, column (d) must	be on cash basis)				
Da	rt I	Analysis of Revenue and	Evnences (The total	1				(d) Disbursements
Гч		of amounts in columns (b), (c), and	•	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	for charitable
		equal the amounts in column (a) (se	e instructions))	books		income	ıncome	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc ,	received (attach	8,000,000				
	_	schedule)						
Revernie	2	Check ► ☐ If the foundation is Sch B	not required to attach					
	3	Interest on savings and tempora	ry cash investments	78,472		78,472		
	4	Dividends and interest from secu	urities					
	5a	Gross rents						
	ь	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of as	ssets not on line 10					
	ь _	Gross sales price for all assets of	<u></u>	-				
ã	7 8	Capital gain net income (from Pa	•			0		
	9	Net short-term capital gain . Income modifications						
	10a	Gross sales less returns and allo	l					
	ь	Less Cost of goods sold	wances	<u>. </u>				
	С	Gross profit or (loss) (attach sch	edule)	1				
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		8,078,472		78,472		
	13	Compensation of officers, directo	ors, trustees, etc	C		0		(
	14	Other employee salaries and way	ges					
6S	15	Pension plans, employee benefit	s					
S	16a	Legal fees (attach schedule) .		17,736		0		17,736
Operating and Administrative Expenses	b	Accounting fees (attach schedule	e)	4,660		0		4,660
e E	С	Other professional fees (attach s	schedule)					
ativ	17	Interest						
2	18	Taxes (attach schedule) (see ins	,					
Ī	19	Depreciation (attach schedule) a	ind depletion					
AG	20	, ,			_			
פַ	21	Travel, conferences, and meeting	=					
ਰ	22	Printing and publications Other expenses (attach schedule		3,105		101		3,004
Ę	23	Other expenses (attach schedule Total operating and administ		3,105	-	101		3,004
era	24	Add lines 13 through 23	<u>-</u>	25,501		101		25,400
o	25	Contributions, gifts, grants paid		745,000		101		745,000
	26	Total expenses and disburser	ments. Add lines 24 and					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		25		770,501		101		770,400
	27	Subtract line 26 from line 12						
	а	Excess of revenue over exper disbursements	nses and	7,307,971				
	b	Net investment income (if neg	jative, enter -0-)			78,371		
	С	Adjusted net income(if negative	ve, enter -0-)					
=~=	D	work Doduction Act Notice on	a instructions	•		C N 44200\		000 PE (2016

30,824,521

25,000

25.000

30,799,521

30,799,521

30,824,521

2

3

4

5

6

23,491,550

7,307,971

30,799,521

30,799,521 Form 990-PF (2016)

30,824,521

Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30

3	8	Inventories for sale or use		
Assets	9	Prepaid expenses and deferred charges		
As	10a	Investments—U S and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule)		
	С	Investments—corporate bonds (attach schedule)		
	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	12	Investments—mortgage loans		
	13	Investments—other (attach schedule)		
	14	Land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	15	Other assets (describe >)		
	16	Total assets (to be completed by all filers—see the		
		ınstructions Also, see page 1, item I)	23,516,550	
	17	Accounts payable and accrued expenses		
	18	Grants payable	25,000	
Liabilities	19	Deferred revenue		
틒	20	Loans from officers, directors, trustees, and other disqualified persons		
ıab	21	Mortgages and other notes payable (attach schedule)		
_	22	Other liabilities (describe ▶)		
	23	Total liabilities(add lines 17 through 22)	25,000	
		Foundations that follow SFAS 117, check here ▶		
se:		and complete lines 24 through 26 and lines 30 and 31.		
аĽ	24	Unrestricted	23,491,550	
Bal	25	Temporarily restricted		
nd l	26	Permanently restricted		
Assets or Fund Balances		Foundations that do not follow SFAS 117, check here		
0		and complete lines 27 through 31.		
ete	27	Capital stock, trust principal, or current funds		
Ass	28	Paid-in or capital surplus, or land, bldg , and equipment fund		
Net .	29	Retained earnings, accumulated income, endowment, or other funds		
Ž	30	Total net assets or fund balances (see instructions)	23,491,550	
	31	Total liabilities and net assets/fund balances (see instructions) .	23,516,550	
	rt III			
1		l net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	30 (must agree with	end-
2	Ente	r amount from Part I, line 27a		. [
3		er increases not included in line 2 (itemize)		
4		lines 1, 2, and 3		·
5	Decr	reases not included in line 2 (itemize)		-

5 987.441 5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b) . 784 6 7 988,225 770,400 8 Enter qualifying distributions from Part XII, line 4 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions Form 990-PF (2016)

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	List all officers, affectors, trastee	<i>5</i> ,			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
		(b) devoted to position	-0-)	benefit plans and deferred	(e) other allowance			nces
	Addıtıonal Data Table		-	-	compensation	1			
see	Additional Data Table								
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "I	NONE.	
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			e acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)		anomai	1000
NON	E								
			1						
			1						
			1						
Tota	I number of other employees paid over	r ¢ E	50,000	1					
OLA	in number of other employees paid over	н фС	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · ·		Г	004)-PF (2016
						For	пээ	,-PF	/U15

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Part VIII Information About Officers, Directors, Trustees and Contractors (continued)	s, Foundation Managers, Highly Paid	d Employees,
3 Five highest-paid independent contractors for professional serv	vices (see instructions). If none, enter "f	NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include i organizations and other beneficiaries served, conferences convened, research papers pro		f Expenses
1	·	
2		
3		
3		
4	_	
Part IX-B Summary of Program-Related Investments (se	e instructions)	
Describe the two largest program-related investments made by the foundation during	g the tax year on lines 1 and 2	Amount
1 NONE		0
2		
All other program-related investments. See instructions		
All other program-related investments See instructions 3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2016)

1a

1b

2

За 3b

4

5

770,400

770,400

770,400

Form 990-PF (2016)

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

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

	ui C AIII	Ollaistiba	ted Incom	c (300 11130
1	Distributab	le amount for 2	016 from Par	t XI, line 7
2	Undistribut	ed income, if ar	ny, as of the	end of 2016

b Total for prior years

a From 2011. . . .

b From 2012. . . . c From 2013. . **d** From 2014. .

XII, line 4 > \$

indicated below:

e From 2015.

a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

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

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must

6 Enter the net total of each column as

be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9 a Excess from 2012. . b Excess from 2013. . c Excess from 2014. . d Excess from 2015. . e Excess from 2016. .

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

26,002 336,431

	,
Part XIII	Un

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Part XIII	Undistributed Income (see instruc	ctions)			
		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2015	2015	2016

olidistributed filcome (see instruc	Oldistributed Theolife (see instructions)									
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016						
Distributable amount for 2016 from Part XI, line 7				1,320,096						

362,433

362,433

770,400

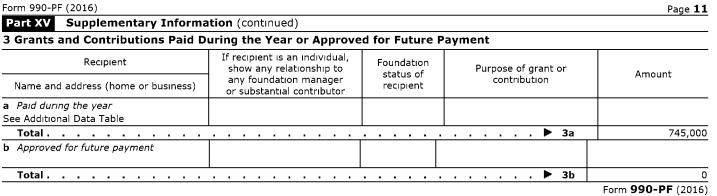
362,433

187,263

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		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1	Distributable amount for 2016 from Part XI, line 7				1,3

	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI, line 7				1,320,09



nter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	rship dues and assessments					
	st on savings and temporary cash ments			14	78,472	
	ds and interest from securities			17	70,472	
	tal income or (loss) from real estate					
	financed property					
	ntal income or (loss) from personal property					
	nvestment income					
	r (loss) from sales of assets other than					
	ory					
0 Gross p	rofit or (loss) from sales of inventory					
1 Other r	evenue a					
_						
d						
d e			0		78,472	
d e 2 Subtota 3 Total.	Add columns (b), (d), and (e)	ns)	0	13	78,472 3	78,472
d e 2 Subtota 3 Total. /	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to th	ns) e Accomplish i	ment of Exem	pt Purposes	3	78,472
d e 2 Subtota 3 Total. /	Add columns (b), (d), and (e)	ns) e Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	78,472
d e 2 Subtota 3 Total. / iee worksh Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	78,472
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d e 2 Subtota 3 Total. / iee worksh Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	78,472
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi	zations							•				
		ganization directly or in Code (other than sectio	directly enga								on 501		Yes	No
a Tra	nsfers f	rom the reporting foun	dation to a n	oncha	rıtable ex	empt organization	on d	of						
(1)	Cash.										. [:	La(1)		No
(2)	Other	assets									. [La(2)		No
b Oth	b Other transactions													
		es of assets to a noncharitable exempt organization									. [1	lb(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exem	pt organi	zation					[1	lb(2)		No
		il of facilities, equipmer	-									lb(3)		No
		oursement arrangemen										lb(4)		No
٠.		or loan guarantees.										lb(5)		No
٠.		mance of services or m	•		_							lb(6)		No
	-	facilities, equipment, n			•						_	1c		No
of t	he goo	ver to any of the above ds, other assets, or ser nsaction or sharing arra	vices given b	y the	reporting	foundation If th	ne f	oundation rece	eive	d less than fair mark	ket value	lue		
(a) Line	٠.	(b) Amount involved			_	mpt organization	e <u>y</u>			transfers, transactions,		ag arrar	aomon	te
(a) Line	110	(b) Amount involved	(C) Name of	Horieria	antable exe	inpt organization		(d) Description	11 01	cransiers, cransaccions,	and Snam	ig arrai	igerrieri	
							-							
							\vdash							
							_							
							-							
							 							
							\vdash							
2a Is t	he four	dation directly or indire	ectly affiliate	d with	, or relate	d to, one or mo	re t	ax-exempt or	ganı	zations				
		in section 501(c) of the	•		•	*					. 🗆	Yes	✓ N	0
		omplete the following so	•			· // //								
	,	(a) Name of organization			(b) Type of organiza	atıor	า		(c) Description	of relation	shıp		
	1114		T -dl #l	L T L										L L
		er penalties of perjury, y knowledge and belief												
Sign		h preparer has any kno												
Here	,	*****				2017-08-09		*****	k		lay the IRS			
	 	Signature of officer or ti	rustee			Date		Title			vith the pre see instr)	· —		
	1	Print/Type preparer's	name	Prepa	arer's Sigi	nature		Date			PTIN			
					_					Check if self-	В	01323	808	
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		PI	TTSBURGH, I	PA 15	222					F	Phone no	(412)	338-7	7200
	1111353NOTI, TA 13222									1				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation ROD PIATT CHAIRMAN 0 25 203 BLAIRMONT DRIVE PITTSBURGH, PA 15241

,				
CB TODD	SECRETARY	0	0	0
467 LAKEVIEW MANOR MORGANTOWN, WV 26508	0 25			
ROBERT J COURY	DIRECTOR	0	0	0

COLEEN OSTROWSKI	TREACURY			0
2000 ENGLISHTURN DR NEVILLEWOOD, PA 15142	0 25			
ROBERT J COURY	DIRECTOR	0	0	0
467 LAKEVIEW MANOR MORGANTOWN, WV 26508				

ROBERT J COURY	DIRECTOR	0	0	0
2000 ENGLISHTURN DR NEVILLEWOOD, PA 15142	0 25			
COLEEN OSTROWSKI	TREASURY	0	0	0
405 LEXINGTON AVENUE	0 25			

NEVILLEWOOD, FA 15142				
COLEEN OSTROWSKI	TREASURY	0	0	0
405 LEXINGTON AVENUE NEW YORK, NY 10174	0 25			

COLEEN OSTROWSKI	TREASURY	0	0	
405 LEXINGTON AVENUE NEW YORK, NY 10174	0 25			

0 25

204 SCAIFE ROAD SEWICKLEY, PA 15143

405 LEXINGTON AVENUE NEW YORK, NY 10174	0 25			
HEATHER BRESCH	DIRECTOR	0	0	0

Foundation Recipient If recipient is an individual, Purpose of grant or Amount show any relationship to contribution status of

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

51.11 1.11 1.1 65.11				
a Paid during the year				
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
	1 Show any relationship to	Julius of	Contribution	

a Paid during the year				
Children's Hospital of Pittsburgh Foundation 4401 PENN AVENUE CENTRAL PLANT	NONE	PC	GENERAL FUNDING	10,00

a Tala during the year				
Children's Hospital of Pittsburgh Foundation 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 PITTSBURGH, PA 15224	NONE	PC	GENERAL FUNDING	10,000

FLOOR 3 PITTSBURGH, PA 15224				
RECONNECTING MCDOWELL INC 1615 WASHINGTON ST E STE 300 CHARLESTON, WV 253112145	NONE	PC	GENERAL FUNDING	100,000

1615 WASHINGTON ST E STE 300 CHARLESTON, WV 253112145	NONE	PC	GENERAL FUNDING	100,000
CAPES4HEROES INC 300 ALVISO WAY DANVILLE, CA 94526	NONE	PC	GENERAL FUNDING	15,000
Foundation of Monongalia General Hospital	NONE	PC	GENERAL FUNDING	100,000

DANVILLE, CA 94526	NONE	PC	GENERAL FUNDING	15,000
Foundation of Monongalia General Hospital 1200 J D ANDERSON DR MORGANTOWN, WV 26505	NONE	PC	GENERAL FUNDING	100,000
The Greater Greenbrier Valley	NONE	PC	GENERAL FUNDING	500 000

Hospital 1200 J D ANDERSON DR MORGANTOWN, WV 26505				,
The Greater Greenbrier Valley Community Foundation 109 S JEFFERSON ST	NONE	PC	GENERAL FUNDING	500,000

MORGANTOWN, WV 26505				
The Greater Greenbrier Valley Community Foundation	NONE	PC	GENERAL FUNDING	500,000
109 S JEFFERSON ST				
LEWISBURG, WV 24901				

745,000

The Greater Greenbrier Valley Community Foundation	NONE	PC	GENERAL FUNDING	500,00
109 S JEFFERSON ST LEWISBURG, WV 24901				

Total.

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Foundation Recipient If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

20,000

a Paid during the year				
Mom-N-Pa 420 E ORANGE STREET	NONE	PC	GENERAL FUNDING	

or substantial contributor

3a

HIPPENSBURG, PA 17257		
Total	 	745,000

Total	 . ▶ 745,000

efile GRAPHIC print - DO NOT P	file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491262000027							
TY 2016 Accounting Fees Schedule								
Name: THE MYLAN CHARITABLE FOUNDATION EIN: 43-1954390								
Category Amount Net Investment Adjusted Net Disbursements Income Income For Charitable Purposes								

4,660

TAX PREP FEES PAID TO DELOITTE

TAX

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491262000027
TY 2016 Legal Fees Schedu	ıle			
_				
Name: THE MYLAN CHARITABLE FOUNDATION EIN: 43-1954390				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES PAID TO K&L gates	17,736	0		17,736

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TY 2016 Other Expenses Sch	redule			
ı				
Name	e: THE MYLAN CHA	ARITABLE FOUND	ATION	
EIN: 43-1954390				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE CHARGES	101	101		0
LIABILITY INSURANCE COVERAGE	1,009	0		1,009
DUES	1,995	0	1	1,995

efile GRAPHIC print -	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491262000027					
Schedule B (Form 990, 990-EZ,	Schedule (of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					
Name of the organizat			Employer id	entification number		
			43-1954390			
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable	e trust not treated as a private foundat	tion			
	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private founda	tion				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
•	ation filing Form 990, 990-EZ, or 990-PF that r property) from any one contributor. Compl		•	•		
Special Rules						
under sections received from a	tion described in section 501(c)(3) filing For 509(a)(1) and 170(b)(1)(A)(vi), that checked by one contributor, during the year, total corne 1h, or (ii) Form 990-EZ, line 1 Complete	Schedule A (Form 990 or 990-EZ), Patributions of the greater of (1) \$5,000	art II, line 13,	16a, or 16b, and that		
during the year,	tion described in section 501(c)(7), (8), or (1 total contributions of more than \$1,000 excitors the prevention of cruelty to children or animals.	<i>lusively</i> for religious, charitable, scient				
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (1 contributions exclusively for religious, charricked, enter here the total contributions that complete any of the parts unless the Gene lable, etc., contributions totaling \$5,000 or more	table, etc., purposes, but no such con- were received during the year for an e ral Rule applies to this organization b	tributions total exclusively rel ecause it rece	led more than \$1,000 igious, charitable, etc , eived <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	on that is not covered by the General Rule a tit must answer "No" on Part IV, line 2, of it form 990PF, Part I, line 2, to certify that it do	s Form 990, or check the box on line h	H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 0-PF	Cat No 30613X Schedu	le B (Form 990,	990-EZ, or 990-PF) (2016)		

Name of organi THE MYLAN CHAI	zation RITABLE FOUNDATION	43-1954390	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MYLAN PHARMACEUTICALS		Person 🗸
1			Payroll
	1000 MYLAN BOULEVARD	\$ 8,000,000	Noncash
	CANONSBURG, PA 15317		(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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)
		Schedule B (F	orm 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization THE MYLAN CHARITAB		Employer ident	ification number
THE PHEAN CHARTAB	EL TOUNDATION	43-1954390	
Part II	Noncash Property		_
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) 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
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)