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# **Return of Private Foundation**

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

DLN: 93491315006419 OMB No 1545-0052

2018

Form 990-PF Department of the Treasury

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20	)18 , aı	nd er	nding 12-31-	2018		
		indation LYNCH FAMILY FOUNDATION			A Employer Id	entification numbe	er	
υ,		Eller 17 MET 100 ND/110 N			46-5315398			
		d street (or P O box number if mail is not delivered to street address) H SYCAMORE STREET	Room/suite		<b>B</b> Telephone nu	mber (see instructio	ns)	
1.	30011	TI STCAMORE STREET			(267) 364-5052			
		, state or province, country, and ZIP or foreign postal code PA 18940		<b>C</b> If exemption	application is pendir	ng, check here		
G Ch	eck al	I that apply	former public charity		<b>D 1.</b> Foreian ord	ganizations, check h	ere $lacksquare$	
		☐ Final return ☐ Amended return	,			ganizations meeting	▶ ∟	
		Address change			test, chec	k here and attach co	emputation 🕨 🔃	
H Ch	eck ty	pe of organization Section 501(c)(3) exempt private	foundation			ındatıon status was n 507(b)(1)(A), che		
	ection		e private foundation		under seedio	11 307 (3)(1)(1)(1), 6116.	ok Here	
of '	/ear (f	xet value of all assets at end from Part II, col (c),  ▶\$ 12,815,318  J Accounting method  □ Other (specify) (Part I, column (d) must	✓ Cash ☐ Accru	al		ation is in a 60-mont n 507(b)(1)(B), che		
Da	et T	Analysis of Poyonus and Evnonses (The total	, 				(4) Dishiman	
Pα	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)		(c) Adjusted net	(d) Disbursements for charitable	
		equal the amounts in column (a) (see instructions) )	books		income	ıncome	purposes (cash basıs only)	
	1	Contributions, gifts, grants, etc , received (attach	4 222 652					
		schedule)	1,222,653					
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	376,465		376,465			
	5a	Gross rents						
	ь	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	547,479					
Revenue	ь	Gross sales price for all assets on line 6a						
εeν	_	5,861,008			547.470			
Œ	7	Capital gain net income (from Part IV, line 2)			547,479			
	8 9	Net short-term capital gain						
	9 10a	I						
	b	Gross sales less returns and allowances Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	2,992					
	12	Total. Add lines 1 through 11	2,149,589		923,944			
	13	Compensation of officers, directors, trustees, etc	2,113,303		323,311			
	14	Other employee salaries and wages						
رم.	15	Pension plans, employee benefits						
Se	16a	Legal fees (attach schedule)						
<u>B</u>	ь	Accounting fees (attach schedule)	4,500					
Administrative Expenses	c	Other professional fees (attach schedule)	65,137		65,137			
IVe	17	Interest			,			
rat	18	Taxes (attach schedule) (see instructions)	75,614		3,114			
<u>:</u>	19	Depreciation (attach schedule) and depletion	,		<u> </u>			
Ē	20	Occupancy						
Ā	21	Travel, conferences, and meetings						
ב	22	Printing and publications						
<u> </u>	23	Other expenses (attach schedule)	10		10			
Operating and	24	Total operating and administrative expenses.						
)er:		Add lines 13 through 23	145,261		68,261			
Ö	25	Contributions, gifts, grants paid	2,948,059				2,948,059	
	26	Total expenses and disbursements. Add lines 24 and						
		25	3,093,320		68,261		2,948,059	
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expenses and disbursements	-943,731					
	b	Net investment income (If negative, enter -0-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		855,683			
	С	Adjusted net income (if negative, enter -0-)			·			
or	Daner	work Reduction Act Notice, see instructions.			Cat No. 11280	, E-	rm 000-DE (2019	

	3	Accounts receivable				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
٨	8	Inventories for sale or use				
ָה ה	9	Prepaid expenses and deferred charges				
î	10a	Investments—U S and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)	12,567,807	<b>چ</b> ا	11,164,159	11,414,073
	c	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				

	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)	14,043,160	12,565,404	12,815,318
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
틒	20	Loans from officers, directors, trustees, and other disqualified persons			
텯	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)		0	
S		Foundations that follow SFAS 117, check here 🕨 🗹			
Ses		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted	14,043,160	12,565,404	
<u>8</u>	25	Temporarily restricted			
	26	Permanently restricted			

	16	Iotal assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	14,043,160	12,565,404	12,815,318
	17	Accounts payable and accrued expenses			
	18	Grants payable			
les	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
.at	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)		0	
ses		Foundations that follow SFAS 117, check here  and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted	14,043,160	12,565,404	
Bal	25	Temporarily restricted			
pu	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
-	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances (see instructions)	14,043,160	12,565,404	
	31	Total liabilities and net assets/fund balances (see instructions) .	14,043,160	12,565,404	

٥		and complete lines 27 through 31.			
_ co i	27	Capital stock, trust principal, or current funds			
Net Ass	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
۲۹	29	Retained earnings, accumulated income, endowment, or other funds			
Š	30	Total net assets or fund balances (see instructions)	14,043,160	12,565,404	
	31	Total liabilities and net assets/fund balances (see instructions) .	14,043,160	12,565,404	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		•	
1		il net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	e 30 (must agree with end	d- <b>1</b>	14,043,160

-943,731

13,099,429

12,565,404 Form **990-PF** (2018)

534,025

3

4

5

6

2

3

4

5

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶ \_

Add lines 1, 2, and 3 . . . . . . . . . . . . . . . .

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

	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a US TRUST 75000			D	2018-02-01	2018-12-27	
<b>b</b> US TRUST 75000			D	2017-02-01	2018-12-27	
c US TRUST 31704			Р	2018-02-01	2018-12-27	
d US TRUST 31704			Р	2017-02-01	2018-12-27	
e						
<b>(e)</b> Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)		
<b>a</b> 78	2,586		797,531		-14,945	
<b>b</b> 2,67	7,543		2,165,816		511,727	
c 1,60	4,590		1,642,534		-37,944	
<b>d</b> 79	6,187		707,648		88,539	
e						
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (j), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))	
a					-14,945	
b					511,727	
c					-37,944	
d					88,539	
e						
If gain, also enter in Pai in Part I, line 8	rain or (loss) as defined in sections of t I, line 8, column (c) (see instruction of the column (c) (see instruction of t	ons) If (loss), enter -0	}	3 3 Come	547,479	
	rivate foundations subject to the sec					
if section 4940(d)(2) applies, le Was the foundation liable for th		ble amount of any year			es 🗹 No	
1 Enter the appropriate am	ount in each column for each year,	see instructions before	making any entries	5		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c		
2017	1,104,710		8,352,542		0 132260	
2016	694,724		4,387,604		0 158338	
2015	421,525		1,376,619		0 306203	
2014	75,000		82,756		0 906279	
2013						
2 Total of line 1, column (c	•				1 503080	
number of years the foun	for the 5-year base period—divide dation has been in existence if less acharitable-use assets for 2018 from	than 5 years	0, or by the 3 4		0 375770 13,586,975	
<b>5</b> Multiply line 4 by line 3			<u>5</u>		5,105,578	
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		8,557	
<b>7</b> Add lines 5 and 6			7		5,114,135	
	ons from Part XII, line 4 , ater than line 7, check the box in Pa			g a 1% tax rate Se	2,948,059 e the Part VI	
		<del></del>		Fa	rm 000-BE (2018)	

Page **6** 

5a	During the year did the foundation	pay or	incur any amount to						Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisla	ation (section 4945(e))?		□ vos	<b>✓</b> N	Ja		
	(2) Influence the outcome of any s	pecific	public election (see sect	ion 4955), or to carry		□ Tes	<u>.</u>	•		
	on, directly or indirectly, any vo	oter re	gistration drive?			Yes	<b>✓</b> N			
	(3) Provide a grant to an individua	l for tr	avel, study, or other simi	ılar purposes?		Yes		No I		
	(4) Provide a grant to an organization other than a charitable, etc , organization described									
	In section 4945(d)(4)(A)? See instructions									
	(5) Provide for any purpose other t	than re	eligious, charitable, scien	tific, literary, or		1es	- I	•		
	educational purposes, or for the	e prev	ention of cruelty to childr	en or animals?		Yes	<b>✓</b> N	Ja		
b	If any answer is "Yes" to 5a(1)-(5)	, dıd a	ny of the transactions fa	ıl to qualıfy under the ex	ceptions des	ribed in	١١٠	•		
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions			5b		
	Organizations relying on a current i	notice	regarding disaster assist	ance check here		▶	П			
С	If the answer is "Yes" to question 5	a(4),	does the foundation claim	n exemption from the			ш			
	tax because it maintained expendit	ure re	sponsibility for the grant?			☐ Yes		No		
	If "Yes," attach the statement requ	ired by	Regulations section 53	4945-5(d)		□ res	<u></u> п	10		
6a	Did the foundation, during the year	, rece	ve any funds, directly or	indirectly, to pay premiu	ıms on					
	a personal benefit contract?	-				П.,		_		
b	Did the foundation, during the year	, pay	premiums, directly or ind	irectly, on a personal be	nefit contract	,∟ Yes	•	10   6Ь		No
	If "Yes" to 6b, file Form 8870	, , ,	, ,	,, ,						
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trar	nsaction?	П.,		_		
b	If yes, did the foundation receive a					∟ Yes	<b>✓</b> N	No   7b		
8	Is the foundation subject to the sec		•					1.5		
•	excess parachute payment during t					_				
							<u> </u>			l
Pai	t VIII Information About and Contractors	Offic	ers, Directors, Trust	ees, roundation Ma	inagers, H	gniy Pai	a Emį	pioyees	,	
				1.1						
1	List all officers, directors, truste	es, ro	undation managers an	id their compensation.	See instruc	tions				
	<u>,                                      </u>			•						
	·		<b>b)</b> Title, and average	(c) Compensation (If	(d) Conf	ributions t		(e) Expe		
	(a) Name and address			•	(d) Cont employee be	ributions t	s and	(e) Exper		
THOM	·	PRES:	b) Title, and average hours per week devoted to position IDENT/TR	(c) Compensation (If not paid, enter	(d) Cont employee be	ributions t enefit plans	s and			
7 LAK	(a) Name and address AS LYNCH EVIEW DRIVE	(	b) Title, and average hours per week devoted to position IDENT/TR	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be	ributions t enefit plans	s and ion			ces
7 LAK	(a) Name and address  AS LYNCH  EVIEW DRIVE  OWN, PA 18940	PRES:	b) Title, and average hours per week devoted to position IDENT/TR	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be	ributions t enefit plans	s and ion 0			ces
7 LAK NEWT PATR:	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH	PRES:	b) Title, and average hours per week devoted to position IDENT/TR	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be	ributions t enefit plans	s and ion			ces
7 LAK NEWT PATR: 7 LAK	(a) Name and address  AS LYNCH  EVIEW DRIVE  OWN, PA 18940	PRES 10 00	b) Title, and average hours per week devoted to position IDENT/TR	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be	ributions t enefit plans	s and ion 0			ces
7 LAK NEWT PATR: 7 LAK NEWT	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 ICIA LYNCH EVIEW DRIVE	PRES 10 00	b) Title, and average hours per week devoted to position IDENT/TR PRESIDE	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be	ributions t enefit plans	s and ion 0			ces
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK	(a) Name and address  AS LYNCH  EVIEW DRIVE OWN, PA 18940  CIA LYNCH  EVIEW DRIVE OWN, PA 18940  ERINE LYNCH  EVIEW DRIVE EVIEW DRIVE	PRES 10 00 VICE 2 00	b) Title, and average hours per week devoted to position IDENT/TR PRESIDE	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be	ributions t enefit plans	on 0			ces
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK	(a) Name and address  AS LYNCH  EVIEW DRIVE OWN, PA 18940  CIA LYNCH  EVIEW DRIVE OWN, PA 18940  ERINE LYNCH  EVIEW DRIVE OWN, PA 18940  EVIEW DRIVE OWN, PA 18940	PRES 10 00 VICE 2 00 DIREC 2 00	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE	(c) Compensation (If not paid, enter -0-)  0	(d) Contemployee be deferred of	ributions t enefit plans compensati	0 0	other a	llowan	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK	(a) Name and address  AS LYNCH  EVIEW DRIVE OWN, PA 18940  CIA LYNCH  EVIEW DRIVE OWN, PA 18940  ERINE LYNCH  EVIEW DRIVE EVIEW DRIVE	PRES 10 00 VICE 2 00 DIREC 2 00	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE	(c) Compensation (If not paid, enter -0-)  0	(d) Contemployee be deferred of	ributions t enefit plans compensati	on 0 0 Cf none	other a	llowan	ces C
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT	(a) Name and address  AS LYNCH  EVIEW DRIVE OWN, PA 18940  CIA LYNCH  EVIEW DRIVE OWN, PA 18940  ERINE LYNCH  EVIEW DRIVE OWN, PA 18940  COMPENSATION OF FIVE highest-pa	PRES 10 00 VICE 2 00 DIRE 2 00 Dire 2 00	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  Iployees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of the deferred o	ributions tenefit plans compensation ictions). I	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	NONE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH  EVIEW DRIVE OWN, PA 18940  CIA LYNCH  EVIEW DRIVE OWN, PA 18940  ERINE LYNCH  EVIEW DRIVE OWN, PA 18940  EVIEW DRIVE OWN, PA 18940	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0	(d) Contemployee be deferred of deferred o	ributions t enefit plans compensati	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  Iployees (other than the	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans compensations tenefit plans tenef	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	C C C C C C C C C C C C C C C C C C C
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	C C C C C C C C C C C C C C C C C C C
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	C C C C C C C C C C C C C C C C C C C
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	C C C C C C C C C C C C C C C C C C C
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	C C C C C C C C C C C C C C C C C C C
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	C C C C C C C C C C C C C C C C C C C
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	C C C C C C C C C C C C C C C C C C C
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7 LAK NEWT PATR: 7 LAK NEWT KATH 7 LAK NEWT 2	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00 Prid en	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  aployees (other than the hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)  0  0  oose included on line 1	(d) Contemployee be deferred of deferred o	cributions tenefit plans compensations tenefit plans cributions tenefit plans tenefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
7 LAK NEW1 PATR: 7 LAK NEW1 7 LAK NEW1 2 (a)	(a) Name and address  AS LYNCH EVIEW DRIVE OWN, PA 18940 CIA LYNCH EVIEW DRIVE OWN, PA 18940 ERINE LYNCH EVIEW DRIVE OWN, PA 18940 Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 10 00 VICE 2 00 DIREC 2 00	b) Title, and average hours per week devoted to position IDENT/TR  PRESIDE  TOR  Iployees (other than the hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  0  0  compose included on line 1  (c) Compensation	(d) Contemployee be deferred of deferred o	ictions). I	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other a	*NONE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter	"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>	<u> </u>
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year Included.	de relevant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
		<del></del>
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation du	•	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>•</b>
		Form <b>990-PF</b> (2018)

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

3a 3h

4

5

2.948.059

2,948,059

Form 990-PF (2018)

Amounts set aside for specific charitable projects that satisfy the

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

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

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. . . . . . . . . . . . . . . .

3

4

5

2018

Page 9

662,235

662,235

Form **990-PF** (2018)

Form 990-PF (20	018)
Part XIII	Undis

tributed Income (see instructions)

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .

**b** Total for prior years Excess distributions carryover, if any, to 2018

a From 2013. . . . . **b** From 2014. . . . c From 2015. . . d From 2016. . . .

71,089 385 072 510.858 e From 2017. . . . .

791,751 f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018 (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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 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 2013 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. . .

**b** Excess from 2015. .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years

same amount must be shown in column (a) )

(Election required—see instructions). . . . .

(a)

Corpus

1.758.770

2,285,824

4,044,594

4,044,594

71.089 385,072

510.858

791.751

2.285.824

(b)

Years prior to 2017

(c)

2017

c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .



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>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
a b					
C	<del>                                     </del>				
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Dividends and interest from securities			14	376,465	
Net rental income or (loss) from real estate			14	370,403	
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income.					
Gain or (loss) from sales of assets other than inventory				547.470	
Net income or (loss) from special events			18	547,479	
Gross profit or (loss) from sales of inventory					
Other revenue					
a US TRUST - NON DIVIDEND DIS			14	2,992	
b					
c					
d					
e					
				926,936	
2 Subtotal Add columns (b), (d), and (e)	lations )		13	926,936	
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated)	lations )				
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the second sec	lations )  IE Accomplish  Income is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	926,936
Subtotal Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the second se	lations )  IE Accomplish  Income is reporte	ment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	926,936
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. (==	<b>-</b> 0,	
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable	
	Exempt Organizations	

ГФ	ILVATI	Exempt Organia	zations							
		ganization directly or in than section 501(c)(3)						501	Yes	No
a Ti	ransfers i	from the reporting foun	dation to a no	ncharitable ex	empt organization	of				
(:	<b>1)</b> Cash.							1a(1)		No
(	<b>2)</b> Other	rassets		1a(2)		No				
<b>b</b> 0	ther tran	sactions								
(:	<b>1)</b> Sales	of assets to a nonchari	table exempt	organization.				1b(1)		No
-	-	nases of assets from a n						. 1b(2)		No
•	-	al of facilities, equipmen						. 1b(3)		No
		bursement arrangemen						1b(4)		No
•	•	s or loan guarantees.						1b(5)		No
•	•	mance of services or m	•	3				1b(6)		No
	-	ifacilities, equipment, n wer to any of the above		-				1c		No
of	f the goo	ds, other assets, or sermasaction or sharing arra  (b) Amount involved	vices given by ngement, sho	the reporting w in column (c	foundation If the	foundation receive goods, other asse	d less than fair market	value I	ngemen	nts
2a Is	the four	ndation directly or indire	ectly affiliated	with, or relate	d to, one or more	tax-exempt organ	ızatıons			
		in section 501(c) (other					_	✓ No		
<b>b</b> If	"Yes," c	omplete the following so	chedule							
	,	(a) Name of organization		(1	<b>b)</b> Type of organization	on	(c) Description of	relationship		
	of m	er penalties of perjury, ly knowledge and belief th preparer has any kno	, it is true, coi							
Sig Her		*****			2019-11-11	*****	r	May the IRS di eturn with the prepa		
		Signature of officer or t	rustee		Date	Title		see instr )?	✓ Yes	□ <sub>No</sub>
		Print/Type preparer's	name	Preparer's Sıgı	nature	Date	Check if self-	N P01335	5915	
Paid		JOHN G GILBERT				2019-11-11	employed ▶ Ш			
	parer Only		BERT WILSON	& HUNTER LLP	•		Firn	n's EIN ▶23	-26739	999
J 3 C	Unity		N STATE ST							
			EWTOWN, PA	189402027			Pho	one no (215	) 968-5	5838
		1								

I	Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total
(	contributions received by the foundation before the close of any tax year (but only if they have contributed more
1	than \$5,000).

THOMAS LYNCH

PATRICIA LYNCH

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
THE FRANKLIN INSTITUTE 222 N 20TH ST PHILADELPHIA, PA 19103	NONE	EDUCATION	550,000
NATIONAL CENTED FOR LEADNING	NONE	EDUCATION FOR THE LEARNING	F 000

		1	
NATIONAL CENTER FOR LEARNING DISABILITIES32 LAIGHT ST 2ND FLOOR NEW YORK, NY 10013	NONE	EDUCATION FOR THE LEARNING DISABLED	5,000
MODRALLETTI W 71CT CT	NONE	EDUCATION	15.000

2ND FLOOR NEW YORK, NY 10013			
MORBALLET71 W 71ST ST APT 2E NEW YORK, NY 10023	NONE	EDUCATION	15,000

MORBALLET71 W 71ST ST APT 2E NEW YORK, NY 10023	NONE	EDUCATION	15,00
Total		 ▶ 3a	2,939,559

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
INDEPENDENCE MISSION SCHOOLS 640 FREEDOM BUSINESS CENT SUITE 115	NONE	EDUCATION	25,000

SUITE 115 KING OF PRUSSIA, PA 19406			
THE CHRISTOHPER MENSCH FOUNDATION 173 RED ROSE DRIVE LEVITTOWN, PA 19056	NONE	SUPPORT FAMILIES W/ HANDICAPPED KIDS	5,000

FOUNDATION 173 RED ROSE DRIVE LEVITTOWN, PA 19056		HANDICAPPED KIDS	
CONWELL EGAN CATHOLIC HIGHSCHOOL 611 WISTAR RD FAIRLESS HILLS, PA 19030		EDUCATION	968,059

2,939,559

ı	LEVITTOWN, PA 19056			
	CONWELL EGAN CATHOLIC HIGHSCHOOL 611 WISTAR RD FAIRLESS HILLS, PA 19030		EDUCATION	968,05
1	1			

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FAITH IN THE FUTURE 550 AMERICAN AVENUE SUITE 300 KING OF PRUSSIA, PA 19406	NONE	EDUCATION	50,000

KING OF PRUSSIA, PA 19406			
HOLY FAMILY REGIONAL CATHOLIC HS 2477 TRENTON RD LEVITTOWN, PA 19056	NONE	EDUCATION	210,000
ST CHARLES BOROMEO SEMINARY	NONE	RELIGIOUS EDUCATION	5,000

LEVITTOWN, PA 19056			
ST CHARLES BOROMEO SEMINARY 100 WYNNEWOOD RD WYNNEWOOD, PA 19096	NONE	RELIGIOUS EDUCATION	5,000

ST CHARLES BOROMEO SEMINARY 100 WYNNEWOOD RD WYNNEWOOD, PA 19096	NONE	RELIGIOUS EDUCATION	5,00
Total		 ▶ 3a	2,939,559

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor		
a Paid during the year			
OUR LADY OF GRACE 300 HULMEVILLE AVENUE LANGHORNE PA 19047	NONE	EDUCATION	6,000

recipient

2,939,559

ST MARYS MEDICAL CENTER 717 LANGHORNE-NEWTOWN RD LANGHORNE, PA 19047	NONE	MEDICAL	25,000
LANGHORNE, FA 13047			1

717 LANGHORNE-NEWTOWN RD LANGHORNE, PA 19047			
HOLY TRINITY SCHOOL 99 OSBORNE AVE MORRISVILLE PA 19067	NONE	EDUCATION	7,000

HOLY TRINITY SCHOOL	NONE	EDUCATION	7,000
99 OSBORNE AVE			I
MORRISVILLE, PA 19067			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor		
a Paid during the year			
GIRLS PACT28 SUNSET AVE 3	NONE	COMBAT UNPLANNED	

VENICE, CA 90291	NONE	PREGNANCY	102,500
PROJECT HOME1515 FAIRMONT AVE PHILADELPHIA, PA 19130	NONE	SUPPORT FAMILIES FACING POVERTY	25,000

PROJECT HOME1515 FAIRMONT AVE PHILADELPHIA, PA 19130	NONE	SUPPORT FAMILIES FACING POVERTY	25,000
SOUTHERN OCEAN MEDICAL CENTER 1140 ROUTE 72 WEST	NONE	HOSPITAL	10,000

PHILADELPHIA, PA 19130		POVERTY	
SOUTHERN OCEAN MEDICAL CENTER 1140 ROUTE 72 WEST MANAHOWKIN, NJ 08050	NONE	HOSPITAL	10,000

Total		▶ 3a	2,939,559	
1140 ROUTE 72 WEST MANAHOWKIN, NJ 08050	NONE	HOSPITAL	10,00	
I SOUTHERN OCEAN MEDICAL CENTER	INONE	I HOSPITAL	10.00	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
NO MORE KIDS WITH CANCER PO BOX 1427 EDGEMENT, PA 19028	NONE	CANCER SUPPORT	50,000

EDGEMENT, PA 19028			
ST MARK SCHOOL1024 RADCLIFF ST BRISTOL, PA 19007	NONE	EDUCATION	5,000
ST EPHREM SCHOOL	NONE	EDUCATION	6,000

BRISTOL, PA 19007			
ST EPHREM SCHOOL 5340 HULMEVILLE ROAD BENSALEM, PA 19020	NONE	EDUCATION	6,000

5340 HULMEVILLE ROAD BENSALEM, PA 19020	NONE	EDUCATION	6,
Total		▶ 3a	2,939,559

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ST MICHAEL THE ARCHANGEL SCHOOL 130 LEVITTOWN PKWY LEVITTOWN, PA 19054	NONE		EDUCATION	5,000
OFFICE OF CATHOLIC EDUCATION 222 NORTH 17TH ST PHILADELPHIA, PA 19103			EDUCATION	25,000
MUSIC MOUNTAIN THEATER 1483 NJ-179 LAMBERTVILLE NJ 08530	NONE		THEATER	5,000

Total .

2,939,559

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
SUMMER SEARCH1528 WALNUT ST 1006	NONE	YOUTH DEVELOPMENT	10,000
PHILADELPHIA PA 19102			

PHILADELPHIA, PA 19102			
RIDER UNIVERSITY 2083 LAWRENCEVILLE RD		EDUCATION	700,000

RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEFVILLE, NJ 08648		EDUCATION	700,000
YMCA2500 LOWER STATE ROAD	NONE	YOUTH DEVELOPMENT	125,000

LAWRENCEFVILLE, NJ 08648			
YMCA2500 LOWER STATE ROAD DOYLESTOWN, PA 18901	NONE	YOUTH DEVELOPMENT	125,000

YMCA2500 LOWER STATE ROAD DOYLESTOWN, PA 18901	NONE	YOUTH DEVELOPMENT	125,00

DOYLESTOWN, PA 18901	NONE	TOOTH BEVELOPMENT	125,0
Total		 <b>&gt;</b> 3a	2,939,559

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Da	nta -		DLN: 93491315006419		
TY 2018 Accounting Fees Schedule							
Name: DANAHER LYNCH FAMILY FOUNDATION EIN: 46-5315398							
Category	Amo	ount	Net Investmen Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		4,500					

file GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491315006419			
TY 2018 Investments Corporate Stock Schedule						
Name:	DANAHER LYNCH	FAMILY FOUNDATION				
EIN:	46-5315398					

Investments Corporation Stock Schedule				
	Name of Stock		End of Year Book Value	End of Year Fair Market Value
US TRUST			11,164,159	11,414,073

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491315006419		
TY 2018 Other Decreases Schedule					
Name:	DANAHER LYN	ICH FAMILY FOUNDATION			
EIN:	46-5315398				
De	escription		Amount		
COST BASIS DIFFERENCE ON DONATED	•		<b>Amount</b> 539,865		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491315006419		
TY 2018 Other Expenses Schedule						
Namou	DANAHEDIVNO	H FAMILY FOUND	NATION .			
Naille.	DANAMER LINC	T FAMILI FOUND	ATION			
EIN:	46-5315398					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
BANKING FEE	10	10				

DLN: 93491315006419

Name: DANAHER LYNCH FAMILY FOUNDATION

**EIN:** 46-5315398

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Income Schedule

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
US TRUST - NON DIVIDEND DIST	2,992				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	•	DLN	N: 93491315006419			
TY 2018 Other Professional Fees Schedule							
	Name: DANAHER LYNCH FAMILY FOUNDATION EIN: 46-5315398						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

65,137

65,137

ACCOUNT MANAGEMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	-	DLI	N: 93491315006419	
TY 2018 Taxes Schedule					
Name:	DANAHER LY	NCH FAMILY FOUR	NDATION		
<b>EIN:</b> 46-5315398					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Category  FOREIGN TAXES PAID	Amount	Net Investment	_	for Charitable	

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -	-		DLN: 93491315006419
Schedule B	Sched	lule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF <u>gov/Form990</u> for the latest inform	ation	2018
Name of the organization			Employer id	dentification number
Organization type (chec	cone)		46-5315398	
	,			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number)	organization		
	4947(a)(1) nonexempt cha	aritable trust <b>not</b> treated as a pr	ıvate foundatıon	
	☐ 527 political organization			
Form 990-PF		oundation		
	4947(a)(1) nonexempt cha	arıtable trust treated as a prıvate	ofoundation	
	501(c)(3) taxable private for	oundation		
	ion filing Form 990, 990-EZ, or 990- property) from any one contributor (			
Special Rules				
under sections 50 received from any	n described in section 501(c)(3) filir 9(a)(1) and 170(b)(1)(A)(vi), that ch one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1 Cor	ecked Schedule A (Form 990 o tal contributions of the greater of	r 990-EZ), Part II, line 13,	, 16a, or 16b, and that
during the year, to	in described in section 501(c)(7), (8 tal contributions of more than \$1,00 te prevention of cruelty to children c	00 <i>exclusively</i> for religious, char	itable, scientific, literary, d	
during the year, c If this box is chec purpose Don't co	on described in section 501(c)(7), (8 contributions <i>exclusively</i> for religious sed, enter here the total contribution implete any of the parts unless the C e, etc., contributions totaling \$5,000 contributions.	, charitable, etc., purposes, but ns that were received during the <b>General Rule</b> applies to this org	no such contributions total year for an exclusively reanization because it rece	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but i	that isn't covered by the General R must answer "No" on Part IV, line rm 990PF, Part I, line 2, to certify th	2, of its Form 990, or check the	box on line H of its	
For Paperwork Reduction Action Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

Employer identification

JANAHER LY	NCH FAMILY FOUNDATION		number
			46-5315398
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)	Date received
	See Additional Data Table	\$	
4-1		1-3	

	See Additional Data Table	_\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	() Date re
		o,	

	See Additional Data Table	_\$	
(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
		\$	
(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

		\$	
(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 (For	m 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

## **Additional Data**

### Software ID:

**Software Version:** 

EIN: 46-5315398

Name: DANAHER LYNCH FAMILY FOUNDATION

Form 990 Schedule B. Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

Form 990 Schedule B, Part II - Noncash Property (see instructions) Use duplicate copies of Part II II 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	98 SHRS ABBOTT LABS	\$ 6,737	2018-12-26
<u>1</u>	215 SHRS EDWARDS LIFES	\$ 31,398	2018-12-26
1	1161 SHRS MICROSOFT	\$ 113,993	2018-12-26
<u>1</u>	300 SHRS VERTEX	<u> </u>	2018-12-26
1	232 SHRS ADOBE	\$ 50,235	2018-12-26
1	173 SHRS ILLUMINA	<u> </u>	2018-12-26
1	25 SHRS NETFLIX	\$ 6,164	2018-12-26
<u>1</u>	58 SHRS AMAZON	\$ 81,794	2018-12-26
1	768 SHRS JP MORGAN	<u> </u>	2018-12-26
<u>1</u>	463 SHRS SALESFORCE	\$ 59,505	2018-12-26

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) No. from Part I Date received Description of noncash property given (See instructions) 1531 SHRS BOEING \$ 470,017 2018-12-26 47 SHRS MASTERCARD \$ 8,507 2018-12-26 \$ 42,021 2018-12-26 432 SHRS SPLUNK 2018-12-26 264 SHRS CHEMOURS \$ 7,088 2018-12-26 74 SHRS MERCADOLIBRE \$ 20,621 298 SHRS SERVICENOW \$ 50,971 2018-12-26 1048 SHRS CISCO \$ 43,901 2018-12-26 \$ 7,797 2018-12-26 45 SHRS MCDONALDS 2018-12-26 371 SHRS VISA \$ 47,343