

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

**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.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

Name of foundation THE LYNCH FOUNDATION		<b>A Employer identification number</b> 04-3017940
Number and street (or P O box number if mail is not delivered to street address) 109 STATE STREET NO 402	Room/suite	<b>B Telephone number (see instructions)</b> (617) 639-1280
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02109		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>116,086,915</u>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

	<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	823,005	823,005		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	15,058,085			
	<b>b</b> Gross sales price for all assets on line 6a	154,603,147			
	<b>7</b> Capital gain net income (from Part IV, line 2)		15,058,085		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications			50,000	
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	50,000	0			
<b>12 Total.</b> Add lines 1 through 11	15,931,090	15,881,090	50,000		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	465,749	0		465,749
	<b>14</b> Other employee salaries and wages	272,000	102,000		170,000
	<b>15</b> Pension plans, employee benefits	87,560	12,823		77,367
	<b>16a</b> Legal fees (attach schedule)	720	0		720
	<b>b</b> Accounting fees (attach schedule)	47,108	0		47,080
	<b>c</b> Other professional fees (attach schedule)	1,029,584	807,846		162,947
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	42,031	10,533		31,498
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy	64,890	0		64,890
	<b>21</b> Travel, conferences, and meetings	45,398	936		47,742
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	-75,183	0		82,900
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,979,857	934,138		1,150,893
	<b>25</b> Contributions, gifts, grants paid	8,183,620			8,183,620
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	10,163,477	934,138		9,334,513	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	5,767,613				
<b>b Net investment income</b> (if negative, enter -0-)		14,946,952			
<b>c Adjusted net income</b> (if negative, enter -0-)			50,000		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	18,448,919	19,495,431	19,495,431
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	11,221	92,141	92,141
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	110,039,213	91,161,078	91,161,078
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	5,654,350	5,338,265	5,338,265
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	134,153,703	116,086,915	116,086,915	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	172,623	76,535	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	432,253	0	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	604,876	76,535	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	133,548,827	116,010,380	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	133,548,827	116,010,380		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	134,153,703	116,086,915		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	133,548,827
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	5,767,613
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	139,316,440
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	23,306,060
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	116,010,380

**Part IV Capital Gains and Losses for Tax on Investment Income**

	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )			
<b>1 a PUBLICLY TRADED SECURITIES</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 154,603,147		139,545,062	15,058,085
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			15,058,085
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b> 15,058,085
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ }		<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	9,043,177	122,271,273	0.073960
2016	8,712,890	107,238,745	0.081248
2015	8,769,001	114,291,299	0.076725
2014	9,651,184	122,043,958	0.079080
2013	10,123,126	110,626,758	0.091507
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.402520
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.080504
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			<b>4</b> 133,254,648
<b>5</b> Multiply line 4 by line 3			<b>5</b> 10,727,532
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 149,470
<b>7</b> Add lines 5 and 6			<b>7</b> 10,877,002
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 9,334,513

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', 'Tax under section 511', and 'Tax due'. Total tax due is 56,302.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distribution to donor advised fund, public inspection requirements, and books in care of.

Located at 109 STATE STREET SUITE 402 BOSTON MA ZIP+4 02109

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span></p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span></p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span></p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span></p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span></p> <p><b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. <span style="float:right">▶ <input type="checkbox"/></span></p> <p><b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i></p> <p><b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span></p> <p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span>  <i>If "Yes" to 6b, file Form 8870</i></p> <p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span></p> <p><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <span style="float:right">▶</span></p> <p><b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? <span style="float:right"><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</span></p>	<b>5b</b>	<b>6b</b>	<b>7b</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Yes</b></td> <td style="text-align: center;"><b>No</b></td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	<b>Yes</b>	<b>No</b>								
<b>Yes</b>	<b>No</b>													

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID BADEAU 109 STATE STREET SUITE 402 BOSTON, MA 02109	RESEARCH ANALYST 20 00	102,000	12,823	0
VICTORIA PRUDDEN 109 STATE STREET SUITE 402 BOSTON, MA 02109	OPERATIONS MANAGER 40 00	93,500	19,866	0
ASHLEY MANN 109 STATE STREET SUITE 402 BOSTON, MA 02109	SPECIAL PROJECTS MAN 40 00	76,500	9,374	0
<b>Total</b> number of other employees paid over \$50,000. <span style="float:right">▶</span>				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	109,561,632
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	25,651,325
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	70,950
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	135,283,907
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	135,283,907
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	2,029,259
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	133,254,648
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	6,662,732

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	6,662,732
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	298,939
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	298,939
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	6,363,793
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	50,000
<b>5</b>	Add lines 3 and 4.	<b>5</b>	6,413,793
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	6,413,793

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	9,334,513
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	9,334,513
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	9,334,513

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				6,413,793
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	5,208,895			
<b>b</b> From 2014. . . . .	3,816,869			
<b>c</b> From 2015. . . . .	3,106,751			
<b>d</b> From 2016. . . . .	3,351,476			
<b>e</b> From 2017. . . . .	3,341,315			
<b>f</b> Total of lines 3a through e. . . . .	18,825,306			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>9,334,513</u>				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				6,413,793
<b>e</b> Remaining amount distributed out of corpus	2,920,720			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,746,026			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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). . . . .		0		
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	5,208,895			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	16,537,131			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	3,816,869			
<b>b</b> Excess from 2015. . . . .	3,106,751			
<b>c</b> Excess from 2016. . . . .	3,351,476			
<b>d</b> Excess from 2017. . . . .	3,341,315			
<b>e</b> Excess from 2018. . . . .	2,920,720			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2018</b>	<b>(b) 2017</b>	<b>(c) 2016</b>	<b>(d) 2015</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** 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 than \$5,000) (See section 507(d)(2) )  
 PETER S LYNCH

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
 KATHRYN M EVERETT  
 109 STATE STREET SUITE 402  
 BOSTON, MA 02109  
 (617) 639-1280

**b** The form in which applications should be submitted and information and materials they should include  
 ALL REQUESTS ARE SUBMITTED ELECTRONICALLY THROUGH THE LYNCH FOUNDATION WEBSITE WWW.THELYNCHFOUNDATION.COM  
 APPLICANTS SHOULD FILL OUT THE CONCEPT PAPER WHICH INCLUDES INFORMATION ABOUT THE ORGANIZATION, DESCRIPTION OF REQUEST AND OBJECTIVES OF THEIR REQUEST

**c** Any submission deadlines  
 THE CONCEPT PAPERS ARE REVIEWED ON A ROLLING PROCESS

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
 ORGANIZATIONS MUST BE A 501(C)(3) ORGANIZATION THAT PERFORMS WORK PRIMARILY IN MASSACHUSETTS AND BE UNDER THE GIVING GUIDELINES OF EDUCATION, CULTURE AND HISTORIC PRESERVATION, HEALTH CARE AND WELLNESS, AND RELIGIOUS AND EDUCATIONAL EFFORTS OF THE ROMAN CATHOLIC CHURCH

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				



**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**Part XVII**

<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b>	Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b>	Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b>	Other transactions			
<b>(1)</b>	Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b>	Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b>	Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b>	Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b>	Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b>	Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ \*\*\*\*\*      2019-05-02      \*\*\*\*\*

Signature of officer or trustee      Date      Title

May the IRS discuss this return with the preparer shown below  
 (see instr.)?  **Yes**  **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID KELLEHER CPA</b>	Preparer's Signature	Date <b>2019-05-02</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01059560</b>
	Firm's name ▶ <b>ALEXANDER ARONSON FINNING &amp; CO PC</b>				Firm's EIN ▶ <b>04-2571780</b>
	Firm's address ▶ <b>50 WASHINGTON STREET WESTBOROUGH, MA 01581</b>				Phone no. <b>(508) 366-9100</b>

<b>Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation</b>				
<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
PETER S LYNCH	PRESIDENT AND CHAIRMAN 1 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	0	0	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				
RICHARD SPILLANE	TREASURER 1 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	0	0	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				
ELIZABETH DE MONTRICHARD	SECRETARY 1 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	0	0	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				
NANCY COOLIDGE	TRUSTEE 1 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	0	0	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				
RALPH C SWEETLAND MD	TRUSTEE 1 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	0	0	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				
ANNIE LUKOWSKI	TRUSTEE 1 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	0	0	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				
MARY WITKOWSKI	TRUSTEE 1 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	0	0	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				
JACK REGAN	TRUSTEE 1 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	0	0	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				
KATHRYN M EVERETT	EXECUTIVE DIRECTOR 40 00 109 STATE STREET SUITE 402 BOSTON, MA 02109	465,749	44,751	0
109 STATE STREET SUITE 402 BOSTON, MA 02109				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
1647 INC 1452 DORCHESTER AVENUE 4TH FLOOR DORCHESTER, MA 02122				
AMERICAN IRELAND FUND 10 POST OFFICE SQUARE BOSTON, MA 02109				
ARCHDIOCESE OF BOSTON 66 BROOKS DRIVE BRAintree, MA 02184				
<b>Total . . . . .</b>	<b>▶ 3a</b>			8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASSOCIATED GRANTMAKERS 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110		NC	MEMBERSHIP	5,500
BOSTON AFTER SCHOOL AND BEYOND 89 SOUTH STREET SUITE 601 BOSTON, MA 02111		NC	BRIDGE BOSTON PROGRAM	35,000
BOSTON AREA REGGIO INSPIRED NETWORK INC PO BOX 380821 CAMBRIDGE, MA 02238		NC	WONDER OF LEARNING BOSTON	25,000
<b>Total . . . . .</b>				<b>8,183,620</b>

▶ **3a**



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON HARBOR NOW 15 STATE STREET 1100 BOSTON, MA 02109		NC	PROGRAM EXPANSION	50,000
BOSTON PARKS AND RECREATION DEPARTMENT 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118		NC	BOSTON COMMON TREE LIGHTING	10,000
BOSTON PUBLIC LIBRARY 700 BOYLSTON STREET BOSTON, MA 02116		NC	GENERAL OPERATING SUPPORT	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON PUBLIC SCHOOLS 2300 WASHINGTON STREET BOSTON, MA 02119		NC	BUDGET TRANSPARENCY PROJECT	47,000
BOSTON SCHOOLS FUND 31 HEATH STREET BOSTON, MA 02130		NC	GENERAL OPERATING SUPPORT	1,006,334
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115		NC	GENERAL OPERATING SUPPORT	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON UNIVERSITY TWO SILBER WAY BOSTON, MA 02215		NC	LYNCH EARLY EDUCATION SCHOLARS	13,241
BOYS AND GIRLS CLUBS OF BOSTON 50 CONGRESS STREET SUITE 730 BOSTON, MA 02109		NC	GENERAL OPERATING SUPPORT	50,000
CAMP HARBOR VIEW FOUNDATION 200 CLARENDON STREET BOSTON, MA 02116		NC	GENERAL OPERATING SUPPORT	30,000
<b>Total . . . . .</b>				<b>8,183,620</b>

**▶ 3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET BALTIMORE, MD 21201		NC	GENERAL OPERATING SUPPORT	25,000
CATHOLIC SCHOOLS FOUNDATION INNER-CITY SCHOLARSHIP FUND 67 BATTERY MARCH STREET 6TH FLOOR BOSTON, MA 02110		NC	ENDOWMENT SUPPORT	1,600,000
CHARLES RIVER CONSERVANCY 43 THORNDIKE STREET S3-3 CAMBRIDGE, MA 02141		NC	CAPACITY BUILDING	100,000
<b>Total . . . . .</b>				8,183,620

**▶ 3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY YEAR BOSTON 285 COLUMBUS AVENUE BOSTON, MA 02116		NC	GENERAL OPERATING SUPPORT	25,000
COLLEGE BOUND DORCHESTER 18 SAMOSET STREET DORCHESTER, MA 02124		NC	PROGRAM EXPANSION	125,000
CROSSROADS119 MYRTLE STREET DUXBURY, MA 02332		NC	PROGRAM EXPANSION	25,000
<b>Total . . . . .</b>				8,183,620

**▶ 3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EAST BOSTON CENTRAL CATHOLIC 69 LONDON STREET EAST BOSTON, MA 02128		NC	EARLY EDUCATION INITIATIVE	19,168
EDNAVIGATOR646 MAGAZINE STREET NEW ORLEANS, LA 70130		NC	BOSTON PROGRAM LAUNCH	150,000
EDUCATION PIONEERS 76 CANAL STREET SUITE 200 BOSTON, MA 02114		NC	PROGRAM EXPANSION	25,000
<b>Total . . . . .</b>				<b>8,183,620</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EDVESTORS 140 CLARENDON STREET SUITE 401 BOSTON, MA 02116				
		NC	SUPPORT OF BPS HUMAN CAPITAL OFFICE	25,000
EDWARD KENNEDY INSTITUTE 210 MORRISEY BLVD DORCHESTER, MA 02125				
		NC	GENERAL OPERATING SUPPORT	25,000
FACING HISTORY & OURSELVES 16 HURD ROAD BROOKLINE, MA 02445				
		NC	GENERAL OPERATING SUPPORT	5,000
<b>Total . . . . .</b>				8,183,620

▶ 3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FADICA 4201 CONNECTICUT AVENUE NW 505 WASHINGTON, DC 20008		NC	MEMBERSHIP	9,000
FIDELITY CHARITABLE 100 NEW MILLENNIUM WAY DURHAM, NC 27709		NC	DISCRETIONARY FUNDS	100,000
FIRST NIGHT INC ONE DESIGN CENTER PLACE BOSTON, MA 02210		NC	GENERAL OPERATING SUPPORT	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOUNDATION TO ADAVANCE CATHOLIC EDUCATION PO BOX 405 MONUMENT BEACH, MA 02553		NC	GENERAL OPERATING SUPPORT	10,000
FRIENDS OF THE PUBLIC GARDEN 69 BEACON STREET BOSTON, MA 02108		NC	TREE AND BENCH SPONSORSHIP AND ENDOWMENT SUPPORT	45,000
HARVARD MEDICAL SCHOOL 401 PARK DRIVE SUITE 22W BOSTON, MA 02215		NC	LYNCH SYSTEMS BIO SCHOLARS	250,000
<b>Total . . . . .</b>				<b>8,183,620</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOLY NAME PARISH SCHOOL 535 WEST ROXBURY PARKWAY ROXBURY, MA 02132		NC	EARLY EDUCATION INITIATIVE	76,167
I2 LEARNING FOUNDATION 610 WEST END AVENUE NEW YORK, NY 10024		NC	PROGRAM EXPANSION	200,000
INNERCITY WEIGHTLIFTING PO BOX 171313 BOSTON, MA 02117		NC	CAPACITY BUILDING	6,334
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LATINOS FOR EDUCATION 275 PAYSON ROAD BELMONT, MA 02478		NC	GENERAL OPERATING SUPPORT	25,000
LYNCH LEADERSHIP ACADEMY 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467		NC	GENERAL OPERATING SUPPORT	29,800
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET SUITE 540 BOSTON, MA 02114		NC	PACT PROGRAM	125,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MEDICINES FOR HUMANITY 800 HINGHAM STREET ROCKLAND, MA 02370		NC	CAMEROON PROGRAM SUPPORT	50,000
MENTOR NATIONAL MENTORING PARTNERSHIP 201 SOUTH STREET 6TH FLOOR BOSTON, MA 02111		NC	GENERAL OPERATING SUPPORT	25,000
MISSION GRAMMAR SCHOOL 94 ST ALPHONSUS STREET ROXBURY, MA 02120		NC	EARLY EDUCATION INITIATIVE	19,167
<b>Total . . . . .</b>				<b>8,183,620</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MSPCC 3815 WASHINGTON STREET SUITE 2 BOSTON, MA 02130		NC	GENERAL OPERATING SUPPORT	10,000
MUSEUM OF SCIENCE <sup>1</sup> SCIENCE PARK BOSTON, MA 02114		NC	EIE PROGRAM FOR BOSTON CATHOLIC SCHOOLS	105,632
MY BROTHER'S KEEPER PO BOX 338 EASTON, MA 02356		NC	GENERAL OPERATING SUPPORT	25,000
<b>Total . . . . . ▶ 3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW ENGLAND HISTORIC GENEALOGICAL SOCIETY 101 NEWBURY STREET BOSTON, MA 02116		NC	CAROLYN LYNCH GARDEN ENDOWMENT	50,000
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215		NC	GENERAL OPERATING SUPPORT	25,000
PEABODY ESSEX MUSEUM 161 ESSEX STREET SALEM, MA 01970		NC	CAROLYN AND PETER LYNCH EXHIBITION ENDOWMENT	500,000
<b>Total . . . . . ▶ 3a</b>				8,183,620

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
PHILANTHROPY ROUNDTABLE 1150 17TH STREET NW SUITE 503 WASHINGTON, DC 20036		NC	K-12 EDUCATION PROGRAM SUPPORT	25,000
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118		NC	GENERAL OPERATING SUPPORT	5,000
PIVOT LEARNING 500 12TH STREET SUITE 350 OAKLAND, CA 94607		NC	MASSACHUSETTS PROGRAM SUPPORT	50,000
<b>Total . . . . .</b>				<b>8,183,620</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
POSSE FOUNDATION BOSTON 45 FRANKLIN STREET BOSTON, MA 02110		NC	GENERAL OPERATING SUPPORT	25,000
PROJECT PLACE 1145 WASHINGTON STREET BOSTON, MA 02118		NC	GENERAL OPERATING SUPPORT	10,000
QUINCY CATHOLIC ACADEMY 370 HANCOCK STREET QUINCY, MA 02171		NC	EARLY EDUCATION INITIATIVE	19,167
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RED SOX FOUNDATION 4 YAWKEY WAY BOSTON, MA 02215		NC	RED SOX SCHOLARS PROGRAM	25,000
RENEW INTERNATIONAL 1232 GEORGE STREET PLAINFIELD, NJ 07062		NC	ENDOWMENT SUPPORT AND PROGRAM EXPANSION	200,000
RODMAN RIDE FOR KIDS 10 LINCOLN ROAD FOXBORO, MA 02035		NC	GENERAL OPERATING SUPPORT	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROSE KENNEDY GREENWAY CONSERVANCY 185 KNEELAND STREET BOSTON, MA 02111		NC	CAROLYN LYNCH GARDEN ON THE GREENWAY	650,000
SACRED HEART SCHOOL 1035 CANTERBURY STREET ROSLINDALE, MA 02131		NC	EARLY EDUCATION INITIATIVE	19,167
SCHOLAR ATHLETES 57 MAGAZINE STREET ROXBURY, MA 02119		NC	GENERAL OPERATING SUPPORT	25,000
<b>Total . . . . .</b>				<b>8,183,620</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SOCIETY FOR THE PROPAGATION OF THE FAITH 66 BROOKS DRIVE BRAintree, MA 02184		NC	SISTERS FUND	10,000
SONTAG PRIZE IN URBAN EDUCATION 30 MILK STREET BOSTON, MA 02196		NC	PROGRAM EXPANSION	200,000
SOUTH BOSTON CATHOLIC ACADEMY 866 EAST BROADWAY BOSTON, MA 02127		NC	EARLY EDUCATION INITIATIVE	19,167
<b>Total . . . . . ▶ 3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST AGATHA SCHOOL 440 ADAMS STREET MILTON, MA 02186		NC	EARLY EDUCATION INITIATIVE	69,167
ST JOHN PAUL II CATHOLIC ACADEMY 2200 DORCHESTER AVENUE DORCHESTER, MA 02124		NC	EARLY EDUCATION INITIATIVE	57,502
ST JOHN SCHOOL 9 MOON STREET BOSTON, MA 02113		NC	EARLY EDUCATION INITIATIVE	19,167
<b>Total . . . . .</b>				<b>8,183,620</b>



**3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST PATRICK SCHOOL 131 MT PLEASANT AVE ROXBURY, MA 02119		NC	EARLY EDUCATION INITIATIVE	19,167
ST ROSE SCHOOL 580 BROADWAY CHELSEA, MA 02150		NC	EARLY EDUCATION INITIATIVE	19,167
ST THERESA OF AVILA SCHOOL 40 ST THERESA AVENUE ROXBURY, MA 02132		NC	EARLY EDUCATION INITIATIVE	74,347
<b>Total . . . . .</b>				<b>8,183,620</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUMMER SEARCH BOSTON 500 ARMORY STREET JAMAICA PLAIN, MA 02130		NC	GENERAL OPERATING SUPPORT	25,000
TEACH FOR AMERICA MASSACHUSETTS 60 CANAL STREET 3RD FLOOR BOSTON, MA 02114		NC	PROGRAM EXPANSION	100,000
THE BIOBUILDER EDUCATIONAL FOUNDATION 78 DALTON ROAD NEWTON, MA 02459		NC	METRO BOSTON APPRENTICESHIP PROGRAM	20,000
<b>Total . . . . .</b>				<b>8,183,620</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER STREET 2ND FLOOR ROXBURY, MA 02119		NC	SUPPORT OF BPS HUMAN CAPITAL OFFICE	60,000
THE CENTER FOR EARLY EDUCATION 563 N ALFRED STREET WEST HOLLYWOOD, CA 90048		NC	CAPITAL CAMPAIGN	100,000
THE COMMONWEALTH OF MASSACHUSETTS TRUST FUND ED INITIATIVES 75 PLEASANT STREET MALDEN, MA 02148		NC	PLANNING GRANT	50,000
<b>Total . . . . . ▶ 3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE FOUNDATION TO BE NAMED LATER 133 FEDERAL STREET 802 BOSTON, MA 02110		NC	GENERAL OPERATING SUPPORT	2,500
THE GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY 49 W 45TH STREET 6TH FLOOR NEW YORK, NY 10036		NC	BOSTON HAMILTON PROGRAM	25,000
THE LEADERSHIP ROUNDTABLE 415 MICHIGAN AVE NE SUITE 275 WASHINGTON, DC 20017		NC	GENERAL OPERATING SUPPORT	50,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620



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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
THE PARK SCHOOL 171 GODDARD AVENUE BROOKLINE, MA 02445		NC	ANNUAL FUND AND CAPITAL CAMPAIGN SUPPORT	100,000
THE POSSIBLE PROJECT 17 SELLERS STREET CAMBRIDGE, MA 02139		NC	GENERAL OPERATING SUPPORT	15,000
TRINITY CHURCH BOSTON 206 CLARENDON STREET BOSTON, MA 02116		NC	RESTORATION OF THE WEST PORCH	150,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TRUSTEES OF RESERVATION 200 HIGH STREET BOSTON, MA 02116				
URBAN CATHOLIC TEACHER CORPS 25 LAWRENCE AVENUE CHESTNUT HILL, MA 02467				
UVA DARDEN SCHOOL FOUNDATION PO BOX 7263 CHARLOTTESVILLE, VA 22906				
<b>Total . . . . .</b>	<b>▶ 3a</b>			8,183,620

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
WGBH ONE GUEST STREET BOSTON, MA 02135		NC	NOVA PROGRAM SUPPORT	25,000
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARD STREET WESTWOOD, MA 02090		NC	SCHOLARSHIP SUPPORT	50,000
<b>Total . . . . . ▶ 3a</b>				8,183,620

**TY 2018 Accounting Fees Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING	47,108	0		47,080

**TY 2018 Investments Corporate Stock Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940

## Investments Corporation Stock Schedule

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
PUBLICLY TRADED SECURITIES	91,161,078	91,161,078

**TY 2018 Investments - Other Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
PRIVATE EQUITY INVESTMENTS	FMV	5,338,265	5,338,265

**TY 2018 Legal Fees Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL	720	0		720

**TY 2018 Other Decreases Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940

<b>Description</b>	<b>Amount</b>
UNREALIZED LOSS ON INVESTMENTS	23,306,060



**TY 2018 Other Expenses Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	1,004	0		1,004
MEMBERSHIP	7,905	0		10,380
OFFICE EXPENSES	69,907	0		71,009
EVENTS	507	0		507
FEDERAL EXCISE TAX BENEFIT	-154,506	0		0

**TY 2018 Other Income Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RETURNED GRANT FUNDS	50,000		50,000

**TY 2018 Other Liabilities Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
DEFERRED EXCISE TAX	432,253	0

**TY 2018 Other Professional Fees Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES	807,846	807,846		0
SOFTWARE	48,911	0		17,726
OTHER CONSULTANTS	172,827	0		145,221

**TY 2018 Taxes Schedule****Name:** THE LYNCH FOUNDATION**EIN:** 04-3017940

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES	5,479	5,479		0
PAYROLL TAXES	36,552	5,054		31,498