| | _ | PUBLIC DISCLOSURE COPY - STATE REGISTRAT | TION NO. m Incor | . 41-25-08 ne Tax | OMB No. 1545-0047 | | | | | | |
|--------------------------------|--|---|---------------------|-----------------------------|--------------------------------------|--|--|--|--|--|--|
| Forr | " 9 | 90 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod | | | 2023 | | | | | | |
| Dena | rtment c | Do not enter social security numbers on this form as it m | ay be made p | oublic. | Open to Public | | | | | | |
| Interr | al Reve | Benue Service Go to www.irs.gov/Form990 for instructions and the la | | | Inspection | | | | | | |
| | | | | 30, 2024 | | | | | | | |
| | B Check if applicable: C Name of organization DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS | | | | | | | | | | |
| V | Addre | | | | | | | | | | |
| | Name Chang | 33-0436453 | | | | | | | | | |
| | ephone number | | | | | | | | | | |
| | 212-644-98 | 80 | | | | | | | | | |
| | lreturn. termir ated | | | ss receipts \$ | 9,212,720. | | | | | | |
| | Amen | ded NEW YORK, NY 10017 | H(a) Is | s this a group retur | n | | | | | | |
| | Applic tion | F Name and address of principal officer: KOBEKI KOIH | f | or subordinates? | Yes X No | | | | | | |
| | pendi | SAME AS C ABOVE | H(b) A | re all subordinates includ | ed? Yes No | | | | | | |
| <u> </u> | ax-ex | empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or | | f "No," attach a list | | | | | | | |
| | Vebsi | | | Group exemption n | | | | | | | |
| | orm of art I | f organization: X Corporation Trust Association Other I Summary | L Year of forma | tion: 2005 M Si | ate of legal domicile: \mathtt{IA} | | | | | | |
| ГС | | | VNCU EC | | та | | | | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: <u>DAVID L</u> COMMITTED TO ADDRESSING THE GLOBAL EPIDEMIC | OF MEN | TAL TRAILON | | | | | | | |
| jan | | Check this box if the organization discontinued its operations or disposed of | | | | | | | | | |
| Governance | | | . 20 | | | | | | | | |
| ĝ | | Number of voting members of the governing body (Part VI, line 1a) | | 19 | | | | | | | |
| | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | 40 | | | | | | | |
| itie | | Total number of volunteers (estimate if necessary) | | 22 | | | | | | | |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | |
| | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | | | |
| | | | | or Year | Current Year | | | | | | |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 366,955. | 8,435,097. | | | | | | |
| enu | | Program service revenue (Part VIII, line 2g) | | 323,188. | 386,034. | | | | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 54,764. | 121,808. | | | | | | |
| _ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | <u>413,091.</u> 331,816. | -67,798. 8,875,141. | | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 52,455. | 128,825. | | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | |
| | 45 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | . 4 6 | 504,236. | 4,456,393. | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | L73,000. | 59,000. | | | | | | |
| ben | b | Total fundraising expenses (Part IX, column (D), line 25) 902, 406. | | | | | | | | | |
| ŭ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 183,693. | 4,410,462. | | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 313,384. | 9,054,680. | | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 18,432. | -179,539. | | | | | | |
| or Ces | | | | of Current Year | End of Year | | | | | | |
| sets alan | 20 | Total assets (Part X, line 16) | | 269,967. | 8,753,831. | | | | | | |
| Net Assets or Fund Balances | 21 | Total liabilities (Part X, line 26) | | 219,237. | 882,640. | | | | | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | . 8,0 | 050,730. | 7,871,191. | | | | | | |
| | nrt II | Signature Block | atotomonte en l | to the best of my line | | | | | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules and s ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr | | | owieage and belief, it is | | | | | | |
| uue, | correc | , and complete. Declaration of preparel (other tital officer) is based on all mormation of which pr | eparer nas any | kilowieuge. | | | | | | | |
| | | | | | | | | | | | |

| Sign | Signature of officer | | Date | | | | | | |
|------------|--|--------------------------|-----------------------------------|--|--|--|--|--|--|
| Here | ROBERT ROTH, CHIEF EXECUT | IVE OFFICER | | | | | | | |
| | Type or print name and title | | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN | | | | | | |
| Paid | EVA MRUK | EVA MRUK | 04/03/25 self-employed P00543254 | | | | | | |
| Preparer | Firm's name PKF O'CONNOR DAVI | ES ADVISORY, LI | EC Firm's EIN 87-3231666 | | | | | | |
| Use Only | Firm's address 245 PARK AVENUE, | 12TH FLOOR | | | | | | | |
| | NEW YORK, NY 1016 | 7 | Phone no. 212 - 286 - 2600 | | | | | | |
| May the IF | RS discuss this return with the preparer shown abo | ve? See instructions | X Yes No | | | | | | |
| LHA For | Paperwork Reduction Act Notice, see the separ | ate instructions. 332001 | 1 12-21-23 Form 990 (2023) | | | | | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| rar | n 990 (2023) -BASED EDUCATION AND WORLD PEACE 83-0436453 Page 2 rt Ⅲ Statement of Program Service Accomplishments |
|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE DAVID LYNCH FOUNDATION (DLF) ADDRESSES THE EPIDEMIC OF TRAUMA AND |
| | TOXIC STRESS AMONG AT-RISK POPULATIONS THROUGH THE IMPLEMENTATION OF |
| | THE EVIDENCE-BASED TRANSCENDENTAL MEDITATION (TM) TECHNIQUE. DLF HAS |
| | SUPPORTED MORE THAN 1,000,000 CHILDREN AND ADULTS WORLDWIDE, WITH A |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| 2 | |
| | |
| _ | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | |
| | VETERANS (RESILIENT WARRIOR PROGRAM): |
| | THIS PROGRAM PROVIDES TM TRAINING TO VETERANS, ACTIVE-DUTY PERSONNEL |
| | AND MILITARY FAMILIES. TM HAS BEEN SHOWN TO RELIEVE SYMPTOMS OF |
| | POST-TRAUMATIC STRESS DISORDER (PTSD) AND MAJOR DEPRESSION AMONG |
| | VETERANS. THE RESILIENT WARRIOR PROGRAM PARTNERS WITH MAJOR VETERAN |
| | SERVICE ORGANIZATIONS INCLUDING THE DEPARTMENT OF DEFENSE, THE |
| | TRAUMATIC BRAIN INJURY CLINIC AT FT. GORDON, EOD WARRIOR FOUNDATION, |
| | COURAGE TO CALL AND THE CITY UNIVERSITY OF NEW YORK OFFICE OF VETERANS |
| | |
| | SERVICES. WE ALSO TEACH INDIVIDUAL VETERANS THROUGH OUR OFFICES IN LOS |
| | ANGELES, WASHINGTON DC AND NEW YORK CITY |
| | RESILIENT RESPONDERS (LAW ENFORCEMENT & FIREFIGHTERS): THIS PROGRAM PROVIDES TM TRAINING TO LAW ENFORCEMENT OFFICERS, FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS WHO HAVE EXPERIENCED |
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DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

83-0436453 Page 3

| | | | Yes | No |
|--------|--|------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 1 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 1 |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | _X_ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | v |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| • | Schedule D, Part III | 8 | | <u>X</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | I |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | х |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | х |
| 11 | or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | | 11a | x | I |
| b | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 1 |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 1 |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u>X</u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | 1 |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | . | 1 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | 1 |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 46 | | х |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 17 | x | 1 |
| 18 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | |
| 10 | | 18 | | х |
| 19 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | |
| 15 | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | x | 1 |
| 332003 | 12-21-23 | Form | | (2023) |

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Form 990 (2023)

Part IV Checklist of Required Schedules

2023.05070 DAVID LYNCH FOUNDATION FO 11762481

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-BASED EDUCATION AND WORLD PEACE Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а Х "Yes," complete Schedule L, Part IV 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If С Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 64 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С (gambling) winnings to prize winners?

332004 12-21-23

Form 990 (2023)

Form 990 (2023)

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|-------------------|

| Form | 990 (2023) -BASED EDUCATION AND WORLD PEACE 83-0436 | 453 | Р | _{age} 5 | | | | | | | |
|--------|---|-----------|-----|------------------|--|--|--|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | _ | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 40 | | х | | | | | | | | |
| b | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | | | | |
| 3a | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | | | | |
| b | b If "Yes," enter the name of the foreign country | | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | | |
| | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x | | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | <u> </u> | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X X | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X X | | | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | 37 | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X X | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> | | | | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | | | | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | - | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | | |
| | Gross income from members or shareholders 11a | - | | | | | | | | | |
| D | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| 10- | amounts due or received from them.) | 10- | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | | | | | | | | |
| | | 1 | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | 154 | | | | | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | |
| D | organization is licensed to issue qualified health plans | | | | | | | | | | |
| c | Enter the amount of reserves on hand | 1 | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x | | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | <u> </u> | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | x | | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | x | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | | |
| 332005 | 12-21-23 | Form | 990 | (2023) | | | | | | | |

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS Form 990 (2023) -BASED EDUCATION AND WORLD PEACE Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through

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| rt VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" respon | se |
|-------|--|----|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | |
| | Check if Schedule O contains a response or note to any line in this Part VI | X |

| Sec | tion A. Governing Body and Management | | | | | | | | | | | |
|-----------|--|-----------|--------------------|-------------------|-------------|----------|--|--|--|--|--|--|
| | | 1 | | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | 20 | - | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | | |
| L. | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 19 | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| Ŭ | of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | | | | | | |
| | more members of the governing body? | | | 7a | | X | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | | | | | | |
| | persons other than the governing body? | | | 7b | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | - | | | | | | | | | |
| а | The governing body? | | | 8a | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | | | | | | |
| <u></u> | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | | | | | | | |
| 40- | | | | 40- | Yes | No X | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | | | <u>10a</u> | | | | | | | | |
| D | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | | |
| 112 | | | e filing the form? | <u>10b</u> 11a | х | | | | | | | |
| | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | |
| 12a | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| с | | | | | | | | | | | | |
| | on Schedule O how this was done | , | | 12c | Х | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by in | dependent | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | X | <u> </u> | | | | | | |
| b | Other officers or key employees of the organization | | | 15b | Х | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | | | | | v | | | | | | |
| | taxable entity during the year? | | | <u>16a</u> | | X | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | • | • | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | 164 | | | | | | | | |
| Sec | exempt status with respect to such arrangements? | | | 16b | | | | | | | | |
| <u>17</u> | List the states with which a copy of this Form 990 is required to be filedAL, CA, FL, HI, I | L.M | A.MD.MI.MS | . NC | NJ. | NY | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | | | | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | _ 000 | (| -··· <i>J</i> / | | | | | | | | |
| | X Own website X Another's website X Upon request Other (explain | on Sr | hedule O) | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | d finano | cial | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and | d records | | | | | | | | | |
| | VELKY MARTE, SVP, FINANCE - 212-644-9880 | | | | | | | | | | | |
| | 685 THIRD AVENUE, 17TH FLOOR, NEW YORK, NY 10017 | | | | AA - | | | | | | | |
| 332006 | SEE SCHEDULE O FOR FULL LIST OF STATES | | | Form | 990 | (2023) | | | | | | |
| | 7 | | | | | | | | | | | |

| DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS | DAVID | LYNCH | FOUNDATION | FOR | CONSCIOUSNESS |
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| Form 990 (| 2023) | -BASED | EDUCATION | AND | WORLD | PEACE | 83-0 | 436453 |
|------------|--------------|-------------|------------------|--------|----------|----------|---------------------|--------|
| Part VII | Compensation | of Officers | , Directors, Tru | ustees | , Key Em | ployees, | Highest Compensated | |

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
|--------------------------------------|------------------------|--------------------------------|----------------------|---------|--------------|---------------------------------|--------|---------------------|----------------------------------|--------------------------|
| Name and title | Average | (do | not cl | | ition | | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | son is | s both | n an | compensation | compensation | amount of |
| | week | | | uau | il ecto | i/iius | | from | from related | other |
| | (list any hours for | lirecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or c | stee | | | Isatec | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al tru: | | yee | im per | | 1099-NEC) | | and related |
| | below | Individual trustee or director | nstitutional trustee | er | Key employee | est cc loyee | ler | , | | organizations |
| | line) | Indiv | Insti | Officer | Key | Highest compensated employee | Former | | | |
| (1) ROBERT ROTH, CHIEF | 41.00 | | | | | | | | | |
| EXECUTIVE OFFICER & DIRECTOR | | Х | | Х | | | | 354,181. | 0. | 15,219. |
| (2) FREDDA PLESSER | 40.00 | | | | | | | | | |
| EXECUTIVE VP | | | | Х | | | | 278,747. | 0. | 46,260. |
| (3) NATALIE FERRONE, VP, | 40.00 | | | | | | | | | |
| PARTNERSHIPS & CORPORATE DEVELOPMENT | | | | | | х | | 149,998. | 0. | 49,985. |
| (4) JESSICA HARRIS | 40.00 | | | | | | | | | |
| VICE PRESIDENT THRU JAN 2024 | | | | | | X | | 186,261. | 0. | 4,630. |
| (5) ADAM FRIEDMAN | 40.00 | | | | | | | 445 656 | | |
| VP, PROGRAMS & PARTNERSHIPS | | | | | | Х | | 145,876. | 0. | 40,032. |
| (6) VELKY MARTE | 32.00 | | | | | | | 150 065 | • | ~ ~ ~ ~ ~ |
| SVP, FINANCE | 40.00 | | | | | X | | 153,365. | 0. | 20,117. |
| (7) HAYLEY HANNA | 40.00 | | | | | | | 1.6.4.400 | 0 | 0 005 |
| VP, PROGRAMS & PARTNERSHIPS | C 00 | | | | | X | | 164,480. | 0. | 2,085. |
| (8) WILLIAM GOLDSTEIN SECRETARY | 6.00 | | | 37 | | | | | 0 | 0 |
| AND GENERAL COUNSEL - SEE SCH O | 2.00 | | | Х | | | | 66,000. | 0. | 0. |
| (9) DAVID LYNCH | 2.00 | v | | х | | | | 0. | 0. | 0 |
| CHAIRMAN (10) STEVEN CHANIN | 2.00 | X | | Δ | | | | 0. | 0. | 0. |
| EXECUTIVE CHAIRMAN | 2.00 | x | | | | | | 0. | 0. | 0. |
| (11) MARK AXELOWITZ | 2.00 | ^ | | | | | | 0. | 0. | 0. |
| TREASURER | 2.00 | x | | х | | | | 0. | 0. | 0. |
| (12) JILL BLACK | 1.00 | | | Δ | | | | 0. | 0. | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (13) NANCY CHEMTOB | 1.00 | | | | | | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (14) LARRY COMP | 1.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (15) PETER DODGE | 1.00 | | | | | | | | | |
| DIRECTOR THRU DEC 2023 | | x | | | | | | 0. | 0. | 0. |
| (16) PEGAH EASTON | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | Ο. | 0. |
| (17) MIKE FORMAN | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| 332007 12-21-23 | | | | | | | | | | Form 990 (2023) |

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11210403 756359 1176248.000

-BASED EDUCATION AND WORLD PEACE

83-0436453 Page 8

| Form 990 (2023) -BASED EI | DUCATION | ΙA | ND | W | OR | LD | F | PEACE | 83-04 | <u>136</u> | 453 | Page 8 |
|---|------------------|--------------------------------|-----------------------|--------------|--------------|---------------------------------|--------|----------------------------|-------------------|------------|-----------|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
| (A) (B) (C) (D) (E) (F) | | | | | | | | | | | | |
| Name and title | Average | | | Posi | ition | n j | | Reportable | Reportable | | | nated |
| | hours per | | | | | than c s both | | compensation | compensatio | | | unt of |
| | week | | | | | or/trust | | from | from related | | ot | her: |
| | (list any | ctor | | | | | | the | organizations | s | compe | ensation |
| hours for 불 organization (W-2/1099-MIS | | | | | | | | | ;C/ | fror | n the | |
| | related | tee o | ustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | | organ | nization |
| | organizations | l trus | nal tr | | oyee | duo | | 1099-NEC) | | | and r | related |
| | below | Individual trustee or director | Institutional trustee | cer | Key employee | Highest compensated employee | Former | | | | organi | izations |
| | line) | Ind | lnst | Officer | Key | Hig | For | | | | | |
| (18) JOHN GARDNER | 1.00 | | | | | | | | | | | • |
| DIRECTOR THRU DEC 2023 | 1 | Х | | | | | | 0. | | 0. | | 0. |
| (19) DAVID GOODMAN | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (20) ROBERT C. JONES | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (21) NIGOL KOULAJIAN | 1.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | Ο. |
| (22) DR. YOLANDA LEWIS-RAGLAND | 1.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | | 0. | | 0. |
| (23) ARTHUR LIEBLER | 1.00 | | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | | 0. | | 0. |
| (24) DR. MARK S. NESTOR | 1.00 | | | | | | | | | | | |
| DIRECTOR | 1.00 | х | | | | | | 0. | | 0. | | 0. |
| (25) JOANNA PLAFSKY | 1.00 | Δ | | | | | | 0. | | | | |
| DIRECTOR | 1.00 | х | | | | | | 0. | | 0. | | 0. |
| | 1.00 | Δ | | | | | | 0. | | 0. | | 0. |
| (26) JACK ROVNER | 1.00 | 77 | | | | | | 0 | | | | 0 |
| DIRECTOR X 0. | | | | | | | | 0. | 1 7 0 | 0. | | |
| | | | | | | | | | | 0. | 1/8 | ,328. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | 0. | 1 - 0 | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,498,908. | | 0. | 178 | ,328. |
| 2 Total number of individuals (including but no | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | ; | | |
| compensation from the organization | | | | | | | | | | | | 14 |
| | | | | | | | | | | ſ | Y | 'es No |
| 3 Did the organization list any former officer, | director, truste | ee, k | ey e | mpl | oyee | e, or | hig | phest compensated empl | oyee on | | | |
| line 1a? If "Yes," complete Schedule J for su | | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the su | m of reportabl | e co | mpe | nsa | tion | and | oth | ner compensation from th | ne organization | | | |
| and related organizations greater than \$150 | ,000? If "Yes, | " со | mple | ete S | Sche | edule | e J f | for such individual | | | 4 | X |
| 5 Did any person listed on line 1a receive or a | ccrue compen | isatio | on fr | om a | any | unre | elate | ed organization or individ | ual for services | | | |
| rendered to the organization? If "Yes." com | plete Schedule | e J fa | or su | ch r | bers | on . | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest cor | npensated ind | lepei | nder | nt co | ontra | actor | rs th | hat received more than \$ | 100,000 of comp | ensat | ion from | I |
| the organization. Report compensation for t | he calendar ye | ear e | ndin | g w | ith c | or wit | thin | the organization's tax ye | ear. | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | | | | | | | Description of s | ervices | С | ompens | ation |
| SIDLEY AUSTIN LLP | | | | | | | | TM COVERAGE | AND | | | |
| P.O. BOX 0642, CHICAGO , | IL 6069 | 0 | | | | | | REIMBURSEMEN | r ISSUES | | 147 | ,500. |
| MAHARISHI FOUNDATION, 110 | | | IT | Y | | | | | | | | |
| MANOR DRIVE, B-35, FAIRFI | | | | | | | | TM TEACHING | SERVICE | | 141 | ,004. |
| COMMUNITY COUNSELING SERV | | | | | | | | CAMPAIGN PLAN | | | | |
| P.O. BOX 824885, PHILADEL | | | 15 | 21 | 9 | | | SERVICES | | | 125 | ,000. |
| STUART ROTHENBERG, 4404 W | | | | | | | _ | MEDICAL LEAD | RCHTP | | 115 | <u>/ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</u> |
| NORTHWEST, WASHINGTON, DC | | | ندب | , | | | | CONSULTING | | | 111 | ,000. |
| THE FILMOSOPHERS, LLC, 18 | | את | <u>777</u> | <u>א א</u> ד | т | | _ | STRATEGIC | | | TT | ,000. |
| | | | | | | | | DEVELOPMENT S | | | 100 | 000 |
| LANE, UNIT B, MAHARISHI V | | | | | | | | | | | T 0 0 | <u>,000.</u> |
| 2 Total number of independent contractors (ir | • | ot lin | nited | to t | _ | _ | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organization 5 | | | | | | | | | | | | |

SEE PART VII, SECTION A CONTINUATION SHEETS 332008 12-21-23

Form **990** (2023)

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

83-0436453

| Form 990 -BASED EI | DUCATION | IA | ND | W | OR | LD | Ρ | | 83-043 | 6453 |
|--|---|--------------------------------|-----------------------|---------|----------------------------|-------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | | nplo | yee | | | lighe | est (| | | |
| (A) Name and title | (B) Average hours | (cł | | Pos | C) ition that | app | ly) | (D) Reportable compensation | (E) Reportable compensation from related | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated em ployee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) SUNALI SHARMA DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (28) ORIN SNYDER DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (29) DR. HASSAN TETTEH | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| | | | | | | | | | | |

332201 04-01-23

| Part VIII Statement of | | | | | HOILED | 1 21102 | |
|------------------------|---------|-------|-------|-------|--------|--------------|---|
| Form 990 (2023) | -BASED | EDUCA | ATION | AND | WORLD | PEACE | |
| | DAVID 3 | LYNCH | FOUNI | DATIC | N FOR | CONSCIOUSNES | S |

Page **9** 83-0436453

| ιa | | | Check if Schedule O | | | response | or note to any lin | e in this Part \/III | | | |
|---|----|-----------------------|--|---------------------|-------------------|--|--|----------------------|--|---|---|
| | | | | 2011 | | response | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | b c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I | ibut grar abo | ions) its, and | 1a 1b 1c 1d 1e 1f 8, 1g \$ | 68,790. 74,820. 291,487. 5,094. | | | | |
| aro | | h | Total. Add lines 1a-1f | | | | | 8,435,097. | | | |
| | | | | | | | Business Code | 206.024 | 206.024 | | |
| ce | 2 | а | EDUCATION/INS | TR | UCT. | LON | 611710 | 386,034. | 386,034. | | |
| e vi | | b | | | | | | | | | |
| l Se | | С | | | | | | | | | |
| an eve | | d | | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| Р | | f | All other program service r | reve | enue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | 386,034. | | | |
| | 3 | | Investment income (includ | ling | divider | nds, intere | st, and | | | | |
| | | | other similar amounts) | | | | | 121,808. | | | 121,808. |
| | 4 | | Income from investment o | of ta | x-exem | pt bond p | roceeds | | | | |
| | 5 | | Royalties | . <u></u> | | | | 1,217. | 1,217. | | |
| | | | | | (i |) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | 268 | ,564. | | | | | |
| | | | Less: rental expenses | | | ,579. | | 1 | | | |
| | | | Rental income or (loss) | | | ,015. | | 1 | | | |
| | | | Net rental income or (loss) | | | | | -69,015. | | | -69,015. |
| | 7 | | Gross amount from sales of | <u> </u> | | ecurities | (ii) Other | | | | |
| | • | | assets other than inventory | 7a | <u> </u> | | | 1 | | | |
| | | h | Less: cost or other basis | 10 | ' | | | | | | |
| e | | 5 | and sales expenses | 7b | | | | | | | |
| nu | | | | | | | | 1 | | | |
| Revenue | | | Gain or (loss) | | | | | | | | |
| er R | - | | Net gain or (loss) | | | | 1 | | | | |
| ÷. | 8 | а | Gross income from fundraisin | ng e | vents (n | | | | | | |
| đ | | | including \$ | | | of | | | | | |
| | | | contributions reported on | | ' | | | | | | |
| | | | Part IV, line 18 | | | <u>8a</u> | | - | | | |
| | | | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from t | | | | | | | | |
| | 9 | а | Gross income from gaming | | | | | | | | |
| | | | Part IV, line 19 | | | | | 4 | | | |
| | | | Less: direct expenses | | | | | | | | |
| | | С | Net income or (loss) from g | gan | ning act | tivities | | | | | |
| | 10 | а | Gross sales of inventory, le | ess | returns | s | | | | | |
| | | | and allowances | | | 10a | | | | | |
| | | b | Less: cost of goods sold | | | 10b | | | | | |
| | | с | Net income or (loss) from s | sale | es of inv | ventory | | | | | |
| 6 | | | | | | | Business Code | | | | |
| ŝno | 11 | а | | | | | | | | | |
| ane | | b | | | | | | | | | |
| ellé eve | | с | | _ | | | | | | | |
| Miscellaneous Revenue | | d | All other revenue | _ | | | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | | | | |
| | 12 | | Total revenue. See instructio | | | | | 8,875,141. | 387,251. | 0. | 52,793. |
| 33200 | | 21-: | | | | | | - | - | | Form 990 (2023) |

11

11210403 756359 1176248.000

3,060,244.

338,193.

282,856.

7,776.

29,400.

30,000.

59,000.

583,281.

165,994.

253,467.

798,816.

194,750.

137,025.

37,339.

127,982.

1,167,461.

9,054,680.

667,637.

134,447.

45,000.

28,212.

12

1,875.

371,418.

40,969.

31,520.

59,000.

90,307.

55,615.

71,214.

71,484.

30,344.

18,608.

2,564.

8,588.

1,033.

2,379.

902,406.

1,865.

170.

| | CATION AND WOF | RLD PEACE | 83-0 | 436453 Page 10 |
|---|------------------------------|---|--|---------------------------------------|
| Part IX Statement of Functional Expen | ses | | | |
| Section 501(c)(3) and 501(c)(4) organizations must cor | nplete all columns. All othe | er organizations must cor | nplete column (A). | |
| Check if Schedule O contains a resp | onse or note to any line in | this Part IX | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organization and domestic governments. See Part IV, line 21 | s 58,401. | 58,401. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign | | | | |
| individuals. See Part IV, lines 15 and 16 | 70,424. | 70,424. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 775,100. | 622,221. | 107,551. | 45,328. |

2,441,662.

269,201.

229,525.

7,606.

15,370.

478,577.

86,306.

157,639.

236,890.

142,411.

107,370.

24,678.

86,118.

1,166,226.

667,637.

124,062.

20,783.

7,013,107.

247,164.

28,023.

21,811.

14,030.

30,000.

14,397.

24,073.

24,614.

490,442.

21,995.

11,047.

10,097.

33,276.

1,235.

9,352.

5,050.

45,000.

1,139,167.

10.

| Compensation not included above to disqualified | | | | | | |
|---|--|--|--|--|--|--|
| persons (as defined under section 4958(f)(1)) and | | | | | | |
| . | | | | | | |
| | | | | | | |
| | | | | | | |

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

Other employee benefits 9 10 Payroll taxes

11 Fees for services (nonemployees): Management а b Legal С Accounting d

Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel

18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),

amount, list line 24e expenses on Schedule 0.) PROGRAM RESEARCH/OTHER а TEACHING/LICENSING FEES h PRODUCTION MEDIA С d BAD DEBT

e All other expenses Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

332010 12-21-23

11210403 756359 1176248.000

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

| | t X | -BASED EDUCATION AND WORLD PEAC Balance Sheet | | 0.5 | 0436453 Page 11 |
|-------|-----|--|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 200,000. | 1 | 203,212. |
| | 2 | Savings and temporary cash investments | 3,079,030. | 2 | 1,650,618. |
| | 3 | Pledges and grants receivable, net | 5,306,751. | 3 | 6,118,242 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| , | 7 | Notes and loans receivable, net | | 7 | |
| 00000 | 8 | Inventories for sale or use | | 8 | |
| 2 | 9 | Prepaid expenses and deferred charges | 134,114. | 9 | 143,822 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 645,445. | | | |
| | b | Less: accumulated depreciation 10b 560,349. | 100,891. | 10c | 85,096 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 1,449,181. | 15 | 552,841 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 10,269,967. | 16 | 8,753,831 |
| | 17 | Accounts payable and accrued expenses | 556,133. | 17 | 513,032 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| , | 22 | Loans and other payables to any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 3 | | controlled entity or family member of any of these persons | | 22 | |
| 1 | 23 | Secured mortgages and notes payable to unrelated third parties | 400,000. | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 1,263,104. | 25 | 369,608 |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,219,237. | 26 | 882,640 |
| | | Organizations that follow FASB ASC 958, check here | | | |
| 3 | | and complete lines 27, 28, 32, and 33. | | | |
| 3 | 27 | Net assets without donor restrictions | 856,898. | 27 | 2,483,331 |
| 3 | 28 | Net assets with donor restrictions | 7,193,832. | 28 | 5,387,860 |
| | | Organizations that do not follow FASB ASC 958, check here | | | |
| - | | and complete lines 29 through 33. | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 2 | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 8,050,730. | 32 | 7,871,191. |
| 1 | 33 | Total liabilities and net assets/fund balances | 10,269,967. | 33 | 8,753,831 |

332011 12-21-23

| DAVID | LYNCH | FOUNI | DATIO | N FOR | CONSCIOUSNESS |
|--------|-------|-------|-------|-------|---------------|
| -BASED | EDUCA | ATION | AND | WORLD | PEACE |

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| | 990 (2023) -BASED EDUCATION AND WORLD PEACE | 83- | 0436453 | 3 Ра | _{age} 12 |
|----|---|----------|---------|------|-------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,8 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,0 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 39. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,0 | 50,7 | 30. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 7,8 | 71,1 | .91. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | ı | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2t | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 20 | : X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | 1 | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3k | | |
| | | | | 000 | |

Form **990** (2023)

332012 12-21-23

| (Form 99) Department of Internal Reve | of the Treasury nue Service | Co | Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | |
|---|---|----------------------|---|---|------------------|------------------|-----------------|---------------------|----------------------------|
| Name of | the organizati | | | UNDATION FOR | | | NESS | | identification number |
| Part I | Reason | | | ON AND WORLD (All organizations must c | | | an instruction | | 3-0436453 |
| | | | | For lines 1 through 12, cl | | | ee instruction | IS. | |
| 1 2 3 4 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: | | | | | | | | |
| 5 | An organizati | on operated fo | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental u | nit describe | ed in |
| 6 | | | Complete Part II.) | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 X | , | , 0 | 0 | ntial part of its support fr | | | ., | ne general r | public described in |
| | | | omplete Part II.) | | 5 | | | 5 | |
| 8 | A community | trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Part | : II.) | | | | |
| 9 | An agricultura | al research org | anization described | in section 170(b)(1)(A)(i | x) operate | ed in conju | inction with a | land-grant | college |
| | | | | ulture (see instructions). | | | | | |
| | university: | | | | | | | | |
| 10 | An organizati | on that norma | Ily receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | iip fees, and | d gross receipts from |
| | activities rela | ted to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of it | s support fi | rom gross investment |
| | income and u | inrelated busir | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the org | ganization a | fter June 30, 1975. |
| | | | mplete Part III.) | | | | | | |
| 11 🔛 | | | | vely to test for public saf | | | | | |
| 12 | | | | vely for the benefit of, to | | | | | |
| | more publicly | supported or | ganizations describe | d in section 509(a)(1) o | r section & | 509(a)(2). | See section | 509(a)(3). (| Check the box on |
| | _lines 12a thro | ough 12d that o | describes the type of | f supporting organization | and com | plete lines | 12e, 12f, and | l 12g. | |
| a | Type I. A s | upporting orga | anization operated, s | upervised, or controlled I | by its supp | ported org | anization(s), t | ypically by | giving |
| | the suppor | ted organizatio | on(s) the power to req | gularly appoint or elect a | majority o | f the direc | tors or truste | es of the su | ipporting |
| | organizatio | n. You must c | omplete Part IV, Se | ections A and B. | | | | | |
| b | Type II. A s | supporting org | anization supervised | or controlled in connect | ion with its | s supporte | ed organizatio | n(s), by hav | ring |
| | control or n | nanagement o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| c | _ Type III fur | nctionally inte | grated. A supporting | g organization operated i | in connect | ion with, a | and functional | lly integrate | d with, |
| | its supporte | ed organizatio | n(s) (see instructions) |). You must complete F | Part IV, Se | ctions A, | D, and E. | | |
| d | _ Type III no | n-functionally | vintegrated. A supp | orting organization operation | ated in cor | nnection w | ith its suppo | rted organiz | zation(s) |
| | that is not f | unctionally int | egrated. The organiz | ation generally must sati | sfy a distr | ibution rec | quirement and | an attentiv | veness |
| | requiremen | t (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V . | | |
| e | | - | | written determination from | | | Туре I, Туре | II, Type III | |
| | | | | nally integrated supportir | ng organiz | ation. | | | [] |
| | er the number | | • | | | | | | |
| | vide the followi (i) Name of supp | <u> </u> | about the supporte (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount o | fmonetany | (vi) Amount of other |
| | organization | | | (described on lines 1-10 | in your governi | ng document? | support (see in | · · · | support (see instructions) |
| | | | | above (see instructions)) | Yes | No | | , | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | <u> </u> |
| | | | | | | | | | |

Schedule A (Form 990) 2023

-BASED EDUCATION AND WORLD PEACE Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| See | ction A. Public Support | | | | | | |
|------|--|----------|-----------------|-------------|-----------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 7521328. | 7074106. | 8357989. | 9308620. | 8435097. | 40697140. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 7521328. | 7074106. | 8357989. | 9308620. | 8435097. | 40697140. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 12391144. |
| | Public support. Subtract line 5 from line 4. | | | | | | 28305996. |
| See | ction B. Total Support | 1 | | 1 | 1 | | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 7521328. | 7074106. | 8357989. | 9308620. | 8435097. | 40697140. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 100 640 | 050 406 | 054 060 | | 200 200 | 1202005 |
| | and income from similar sources | 180,642. | 253,406. | 254,069. | 315,506. | 390,372. | 1393995. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | 42091135. |
| | Total support. Add lines 7 through 10 | | <u> </u> | | | | |
| 12 | , I , | | , | | | | ,248,984. |
| 13 | First 5 years. If the Form 990 is for the | - | | | | | |
| Ser | organization, check this box and stor ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | - | column (f)) | | 14 | 67.25 % |
| | Public support percentage from 2022 (in Public support percentage from 2022 | | • | (77 | | 15 | 61.84 % |
| | 33 1/3% support test - 2023. If the | | | | | | |
| 100 | stop here. The organization qualifies | | | | 14 13 33 17370 01 111 | | 37 |
| b | 33 1/3% support test - 2022. If the o | | - | | | | |
| - | and stop here. The organization qual | | | | | | |
| 17a | | | | | | | |
| - | 7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | | |
| b | 10% -facts-and-circumstances test | • | • | , | • | 7a, and line 15 is | 10% or |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the facts-and-circl | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | | | | | Schedule A | (Form 990) 2023 |
| | | | | | | | |

| DAVID LYNCH | FOUNDATION | FOR | CONSCIOUSNESS |
|-------------|------------|-----|---------------|
| DAVID LYNCH | FOUNDATION | FOR | CONSCIOUSNESS |

| Schodulo A | Earm 000 | 0002 |
|------------|----------|------|
| Schedule A | FOUL 990 | 2023 |

-BASED EDUCATION AND WORLD PEACE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|---------------------------|---------------------|----------------------|---------------------|-----------------|------------------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | I | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | 1 | | |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | 3 | | | | | |
| acquired after June 30, 1975 | | | | | - | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | ; | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for | the organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) orgar | nization, |
| check this box and stop here | <u></u> | | | | | |
| Section C. Computation of Pub | lic Support Per | centage | | | | |
| 15 Public support percentage for 2023 | (line 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 202 | | | | | 16 | % |
| Section D. Computation of Inve | stment Income | e Percentage | | | | |
| 17 Investment income percentage for 2 | 2023 (line 10c, colur | mn (f), divided by | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | 1 2022 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2023. If the | e organization did r | not check the box | on line 14, and lin | e 15 is more than 3 | 33 1/3%, and I | ine 17 is not |
| more than 33 1/3%, check this box | and stop here. The | organization qual | ifies as a publicly | supported organiza | ation | |
| b 33 1/3% support tests - 2022. If th | • | | | • | | · |
| line 18 is not more than 33 1/3%, ch | | | | | | tion |
| 20 Private foundation. If the organizat | ion did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | | |
| 332023 12-21-23 | | 17 | 7 | | Sched | lule A (Form 990) 2023 |

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DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

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1

Yes No

Schedule A (Form 990) 2023 -BAS

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

332024 12-21-23

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

-BASED EDUCATION AND WORLD PEACE

| | | | Yes | No |
|------|--|-----------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| - | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 0.00 | supported organizations played in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions |)- | | |
| a | The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| Ŀ | that these activities constituted substantially all of its activities. | 2a | | |
| a | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |

these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2b

3a

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DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

| Schedule A | (Form 990) |) 2023 | -BASED | EDUCATION | AND | WORLD | PEACE | |
|------------|------------|-----------|----------------|-----------------|-------|------------|-----------|---|
| Part V | Type III | Non-Funct | tionally Integ | rated 509(a)(3) | Suppo | orting Org | anization | 5 |

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| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. |
|---|---|
| | All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|---|----|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| | | | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS BASED FOILCATION AND WORLD PRACE

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| | | ION AND WORLD H | | | 3-0436453 | Page 7 |
|-------|--|-------------------------------|---------------------------------------|------|---------------------------------------|--------|
| Par | | a)(3) Supporting Orga | nizations (continu | ied) | 1 | |
| Secti | on D - Distributions | | | | Current Yea | ar |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | | 2 | | |
| _3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | 1 | I | 10 | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2023 | ıs | (iii) Distributabl Amount for 2 | |
| _1 | Distributable amount for 2023 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | | |
| a | From 2018 | | | | | |
| b | From 2019 | | | | | |
| C | From 2020 | | | | | |
| d | From 2021 | | | | | |
| е | From 2022 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2023 distributable amount | | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2023 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2023 distributable amount | | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| _ | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| | Excess from 2021 | | | | | |
| | Excess from 2022 | | | | | |
| | Excess from 2023 | | | | | |
| - | | | | | | |

Schedule A (Form 990) 2023

332027 12-21-23

| | | | | | | | CONSCIOUS | |
|-----------------------|---|----------------|---------------------------|-------------------------|------------|---------------------------|---|--|
| Schedule A Part VI | Part IV. Section A. lines 1. | 2. 3b. 3c. 4b. | vide the ex 4c. 5a. 6. | planation 9a. 9b. 9c | s required | by Part II, b. and 11c | , line 10; Part II, lin : Part IV. Section E | 83-0436453 Page a e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8 (See instructions.) | B; and Part V, | Section E, | lines 2, 5 | , and 6. A | lso comple | te this part for any | y additional information. |
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| 332028 12-21-2 | 23 | | | | 22 | | | Schedule A (Form 990) 202 |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

83-0436453

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

Organization type (check one):

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year for an *exclusively* for the parts unless to the second the parts unless the second the parts

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

Employer identification number

83-0436453

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$2,010,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ <u>1,000,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>1,000,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$500,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>475,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$255,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

11210403 756359 1176248.000

Schedule B (Form 990) (2023)

Name of organization

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

Employer identification number

83-0436453

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | - \$\$200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

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11210403 756359 1176248.000

| Part II | Noncash Property (see instructions). Use duplicate copies of P | art II if additional space is needed. | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (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 |
| | | | |

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Schedule B (Form 990) (2023)

11210403 756359 1176248.000

2023.05070 DAVID LYNCH FOUNDATION FO 11762481

Employer identification number

| Schedule | B (Form 990) (2023) | | | | Page 4 |
|-----------------|--|-------------------------------|--------------------|--------------------|--------------------------------|
| Name of o | organization | | | | Employer identification number |
| DAVID | LYNCH FOUNDATION FOR CO | ONSCIOUSNESS | | | |
| | D EDUCATION AND WORLD PH | | | | 83-0436453 |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, co | through (e) and the following | line entry. For or | ganizations | |
| | Use duplicate copies of Part III if additional s | space is needed. | | | |
| (a) No. from | | | <i>a</i> | | winting of bour with in bold |
| Part I | (b) Purpose of gift | (c) Use of gi | π | (a) Des | cription of how gift is held |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transfe | r of gift | | |
| | | | _ | | |
| | Transferee's name, address, a | | R | elationship of tra | Insferor to transferee |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) No. | | | | (N - | |
| from Part I | (b) Purpose of gift | (c) Use of gi | ft | (d) Des | cription of how gift is held |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transfe | r of gift | | |
| | | | _ | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of tra | Insferor to transferee |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) No. | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gi | ft | (d) Des | cription of how gift is held |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transfe | er of gift | | |
| | Transferee's name, address, a | ad 7 ID + 4 | B | alationahin of tra | notoror to transforce |
| | | | יח | | Insferor to transferee |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) No. from | (b) Purpose of gift | (a) Lion of air | 4 | | cription of how gift is held |
| Part I | (b) Purpose of gift | (c) Use of gi | | (d) Des | cription of now girt is neid |
| | | | | | |
| | | | | | |
| | | | | | |
| | | e) Transfe | r of gift | | |
| | | | i oi yiit | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of tra | ansferor to transferee |
| | | | | | |
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| | | | | | |
| | | | | | |
| 323454 12-26 | 6-23 | | | | Schedule B (Form 990) (2023) |

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| (| For Orga | anizations Exempt From Income | Tax Under Section 5 | 01(c) and Section 5 | 27 | 2023 |
|--|-------------------|--|-------------------------|---|-------------|---|
| Department of the Treasury Internal Revenue Service | | | | Open to Public Inspection | | |
| f the organization answ | vered "Yes" on | Form 990, Part IV, line 3, or Form | n 990-EZ, Part V, line | 46 (Political Campa | ign Activi | ities), then: |
| Section 501(c)(3) org | anizations: Com | plete Parts I-A and B. Do not com | plete Part I-C. | | | |
| Section 501(c) (other | than section 50 | 01(c)(3)) organizations: Complete P | arts I-A and C below. | Do not complete Part | I-B. | |
| Section 527 organizations: Complete Part I-A only. | | | | | | |
| f the organization answ | vered "Yes" on | Form 990, Part IV, line 4, or Form | n 990-EZ, Part VI, line | e 47 (Lobbying Activ | ities), the | n: |
| Section 501(c)(3) org | anizations that h | nave filed Form 5768 (election und | er section 501(h)): Co | nplete Part II-A. Do n | ot comple | te Part II-B. |
| | | nave NOT filed Form 5768 (election | . , | , , | | • |
| • | | Form 990, Part IV, line 5 (Proxy 1 | Гах) (see separate in: | structions) or Form | 990-EZ, P | art V, line 35c (Proxy |
| Tax) (see separate instr | | | | | | |
| | | ions: Complete Part III. | | 2272.2.2 | | |
| Name of organization | | YNCH FOUNDATION FOUNDATION | | SNESS | | r identification number |
| Daut I.A. Oamurla | | EDUCATION AND WOR | | wie e eestiew FO | | 3-0436453 |
| Part I-A Comple | ete if the org | anization is exempt under | section 501(c) o | r is a section 52 | / organ | ization. |
| | | | | | | |
| • | U U | ation's direct and indirect political | | | | |
| 2 Political campaign a | | | | | \$ | |
| 3 Volunteer hours for | political campai | gn activities | | | | |
| Part I R Comple | ate if the org | anization is exempt under | s section $501(c)/3$ | 1 | | |
| | | | | | • | |
| | | incurred by the organization under | | | | |
| | | incurred by organization managers | | | | |
| | | n 4955 tax, did it file Form 4720 fo | | | | |
| | | | | | | Yes No |
| b If "Yes," describe in | | anization is exempt under | section 501(c) | except section 5 | 01(2)(3) | |
| | | • | | - | | |
| | | by the filing organization for secti | | | \$ | |
| | | ization's funds contributed to othe | C C | | • | |
| exempt function ac | | | | | | |
| • | • | . Add lines 1 and 2. Enter here and | | | ¢ | |
| | | 4400 DOL (| | | | |
| | | 1120-POL for this year? | | | | |
| | | nployer identification number (EIN) | • | • | | |
| | - | tion listed, enter the amount paid f omptly and directly delivered to a s | | | | - |
| | | additional space is needed, provide | | | parate set | jregated fund of a |
| | | | 1 | | | (a) Amount of political |
| (a) Name | • | (b) Address | (c) EIN | (d) Amount paid f filing organizatio | | (e) Amount of political ntributions received and |
| | | | | funds. If none, ente | | promptly and directly |
| | | | | | c | elivered to a separate |
| | | | | | | political organization. If none, enter -0 |
| | | | | | | |
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Political Campaign and Lobbying Activities

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

OMB No. 1545-0047

2023

LHA 332041 11-06-23

SCHEDULE C

(Form 990)

| | | CH FOUNDATION | | | |
|--|---|--|--------------------------|--------------------------|----------------------|
| Schedule C (Form 990) 2023 | | UCATION AND W | | | 0436453 Page 2 |
| Part II-A Complete if the org section 501(h)). | anization is e | kempt under section | n 501(c)(3) and file | a Form 5768 (el | ection under |
| | | efficiente el encorre (encol liet i | | | |
| A Check if the filing organiza expenses, and sha | • | affiliated group (and list in | n Part IV each amiliateo | group member's nam | ie, address, Elin, |
| | | A and "limited control" pro | ovisions apply | | |
| | | | | (a) Filing | (b) Affiliated group |
| | ts on Lobbying E ditures" means ar | xpenditures nounts paid or incurred. |) | organization's totals | totals |
| 1a Total lobbying expenditures to influ | uence public opini | on (grassroots lobbying) | | | |
| b Total lobbying expenditures to influ | uence a legislative | body (direct lobbying) | | | |
| c Total lobbying expenditures (add li | nes 1a and 1b) | | | | |
| d Other exempt purpose expenditure | es | | | | |
| e Total exempt purpose expenditure | s (add lines 1c and | 1 1d) | | | |
| f Lobbying nontaxable amount. Ente | er the amount from | the following table in bot | h columns. | | |
| If the amount on line 1e, column (a) o | r (b) is: The | lobbying nontaxable am | iount is: | | |
| not over \$500,000, | 20% | of the amount on line 1e | | | |
| over \$500,000 but not over \$1,000 |) <u>,000,</u> \$10 | 0,000 plus 15% of the exc | ess over \$500,000. | | |
| over \$1,000,000 but not over \$1,5 | | 5,000 plus 10% of the exc | | | |
| over \$1,500,000 but not over \$17, | 000,000, \$22 | 5,000 plus 5% of the exce | ess over \$1,500,000. | | |
| over \$17,000,000, | \$1,0 | 000,000. | | | |
| - | g Grassroots nontaxable amount (enter 25% of line 1f) | | | | |
| h Subtract line 1g from line 1a. If zer | o or less, enter -0- | | | | |
| i Subtract line 1f from line 1c. If zero | | | | | |
| j If there is an amount other than ze | | or line 1i, did the organiz | ation file Form 4720 | | |
| reporting section 4911 tax for this | | | | | Yes No |
| (Some organizations t | hat made a sectio | Averaging Period Under n 501(h) election do not parate instructions for li | have to complete all o | of the five columns b | elow. |
| | | (penditures During 4-Ye | | | |
| | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| | | | | | |

| f Grassroots lobbying expenditures | | |
|------------------------------------|--|--|
| | | |

Schedule C (Form 990) 2023

332042 11-06-23

-BASED EDUCATION AND WORLD PEACE 83-0436453 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (b) | |
|-------|--|------------------|---------------|------------|------------|
| | lobbying activity. | Yes | No Amo | | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| а | Volunteers? | | Х | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Х | | |
| | Media advertisements? | | Х | | |
| | Mailings to members, legislators, or the public? | | Х | | |
| | Publications, or published or broadcast statements? | | Х | | |
| f | Grants to other organizations for lobbying purposes? | | Х | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Х | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | |
| i | Other activities? | Х | | 3(|),000. |
| j | Total. Add lines 1c through 1i | | | 3(|),000. |
| | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | Х | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| с | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), sectio | n 501(c)(5 | i), or sec | tion | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from th | e prior year? | 3 | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | | • • |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | "No" OR (| b) Part I | II-A, line | 3, IS |
| | answered "Yes." | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | cal | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | | |
| b | Carryover from last year | | | | |
| с | Total | | | | |
| 3 | | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | olitical | | | |
| | expenditures next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | | 5 | | |
| Par | | | | | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-/ | A, lines 1 ai | nd 2 (see | |
| | ictions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| PAF | RT II-B, LINE 1, LOBBYING ACTIVITIES: | | | | |

STRATEGIC GUIDANCE AND FEDERAL GOVERNMENT AFFAIRS SERVICES.

Schedule C (Form 990) 2023

332043 11-06-23

| SC | HEDULE D | Supplementa | al Financial Statements | OMB No. 1545-0047 | | |
|--------|---|--|---|---|--|--|
| (Forn | (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | | | | |
| | ment of the Treasury | A | ttach to Form 990. | Open to Public | | |
| | Revenue Service | | 0 for instructions and the latest information FION FOR CONSCIOUSNESS | | | |
| Nam | e of the organization | -BASED EDUCATION A | | Employer identification number 83-0436453 | | |
| Par | t I Organiza | | d Funds or Other Similar Funds or | | | |
| | | n answered "Yes" on Form 990, Part IV, lin | | | | |
| | | | (a) Donor advised funds | (b) Funds and other accounts | | |
| 1 | Total number at er | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 | Aggregate value of | f grants from (during year) | | | | |
| 4 | Aggregate value at | t end of year | | | | |
| 5 | - | | writing that the assets held in donor advised fu | | | |
| - | | | exclusive legal control? | | | |
| 6 | • | 0 , , | dvisors in writing that grant funds can be used | • | | |
| | | | r donor advisor, or for any other purpose conf | • <u> </u> | | |
| Par | | | ganization answered "Yes" on Form 990, Part | | | |
| 1 | | servation easements held by the organization | | 10, mo 1. | | |
| - | | of land for public use (for example, recrea | · · · · · · | istorically important land area | | |
| | | f natural habitat | · | ertified historic structure | | |
| | Preservation | of open space | | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualif | ied conservation contribution in the form of a | conservation easement on the last | | |
| | day of the tax year | r. | | Held at the End of the Tax Year | | |
| а | Total number of co | onservation easements | | 2a | | |
| b | Total acreage rest | ricted by conservation easements | | 2b | | |
| С | | vation easements on a certified historic stru | | 2c | | |
| d | | vation easements included on line 2c acqu | • | | | |
| • | | | | | | |
| 3 | | vation easements modified, transferred, rel | eased, extinguished, or terminated by the orga | anization during the tax | | |
| 4 | year | where property subject to conservation eas | ement is located | | | |
| 5 | | tion have a written policy regarding the per | | | | |
| Ŭ | | orcement of the conservation easements it | | Yes No | | |
| 6 | , | | handling of violations, and enforcing conserva | | | |
| | | | | | | |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation | easements during the year | | |
| | | | | | | |
| 8 | | | satisfy the requirements of section 170(h)(4)(E | | | |
| | | | | | | |
| 9 | | - | on easements in its revenue and expense stat | | | |
| | | | ote to the organization's financial statements | that describes the | | |
| Par | | ounting for conservation easements. | Art, Historical Treasures, or Other | Similar Assets. | | |
| | | the organization answered "Yes" on Form | | | | |
| 1a | | | 8, not to report in its revenue statement and b | palance sheet works | | |
| | | | lic exhibition, education, or research in furthe | | | |
| | | | icial statements that describes these items. | · | | |
| b | If the organization | elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and balar | nce sheet works of | | |
| | art, historical treas | ures, or other similar assets held for public | exhibition, education, or research in furtherar | nce of public service, | | |
| | provide the followi | ng amounts relating to these items. | | | | |
| | (i) Revenue inclu | ded on Form 990, Part VIII, line 1 | | \$ | | |
| | ., | | | | | |
| 2 | | | asures, or other similar assets for financial gai | n, provide | | |
| | - | unts required to be reported under FASB A | - | | | |
| | | | | | | |
| | | | | | | |
| | | eduction Act Notice, see the Instructions | s tor Form 990. | Schedule D (Form 990) 2023 | | |
| 332051 | 09-28-23 | | 32 | | | |
| | | | ~ <u>-</u> | | | |

11210403 756359 1176248.000

| | | YNCH FOUND | | | USNES | | 426452 | | 0 |
|------|---|-----------------------|---------------------|---------------------|-------------|---------------------|------------|--------------|------------|
| | | EDUCATION | | | Othors | | 436453 | | age Z |
| - | t III Organizations Maintaining C | | | | | | | ued) | |
| 3 | Using the organization's acquisition, accessi collection items (check all that apply). | on, and other record | ds, check any of | he following that | make sigr | ificant use of its | | | |
| а | Public exhibition | | d 📃 Loan or | exchange program | m | | | | |
| b | Scholarly research | | e 🗌 Other_ | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | in how they furth | er the organizatior | n's exemp | t purpose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | _ | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | line 9. or | | - |
| | reported an amount on Form 990, Pa | | 5 | | | , | | | |
| 1a | Is the organization an agent, trustee, custodi | an. or other interme | diary for contribu | itions or other ass | ets not in | cluded | | | |
| | on Form 990, Part X? | | | | | _ | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | L | | L |] 110 |
| , N | | | nowing table. | | | | Amount | | |
| ~ | Beginning balance | | | | | 1c | | | |
| | | | | | | 1d | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | 1e | | | |
| | Ending balance | | | | | [| Yes | | 1 |
| | Did the organization include an amount on F | | | | • | ?∟ | Yes | | ∣No |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if | | | | | | | | <u> </u> |
| I UI | | (a) Current year | (b) Prior yea | | | I) Three years back | (e) Four | Voare | hack |
| | | (a) Current year | (b) FIIOI yea | | | I The years back | | years | Dauk |
| | Beginning of year balance | | | | | | | | |
| | Contributions | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | _ | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | e (line 1g, colum | n (a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| с | Term endowment | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | ation that are hel | d and administere | ed for the | | _ | | |
| | organization by: | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | 3a(i) | | |
| | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organization | tions listed as requi | red on Schedule | R? | | | | | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | owment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 99 | 0, Part IV, line 11 | a. See Form 990, | Part X, lin | ie 10. | | | |
| | Description of property | (a) Cost or o | other (b) | Cost or other | (c) Acc | umulated | (d) Book | value | э |
| _ | | basis (invest | • • • | asis (other) | • • | eciation | | | |
| 1a | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | 288,707. | 27 | 73,924. | 14 | .,78 | 83. |
| | Other | | | 356,738. | | 36,425. | | , 31 , 31 | |
| | . Add lines 1a through 1e. (Column (d) must e | | | | | | | 5,09 | |
| | | gear on out all | | ····· (=,/ | | | le D (Form | - | |
| | | | | | | | • | , | - |

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

83-0436453 Page 3 Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 195,311 SECURITY DEPOSITS (1) RIGHT OF USE ASSET 357,530 (2) (3) (4) (5) (6) (7) (8) (9) 552,841 Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes 369,608 LEASE LIABILITY (2)(3) (4) (5) (6) (7) (8) (9) 369,608. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2023

332053 09-28-23

| DAVID 1 | LYNCH | FOUNDATI | ON FOR | CONSCIOUSNESS |
|---------|-------|----------|--------|---------------|
| | | | | 55305 |

| 83- | 0436 | 453 | Page 4 |
|-----|------|-----|--------|
| 03- | 0430 | 400 | Page 🖶 |

| | edule D (Form 990) 2023 - BASED EDUCATION AND WORL | - | | | 0436453 Page 4 |
|--|---|---|---------------------------------------|--------------|--|
| Pa | t XI Reconciliation of Revenue per Audited Financial Staten | | Revenue per Re | turn | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 12a. | | | 0 200 622 |
| 1 | | | | 1 | 9,289,623. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1.1 | | | |
| а | Net unrealized gains (losses) on investments | | | | |
| b | Donated services and use of facilities | | 76,903. | | |
| С | Recoveries of prior year grants | | 228 580 | | |
| d | | 2d | 337,579. | | |
| е | Add lines 2a through 2d | | | 2e | 414,482. |
| 3 | Subtract line 2e from line 1 | | | 3 | 8,875,141. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | Add lines 4a and 4b | | | 4c | 0. |
| С | | | | | |
| с _5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 8,875,141. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | ments With | | | |
| | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | ments With | Expenses per F | Retur | n |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | ments With | Expenses per F | | |
| Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ments With | Expenses per F | Retur | n |
| Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements | ments With | Expenses per F | Retur | n |
| Pa 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ments With | Expenses per F | Retur | n |
| Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a. 2a 2a 2b | Expenses per F | Retur | n |
| Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a. 2a 2a 2b 2c | Expenses per F | Retur | n 9,469,162. |
| Pa 1 2 a b c | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a. 2a 2b 2c 2d | Expenses per F 76,903. 337,579. | Retur | n 9,469,162. 414,482. |
| Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | Expenses per F 76,903. 337,579. | 1 | n 9,469,162. |
| Pa 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | Expenses per F 76,903. 337,579. | 1 2e | n 9,469,162. 414,482. |
| Pa 1 2 b c d 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a. 2a 2b 2c 2d | Expenses per F 76,903. 337,579. | 1 2e | n 9,469,162. 414,482. |
| Pa 1 2 a b c d e 3 4 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a. 2a 2b 2c 2d 4a | Expenses per F 76,903. 337,579. | 1 2e | n 9,469,162. 414,482. |
| Pa 1 2 a b c d e 3 4 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 7b Other (Describe in Part XIII.) | 2a 2a 2b 2c 2d 2d | Expenses per F 76,903. 337,579. | 1 2e | n <u>9,469,162.</u> <u>414,482.</u> <u>9,054,680.</u> 0. |
| Pa 1 2 b c d e 3 4 b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2a 2b 2c 2d 2d 4a 4b | Expenses per F 76,903. 337,579. | 1 2e 3 | n 9,469,162. 414,482. 9,054,680. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

| THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE |
|--|
| POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS |
| DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD |
| REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE FOUNDATION IS |
| NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS |
| FOR PERIODS PRIOR TO JUNE 30, 2021. |
| |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: |

35

RECLASSED RENTAL EXPENSES FROM PART IX

| PART | XII, | LINE | 2D | - | OTHER | ADJUSTMENTS: |
|------|------|------|----|---|-------|--------------|
| | | | | | | |

332054 09-28-23

Schedule D (Form 990) 2023

| | | | | | | | CONSCIOUSNESS | | |
|---------------------|-------------------------|----------|-----------|-------|-------|-------|---------------|--------------------|----------|
| Schedule D (Form 99 | 90) 2023 Iomontal II | -BASEI |) EDU | CATIO | N AND | WORLD | PEACE | 83-0436453 | Page 5 |
| | | | ontinued) | | | | | | |
| RECLASSED | RENTAL | EXPENSES | FROM | PART | IX | | | 337,5 | 79. |
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| | | | | | | | | Schedule D (Form 9 | 90) 2023 |

332055 09-28-23

| SCHED (Form 99 | | | | ivities Outside the Un | | | | 3 No. 1545-0047 | | |
|------------------------------------|-------------------------------------|---|---|---|----------------------|--|------------------|--|--|--|
| (FOIII 99 | .0) | Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. | | | | | | | | |
| Department of t Internal Revenu | | Go to w | ww.irs.gov/Form | $_{1990}$ for instructions and the latest in | nformation. | | Open t Inspec | to Public tion | | |
| | e organization LYNCH FOU | UNDATION | FOR CONS | CIOUSNESS | | Employer | identific | ation number | | |
| | EDUCATIC | N AND WO | RLD PEAC | E | | 83-04 | | | | |
| Part I | | | ctivities Out | side the United States. Comple | ete if the organ | ization answ | /ered "Ye | es" on | | |
| | Form 990, Part | | · | | | • • | | | | |
| • | | Ũ | | ds to substantiate the amount of its gra the selection criteria used to award the | | , | X. | res 🗌 No | | |
| - | rantmakers. Des d States. | cribe in Part V the | e organization's | procedures for monitoring the use of its | grants and ot | her assistand | ce outsid | e the | | |
| | | | T | an be duplicated if additional space is n | | | () | | | |
| | a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) | is a pro describe | vity listed in gram service specific typ (s) in the reg | e, be | (f) Total expenditures for and investments in the region | | |
| EUROPE (1 | INCLUDING | | | | | | | | | |
| | GREENLAND) | 0 | 0 | GRANTMAKING | | | | 10,000. | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| MIDDLE EA | AST AND | | | | | | | | | |
| NORTH AFF | RICA | 0 | 0 | GRANTMAKING | | | | 60,424. | | |
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| 3 a Subto | otal | 0 | 0 | | | | | 70,424. | | |
| b Total | from continuation | 0 | 0 | | | | | 0. | | |
| | s (add lines 3a | 0 | 0 | | | | | 70,424. | | |

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

| | DAVID | LYNCH | FOUNI | DATIC | ON | F |
|----------------------------|--------|---------|-------|-------|----|---|
| Schedule F (Form 990) 2023 | -BASED |) EDUCA | ATION | AND | WC | R |

FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE

83-0436453

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|-------------------|-----------------------------|---------------------------------|---------------------------------|---|--|---|
| | | EUROPE (INCLUDING | | | | | | |
| | | ICELAND & | CONSCIOUSNESS-BASED | | | | | |
| | | GREENLAND) | EDUCATION | 10,000. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | CONSCIOUSNESS-BASED | | | | | |
| | | | EDUCATION | 10 000 | WIRE TRANSFER | 0. | | |
| | | | | 10,000. | | | | |
| | | | | | | | | |
| | | MIDDLE EAST AND | CONSCIOUSNESS-BASED | | | | | |
| | | NORTH AFRICA | EDUCATION | 48,925. | WIRE TRANSFER | 0. | | |
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| 2 Enter total number of | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

3 0

Page 2

83-0436453

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2023

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|--------------------------|---------------------------------|--|---|---------------------------------------|---|
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Schedule F (Form 990) 2023

Page 3

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS

-BASED EDUCATION AND WORLD PEACE

| 83-0436453 | Page 4 |
|------------|--------|
|------------|--------|

| Part | IV | Foreign Forms | | |
|------|------|--|-----|------|
| 1 | the | s the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see the Instructions for Form 926) | Yes | XNo |
| | 001 | | | |
| 2 | Did | the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may | | |
| | be r | required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and | | |
| | Rec | eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a | | |
| | U.S. | . Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did | the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." | | |
| | the | organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to | | |
| | Cen | tain Foreign Corporations (see the Instructions for Form 5471) | Yes | X No |
| 4 | Was | s the organization a direct or indirect shareholder of a passive foreign investment company or a | | |
| | qua | lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, | | |
| | | rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see the Instructions for Form 8621) | Yes | X No |
| 5 | Did | the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," | | |
| | the | organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain | | |
| | Fore | eign Partnerships (see the Instructions for Form 8865) | Yes | XNo |
| 6 | Did | the organization have any operations in or related to any boycotting countries during the tax year? If | | |
| | "Yes | s," the organization may be required to separately file Form 5713, International Boycott Report (see | | |
| | the | Instructions for Form 5713; don't file with Form 990) | Yes | X No |
| | | | | |

Schedule F (Form 990) 2023

332074 11-29-23

Schedule F (Form 990) 2023

 Part V
 Supplemental Information

 Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

Schedule F (Form 990) 2023

THE ORGANIZATION HAS PROCEDURES FOR MONITORING THE USE OF ITS GRANT

FUNDS. GRANT MONITORING INCLUDES PERIODIC REPORTS TO ENSURE THAT THE

PROJECTED NUMBER OF INDIVIDUALS TO BE INSTRUCTED HAVE IN FACT BEEN

INSTRUCTED. IN ADDITION, ANNUAL REPORTS ARE REQUIRED WHICH INCLUDE A

FINANCIAL ACCOUNTING OF EXPENDITURES IN SUPPORT OF THE PROGRAMS.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR

EXPENDITURES.

Schedule F (Form 990) 2023

332075 11-29-23

| SCHEDULE G | Suppleme | ntal Information Regarding | Func | Iraisi | ng or Gaming A | ctiv | ties | OMB No. 1545-0047 |
|---|---|--|--|--|---|---------|---|--|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | or 19, | or if the | 2023 |
| Department of the Treasury | | Attach to Form 990 | or Forr | n 990 | -EZ. | | | Open to Public |
| Internal Revenue Service | Go t | o www.irs.gov/Form990 for instru | ctions | and t | ne latest information | n. | | Inspection |
| Name of the organization | DAVID L | YNCH FOUNDATION FO | R CO | ONS | CIOUSNESS | | | entification number |
| | | EDUCATION AND WORL | | | | | 83-0436 | |
| | complete this part | Complete if the organization answe t. | ered "Y | 'es" or | n Form 990, Part IV, I | ine 17 | 7. Form 990-E | Z filers are not |
| a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list | tions email solicitations tations dicitations on have a written o red in Form 990, P) highest paid indiv | f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc rofessi | non-g gover aising ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | X Ye | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts to (from activity | | Amount paid r retained by) fundraiser red in col. (i) | (vi) Amount paid to (or retained by) organization |
| PITCH, LLC - 2238 | WASHINGTON | GRANT WRITER / FUNDRAISING | Yes | No | | | | |
| AVE, SUITE 202, SI | LVER | DEVELOPMENT | | X | 1,285,000. | | 59,000. | 1,226,000. |
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| Total | | | | | 1,285,000. | | 59,000 | . 1,226,000. |
| 3 List all states in whi or licensing. | ich the organizatio | on is registered or licensed to solicit | contrib | utions | or has been notified | it is e | exempt from re | egistration |

AL, CA, CO, CT, DC, FL, HI, IL, MA, MD, MI, MS, NJ, NY, NC, SC, TN, VA, WI

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | of fundraising event contributions and gro | oss income on Form 990 | EZ, lines 1 and 6b. List e | events with gross receipt | s greater than \$5,000. |
|-----------------|------------|---|------------------------|--|---------------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | | | | | | |
| Jeve Mere | 1 | Gross receipts | | | | |
| | - | | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | - | · · · · · · · · · · · · · · · · · · · | | | | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| <i>"</i> | | Noncash prizes | | | | |
| usea | 6 | Rent/facility costs | | | | |
| Direct Expenses | 0 | | | | | |
| цц | 7 | Food and beverages | | | | |
| Dire | | G | | | | |
| | 8 | Entertainment | | | | |
| | | Other direct expenses | | | | |
| | | Direct expense summary. Add lines 4 through | | | | |
| Pa | 11 rt I | Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a | | 000 Part IV line 10 or | | |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res offront | 1990, 1 art IV, inte 19, 01 | eported more than | |
| nue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | | | |
| £ | 1 | Gross revenue | | | | |
| | | | | | | |
| se | 2 | Cash prizes | | | | |
| suad | 2 | Noncash prizes | | | | |
| Direct Expenses | J | | | | | |
| lect | 4 | Rent/facility costs | | | | |
| ē | | | | | | |
| | 5 | Other direct expenses | | | | |
| | - | | Yes% | Yes% | Yes% | |
| | 6 | Volunteer labor | No No | No No | Νο | |
| | 7 | Direct expense summary. Add lines 2 through | ı 5 in column (d) | | | |

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

332082 09-13-23

Schedule G (Form 990) 2023

No

No

| 1 Does the organization conduct gaming activities with nonmembers? | | Yes | No |
|--|-----------------|------------|-------|
| 2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | ∟ | | |
| to administer charitable gaming? | | Yes | No No |
| 3 Indicate the percentage of gaming activity conducted in: | | | |
| a The organization's facility | 13a | L | 9 |
| b An outside facility | | | 9 |
| 4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | . <u> </u> | |
| Name | | | |
| Address | | | |
| 5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No No |
| b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou | nt | | |
| of gaming revenue retained by the third party \$ | | | |
| c If "Yes," enter name and address of the third party: | | | |
| | | | |
| Name | | | |
| | | | |
| Address | | | |
| | | | |
| 6 Gaming manager information: | | | |
| | | | |
| Name | | | |
| | | | |
| Gaming manager compensation \$ | | | |
| | | | |
| Description of services provided | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Director/officer Employee Independent contractor | | | |
| | | | |
| 7 Mandatory distributions: | | | |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | Vec | |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Yes | No |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent organizations or spent organizations or spent organizations or spent organizations or | | Yes | No |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ | | | |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | | | |
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| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 3 CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS | id Part III, li | | |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 3 CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS | id Part III, li | | |
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| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 3 CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS I) NAME OF FUNDRAISER: PITCH, LLC | id Part III, li | | |
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| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 3CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS I) NAME OF FUNDRAISER: PITCH, LLC I) ADDRESS OF FUNDRAISER: | id Part III, li | | |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS I) NAME OF FUNDRAISER: PITCH, LLC I) ADDRESS OF FUNDRAISER: 238 WASHINGTON AVE, SUITE 202, SILVER SPRING, MD 20910 PART I, LINE 2B, COLUMN (V): | id Part III, li | | |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 3CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS I) NAME OF FUNDRAISER: PITCH, LLC I) ADDRESS OF FUNDRAISER: 2238 WASHINGTON AVE, SUITE 202, SILVER SPRING, MD 20910 PART I, LINE 2B, COLUMN (V): | d Part III, li | nes 9, 9 | |
| 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS I) NAME OF FUNDRAISER: PITCH, LLC I) ADDRESS OF FUNDRAISER: 238 WASHINGTON AVE, SUITE 202, SILVER SPRING, MD 20910 PART I, LINE 2B, COLUMN (V): | d Part III, li | nes 9, 9 | |

| Schedule G (Form 990) Part IV Supplemental Infor | DAVID LYNCH FOUNDATION FO -BASED EDUCATION AND WORI mation (continued) | |
|--|--|---------------------------|
| FLAT RATE OF \$5,000 | MONTH FOR A TOTAL OF 180 | HOURS. THE AGREEMENT DOES |
| NOT PROVIDE FOR THE | PAYMENT OF EXPENSES. | |
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| | | Schedule G (Form 99 |

332084 04-01-23

| J | Comp CNCH FOUNDA DUCATION A s and Assistance ds to substantiate the ssistance? | TION FOR CO ND WORLD PE e amount of the grants toring the use of grant | n answered "Yes" Attach to Forn s.gov/Form990 for NSCIOUSNES ACE or assistance, the funds in the United | on Form 990, Pa n 990. the latest inform SS grantees' eligibility I States. | ted States rt IV, line 21 or 22. ation. | | X Yes No |
|---|---|---|---|--|--|---------------------------------------|---------------------------------------|
| recipient that received more that in the standard of the Assistance recipient that received more that in the standard of the Assistance recipient that received more that in the standard of the Assistance recipient that received more that in the standard of the Assistance recipient that received more that in the standard of the Assistance recipient that received more that in the standard of the Assistance recipient that received more that in the standard of the Assistance recipient that received more that in the standard of the Assistance in the standard of the Assi | n \$5,000. Part II can | | | | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| MAHARISHI FOUNDATION USA INC. P.O. BOX 670 FAIRFIELD, IA 52556 | 04-3196447 | 501(C)(3) | 57,631. | 0. | | | CONSCIOUSNESS-BASED EDUCATION |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3 |) and government or | ganizations listed in th | e line 1 table | | | | <u>1.</u> |

3 Enter total number of other organizations listed in the line 1 table

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

83-0436453

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------|-----------------------------|---|--|---|
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| | | (b) Number of recipients (c) Anount of cash grant | (b) Number of recipients (c) Another of cash assistance cash grant cash assistance | (b) Number of recipients (c) Annount of cash assistance (book, FMV, appraisal, other) (b) Number of cash grant (c) Annount of cash assistance (book, FMV, appraisal, other) (c) Number of cash grant (c) Annount of cash assistance (book, FMV, appraisal, other) (c) Number of cash grant (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash grant (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash grant (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash grant (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash grant (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash grant (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash assistance (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash assistance (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash assistance (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash assistance (c) Annount of cash assistance (c) Annount of cash assistance (c) Number of cash assistance |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2023

THE ORGANIZATION HAS PROCEDURES FOR MONITORING THE USE OF ITS GRANT FUNDS.

GRANT MONITORING INCLUDES PERIODIC REPORTS TO ENSURE THAT THE PROJECTED

NUMBER OF INDIVIDUALS TO BE INSTRUCTED HAVE IN FACT BEEN INSTRUCTED. IN

ADDITION, ANNUAL REPORTS ARE REQUIRED WHICH INCLUDE A FINANCIAL ACCOUNTING

OF EXPENDITURES IN SUPPORT OF THE PROGRAMS.

| SC | HEDULE J | Compensation Information | | OMB No. 1 | 1545-00 | 47 |
|------|--|---|------------|--------------|---------|--------|
| (Fo | (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | |) |
| | | Compensated Employees | | 20 | ZJ |) |
| Depa | tment of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | Publ | ic |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | ction | |
| Nam | e of the organizatio | DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS | Employer i | | | mber |
| | | -BASED EDUCATION AND WORLD PEACE | 83-0 |)43645 | 3 | |
| Pa | rt I Question | s Regarding Compensation | | | | |
| | | | | | Yes | No |
| 1a | Check the appropri | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or c | harter travel Housing allowance or residence for perso | nal use | | | |
| | Travel for com | panions Payments for business use of personal re | sidence | | | |
| | | ation and gross-up payments Health or social club dues or initiation fee | S | | | |
| | Discretionary | spending account Personal services (such as maid, chauffer | ur, chef) | | | |
| | | | | | | |
| b | | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| | reimbursement or p | rovision of all of the expenses described above? If "No," complete Part III to explain | | 1b | | |
| 2 | • | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| _ | | | | | | |
| 3 | | ny, of the following the organization used to establish the compensation of the organization's | | | | |
| | | ector. Check all that apply. Do not check any boxes for methods used by a related organization | on to | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | |
| | X Compensatior | | | | | |
| | | ompensation consultant | | | | |
| | X Form 990 of o | ther organizations X Approval by the board or compensation of | committee | | | |
| 4 | During the year dia | any person listed on Form 000. Dort VII. Section A line 1a with respect to the filing | | | | |
| 4 | organization or a re | I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| а | - | | | 4a | | x |
| b | | | | | | X |
| | | | | | | X |
| U | | erve payment from an equity-based compensation arrangement? | | то | | |
| | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | |
| - | contingent on the r | | | | | |
| а | • | | | 5a | | x |
| | | ation? | | | | X |
| | | or 5b, describe in Part III. | | | | |
| 6 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | |
| | contingent on the r | | | | | |
| а | The organization? | - | | | | X |
| | | ation? | | | | X |
| | | r 6b, describe in Part III. | | | | |
| 7 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | ; | | | |
| | not described on lir | nes 5 and 6? If "Yes," describe in Part III | | 7 | Х | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th | | | | |
| | | | | 8 | | X |
| 9 | If "Yes" on line 8, d | id the organization also follow the rebuttable presumption procedure described in | | | | |
| | Regulations section | 1 53.4958-6(c)? | | 9 | | |
| For | | on Act Notice, see the Instructions for Form 990. | | lule J (Forn | n 990) |) 2023 |

LHA 332111 11-06-23

DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS

Schedule J (Form 990) 2023

0) 2023 -BASED EDUCATION AND WORLD PEACE 83-0436453

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|--------------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) ROBERT ROTH, CHIEF | (i) | 354,181. | 0. | 0. | 0. | 15,219. | 369,400. | 0. | |
| EXECUTIVE OFFICER & DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) FREDDA PLESSER | (i) | 277,976. | 0. | 771. | 0. | 46,260. | 325,007. | 0. | |
| EXECUTIVE VP | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) NATALIE FERRONE, VP, | (i) | 149,688. | 0. | 310. | 0. | 49,985. | 199,983. | 0. | |
| PARTNERSHIPS & CORPORATE DEVELOPMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) JESSICA HARRIS | (i) | 156,201. | 30,000. | 60. | 0. | 4,630. | 190,891. | 0. | |
| VICE PRESIDENT THRU JAN 2024 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) ADAM FRIEDMAN | (i) | 145,243. | 0. | 633. | 0. | 40,032. | 185,908. | 0. | |
| VP, PROGRAMS & PARTNERSHIPS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (6) VELKY MARTE | (i) | 152,852. | 0. | 513. | 0. | 20,117. | 173,482. | 0. | |
| SVP, FINANCE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (7) HAYLEY HANNA | (i) | 164,045. | 0. | 435. | 0. | 2,085. | 166,565. | 0. | |
| VP, PROGRAMS & PARTNERSHIPS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
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| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE ORGANIZATION'S VICE PRESIDENT JESSICA HARRIS RECEIVED A \$30,000

NONDISCRETIONARY BONUS DURING THE 2023 CALENDAR YEAR.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

(10111350)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS Emc



83-0436453

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

-BASED EDUCATION AND WORLD PEACE

RELIEVING TOXIC STRESS BY ADVANCING TRANSCENDENTAL MEDITATION AS A

THERAPEUTIC PRACTICE AND MAKING THESE EVIDENCE-BASED PROGRAMS WIDELY

AVAILABLE AT NO COST TO AT-RISK POPULATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOCUS ON URBAN YOUTH IN UNDERSERVED SCHOOLS, VETERANS SUFFERING FROM

POST-TRAUMATIC STRESS AND THEIR FAMILIES, WOMEN AND CHILDREN WHO ARE

SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, AND PEOPLE IN

RECOVERY FROM ALCOHOL AND SUBSTANCE ABUSE. DLF HAS ALSO WORKED WITH THE

HOMELESS, PRISON POPULATIONS, PEOPLE LIVING WITH HIV/AIDS, AND OTHERS.

THE FOUNDATION ALSO ORGANIZES AND HOSTS SCIENTIFIC AND PROFESSIONAL

CONFERENCES, TOWN HALL MEETINGS, AND PUBLIC FESTIVALS TO EDUCATE

LEADERS AND THE GENERAL PUBLIC ABOUT THE BENEFITS OF TM AND THE WORK OF

THE FOUNDATION. IN ADDITION, DLF PARTNERS ON HIGH LEVEL RESEARCH TO

ASSESS THE EFFECTS OF TM AND TO GUIDE OUR WORK.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CENTERS. THROUGH THIS NATIONWIDE INITIATIVE, MORE HEALTHCARE WORKERS WILL GAIN ACCESS TO THIS POWERFUL, NON-PHARMACEUTICAL TOOL. IN ADDITION, HOSPITALS, POLICY MAKERS, AND THOSE CONCERNED WITH THE WELLBEING OF OUR NATION'S HEALTH CARE INDUSTRY AND ITS MEDICAL PROVIDERS WILL HAVE ADDITIONAL EVIDENCE OF TM'S EFFECTIVENESS; WHICH HELPS TO SECURE AND ALLOCATE FUNDING FOR FURTHER TM INSTRUCTION.

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2023.05070 DAVID LYNCH FOUNDATION FO 11762481

| Schedule O (Form 990) 2023 | Page 2 |
|---|---|
| Name of the organization DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE | Employer identification number 83-0436453 |
| -BASED EDUCATION AND WORLD PEACE | 03-0430433 |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: | |
| THE MEDITATION CENTER - NY: | |
| THE MEDITATION CENTER - NY, FORMERLY CALLED THE CENTER FOR | HEALTH AND |
| WELLNESS (CHW) OR CENTER FOR LEADERSHIP AND PERFORMANCE (CI | LP), PROVIDES |
| TM TRAINING COURSES FOR NEW YORK CITY AND LOS ANGELES AREA | BUSINESS |
| PROFESSIONALS. THIS PROFESSIONAL DEVELOPMENT PROGRAM PROVI | DES A |
| TECHNIQUE TO OVERCOME STRESS, ENHANCE CREATIVITY, AND INCRE | EASE STAMINA |
| AND EFFICIENCY. THIS RESULTS IN GREATER PERFORMANCE IN THE | WORKPLACE. |
| THE PROGRAM PROVIDES ORGANIZATIONS AND THEIR EXECUTIVES THE | E OPPORTUNITY |
| TO FULFILL AN IMPORTANT ASPECT OF WORKPLACE TRAINING AND WE | ELLNESS |
| INITIATIVES. OUR NEWEST PROGRAM EXPANSION IS AN ONSITE MED | ITATION |
| CENTER ON THE AMENITIES FLOOR AT THE BEAUTIFUL NEW 425 PARE | X AVENUE |
| BUILDING, WHERE TENANTS IN THE BUILDING SUCH AS CITADEL ANI | D HELLMAN & |
| FRIEDMAN WILL EASILY BE ABLE TO LEARN TM. CHW ALSO FURTHERS | S AWARENESS |
| OF THE IMPACT OF DLF'S WORK AND THE EFFECTIVENESS OF TM. | |
| | |

HEALTHY FAMILIES HEALTHY COMMUNITIES NY:

| THE FOUNDATION'S OUTREACH PROGRA | M FOCUSED ON SERVING COMMUNITIES AND |
|----------------------------------|---|
| POPULATIONS THAT EXPERIENCE TRAU | MA AND TOXIC STRESS IN THE NEW YORK |
| CITY AREA. THE POPULATIONS SERVE | D WITHIN HEALTHY FAMILIES HEALTHY |
| COMMUNITIES (HFHC) INCLUDE STUDE | ENTS AND PARENTS IN LOW INCOME SCHOOLS, |
| SCHOOL TEACHERS, COMMUNITY GROUP | S, LATINO AND BLACK COMMUNITY MEMBERS, |
| AND COLLEGE STUDENTS. INSTRUCTIO | ONS TAKE PLACE AT SCHOOLS, COMMUNITY |
| CENTERS, LOCAL BUSINESSES AND AT | OUR DLF OFFICES IN MIDTOWN MANHATTAN. |
| THROUGH THIS CITYWIDE INITIATIVE | E, DLF IS WORKING TOWARDS ADDRESSING |
| HEALTH INEQUITIES IN NEW YORK CI | TY, AS WELL AS INCREASING THE WELLNESS |
| AND WELLBEING OF NYC GOVERNMENT | WORKERS AND COMMUNITY MEMBERS. IN |
| PARTNERING WITH NYC GOVERNMENT A | GENCIES, DLF CONTINUES THE FOCUSED |
| 332212 11-14-23 | Schedule O (Form 990) 2023 5 2 |
| 1210403 756359 1176248.000 | 2023.05070 DAVID LYNCH FOUNDATION FO 11762481 |

Name of the organization DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE Page 2

EFFORT OF DEMONSTRATING THE EFFECTIVENESS OF TM AND THE IMPORTANCE OF

GETTING INSTRUCTIONS COVERED BY HEALTH INSURANCE.

INTERNATIONAL PROGRAMS:

DLF PROVIDES FUNDING TO TM PROGRAMS FOR UNDER-RESOURCED AND VULNERABLE

POPULATIONS BEYOND THE UNITED STATES. DLF SUPPORTS TM TRAINING TO

GROUPS IN ASIA, AFRICA, EUROPE AND LATIN AMERICA.

WOMEN'S HEALTH INITIATIVE:

THE WOMEN'S HEALTH INITIATIVE PROVIDES TM TRAINING FOR SURVIVORS OF ANY

GENDER OR AGENDER WHO HAVE EXPERIENCED DOMESTIC OR GENDER-BASED

VIOLENCE OR SEXUAL ASSAULT. TM IS AN EVIDENCE-BASED, ALTERNATIVE

THERAPY SHOWN TO CONTRIBUTE TO HEALING AND EMPOWERMENT. IN NEW YORK

CITY WE OFFER SERVICES TO SURVIVORS AT THE MANHATTAN FAMILY JUSTICE

CENTER, AN INITIATIVE OF THE NEW YORK CITY MAYOR'S OFFICE TO END

DOMESTIC AND GENDER-BASED VIOLENCE THAT PROVIDES A HOLISTIC ARRAY OF

SERVICES TO SURVIVORS AT ONE LOCATION. IN LOS ANGELES WE TEACH

SURVIVORS TM AT THE DAVID LYNCH FOUNDATION OFFICES.

AWARENESS:

OUR AWARENESS PROGRAM PRODUCES EVENTS TO INCREASE AWARENESS OF DLF AND EDUCATE THE PUBLIC ABOUT THE IMPACT AND BENEFITS OF TM. THE WORLD'S PREMIERE ARTISTS, DESIGNERS, AND MUSICIANS PARTICIPATE IN DLF'S GALAS, SPECIAL EVENTS, AND AUCTIONS. AUCTIONS OFFER ONE-OF-A-KIND NEW WORKS AND EXTRAORDINARY EXPERIENCES. FUNDS BENEFIT THE DLF'S PROGRAMS TO REDUCE TOXIC STRESS AND TRAUMA, AND IMPROVE THE QUALITY OF LIFE FOR UNDER-RESOURCED POPULATIONS.

53

332212 11-14-23

| HIV WELL | NESS: |
|-----------|---|
| FOR DECAI | DES, TRANSCENDENTAL MEDITATION HAS BEEN USED AS AN ADJUNCT TO |
| HIV/AIDS | TREATMENT BY INDIVIDUALS WHO MUST CONFRONT SERIOUS |
| MENTAL/EN | MOTIONAL CHALLENGES DUE TO A COMPROMISED IMMUNE SYSTEM. DLF |
| WORKS IN | THE SAN FRANCISCO BAY AREA TO PROMOTE THE POWER OF TM TO |
| PROFOUND | LY HEAL AND RESTORE THE LIVES OF INDIVIDUALS WHO LIVE WITH |
| HIV/AIDS | • |
| LOS ANGEI | LES PROGRAMS: |
| WE BEGAN | SERVING THE LOS ANGELES COMMUNITY IN 2010. IN 2019 THE HEALTHY |
| FAMILIES, | HEALTHY COMMUNITIES PROGRAM WAS CREATED TO EXPAND THE MISSION |
| TO SUPPOI | RT VULNERABLE FAMILIES IN SOUTHERN CALIFORNIA. UCLA LUSKIN |
| INSTITUTI | E WAS INTERESTED IN CONDUCTING RESEARCH ON THE BENEFITS OF THE |
| PRACTICE | OF THE TM TECHNIQUE FOR PARENTS. THEY FOUND THAT 92% OF |
| PARENTS | IN THE STUDY FELT LESS STRESSED AND 82% EXPERIENCED GREATER |
| PATIENCE | AS A RESULT OF TM. ADDITIONALLY, SURVEYS FOUND STATISTICALLY |
| SIGNIFIC | ANT INCREASES IN THEIR HOPEFULNESS - THEIR PERCEIVED ABILITY TO |
| SET AND 2 | ACHIEVE GOALS. BECAUSE OF THESE POSITIVE RESULTS, THE |
| RESEARCHI | ERS CONCLUDED THAT "TM IS A PROMISING INTERVENTION FOR |
| CAREGIVE | R WELL-BEING, PROMOTING RESILIENCE AND IMPROVING FAMILY |
| DYNAMICS | . ITS SCALABILITY AND LOW-COST IMPLEMENTATION MAKE IT A |
| PRACTICAL | L TOOL FOR COMMUNITY HEALTH AND FAMILY SUPPORT PROGRAMS." WE |
| ALSO PROV | VIDE PROGRAMS FOR COMMUNITY CENTERS SERVING YOUTH THAT HAVE |
| BEEN INCA | ARCERATED, VETERANS WHO SUFFER FROM SYMPTOMS OF PTSD, WOMEN |
| SURVIVOR | S OF DOMESTIC VIOLENCE, INDIVIDUALS IN RECOVERY FROM SUBSTANCE |
| ABUSE DIS | SORDERS, AND FRONTLINE MENTAL HEALTH PROVIDERS. IN 2023 WE |
| BEGAN OUI | R NEW INITIATIVE TO TEACH FIRST RESPONDERS (FIREFIGHTERS, |
| POLICE, 1 | EMT'S, ETC) THE TM TECHNIQUE. WE HAVE PARTNERED WITH FIRST |

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332212 11-14-23

2023.05070 DAVID LYNCH FOUNDATION FO 11762481

Schedule O (Form 990) 2023

Employer identification number 83 - 0436453

| Schedule O (Form 990) 2023 Vame of the organization DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS | Page Employer identification number |
|--|--|
| -BASED EDUCATION AND WORLD PEACE | 83-0436453 |
| RESPONDER WELLNESS, MALIBU FIRST RESPONDER RECOVERY AND | VENTURA COUNTY |
| FIRST RESPONDER WELLNESS. WE HAVE TAUGHT HUNDREDS OF FIR | ST RESPONDERS |
| NITH VERY POSITIVE OUTCOMES. | |
| MEDITATE NEW YORK: | |
| MEDITATE NEW YORK WILL CREATE A PUBLIC-PRIVATE PARTNERSH | IP WITH |
| NONPROFIT ORGANIZATIONS SKILLED IN TEACHING DIFFERENT | |
| SCIENTIFICALLY-PROVEN MEDITATION TECHNIQUES TO NEW YORKEN | RS IN NEED. |
| FOGETHER, THEY WILL HELP TO TRANSFORM THE CITY - HEALING | TRAUMA, |
| BUILDING RESILIENCE, AND PROMOTING PHYSICAL AND MENTAL WI | ELL-BEING |
| DURING THESE CHALLENGING TIMES. | |
| | |
| NASHINGTON, DC: | |
| THE MEDITATION CENTER (TMC) AT THEARC (TOWN HALL EDUCATION | ON ARTS |
| RECREATION CAMPUS) IS A DIVISION OF THE CENTER FOR RESIL | IENCE OF THE |
| DAVID LYNCH FOUNDATION. SINCE 2018, WE HAVE CONTINUED TO | WORK IN |
| PARTNERSHIP WITH 13 NATIONALLY ACCLAIMED ORGANIZATIONS BA | ASED AT THEARC, |
| AND WITH SEVERAL LONGSTANDING COMMUNITY-BASED ORGANIZATIO | ONS TO PROVIDE |
| IM COURSES AND ONGOING SUPPORT TO RESIDENTS WHO ARE VIOL | ENCE SURVIVORS |
| IN ONE OF DC'S MOST UNDER-RESOURCED COMMUNITIES. COLLABO | RATIONS HAVE |
| BEEN FOSTERED AND EXPANDED WITH ORGANIZATIONS SUCH AS: CI | HILDREN'S |
| NATIONAL HEALTH SYSTEM, COMMUNITY OF HOPE, DC CENTRAL KI | ICHEN, |
| EMPOWERED, AND OTHERS. THE SERVICE THAT TMC IS PROVIDING | TO THE |

COMMUNITY IS HELPING TO ERADICATE THE EPIDEMIC OF TOXIC STRESS AND

TRAUMA AND IMPROVE THE QUALITY OF PEOPLE'S LIVES.

EXPENSES \$ 2,697,334. INCLUDING GRANTS OF \$ 102,694. REVENUE \$ 158,054.

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| FORM | 990, | PART | VI, | SECTION | В, | LINE | 11B: | |
|-------------|------|------|-----|---------|----|------|------|--|
| 332212 11-1 | 4-23 | | | | | | | |

| Schedule O (Form 990) 2023 Page 2 | | | | | |
|---|---|--|--|--|--|
| Name of the organization DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE | Employer identification number 83-0436453 | | | | |
| | | | | | |
| THE FOUNDATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACC | OUNTING FIRM AND | | | | |
| HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THA | T THE INFORMATION | | | | |
| | | | | | |
| REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, | | | | | |
| REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE I | NTERNAL REVENUE | | | | |
| SERVICE, IT IS SENT TO THE BOARD OF DIRECTORS FOR ANY COMM | ENTS. ANY | | | | |
| COMMENTS ARE THEN SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH | | | | | |
| ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINA | LIZED AND | | | | |
| APPROVED FOR FILING. | | | | | |

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO ALL BOARD MEMBERS, OFFICERS AND MEMBERS OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST. ALL APPLICABLE INDIVIDUALS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST AGREEMENT ANNUALLY, DISCLOSING THE EXISTENCE OF THE FINANCIAL INTEREST AND ARE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF ALL MATERIAL FACTS, AND AFTER ANY DISCUSSIONS WITH THE INTERESTED PERSON, HE/SHE LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING DISINTERESTED BOARD MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS BY A MAJORITY VOTE. THE CHAIRPERSON OF THE GOVERNING BOARD APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. PERSONS HAVING ACTUAL OR APPARENT CONFLICTS MUST RECUSE THEMSELVES FROM DELIBERATIONS AND VOTING ON MATTERS GIVING RISE TO SUCH CONFLICT. DELIBERATION AND DECISIONS ARE RECORDED IN THE MINUTES OF THE BOARD.

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332212 11-14-23

| Name of the organization DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE | Employer identification number 83-0436453 |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE PROCESS FOR DETERMINING COMPENSATION FOR THE TOP EXEC | UTIVE, THE CHIEF |
| EXECUTIVE OFFICER (CEO), IS FIRST CONDUCTED AT THE BOARD | LEVEL IN |
| COORDINATION WITH THE FINANCE COMMITTEE AND THE EXECUTIVE | VP (EVP). |
| | |
| THE EVP THEN ASSESSES THE MARKET RATE OF THE CEO'S SALARY | WITH A |
| THIRD-PARTY INDEPENDENT COMPENSATION CONSULTANT. IN ADDIT | ION, OTHER |

COMPARABLE ORGANIZATION'S FORM 990 AND NONPROFIT COMPENSATION REPORTS AND

STUDIES ARE REVIEWED. THE BOARD MEMBERS VOTE AND APPROVE THE CEO'S SALARY.

COMPENSATION FOR THE EXECUTIVE VP IS ASSESSED USING COMPARABILITY DATA, THEN APPROVED AND DOCUMENTED DURING THE EXECUTIVE SESSION OF THE BOARD OF DIRECTORS' YEAR-END MEETING.

APPROVAL IS CONDUCTED ANNUALLY AND DOCUMENTED THROUGH THE ADOPTION OF THE FISCAL YEAR BUDGET.

THE LAST REVIEW PROCESS TOOK PLACE IN 2024.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, CA, FL, HI, IL, MA, MD, MI, MS, NC, NJ, NY, SC, TN, VA, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS FORM 990, GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 1023 AVAILABLE TO THE

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PUBLIC UPON REQUEST. THE FORM 990 AND FINANCIAL STATEMENTS ARE ALSO

AVAILABLE ON THE FOUNDATION'S WEBSITE.

332212 11-14-23

| Schedule O (Form 990) 2023 | Page 2 |
|---|---|
| Name of the organization DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS -BASED EDUCATION AND WORLD PEACE | Employer identification number 83-0436453 |
| PART VII, SECTION A: | |
| COMPENSATION REPORTED IN PART VII FOR SECRETARY WILLIAM GO | LDSTEIN WAS |
| FOR LEGAL SERVICES PROVIDED TO THE ORGANIZATION RATHER THA | N FOR HIS |
| SERVICES AS A BOARD MEMBER. HIS ROLE WAS AS GENERAL COUNSE | L. HE SPENT |
| FIVE HOURS PER WEEK AS AN INDEPENDENT CONTRACTOR AND ONE H | OUR PER WEEK |
| AS SECRETARY. | |
| | |
| | |
| FORM 990, PART VI, SECTION A, LINE 1A & PART VII, SECTION | |
| BOARD MEMBERS CHRIS JOSEPH AND SHRUTI JOSHI SHARE ONE VOTE GOVERNING BOARD. | ON THE |
| | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI | TY FOR |
| OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL | ECTION OF AN |
| INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM T | HE PRIOR |
| YEAR. | |
| | |
| | |
| | |