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

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf

ror cal	ena	ar year 2015 or tax year	peginning		, and end	ıng	<u> </u>	
		foundation					A Employer identification	number
		HELAINE AND		IDER FAMILY				
		DATION, INC					06-1395243	
		d street (or PO box number if	f mail is not delivered to stree	t address)	R	oom/suite	B Telephone number	
PO BOX 52047						404-592-01	80	
		wn, state or province, cou		postal code			C If exemption application is pe	ending, check here
	_		355					
G Che	ck a	all that apply:	Initial return	Initial return of a fe	ormer public cha	rity	D 1. Foreign organizations	s, check here
			Final return	Amended return			2. Foreign organizations me	eting the 85% test.
	_		Address change	X Name change			2. Foreign organizations me check here and attach co	mputation
			_	exempt private foundation			E If private foundation sta	
	_	tion 4947(a)(1) nonexem		Other taxable private founda			under section 507(b)(1)	(A), check here
		ket value of all assets at (· 1 —	nting method: X Cash	Accrua	l	F If the foundation is in a	
•	n P	art II, col (c), line 16)		Other (specify)			under section 507(b)(1)	(B), check here
▶\$ Part	. T	Analysis of Revenue an		lumn (d) must be on cash b				(4) 5
Part		(The total of amounts in columnecessarily equal the amount	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	(d) Disbursements for charitable purposes
	_			839,395.			N/A	(cash basis only)
		Contributions, gifts, grant	TS, eTC., received on is not required to attach Sch B	039,393.			74/12	
	_	Interest on savings and tempo			· · · · · · · · · · · · · · · · · · ·			
		cash investments Dividends and interest fro	om cocurities	5,370.	5	,370.		STATEMENT 1
- 13		Gross rents	om securiues	3,370.		, 5 , 0 .		DIATEMENT I
'		Net rental income or (loss)			_	-		
1.	_	· · · -		-8,193.				
9 `		Net gain or (loss) from sale of a Gross sales price for all	assets not on line 10	0/133.				
Ę.	Gross sales price for all assets on line 6a 7 Cepital gain net income (from Part IV, line 2)					0.		
8 Net short-term capital gain								
9 Income modifications								
Gross sales less returns 10a and allowances								
		Less Cost of goods sold	·					
		Gross profit or (loss)						
1.		Other income		21.		21.		STATEMENT 2
12	2	Total. Add lines 1 throug	jh 11	836,593.	5	,391.		
13	3	Compensation of officers, dire	ectors, trustees, etc	0.		0.	FORCE	VED 0.
14	4	Other employee salaries a	and wages					
19	5	Pension plans, employee	benefits				2	2016
& 10	ва I	Legal fees					S AUG AZ	-810 N
Sesued 16	b	Accounting fees					3]	
	C	Other professional fees					OGDE	H. UL
<u>9</u> 17	7	Interest						
Administrative Ex	8	Taxes	STMT 3	217.		197.		0.
.털 19	9	Depreciation and depletio	on					
[] 20	0	Оссирапсу						
₹ 2		Travel, conferences, and	•					
pue 2		Printing and publications						
글 23		Other expenses	STMT 4	1,270.	1	,270.		0.
Operating		Total operating and adm		1		4.5-		
ğ		expenses. Add lines 13 t	-	1,487.	$\frac{1}{1}$	<u>,467.</u>		0.
2		Contributions, gifts, grant		117,961.		· <u>-</u>		117,961.
20		Total expenses and disb	ursements.	110 440	_	4.00		1 4 5 6 6 6 6
+		Add lines 24 and 25	. 40-	119,448.	 	<u>,467.</u>	-	117,961.
27		Subtract line 26 from line		717 14				
		Excess of revenue over expens		717,145.	2	,924.		
		Net investment income (, , , 44 •	N/A	
523501 11-24-15		Adjusted net income (fro	leduction Act Notice, se	a instructions			N/A	Enrm QQQ DE (0045)
11-24-15	•	THE FOLLSheimolk L		v monucuviis.			60	Form 990-PF (2015)

THE HELAINE AND MARVIN LENDER FAMILY 06-1395243 FOUNDATION, INC. Form 990-PF (2015) Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 36,979 83,393 83,393. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less; allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 672,072. STMT 5 7,828. 672,072. 13 Investments - other 14 Land, buildings, and equipment, basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 44,807. 755,465 755,465. instructions. Also, see page 1, item I) 500. 500. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 500. 500. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0. 0 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 44,307. 754,965 29 Retained earnings, accumulated income, endowment, or other funds 44,307. 754,965 30 Total net assets or fund balances 44,807. 755,465 31 Total liabilities and net assets/fund balances

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	44,307.
2	Enter amount from Part I, line 27a	2	717,145.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	761,452.
5	Decreases not included in line 2 (itemize) ► PASS-THRU FMV ADJUSTMENT K-1 LENOTAX	_5	6,487.
6_	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	754,965.

06-1395243 Form 990-PF (2015) FOUNDATION. INC. Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) 1a LENOTAX K-1 (SHORT TERM) b LENOTAX K-1 (LONG TERM) C đ e (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) -6.331-1.862(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (k) Excess of col. (i) (j) Adjusted basis Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -6,331 -1.862If gain, also enter in Part I, line 7 -8,193. 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. Distribution ratio (col. (b) divided by col. (c)) (a)
Base period years
Calendar year (or tax year beginning in) (c)
Net value of noncharitable-use assets Adjusted qualifying distributions 127,703. 13,578 9.405141 2014 137,474. 9,618. 14.2934082013 103,141. 25,971. 3.9713912012 99,782. 90,822. 1.098655 2011 180.117. 126,008. .699590 2010 2 Total of line 1, column (d) 29.468185 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 5.893637 3 403,488. Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 4 5 Multiply line 4 by line 3 2,378,012. 39. Enter 1% of net investment income (1% of Part I, line 27b) 6 2,378,051. 7 Add lines 5 and 6 7

117,961.

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	990-PF (2015) FOUNDATION, INC. 06-139 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	5243 instru	ction	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			78.
•	of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			78.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			78.
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 539.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments. Add lines 6a through 6d		5	<u> 39.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4	61.
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 461. Refunded ▶ 11			0.
_			Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	162	-
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1a	├	X
0		1b	-	_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	1c	1	x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	"		 ^
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$	-		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-		
·	managers. > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	X
	If "Yes," attach the statement required by General Instruction T.		1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	i		
	By language in the governing instrument, or			ŀ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
_	remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u>-</u>		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		Form 99 0	0-PF	(2015)

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Pa	rt VII-A Statements Regarding Activities (continued)	_		
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	L	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	Ì		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	-		
14	The books are in care of ▶ PATHSTONE FAMILY OFFICE Telephone no. ▶ 404-5			
	Located at ► 3333 PIEDMONT RD NE, STE 2000, ATLANTA, GA ZIP+4 ►3	<u> </u>		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. , . ▶	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	_	Yes	ı
	securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		N	N.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\vdash	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	İ		
	· · · · · · · · · · · · · · · · · · ·			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here	""		
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
٠	before the first day of the tax year beginning in 2015?	10		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	"		
-	defined in section 4942(j)(3) or 4942(j)(5)):			
	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015?			
	If "Yes," list the years		li	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	_3b	$oxed{oxed}$	
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_4a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	[,		
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

Form 990-PF (2015) FOUNDATION, INC.			06-13952	43	Page 6		
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)				
5a During the year did the foundation pay or incur any amount to:							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No				
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		es X No		i		
any voter registration drive?		ES A NO					
(3) Provide a grant to an individual for travel, study, or other similar purposes'			ES A NO				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes X No							
4945(d)(4)(A)? (see instructions)	or adventional nurneces or f		BS AL NO				
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No							
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	dar the exceptions described i		58 [<u>31</u>] NO				
section 53.4945 or in a current notice regarding disaster assistance (see instru		in regulations	N/A	5b	ŀ		
Organizations relying on a current notice regarding disaster assistance check h	•			"			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined	, <u> </u>				
expenditure responsibility for the grant?		. —	es No				
If "Yes," attach the statement required by Regulations section 53 4945		· · · · · · · · · · · · · · · · · · ·	, ,,,				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					ŀ		
a personal benefit contract?	pay promisino on	□ v	es X No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			6Ь	l x		
If "Yes" to 6b, file Form 8870	orsonal bononi contract		-	-	- 		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No				
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b			
Part VIII Information About Officers, Directors, Truste		nagers, Highly	-17 1	,,,			
Paid Employees, and Contractors	•						
1 List all officers, directors, trustees, foundation managers and their of	compensation.		-				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other		
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	all	owances		
MARVIN LENDER	PRESIDENT/TRE	ASURER					
C/O PATHSTONE, PO BOX 52047							
ATLANTA, GA 30355	0.00	0,	0.		0.		
HELAINE LENDER	SECRETARY						
C/O PATHSTONE, PO BOX 52047							
ATLANTA, GA 30355	0.00	0.	0.		0.		
]						
	,						
				<u> </u>			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	Citter HOHE.	(d) Contributions to	(e)	Expense		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco	Expense ount, other owances		
NONE							
				l			
				ļ			
		 		<u> </u>			
	1						
Total number of other employees paid over \$50,000	<u>I</u>			Ь			
10001 Tellinon of virtal original paris of or postago			Form	990-	PF (2015)		

THE HELAINE AND MARVIN LENDER FAMILY FOUNDATION, INC.

Form 990-PF (2015) FOUNDATION, INC.	06-1	1395243	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE	-		
Total number of others receiving over \$50,000 for professional services Part IX-A: Summary of Direct Charitable Activities		<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses	i
1 <u>N/A</u>			
			0.
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount	
1 NONE			
			0.
2			
All other program-related investments. See instructions.			
NONE			
			0.
Total, Add lines 1 through 3	▶		U.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 339,950. Average monthly fair market value of securities 1a 69,682. Average of monthly cash balances 1b Fair market value of all other assets 1c 409,632. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1a 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 403,488. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 20,174. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 20,174. Minimum investment return from Part X, line 6 78 Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) 78. Add lines 2a and 2b 2¢ Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 096 Add lines 3 and 4 Deduction from distributable amount (see instructions) 096. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: er sy 117,961. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 117,961 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 961. Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Соправ	Toda's prior to 2011	2011	
line 7				20,096.
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only			υ•	-
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:		· ·		
1 445 466				
25 222				
101 014				
400 004				
107 004				
	578,638.	•		
f Total of lines 3a through e	370,030.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 117,961.				
· · · · · · · · · · · · · · · · · · ·			0.	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U •		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •			20 006
d Applied to 2015 distributable amount	07 065		···	20,096.
e Remaining amount distributed out of corpus	97,865. 0.			
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		:		
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	676,503.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions				
e Undistributed income for 2014. Subtract line			0.	
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract			U.	
lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	117,486.			
• • • • • • • • • • • • • • • • • • • •	11/,100.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	559,017.]	
3ubtract lines 7 and 6 from line 6a	335,011.			
a Excess from 2011 95, 283.				
b Excess from 2012 101,844.				
c Excess from 2013 137,001.				
d Excess from 2014 127,024.				
e Excess from 2015 97,865.				- 000 DE

THE HELAINE AND MARVIN LENDER FAMILY FOUNDATION, INC.

Form 990-PF (2015) FOUNDAT	ION, INC.		_	06-139	95243 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	dation is a private operatin	g foundation described in	section	4942(j)(3) or 494	12(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed	i		ļ		
b 85% of line 2a					
c Qualifying distributions from Part XII,	-			<u> </u>	
line 4 for each year listed					
d Amounts included in line 2c not				†	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets				 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year				i	
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			<u></u>		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Complet	e this part only if	the foundation	had \$5.000 or more	in assets
at any time during t				, . ,	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	-	han 2% of the total contr	ibutions received by the	foundation before the close	of any tax
year (but only if they have contributed r	nore than \$5,000). (See se	ection 507(d)(2).)	additional reconstruction by the	Todalidation boloro tilo ologo	or any tax
SEE STATEMENT 6					
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large portion	on of the ownership of a part	nership or
= *	S a 10% of greater filteres	L			
SEE STATEMENT 7					
2 Information Regarding Contribut					
Check here X if the foundation	only makes contributions t	o preselected charitable o	organizations and does n	ot accept unsolicited reques	ts for funds. If
the foundation makes gifts, grants, etc.	· · · · · · · · · · · · · · · · · · ·				·
a The name, address, and telephone num	ber or e-mail address of th	ne person to whom applic	ations should be addres	sed:	
h The form is which applications should be	on cubmitted and inferred	ion and materials their st	auld includer		
b The form in which applications should be	e submitted and informat	ion and materials they sh	onia iucinas;		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	l areas, charitable fields, l	kınds of institutions, or o	other factors:	

FOUNDATION, INC.

Form 990-PF (2015)

06-1395243

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or **Amount** status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC CHARITY FUND FOR REPAIRS AND JEWISH CEMETERY ASSOCIATION OF NONE GREATER NEW HAVEN IMPROVEMENTS TO JEWISH CEMETERIES 360 AMITY ROAD WOODBRIDGE, CT 06525 36. LENOX LIBRARY ASSOCIATION NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES 18 MAIN STREET LENOX, MA 01240 50. YALE NEW HAVEN HOSPITAL OFFICE OF NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES DEVELOPMENT 300 GEORGE STREET - 4TH FLOOR NEW HAVEN, CT 06511 50,000. NONE PUBLIC CHARITY GENERAL PROGRAM YALE NEW HAVEN HOSPITAL AUXILIARY 20 YORK STREET WP-127 SERVICES NEW HAVEN, CT 06510 100. NONE PUBLIC CHARITY GENERAL PROGRAM MAZON 10495 SANTA MONICA BLVD SUITE 100 SERVICES LOS ANGELES, CA 90025 500. SEE CONTINUATION SHEET(S) 117,961. ▶ 3a Total b Approved for future payment NONE Total **▶** 3b

Form 990-PF (2015)

FOUNDATION, INC.

06-1395243 Page 12

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded by	section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt	
1 Program service revenue;	code	Amount	code	Amount	function income	
a	-		+			
b	-		+ +			
c			+			
d		 	+ + +			
e	- 		+ + -			
f Fees and contracts from government agencies	_		+			
g Fees and contracts from government agencies 2 Membership dues and assessments			 			
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			14	5,370.		
5 Net rental income or (loss) from real estate:				•		
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income			01	21.		
8 Gain or (loss) from sales of assets other						
than inventory			18			
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:						
a	_		<u> </u>			
b	_					
c	_	 	4			
d	_		+			
e	$-\vdash$		 - -	- 2 202		
2 Subtotal. Add columns (b), (d), and (e)		0	·	-2,802.		
3 Total. Add line 12, columns (b), (d), and (e)				13	-2,802	
See worksheet in line 13 instructions to verify calculations						
Part XVI-B Relationship of Activities	s to the Accom	plishment of Ex	cempt Pur	poses		
Line No. Explain below how each activity for which i	ncome is reported in c	olumn (e) of Part XVI-	A contributed	mportantly to the accomp	lishment of	
▼ the foundation's exempt purposes (other the foundation)	an by providing funds	for such purposes).				
						

Form 990-		ELAINE ANI ATION, ING		IN LENDER	FAM.	TTX		06-13	95243	P	age 1
Part X		garding Trans	fers To a	nd Transactio	ns an	d Relation	ships Wit	h Noncha	ritable		aye I
	Exempt Organ						-				
1 Did 1	the organization directly or indi	rectly engage in any o	of the followin	g with any other orga	anızatıon	described in se	ction 501(c)	of		Yes	No
the (Code (other than section 501(c)	(3) organizations) or	in section 52	7, relating to political	l organiza	ations?					
a Tran	sfers from the reporting found	ation to a noncharitab	le exempt org	janization of:							Ì
(1)	Cash								1a(1)		X
(2)	Other assets								1a(2)		X
b Othe	r transactions:										
(1)	Sales of assets to a noncharita	ble exempt organizati	on						1b(1)		X
٠,	Purchases of assets from a no	•	rganization						1b(2)		X
٠,	Rental of facilities, equipment,	or other assets							1b(3)		X
	Reimbursement arrangements								1b(4)		X
	Loans or loan guarantees								1b(5)		X
	Performance of services or me	•							1b(6)		X
	ring of facilities, equipment, ma	•						4 44	<u> 1c</u>		<u> </u>
	e answer to any of the above is		-					-		ets,	
	ervices given by the reporting for mn (d) the value of the goods,			eu less man ian mark	det value	in any transacti	on or snaring	arrangement,	SHOW III		
(a) Line no				e exempt organization		(d) Descrip	tion of transfers	transactions, an	d sharing arri	ngeme	nte
(4) 20	(b) / into and into its a	(6) (10.110 0)	N/A	onompt of gameano.	•	(0) 2000.				goo.	
						1			•		
						-					
						 					
						1					
-											
						1					
						1					
	<u></u>										
2a Isth	e foundation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt	organiza	ations described					_
	ection 501(c) of the Code (othe	• •	(3)) or in sect	ion 527?					Yes	X	No
<u>b If "Y</u>	es," complete the following sch			(A) To a 4 a a a a a a a a a a a a a a a a a	T		4) D				
	(a) Name of org	janization		(b) Type of organiz	zation		(c) Descrip	tion of relation	nsnip		
	N/A	-		<u>-</u>			.				
	<u> </u>										
	<u></u>				\dashv						
					 -						
	Under penalties of pertury, I declare	that I have examined this	return, includina	accompanying schedule	s and state	ements, and to the	best of my know	vledge			_
Sign	and belief, it is true, correct and con							edge n	viay the IRS d eturn with the	prepare	er
Here	1/V/n	~ 7L		18/4/	16	PRES	EDENT	s	hown below	see inst	T
	Signature of officer or trustee	· · · · · · · · · · · · · · · · · · ·		Date		Title		L	Les IES		_ No
	Print/Type preparer's n		Preparer's si			Date	T Check C	If PTIN			

Form **990-PF** (2015)

P00359487

Firm's EIN ► 27-1957427

Phone no. 404-592-0180

self- employed

Paid

Preparer

Use Only

DAWN M GINNATY

Firm's address ▶ PO BOX 52047

Firm's name ▶ PATHSTONE FAMILY OFFICE

ATLANTA, GA 30355

06-1395243

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient NONE PUBLIC CHARITY UNITED WAY MEDITERRA CAMPAIGN GENERAL PROGRAM SERVICES 7273 CONCOURSE DRIVE FORT MYERS, FL 33908 2,000. NONE PUBLIC CHARITY GENERAL PROGRAM SYRACUSE HILLEL SERVICES 102 WALNUT PLACE SYRACUSE, NY 13210 1,000. THE MAHAIWE PERFORMING ARTS CENTER NONE PUBLIC CHARITY GENERAL PROGRAM 14 CASTLE STREET SERVICES GREAT BARRINGTON, MA 01230 150. BERKSHIRE THEATRE GROUP NONE PUBLIC CHARITY GENERAL PROGRAM 111 SOUTH STREET SERVICES PITTSFIELD, MA 01201 100. NEW HEIGHTS YOUTH NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES 8576 BROADWAY, PMB 213 NEW YORK, NY 10025 2,500. JEWISH FAMILY AND COMMUNITY NONE PUBLIC CHARITY GENERAL PROGRAM 5025 COSTELO DRIVE SERVICES NAPLES, FL 34103 5,000. NONE PUBLIC CHARITY THE BANK STREET COLLEGE OF EDUCATION GENERAL PROGRAM 610 W. 112TH STREET SERVICES NEW YORK, NY 10025 4,000. TANGLEWOOD DEVELOPMENT NONE PUBLIC CHARITY GENERAL PROGRAM 501 WOOD RD SERVICES MAHOPAC, NY 10541 6,000. NEW ENGLAND PUBLIC RADIO NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES 1525 MAIN ST 25. SPRINGFIELD , MA 01103 LOUISIANA CENTER FOR CHILDREN NONE PUBLIC CHARITY GENERAL PROGRAM 1100 MILTON ST SERVICES NEW ORLEANS, LA 70130 50. 67,275. Total from continuation sheets

500.

06-1395243 FOUNDATION, INC. Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient CLEARWATER INITIATIVE NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES 59 ELM ST NEW HAVEN, CT 06510 250. BERKSHIRE SOUTH REGIONAL PUBLIC CHARITY NONE GENERAL PROGRAM 15 CRISSEY RD SERVICES GREAT BARRINGTON, MA 01230 25. BARD COLLEGE NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES 30 CAMPUS RD ANNANDALE-ON-HUDSON, NY 12504 1,000. ARTIS - NAPLES NONE PUBLIC CHARITY GENERAL PROGRAM 5833 PELICAN BAY BLVD. SERVICES NAPLES FL 34108 2,500. A BROKEN UMBRELLA THEATER NONE PUBLIC CHARITY GENERAL PROGRAM 14 BURTON STREET SERVICES NEW HAVEN, CT 06515 1,500. NONE PUBLIC CHARITY SHAKESPEARE AND COMPANY GENERAL PROGRAM 499 PEACHTREE ST. NE SERVICES ATLANTA, GA 30308 100. SOUTHERN CONNECTICUT HEBREW ACADEMY NONE PUBLIC CHARITY GENERAL PROGRAM 261 DERBY AVENUE SERVICES ORANGE, CT 06477 5,000. JEWISH FEDERATION OF THE BERKSHIRES NONE PUBLIC CHARITY GENERAL PROGRAM 196 SOUTH STREET SERVICES PITTSFIELD, MA 01201 3,000. CAPA - SHUBERT THEATER NONE PUBLIC CHARITY GENERAL PROGRAM 247 COLLEGE STREET SERVICES NEW HAVEN, CT 06510 1,000. PUBLIC CHARITY JEWISH WOMEN'S FOUNDATION NONE GENERAL PROGRAM 4601 COMMUNITY DRIVE SERVICES

WEST PALM BEACH, FL 33417

Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient BARRINGTON STAGE COMPANY NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES 30 UNION STREET PITTSFIELD, MA 01201 1,000. NONE PUBLIC CHARITY ANTI-DEFAMATION LEAGUE GENERAL PROGRAM SERVICES 1952 WHITNEY AVENUE HAMDEN, CT 06517 4,800. AMERICAN RED CROSS NONE PUBLIC CHARITY GENERAL PROGRAM PO BOX 5003, DEPT 105052 SERVICES HARTFORD, CT 06102 425. ISRAEL POLICY FORUM NONE PUBLIC CHARITY GENERAL PROGRAM 140 WEST 57TH ST SUITE 6C SERVICES NEW YORK, NY 10019 5,500. MUSIC HAVEN NONE PUBLIC CHARITY GENERAL PROGRAM 117 WHALLEY AVE SERVICES NEW HAVEN, CT 06511 50. SPENCE CHAPIN NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES 410 EAST 92ND STREET NEW YORK, NY 10128 500. JACOB'S PILLOW DANCE FESTIVAL NONE PUBLIC CHARITY GENERAL PROGRAM 358 GEORGE CARTER ROAD SERVICES BECKET, MA 01223 750. JEWISH FEDERATION OF GREATER NEW NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES HAVEN 360 AMITY ROAD WOODBRIDGE, CT 06525 10,000. JEWISH FEDERATION OF COLLIER COUNTY NONE PUBLIC CHARITY GENERAL PROGRAM 2500 VANDERBILT BEACH RD # 2201 SERVICES NAPLES, FL 34109 1,000. JDRF - GREATER NEW HAVEN CHAPTER NONE PUBLIC CHARITY GENERAL PROGRAM 2969 WHITNEY AVE, STE 1R SERVICES HAMDEN, CT 06518 500. Total from continuation sheets

06-1395243

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation Amount status of Name and address (home or business) recipient NONE PUBLIC CHARITY GENERAL PROGRAM HOPKINS SCHOOL 986 FOREST ROAD SERVICES NEW HAVEN, CT 06515 6,000. NONE PUBLIC CHARITY GENERAL PROGRAM THE FORWARD ASSOCIATION SERVICES 125 MAIDEN LN FL 8 NEW YORK, NY 10038 50. THE RASHI SCHOOL NONE PUBLIC CHARITY GENERAL PROGRAM SERVICES 8000 GREAT MEADOW RD DEDHAM, MA 02026 1,000. Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

Employer identification number

THE HELAINE AND MARVIN LENDER FAMILY FOUNDATION, 06-1395243 INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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** 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 or 990-EZ), 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, II, and III ___ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE HELAINE AND MARVIN LENDER FAMILY
FOUNDATION, INC.

Employer identification number

06-1395243

Part I Co	ntributors	(see instructions)	Use duplicate co	pies of Part I if ad	ditional space is needed.
-----------	------------	--------------------	------------------	----------------------	---------------------------

			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARVIN LENDER P.O. BOX 52047 ATLANTA, GA 30355	\$ <u>150,000</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
2	HELAINE LENDER P.O. BOX 52047 ATLANTA, GA 30355	\$689,395.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Oncash (Complete Part II for noncash contributions)

Name of organization

06-1395243

Employer identification number

THE HELAINE AND MARVIN LENDER FAMILY FOUNDATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		 \$	

_				
Schedule B	(Form 990,	990-EZ.	or 990-PF)	(2015

Page 4 Name of organization Employer identification number THE HELAINE AND MARVIN LENDER FAMILY **FOUNDATION** INC 06-1395243 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	ANÓ INTE	REST	FROM SECU	RITIES S	STATEMENT 1
SOURCE	GROSS AMOUNT				(B) NET INVEST- MENT INCOME	ADJUSTED
LENOTAX K-1 DIVIDEND INCOME	5,370		0.	5,370	. 5,370.	
TO PART I, LINE 4 =	5,370		0.	5,370	5,370.	
FORM 990-PF		OTHER	INCOM	ME	S	STATEMENT 2
DESCRIPTION			REV		(B) NET INVEST- MENT INCOME	
LENOTAX				21.	21.	
TOTAL TO FORM 990-PF	, PART I,	LINE 11		21.	21.	
		_				
FORM 990-PF		TA	XES		s	TATEMENT 3
FORM 990-PF DESCRIPTION		(A) EXPENSES PER BOOKS	NET		(C) ADJUSTED NET INCOME	(D)
		(A) EXPENSES	NET MEN	r invest-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	, LN 18	(A) EXPENSES PER BOOKS	NET	T INVEST- NT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES
DESCRIPTION TAXES AND LICENSES	, LN 18	(A) EXPENSES PER BOOKS	NET	INVEST- NT INCOME 197.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION TAXES AND LICENSES TO FORM 990-PF, PG 1	, LN 18	(A) EXPENSES PER BOOKS 217	NET	INVEST- NT INCOME 197.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0.
DESCRIPTION TAXES AND LICENSES TO FORM 990-PF, PG 1 FORM 990-PF	, LN 18	(A) EXPENSES PER BOOKS 217 217 OTHER	NET	INVEST-NT INCOME 197. 197. NSES (B) INVEST-	(C) ADJUSTED NET INCOME (C) ADJUSTED	(D) CHARITABLE PURPOSES 0. 0. TATEMENT 4 (D) CHARITABLE

FORM 990-PF OTH	HER INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN LENOTAX, LLC	COST	672,072.	672,072.
TOTAL TO FORM 990-PF, PART II, LIN	NE 13	672,072.	672,072.

FORM 990-PF PART XV - LINE 1A STATEMENT 6
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

MARVIN LENDER HELAINE LENDER

FORM 990-PF PART XV - LINE 1B STATEMENT 7
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

MARVIN LENDER HELAINE LENDER

GENERAL EXPLANATION

STATEMENT 8

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART XV, LINE 1B - INFORMATION REGARDING MANAGERS OWNING 10%

EXPLANATION:

THE FOUNDATION OWNS MORE THAN A 10% INTEREST IN A LIMITED LIABILITY COMPANY THAT PROVIDES INVESTMENT AND ADMINISTRATIVE SERVICES TO THE FOUNDATION AS WELL AS OTHER CHARITABLE ENTITIES THROUGH WHICH THE FOUNDATION DIRECTORS (MANAGERS) ARE DEEMED TO BE MORE THAN 10% OWNERS UNDER THE ARBITRATION RULES. ALL OF THE CHARITABLE ENTITIES PAY REASONABLE FEES FOR SUCH SERVICES WHICH CREATE ECONOMIES OF SCALE IN INVESTMENT MANAGEMENT AND ADMINISTRATIVE SERVICES, RESULTING IN LOWER COSTS FOR SUCH SERVICES.