

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Open to Public
Inspection**A For the 2016 calendar year, or tax year beginning**

January 1, 2016, and ending December 31, 2016

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization	? D Employer identification number		
Kamryn Lambert Foundation	27-3264039		
E Telephone number		443-852-0480	
F Group Exemption Number		► ?	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►			
I Website: ► www.kamrynlambert.org			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 135,934			

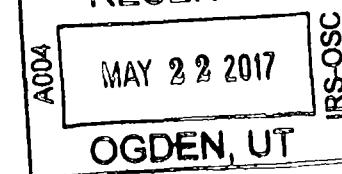
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ►

Check if the organization used Schedule O to respond to any question in this Part I □

Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td><td style="text-align: right;">1 135,274</td></tr> <tr> <td>2 Program service revenue including government fees and contracts</td><td style="text-align: right;">2 0</td></tr> <tr> <td>3 Membership dues and assessments</td><td style="text-align: right;">3 0</td></tr> <tr> <td>4 Investment income</td><td style="text-align: right;">4 0</td></tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td><td style="text-align: right;">5a 0</td></tr> <tr> <td> b Less: cost or other basis and sales expenses</td><td style="text-align: right;">5b 0</td></tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td style="text-align: right;">5c 0</td></tr> <tr> <td>6 Gaming and fundraising events</td><td></td></tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td style="text-align: right;">6a 660</td></tr> <tr> <td> b Gross income from fundraising events (not including \$ 43,004 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td style="text-align: right;">6b 0</td></tr> <tr> <td> c Less: direct expenses from gaming and fundraising events</td><td style="text-align: right;">6c -27,958</td></tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td style="text-align: right;">6d -27,298</td></tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td><td style="text-align: right;">7a 0</td></tr> <tr> <td> b Less: cost of goods sold</td><td style="text-align: right;">7b 0</td></tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td style="text-align: right;">7c 0</td></tr> <tr> <td>8 Other revenue (describe in Schedule O)</td><td style="text-align: right;">8 0</td></tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►</td><td style="text-align: right;">9 107,976</td></tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1 135,274	2 Program service revenue including government fees and contracts	2 0	3 Membership dues and assessments	3 0	4 Investment income	4 0	5a Gross amount from sale of assets other than inventory	5a 0	b Less: cost or other basis and sales expenses	5b 0	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0	6 Gaming and fundraising events		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 660	b Gross income from fundraising events (not including \$ 43,004 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0	c Less: direct expenses from gaming and fundraising events	6c -27,958	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d -27,298	7a Gross sales of inventory, less returns and allowances	7a 0	b Less: cost of goods sold	7b 0	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	8 Other revenue (describe in Schedule O)	8 0	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 107,976
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642J RECEIVED Form 990-EZ (2016)



Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	22,362	22	25,934
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	22,362	25	25,934
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,362	27	25,934

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Provide nursing scholarships**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Provide nursing scholarships to graduating high school seniors and, when financially possible, to provide additional funds beyond the freshman year. Scholarships were provided to 3 graduating seniors and 4 students currently enrolled in college. All information is provided in Schedule O for line 10.		
28a	(Grants \$ 17,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	17,000	?
29	Provide diversionary/teaching items for autistic patients These are highly sensory items that are costly and the provided items were specifically requested by the recipient hospitals (Sinai Hospital and Kennedy Krieger Institute). Details are provided in Schedule O for line 10.		
29a	(Grants \$ 1,632) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	1,409	
30	In-kind donations acquired through various "toy collection drives". Details and recipients are provided in Schedule O for line 10.		
30a	(Grants \$ 82,220) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	82,220	
31	Other program services (describe in Schedule O)		
31a	(Grants \$ 1,614) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	2,992	
32	Total program service expenses (add lines 28a through 31a)		
32		103,621	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule Q to respond to any question in this Part IV.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33	✓	?

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	✓	?
35a	✓	
35b		

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35c	✓	?
36	✓	?
37a	0	

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b		
36	✓	?

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

37b	✓	?
38a	✓	?
39a		

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

38b		
39b		
39a		

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

37a	0	
38a	✓	?
39a		

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b		
39b		
39a		

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0

40b	✓	?
40c		
40d		

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e	✓	
41		
42a		

41 List the states with which a copy of this return is filed ► Maryland

42a The organization's books are in care of ► Christopher Voxakis Telephone no. ► 410-925-7666

Located at ► 6 Meadow Run Ct Sparks, MD ZIP + 4 ► 21152-9251

42b	✓	
42c	✓	
43		

b 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)? If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a	✓	
44b	✓	
44c	✓	

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44d		
45a	✓	
45b	✓	

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000	►	
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	►	

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000	►	0
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	►	✓ Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Sign Here <input type="checkbox"/>	► <i>Christopher Voxakis</i> Signature of officer	Date <i>5/15/17</i>
	► Christopher Voxakis Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016Open to Public
Inspection

Name of the organization

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 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 organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.
b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.
c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E**.
d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V**.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33½% support test—2016. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		46,710	65,327	105,568	107,976	325,581
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .		0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513		0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .		0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .		0	0	0	0	0
6 Total. Add lines 1 through 5 . . .	46,710	65,327	105,568	107,976	325,581	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .		0	0	0	0	0
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		0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	
8 Public support. (Subtract line 7c from line 6.)						325,581

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		46,710	65,327	105,568	107,976	325,581
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .		0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	
11 Net income from unrelated business activities not included in 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.)	18,972	2,176	3,387		0	24,535
13 Total support. (Add lines 9, 10c, 11, and 12.)	67,182	67,503	108,955	107,976	351,616	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Kamryn Lambert Foundation

Employer identification number

27-3264039

Line 10:

Scholarships - Arizona State University (Cooper Jones)	3,000
Northeast High School (Kara Lieberman)	3,000
West Virginia University (Olivia Crawford)	3,000
Anne Arundel Community College (Rachel Holzner)	2,000
Clemson University (Ashley Lemanski)	2,000
Fairfield University (Emma Indiana Clark)	2,000
Virginia Wesleyan College (Stephanie Norwood)	2,000
	17,000
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In-Kind donations - 2,500 @ \$1 ("Dollar store" toys)	2,500
850 @ \$5 (Small toys)	4,250
3,280 @ \$10 (Medium toys)	32,800
1,096 @ \$10 ("Pillow Pets")	10,960
832 @ \$15 (Large toys)	12,480
351 @ \$25 (XL toys)	8,775
106 (XXL toys)	8,000
45 @ \$30 ("Lego" sets)	1,350
Target gift cards	275
McDonald's gift cards	250
Subway gift cards	250
I-Tunes gift cards	90
Toys "R" Us gift cards	75
Barnes & Noble gift cards	50
Dunkin Donuts gift cards	45
Bath & Body Works gift cards	40
Amazon gift cards	30
	82,220

Name of the organization Kamryn Lambert Foundation	Employer identification number 27-3264039
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"Treasure Chest" for Autistic patients (Sinai Hospital & Kennedy Krieger Institute).

3 Amazon "Fire" tablets with case, screen protector and warranty	211.89
4 Plastic treasure chests to store items	99.95
10 Liquid motion bubblers	69.90
5 Tangle relax therapy toys	36.45
2 Sensory water beads (8,000 count)	15.50
4 Plastic spring toys	35.96
25 Flashing spinner wands	102.13
3 Sensory fidget toys	32.19
20 LED flash light spike balls (5 pack)	119.20
3 Neon sunglasses (24 pack)	43.47
1 Magnetic gyro wheel	16.95
9 Magnetic gyro wheels (3 pack)	152.55
14 Chewy tubes (4 pack)	325.29
4 Plastic balls puzzle (1 dozen)	27.00
10 Tangle fidget toys (4 pack)	92.50
2 Sensory processing tools	27.94
	1,408.87

265 Knit caps provided to Chemotherapy and infusion therapy patients	1,155.00
Books and pajamas provided to patients at various childrens hospitals	545.00
Pasadena Chargers - Cheerleading scholarship for student TBD by recipient charity	500.00
Miscellaneous toys and clothing provided to children at various hospitals	349.92
Recordable books provided to children at various hospitals	317.00
Subway gift cards provided for patients at University of Maryland	125.00
	2,291.92

The following were helped: Ronald McDonald House of Baltimore, Anne Arundel MC, Baltimore Washington MC, University of Maryland, Sinai Hospital, Johns Hopkins Hospital, MedStar (Harbor & Franklin Square Hospitals), CASA (Anne Arundel, Baltimore, Carroll & Howard Counties), Boys & Girls Club of Baltimore City, St. Ann's Center for Children, Youth & Families, St Agnes Hospital, Kennedy Krieger Institute, Peninsula Regional MC, Mt Washington Pediatric Hospital & Baltimore City School Children