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DLN: 93491319053369

OMB No 1545-0052

2018

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public

								anopeedion
or	caler	ndar year 2018, or tax year beginning 01-01-20	018	, ar	nd er	nding 12-31-	2018	
		Indation				A Employer id	entification numbe	er
IN		MARK LERNER FAMILY FOUNDATION				52-2256895		
		d street (or P.O. box number if mail is not delivered to street address) WER OAKS BLVD EIGHTH FLOOR	) Room/su	ııte		<b>B</b> Telephone nu	mber (see instructio	ns)
_	000 10	WER OARS BEVD EIGHTT EGOR				(301) 284-6000	)	
		n, state or province, country, and ZIP or foreign postal code MD 20852	•			<b>C</b> If exemption	application is pendin	ıg, check here
								▶ ∟
G C	neck al	I that apply ☐ Initial return ☐ Initial return of a	•	ublic charity			ganızatıons, check h	▶ ∟
		☐ Final return ☐ Amended return					ganizations meeting k here and attach co	
		☐ Address change ☐ Name change				E If private for	undation status was	terminated
_	,	pe of organization $lacksquare$ Section 501(c)(3) exempt private 4947(a)(1) nonexempt charitable trust $\Box$ Other taxable				under sectio	n 507(b)(1)(A), ched	ck here ► L
		ket value of all assets at end  J Accounting method	Cash		al	F If the founda	ation is in a 60-mont	h termination $\Box$
of	year (f	from Part II, col (c),		/icciu	<b>u</b> 1		n 507(b)(1)(B), ched	
IIne	e 16)	>\$ 29,221 Uther (specify) (Part I, column (d) must	be on ca	sh basıs )				
Pa	rt I	Analysis of Revenue and Expenses (The total	(-) P.					(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily		venue and benses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions) )		books				(cash basis only
	1	Contributions, gifts, grants, etc , received (attach schedule)		17,042				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach						
		Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities						
	5a b	Net rental income or (loss)	<u> </u>					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	ь							
Šeč	7	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)	-			0		
<u>ır</u>	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		17,042		0		
	13	Compensation of officers, directors, trustees, etc		810		0		81
	14	Other employee salaries and wages						
ses	15	Pension plans, employee benefits						
Ē	16a	Legal fees (attach schedule)	<b>05.1</b>	1.006		0		1.00
EXD	Ь	Accounting fees (attach schedule)	<b>9</b> 3	1,906		U		1,90
e Ce	c c	Other professional fees (attach schedule)						
<u> </u>	17 18	Interest						-
<u> </u>	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
Ad	21	Travel, conferences, and meetings						
Ē	22	Printing and publications						
<u>5</u>	23	Other expenses (attach schedule)	<b>%</b> J	319		0		31
atı	24	Total operating and administrative expenses.						1
Operating and Administrative Expenses		Add lines 13 through 23		3,035		0		3,03
<u> </u>	25	Contributions, gifts, grants paid		18,550				18,55
	26	Total expenses and disbursements. Add lines 24 and						
	27	Subtract line 26 from line 12		21,585		0		21,58
	27 a	Subtract line 26 from line 12  Excess of revenue over expenses and						
	4	disbursements		-4,543				
	b	Net investment income (if negative, enter -0-)				0		ļ
	С	Adjusted net income (If negative, enter -0-)						

Issets	
As	

	4	Pledges receivable 🕨					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					-
	6	Receivables due from officers, directors, trustees, and other					-
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)					-
		Less allowance for doubtful accounts ▶					
ا ۾,	8	Inventories for sale or use					-
Assets	9	Prepaid expenses and deferred charges					-
As	10a	Investments—U S and state government obligations (attach schedule)					-
	b	Investments—corporate stock (attach schedule)					-
	c	Investments—corporate bonds (attach schedule)					-
	11	Investments—land, buildings, and equipment basis ▶					-
		Less accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					-
	13	Investments—other (attach schedule)					-
	14	Land, buildings, and equipment basis -					-
		Less accumulated depreciation (attach schedule)					
	15	Other assets (describe )					-
	16	Total assets (to be completed by all filers—see the					-
	10	instructions Also, see page 1, item I)	33,214		29,221	29,221	
_	17	Accounts payable and accrued expenses	33,211		25,221		-
		Grants payable					
s l	18	Deferred revenue					
Œ	19				550		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			330		
ڐ	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe )			550		
	23	Total liabilities(add lines 17 through 22)	0		550		
S		Foundations that follow SFAS 117, check here					
è		and complete lines 24 through 26 and lines 30 and 31.					
Balance	24	Unrestricted					
Ba	25	Temporarily restricted					
힐	26	Permanently restricted					
r Fund		Foundations that do not follow SFAS 117, check here					
s or		and complete lines 27 through 31.					
Assets	27	Capital stock, trust principal, or current funds	0		0		
ASS	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0		0		
Net /	29	Retained earnings, accumulated income, endowment, or other funds	33,214		28,671		
Ź	30	Total net assets or fund balances (see instructions)	33,214		28,671		
	31	Total liabilities and net assets/fund balances (see instructions) .	33,214		29,221		=
Pa	rt IIII	Analysis of Changes in Net Assets or Fund Balances					_
1		il net assets or fund balances at beginning of year—Part II, column (a), lin ear figure reported on prior year's return)	e 30 (must agree with end	1 1		33,214	
2		er amount from Part I, line 27a		2		-4,543	
3		er increases not included in line 2 (itemize)		3		0	
4		lines 1, 2, and 3		4		28,671	
5	Decr	reases not included in line 2 (itemize)		5		0	

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
С				
d				
е				
	Complete only for assets show	ring gain in column (h) and owned	by the foundation on 12/31/69	(1)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	Gains (Col (h) gain minus col (k), but not less than -0-) <b>or</b> Losses (from col (h))
a				
ь				
С				
d				
е				
2	Capital gain net income or (n		jain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2
3	Net short-term capital gain oi	r (loss) as defined in sections 122	2(5) and (6)	
	If gain, also enter in Part I, lii in Part I, line 8	ne 8, column (c) (see instructions	) If (loss), enter -0-	3
Pari	Qualification Unde	r Section 4940(e) for Redu	ced Tax on Net Investment In	come
(For o	otional use by domestic private	foundations subject to the section	n 4940(a) tax on net investment incon	ne )
If sect	ion 4940(d)(2) applies, leave th	hıs part blank		

Net value of noncharitable-use assets

26,812

27,357

31,174

20,685

25,679

2

3

4

5

6

7

8

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

(a)

Base period years Calendar

year (or tax year beginning in)

2017

2016

2015

2014

2013

2 Total of line 1, column (d)

**5** Multiply line 4 by line 3

instructions

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4 , . . . . .

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

. . . . . . . . . . .

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

18,395

16,208

16,038

16,004

35,177

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

0 686073

0 592463

0 514467

0 773701

1 369874

3 936578

0 787316

29,054

22,875

22,875

21,585

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0

(d) Distribution ratio

(col (b) divided by col (c))

Page 3

(d)

Date sold

Page **6** 

Par	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (cor	tinue	1)			
5a	During the	year did the foundation	pay o	ncur any amount to						Yes	No
	(1) Carry	on propaganda, or otherv	vise a	ttempt to influence legisla	ition (section 4945(e))?		Yes	<b>√</b> N			
	(2) Influe	nce the outcome of any s	pecific	public election (see secti	on 4955), or to carry	ш	163		١ .		
	on, di	ectly or indirectly, any vo	ter re	gistration drive?		· · п	Yes	✓ N	_		
	(3) Provid	e a grant to an individual	for tr	avel, study, or other sımıl	lar purposes?	一	Yes	<b>☑</b> N	_		
	(4) Provid	e a grant to an organizat	on ot	her than a charitable, etc	, organization described	_			<u> </u>		
	ın sec	ion 4945(d)(4)(A)? See ii	nstruc	tions		• • 🗆	Yes	✓ N	。		
				eligious, charitable, scient	• • •	_					
				ention of cruelty to childre				✓ N	。		
b	•			iny of the transactions fai	· · ·	•	d ın				
	=			nt notice regarding disast					5b		
	-	· -		regarding disaster assista			. •				
С		·		does the foundation claim	•	_		_			
		·		sponsibility for the grant?		· ·	Yes	$\square$ N	o		
		·		y Regulations section 53 4							
6a		· · · ·		ive any funds, directly or	indirectly, to pay premiu	ms on					
	'	benefit contract?				·	Yes	✓ N			
Ь			, pay	premiums, directly or indi	rectly, on a personal ber	nefit contract?.	• •	•	6b		No
_		6b, file Form 8870						_			
7a 	•			foundation a party to a pr			Yes	✓ N	0   76		
b				ceeds or have any net inc					7b		
8				960 tax on payment(s) of ar?							
								<u> </u>			
Pai		and Contractors	JTTIC	ers, Directors, Trusto	ees, roundation Ma	nagers, Higni	у Рак	ı Emp	oloyees,	•	
1	List all of	ficers, directors, truste		undation managers an							
	(a) Na	me and address	'	<b>(b)</b> Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributemployee benef			<b>(е)</b> Ехреі		
	(4) 114	ine and address		devoted to position	-0-)	deferred comp			other a	llowand	ces
MARK	D LERNER			IDENT	405			0			0
2000 FLOOR		BOULEVARD EIGHTH	1 00								
	VILLE, MD 2	0852									
JUDY	LENKIN LERN	ER		ETARY/TREASURER	405			0			0
		BOULEVARD EIGHTH	2 00								
FLOOF ROCK	vILLE, MD 2	0852									
LAURE	N SARAH LEI	RNER		PRESIDENT	0			0			0
		BOULEVARD EIGHTH	0 25								
FLOOF ROCK	R VILLE, MD 2	0852									
2			id en	ployees (other than th	ose included on line 1	-see instructio	ns). If	none	, enter "	NONE.	71
			_	(b) Title, and average		(d) Contribu					
(a)		iddress of each employee ore than \$50,000	paid	hours per week	(c) Compensation	employee b		(	<b>e)</b> Expen other al		
	1110	ore than \$50,000		devoted to position		compensa			otilei ai	owanc	-5
NONE											
Tota	I number of	other employees paid ov	er \$5	0,000			<b>•</b>				0
									Form <b>99</b>	0-PF (	2018)

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	s (see instructions). If none, enter '	'NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · •	0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include releving anizations and other beneficiaries served, conferences convened, research papers product		of Expenses
1 N/A	•	0
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	structions)	
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
1 NONE		0
2		
All other program-related investments See instructions		0
Total. Add lines 1 through 3		0
		Form <b>990-PF</b> (2018)

2b

2c

3

4

5

6

1a

1b

2

3a 3b

4

5

1.453

1.453

1.453

21,585

21.585

21.585

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Income tax for 2018 (This does not include the tax from Part VI ). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

3

4 5

6

1

2

3

4

5

Part XII

Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

2018

Page 9

1,453

1,453

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0

90-PF	(	20	)1	8	)	
VIII	7			ī	ī	_

- Form 99 Undistributed Income (see instructions) Part

  - Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

(a)

Corpus

95,236

20.132

115,368

33.893

81,475

0

33.893 14,970

14 479

14.840 17,054

14.970 14,479

14.840

17,054

20.132

(b)

Years prior to 2017

(c)

2017

- a Enter amount for 2017 only. . . . . . **b** Total for prior years
- a From 2013. . . . .
- Excess distributions carryover, if any, to 2018
- **b** From 2014. . . . c From 2015. . . **d** From 2016. . . . e From 2017. . . . .
- f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part

c Treated as distributions out of corpus (Election 

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014. .

**b** Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

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

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not

indicated below:

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

same amount must be shown in column (a) )

- XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions). . . . .



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Part XVI-A Analysis of Income-Produ	cing Activities					
Enter gross amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	(e) Related or exempt		
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )	
a						
b						
c						
e						
f						
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>	s					
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate a Debt-financed property						
<b>b</b> Not debt-financed property						
6 Net rental income or (loss) from personal proper Other investment income.	erty					
8 Gain or (loss) from sales of assets other than						
inventory						
<ul><li>9 Net income or (loss) from special events</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>						
11 Other revenue a						
b						
c						
e						
12 Subtotal Add columns (b), (d), and (e)		С		•	0	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify			1	3	0	
Part XVI-B Relationship of Activities		ment of Exem	pt Purposes			
Explain below how each activity for with accomplishment of the foundation instructions )					)	
•				F	orm <b>990-PF</b> (2018)	

,	,	ı
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable	
	Exempt Organizations	

Part	XVII	Information R Exempt Organ		ransi	fers To a	and Transact	tions	and Relation	nships With No	ncharita	ble		
		ganization directly or i than section 501(c)(3	ndırectly enga							ion 501		Yes	No
<b>a</b> Tra	nsfers f	rom the reporting fou	ndation to a n	oncha	rıtable ex	empt organizati	on of						
	(1) Cash									. 1	.a(1)		No
(2)	Other	assets								🔟	.a(2)		No
<b>b</b> Oth	<b>b</b> Other transactions												
		of assets to a noncha		_							.b(1)		No
		ases of assets from a									.b(2)		No
		l of facilities, equipme	•								.b(3)		No
		oursement arrangeme									.b(4)		No
		or loan guarantees. mance of services or r									.b(5)		No No
		facilities, equipment,	•		_						.b(6) 1c		No
	-	ver to any of the abov								_			NO
of t	he good	ds, other assets, or se	rvices given b	y the	reporting	foundation If the	he four	ındation receive	d less than fair ma	rket value	iuc		
ın a	ny tran	saction or sharing arr	angement, sh	ow in	column (c	<b>i)</b> the value of t	the god	ods, other asse	ts, or services rece	eived			
(a) Line	No I	(b) Amount involved	(c) Name of	nonch:	arıtable eve	mpt organization	1 6	(d) Description of	transfers, transactions	s and sharir	n arra	naemen	ts
(a) Line	110	(b) Amount involved	(c) Name of	Попен	aritable exc	inpe organization		(d) Description of	cransiers, transactions	s, and snam	ig arra	ngemen	
-													
	_												
	+						-						
-													
<b>2a</b> Is t	ne foun	idation directly or indi	rectly affiliate	d with	, or relate	d to, one or mo	re tax-	-exempt organi		_			
des	cribed i	n section 501(c) (oth	er than section	n 501(	c)(3)) or i	ın section 527?			🗆	res 🔽	No		
b If "	es," co	emplete the following											
		(a) Name of organizat	ion		(I	Type of organiz) (ס	ation		(c) Descriptio	n of relation	ship		
-													
	Unde	er penalties of perjury	I declare tha	+ I hav	/A AVAMIN	ed this return	ıncludu	Ing accompany	ng schedules and s	tatements	and	to the	hest
		y knowledge and belie											
	whic	h preparer has any kr	owledge										
Sign	. *	*****				2019-11-15		*****		May the	IRS di	scuss th	nis
Here						12017 11 10		_ \		return with the	prepa	rer shov	vn
	ן ו	Signature of officer or	trustee			Date		Title		below	-	_	_
	`	orginature or orrider or	ti ustee			Date		Tiele		(see ins	tr)? L	Yes	⊻ No
	•	Print/Type preparer	's name	Dren	arer's Sigr	nature				PTIN			
		Trinity Type preparer	3 Harrie	ПСР	urci s sigi	ideare	ا	ate	Check if self-				
		CURICTORUED VI	TABLEY						employed ▶ 🔲	Р	01245	937	
Paid		CHRISTOPHER KE	EARLEY										
Prep	arer	Firm's name ▶ ERI	NST & YOUNG	LIS II	P								
Use		I mili s name F ERI	151 & 100NG		.1					Firm's EIN	1 ▶34	-65655	96
		Firm's address ▶ 1	775 TYSONS	BLVD						Phone no (703) 747-1000			
		_	YSONS, VA 2	2102									
		'	130N3, VA 2	.2102									
		•											

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

tha

MARK D LERNER

JUDY LENKIN LERNER

N/A

A WIDER CIRCLE

Total .

9159 BROOKVILLE ROAD SILVER SPRING, MD 20910	IWO		SUPPORT AND EDUCATION TO LOW INCOME INDIVIDUALS AND FAMILIES	300
DOCTORS WITHOUT BORDERS USA INC 333 SEVENTH AVENUE 2ND FLOOR	N/A	PC	PROVIDE URGENT CARE TO PEOPLE AFFECTED BY CONFLICT,	500

PC

PROVIDE ESSENTIAL ITEMS

500

18,550

DOCTORS WITHOUT BORDERS USA INC 333 SEVENTH AVENUE 2ND FLOOR NEW YORK, NY 100015004	N/A	PC	PROVIDE URGENT CARE TO PEOPLE AFFECTED BY CONFLICT, DISASTERS WORLDWIDE	500
HABITAT FOR HUMANITY 322 W LAMAR STREET AMERICUS, GA 31709	N/A	PC	CONTRIBUTIONS TO HELP FAMILIES AND COMMUNITIES BUILD AFFORDABLE HOME	500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JOHN E KENNEDY CENTED FOR THE NI/A I DC CENERAL CURRORT FOR E 100

PERFORMING ARTS 2700 F STREET NW WASHINGTON, DC 20566			PERFORMING ARTS EDUCATIONAL PROGRAMS	
KAPPA KAPPA GRAMMA FOUNDATION 6640 RIVERSIDE DRIVE SUITE 200 DUBLIN, OH 43017	N/A	PC	SUPPORT LIFETIME DEVELOPMENT OF WOMEN THROUGH THE FUNDING OF EDUCATIONAL PROGRAMS	1,000

6640 RIVERSIDE DRIVE SUITE 200 DUBLIN, OH 43017			DEVELOPMENT OF WOMEN THROUGH THE FUNDING OF EDUCATIONAL PROGRAMS	1,000
SAVE A CHILD'S HEART FOUNDATION PO BOX 59172 POTOMAC, MD 20859	N/A	PC	PROVIDE FUNDING FOR CARDIAC SURGERY FOR CHILDREN FROM DEVELOPING COUNTRIES	8,000

DUBLIN, OH 43017			THROUGH THE FUNDING OF EDUCATIONAL PROGRAMS	
SAVE A CHILD'S HEART FOUNDATION PO BOX 59172 POTOMAC, MD 20859	N/A	PC	PROVIDE FUNDING FOR CARDIAC SURGERY FOR CHILDREN FROM DEVELOPING COUNTRIES	8,000
Total			▶ 3a	18,550

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

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

SMITHSONIAN INSTITUTION DIRECTOR'S CIRCLE MRC 970 PO BOX 37012 WASHINGTON, DC 20013	N/A	PC	AMERICAN ART MUSEUM SUPPORT	1,500
SO OTHERS MIGHT EAT	N/A	PC	HELP THE POOR AND HOMELESS	360

WASHINGTON, DC 20013				
SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	N/A	PC	HELP THE POOR AND HOMELESS BY PROVIDE FOOD, CLOTHING AND OTHER SERVICES	360
UNITED SERVICE ORGANIZATIONS 2111 WILSON BOULEVARD SUITE 1200	N/A	PC	DELIVER CRITICAL PROGRAMS AND SUPPORTS TO AMERICA'S	500

SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	N/A		HELP THE POOR AND HOMELESS BY PROVIDE FOOD, CLOTHING AND OTHER SERVICES	360
UNITED SERVICE ORGANIZATIONS 2111 WILSON BOULEVARD SUITE 1200 ARLINGTON, VA 22201	N/A	РС	DELIVER CRITICAL PROGRAMS AND SUPPORTS TO AMERICA'S TROOPS AND THEIR FAMILIES	500

Total			▶ 3a	18,550
UNITED SERVICE ORGANIZATIONS 2111 WILSON BOULEVARD SUITE 1200 ARLINGTON, VA 22201	N/A	PC	DELIVER CRITICAL PROGRAMS AND SUPPORTS TO AMERICA'S TROOPS AND THEIR FAMILIES	500
WASHINGTON, DC 20001			AND OTHER SERVICES	

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

Traine and data ass (name or basiness)	or substantial contributor			
a Paid during the year				
WOUNDED WARRIOR PROJECT	N/A	PC	PROVIDE PROGRAMS AND	500

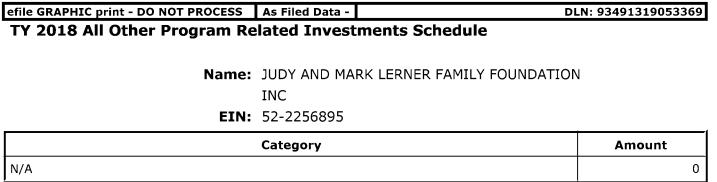
18,550

WOUNDED WARRIOR PROJECT N/ 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	N/A		PROVIDE PROGRAMS AND LONG-TERM SUPPORT TO WOUNDED WARRIORS	
---	-----	--	--	--

Name and address (home or husiness)

JACKSONVILLE, FL 32256			LONG-TERM SUPPORT TO WOUNDED WARRIORS	
WOONDED WARRIOR PROJECT	IN/A	FC	PROVIDE PROGRAMS AND	

efile GRAPHIC print - DO NO	T PROCESS	As Filed D	ata -	DI	LN: 93491319053369
TY 2018 Accounting Fees Schedule					
		JUDY AN INC 52-2256		AMILY FOUNDATION	N
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING SERVICES		1,906	0		1,906



efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491319053369
TY 2018 Other Expenses Schedule				
Name: JUDY AND MARK LERNER FAMILY FOUNDATION				
	INC			
<b>EIN:</b> 52-2256895				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE CHARGES	36	0		36
COMPUTER SOFTWARE	283	0		283

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -	-		DLN: 93491319053369		
Schedule B	Sched	lule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF <u>gov/Form990</u> for the latest infor	mation	2018		
Name of the organization JUDY AND MARK LERNER FA			<b>Employer i</b> 52-2256895	dentification number		
Organization type (check	one)		32 2230033			
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt cha	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	☐ 527 political organization					
Form 990-PF	<b>✓</b> 501(c)(3) exempt private for	<b>☑</b> 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private for	☐ 501(c)(3) taxable private foundation				
	on filing Form 990, 990-EZ, or 990- coperty) from any one contributor (					
Special Rules						
under sections 509 received from any	n described in section 501(c)(3) filir (a)(1) and 170(b)(1)(A)(vi), that ch one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1 Con	ecked Schedule A (Form 990 tal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, tot	n described in section 501(c)(7), (8 al contributions of more than \$1,00 e prevention of cruelty to children c	00 exclusively for religious, cha	arıtable, scientific, literary,			
during the year, co If this box is check purpose Don't con	n described in section 501(c)(7), (8 ntributions <i>exclusively</i> for religious ed, enter here the total contribution plete any of the parts unless the <b>G</b> e, etc., contributions totaling \$5,000	, charitable, etc , purposes, buns that were received during the General Rule applies to this or	t no such contributions tot e year for an exclusively ro ganization because it rece	aled more than \$1,000 eligious, charitable, etc , eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it	hat isn't covered by the General R must answer "No" on Part IV, line n 990PF, Part I, line 2, to certify th	2, of its Form 990, or check th	e box on line H of its			
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		Cat No 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		

Name of organization

**Employer identification number** 

UDY AND MARK I NC	LERNER FAMILY FOUNDATION	52-2256895	
Part I	Contributors (See instructions) Use duplicate copies of Part I if additio	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JUDY AND MARK LERNER 2000 CHARITABLE LEAD TRUST  2000 TOWER OAKS BOULDVARD EIGHTH FL  ROCKVILLE, MD 20852	\$ 17,042	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
(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

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		Page <b>3</b>	
Name of organization JUDY AND MARK LERNI	n ER FAMILY FOUNDATION	Employer identification number		
INC		52-22	256895	
Part II	Noncash Property			
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (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 9	990, 990-EZ, or 990-PF) (2018)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page <b>4</b>	
Name of organization JUDY AND MARK LERNER FAMILY FOUNDATION INC			Employer identification number 52-2256895	
than \$1, organiz the year	,000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee	
(a)	(I) Down and of wife	(2) 11-2-25-256		
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	t 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	
	Transferee's name, address, and	(e) Transfer of gift	t 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	
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
			Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	