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668

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2009 Open to Public Inspection

	For the 2009	calendar y	ear, or tax year beginning , and ending		
В	Check if applicab	le Please	C Name of organization	D Empl	oyer identification number
	Address change	use IRS label or	THE GREATER LEWES FOUNDATION		
	Name change	print or	Doing Business As		-0400365
$\bar{\sqcap}$	Initial return	type See	Number and street (or P O box if mail is not delivered to street address) Room/suite		hone number
\equiv	Termination	Specific	PO BOX 110		2-645-0670 epts \$ 280,638
\equiv		instruc-	City or town, state or country, and ZIP + 4 LEWES DE 19958	G Gross rec	eipts \$ 260,638
\equiv	Amended return	tions.		H/a) to the	s a group return for
Ш	Application pend	wg I	e and address of principal officer CHAEL RAWL	affilia	
			5 SECOND STREET	H(b) Are a	Il affiliates
		l l	WES DE 19958		o," attach a list (see instructions)
1	Tax-exempt s	tatus X	501(c) (3) ♦ (insert no) 4947(a)(1) or 527		
J	Website: ◆		//www.greaterlewesfoundation.org/		exemption number •
<u>K</u>	Type of organiza	ation X Co	poration Trust Association Other ♦ L Year of formation 2	000	M State of legal domicile DE
_ <u>P</u>	art I	Summa	<u> </u>		<u> </u>
		•	ne organization's mission or most significant activities.		
ø	TC	PROTE	CT, IMPROVE & ENHANCE QUALITY OF LIFE IN LEWES		
Governance					
ĩ			<u></u>		
Š	2 Chec	k this box 🖣	If the organization discontinued its operations or disposed of more than 25% of its net assets	3	1
დ ფ	3 Numl	ber of voting	members of the governing body (Part VI, line 1a)	3	15
es	4 Numl	ber of indep	endent voting members of the governing body (Part VI, line 1b)	4	12
Activities	5 Total	number of	employees (Part V, line 2a)	5	0
Ę	6 Total	number of	volunteers (estimate if necessary)	6	60
_	7a Total	gross unrel	ated business revenue from Part VIII, column (C), line 12	7a	
	b Net u	nrelated bu	siness taxable income from Form 990-T, line 34	7b	0
			Prior Yes		Current Year
Φ	8 Contr	ributions and	grants (Part VIII, line 1h)	9,862	242,651
Revenue	9 Progr	ram service	revenue (Part VIII, line 2g)		10.016
ě	10 Inves	tment incon		2,711	18,016
Œ	11 Other	r revenue (F		<u>3,161</u>	19,971
	12 Total	revenue – a		5,734	
7 A 18	13 Gran	ts and simila	ar amounts paid (Part IX, column (A), lines 1–3)	5,028	490,591
	14 Bene		or for members (Part X, column (A), line 4)		
الے کے خ penses	15 Salar		ompensation, employee sements (PartIX, column (A), lines 5–10)		
Sue.	16a Profe	ssional fund	raising fees@art IX, column (A), line 11e)		
2 Z	1	fundraising	expenses (Part IX, column (A) lines 11a-11d 11f-24f2	4,925	170 020
9 ш	11 01110	CAPCHICES			
3				9,953 5 701	
	19 Reve	nue less ex	penses Subtractune 7 auf amiline 12.] 55 Beginning of Cu	5,781	-389,785 End of Year
ts of	30 Takal	to (Do	1 60	1,842	†
1886 Raja	20 Total	assets (Par		6,355	
Net Assets or	21 Total	•		5,487	
	art li		re Block	<u> </u>	
	art II		ties of perjury, I deglare that I have examined this return, including accompanying schedules and statements, and	to the best	of my knowledge
		and belief, if	is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has a	ny knowledge
Sig	an l		Mut-	16	112/2010
He	- 1	Signati	re of officer	Date	2
. 10		Signati	re or omice. I chuis. N. torney	Date	-
		Type or	print name and title		
			Date Check	ıf	Preparer's identifying number
Pa	id	Preparer's signature	05/27/10 self- employ		(see instructions)
	eparer's		RAYMOND F. BOOK & ASSOCIATES, P.A.	EIN	♦ 51-0345018
Us	e Only	Firm's name	(or yours	Phone	
		if self-emplo address, an	70-7		♦ 302-734-5826
Mai	v the IRS dis		turn with the preparer shown above? (see instructions)	1 110	X Yes No.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

		WES FOUNDATION	51-0400365	Page 2
		Service Accomplishments		
1 Briefly describe	e the organization's mission	ENHANCE QUALITY OF	TITE IN LEWES	
IO INOIE	or, minore c	Zitination &others of		
<u>.</u>				
_		cant program services during the year wh	nich were not listed on	Yes X No
•	990 or 990-EZ? be these new services on S	Schadula O		Tes _Z No
		make significant changes in how it condi	ucts, any program	
services?	3 ,	3	. ,, ,	Yes X No
	be these changes on Sche			
		nts for each of the organization's three lai		
		ions and section 4947(a)(1) trusts are rec and revenue, if any, for each program ser	quired to report the amount of grants and	
anocations to o	Juliers, the total expenses, a	ind revenue, if any, for each program ser	vice reported	
4a (Code) (Expenses \$	495,817 including grants of	\$ 490,591) (Revenu	e \$)
TO ASSIST	T THE CITY IN	PURCHASING PROPERTY		
COMMUNIT	Y PARK AND SU	PPORT OTHER LOCAL AG	ENCIES.	
	•			
4b (Code) (Expenses \$	including grants of	\$) (Revenu	e \$)
.5 (5555	, (=pooo		, ,	,
4c (Code) (Expenses \$	including grants of	\$) (Revenu	e \$
•				
	•			
Ad Other press	n services (Describe in Sch	edule O)		
(Expenses \$	i services (Describe in Sch	including grants of \$) (Revenue \$)
	n service expenses ♦	495,817		

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	990 (2009) THE GREATER BENES TOOKSATION ST-0400303		_	-			age 3
Pa	art IV Checklist of Required Schedules					V	NI.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					Yes	No
•	complete Schedule A				1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2	Х	·
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to						
-	candidates for public office? If "Yes," complete Schedule C, Part I				3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
	Schedule C, Part II				4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I				6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						
	complete Schedule D, Part III				8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part						
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"						v
	complete Schedule D, Part IV			,	9		_X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or					x	
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				11	x	
	VII, VIII, IX, or X as applicable						
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI						
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII						
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII				12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes_	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	L	X			7,-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a_		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				445		x
4 5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				13		-
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				· •		Τ <u></u> -
••	on Part IX, column (A), lines 6 and 11e ² If "Yes," complete Schedule G, Part I				17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						
	if "Yes," complete Schedule G, Part III				19_		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
-	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			7.7
_	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		.	
	19? Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>

18 Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittel of U.S. Information Returns. Enter -6 in rios applicable 1 bit 0 cl. 19 Enter the number of Forms W.2G included in line 1 a Enter -0 -6 into applicable 2 bit 1 cl. 2 cl. 4 bit 0 cl. 4 bit 1 cl. 4 c	Pa	statements Regarding Other IKS Filings and Tax Comphance		Yes	No
U.S. Information Returns. Enter — If not applicable Enter the number of Forms W.25 (moded of mite 1a. Enter — If not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambridg) without post prove withholding rules for reportable gaming (gambridg) without provide provided in the provided of the carbon provided in the	1-	Enter the number reported in Box 3 of Form 1096. Applied Summary and Transmittal of		162	140
be Enter the number of Forms W-2C included in line 1s Enter-0-if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize warriers? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Ided for the calendary are arding with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 25 is greater than 250, you may be required to effect this return (see institutions) 3a X If Yes, 1 has if field a Form 990-1 for this year? If YNo,* provide an explanation in Schedule O 4b All 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)? See the instructions for exceptions and filing requirements for Form TD E 90-22 1, Report of Foreign Bank and Financial Accounts 5b Was the organization and party to a prohibited tax shelter transaction? 5c Dd any toxing party north the organization have are in a party to a prohibited tax shelter transaction? 5c Dd any toxing party north the organization hat view or is a party to a prohibited tax shelter transaction? 5c Dd any toxing party north the organization in tax views or is a party to a prohibited tax shelter transaction? 5c Dd is the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6c Dd any toxing party north the organization hat view or toxing the party north the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7d Drain the organization model with every solicitation an express statement that such contributions or gifts were not tax deductable? 7d Drain the organization model wi	ıa	1. 110		I	
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamening (gambling) winnings to prize withrest 2	ь	o o mornidador restantes anti-		1	:
gamming (gambling) womings to prize womers? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If at least one is reported on the 2.4 off the organization file all required defentel employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross moome of \$1,000 or more during the year covered by this return? 3 a		Enter the Humber of Forms VV 20 modeled in this Ta Enter of the approach		1	:
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Salaements, filed for the calendar year dending with or within the year covered by this return 2	·		1 _c	Ī	X
Statements, filed for the calendar year ending with or within the year covered by this return Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 30 Of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 If Yes, 'has if filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 32	2a				
bit fat least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines it and 2 is greater than 250, you may be required to e-file this return (see instructions) 30. Old the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 32. X 33. X 34. X 35. If Yes,* has filled a Form 990-T for this year? If YNo,* provide an explanation in Schedule O 36. At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country. ♦ 35. Explanation of the foreign country. ♦ 36. Explanation and the foreign country. ♦ 37. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 38. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 39. Was the organization party to a prohibited tax sheller transaction at any time during the tax year? 30. If Yes,* I only the Sar Ord, of the organization filist Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 39. Frohibited Tax Shelter Transaction? 30. Explanation short any contributions that were not tax deductible? 30. If Yes,* did the organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible? 30. If Yes,* did the organization network eductible contributions under section 170(c). 31. Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 30. If Yes,* if of the organization only the donor of the value of the goods or services provided? 31. The payor of the payor of the organization on the year of the payor organization, during the year, receive any funds and section 170(c). 32. The payor of the payor organization organization organization organization organ					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Dd file organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in ofering country (such as a bank account, securities account, or other financial account)? 5c enter the name of the foreign country ◆ 5c ethe instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5c Vas the organization aparty to a prohibited tax sheller fransaction at any time during the tax year? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes," to lare 5 a or 50, and the organization that it was or is a party to a prohibited tax sheller transaction? 5d Does the organization anual gross receipts that are normally greater than \$100,000, and did the organization should write were not tax deductible? 6d If "Yes," did the organization facults with ever not tax deductible? 6d If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payar? 6d If "Yes," indicate the number of Forms 2825 (filed during the year organization shall may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payar? 6d If "Yes," indicate the number of Forms 8252 (filed during the year organization, during the year, receive any funds, directly or indirectly, to pay preniums on a personal benefit contract? 7d Ord the organization without property, did the organization file a Form 10896 as required? 7d Ord the organization shallows and the payment	b		2b		
an situctions) a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O A rary time during the calendary 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)? B if "Yes," enter the name of the foreign country ◆ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts B Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa Was the organization in a party to a prohibited tax shelter transaction? If "Yes," to line Sa or Sb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? So Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici any contributions that were not tax deductible? B Ose the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). D Id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). D If "Yes," did the organization include with every solicitation and express provided? Organizations between the payor? Organization state any receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If If "Yes," did the organization only the donor of the value of the goods or services provided? If "Yes," did the organization on the payor? If Yes, "did the organization on the payor? Organiz	-				
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country town as a bank account, securities account, or other financial accounts of foreign country town as a bank account, securities account, or other financial accounts of foreign country of the set in the set of the					Ė
this return? If Yes, 1 has a filed a Form 990-T for this year? If No.,* provide an explanation in Schedule O 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 fling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See the mistructions for exceptions and fling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization of party to a prohibited tax shelter transaction? Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? Did any taxable party norify the organization file Form 8866-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 2 at Shelter Transaction? Did any taxable party norify the organization file Form 8866-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 2 at Shelter Transaction? Did we she organization have annual gross recepts that are normally greater than \$100,000, and did the organization shelt are not tax deductible? Different to tax de	3a	•		1	
Mares, "has it flield a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	-		3a		X
4a All any time during the calendar year, add the organization have an interest in, or a signature or other authority over, a financial account in a foregin country (such as a bank account, securities account, or other financial account?) b if "Yes," enter the name of the foreign country ◆ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b IX 5c If "Yes," to line Sa or Sb, did the organization file Form 8898-Ti, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Did the star Shelter Transaction? 5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them ent tax deductible? 5c Did the organization nectude with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms 8828 filed during the year required to file Form 8829 as required? 7d If "Yes," indicate the number of Forms 8828 filed during the year 9 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did to the organization organization in a payment of the organization file Form 8899 as required? 7d Did the organization and payment organization or advised fundamination of payment organizations. Did	ь		3b		
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Initiation fees and capital contributions included on accrued during the year 12b	е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			Ė
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h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11c Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1		ŧ
	12a		12a		
	D	it res, enter the amount of tax-exempt interest received or accrued during the year [120]	E^	990	(2000)

Form 990 (2009) THE GREATER LEWES FOUNDATION 51-0400365 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 X Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a а The governing body? X a8 Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 11a X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed • 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website , X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization • JOHN R SCHROEDER 30835 EDGEWATER DR

302-645-0670

DE 19958

LEWES

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees; and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) Position (check all that apply)					ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DENNIS FORNEY	0.00	Ī.,						0		
CHAIRMAN	2.00	X	_	X				0	0	
MICHAEL RAWL	2.00	x		x				o	o	
EXE DIRECTOR JOHN SCHROEDER	2.00	<u>├</u> ^				-		<u> </u>		
TREASURER	2.00	x		x				o	o	(
WALTER J STEWART		+	<u> </u>					<u> </u>		·- <u>·</u>
/ICE CHAIRMA	2.00	x	1	x				_0	0	
JEAN L GEARY										
CORPORATE SECRETARY	2.00			X				12,963	0	
"										
		-								
				L.	L					

<u>Pa</u>	rt VII Section A. Officers	, Directors, Trus	tees	, ne	у Еп	ipio	yees	, an	10 1	nignest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per		_	(chec	_	hat a	_	4	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con f org ar	other npensa rom th ganizat id relat anizati	ation e tion ted	
								_							
			-					_	1		-		_		
						_									
				-	<u> </u>	-			+						
													•		
				_					+						
									+			-			
										10.060					
<u>1b</u>								<u> </u>		12,963		<u> </u>			
<u> </u>	Total number of individuals (in reportable compensation from	-		0	iose	liste		ove)) W	no received more than \$1				Yes	No
3	Did the organization list any fo employee on line 1a? If "Yes,"								ee,	, or highest compensated			3	res	No X
4	For any individual listed on line the organization and related or	e 1a, is the sum o	f rep	ortab	ole co	omp	ensat	tion	an " c	nd other compensation from the sum of the su	m ıch		4	,	x
5	individual Did any person listed on line 1 services rendered to the organ	a receive or accr	ue co com	mpe plete	nsat	tion f	rom le J f	any or si	un	nrelated organization for h			5		x
Sec 1	ction B. Independent Contract Complete this table for your five	ors re highest compe									n \$100,000 of				
	compensation from the organiz	zation (A) d business address						<u> </u>		Descrip	(B) tion of services		Con	(C) npensat	ion
	enter the Anna Control														
		-	_					<u> </u>							
									_						
2	Total number of independent of	contractors (inclu	ding	but n	not lir	nited	l to th	nose	e lıs	sted above) who received				***********	
DAA	more than \$100,000 in compe	nsation from the	orga	nızatı	ion 🖣	_			-				0 Form	990	(2009

Pa	rt VI	Statement of Reve	nue						
	•	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u> </u>			4-				revenue		312, 313, 01 314
ants all		Federated campaigns	1a		3,330				
200		Membership dues	1b						
fts,		Fundraising events	1c					`	
<u>.gi</u>		Related organizations	1d						
Sis		Government grants (contributions)	1e						
Program Service Revenue Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f		239,321			•	
받	а	Noncash contributions included in lines 1a-	1f \$						
S	_	Total. Add lines 1a-1f			•	242,651			
و					Busn. Code				
- File	2a								
<u>چ</u> ا	b								
8	c				i i				
S	d								
Š							<u> </u>		
ᇍ	e	All other program convex rover							
ا کی		All other program service rever	iue		•				
-		Total. Add lines 2a-2f							
	3	Investment income (including d	iviaena	s, interes	t, and	18,016			18,016
		other similar amounts)				18,010	·		20,020
	4	Income from investment of tax-	exempt	bona pro	ceeas 🔻				
	5	Royalties							
		(ı) Real		(II) P	ersonal				į.
	6a	Gross Rents				-			<u> </u>
	b	Less rental exps				:			‡
	С	Rental inc or (loss)				=			†
	d	Net rental income or (loss)			<u> </u>				
	7a	Gross amount from sales of assets (i) Securities (ii)			Other	į			‡
		other than inventory							
	b	Less cost or other							
		basis & sales exps							1
	С	Gain or (loss)							‡
	d	Net gain or (loss)	_		•		-,		
_	8a	Gross income from fundraising ever	nts						1
une		(not including \$							
δ 2		of contributions reported on line 1c)							
ž		See Part IV, line 18	а		19,971	,			
Other Revenu	ь	Less direct expenses	ь						
ō		Net income or (loss) from fund	raising e	events	•	19,971			19,971
		Gross income from gaming activitie	- 1						<u> </u>
	-	See Part IV, line 19	a						
	h	Less direct expenses	ь						1
		Net income or (loss) from gam	L	uties	•				
		Gross sales of inventory, less	ا الله والا	naco	<u>`</u>				
	IUa	returns and allowances	a						1
			ь						1
		Less cost of goods sold		nton.		;			
	┝╌	Net income or (loss) from sale: Miscellaneous Revenue	_	anury	Busn. Code				
		wiscellaneous Revenue			Susii. Code		İ		†
	11a								
	b							 	
	C				<u> </u>			 	
	1	All other revenue					<u> </u>		
		Total. Add lines 11a-11d			•	000 630	-		37,987
	12	Total Revenue. See instruction	ns		•	280,638	(γ ₁	J 31,981

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			3	
'	organizations in the U.S. See Part IV, line 21	490,591	490,591		
•	Grants and other assistance to individuals in	150,001	200,000		
2					
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
þ	Legal	2,427		2,427	
С	Accounting	6,500		6,500	
d	Lobbying		71777		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	,			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2,185		324	1,861
17	Travel	44			44
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	742	348	394	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not	,			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	CONSULTING & GRAPHIC DESI	91,669		81,869	
b	OFFICE SUPPLIES & EXPENSE	31,390	4,878	16,212	10,300
c	EVENT EXPENSE	20,973			20,973
d	GOLF EVENT, ETC.	20,151			20,151
e	CAMPAIGN EXPENSE	1,395			1,395
f	All other expenses	2,356		1,306	
25	Total functional expenses. Add lines 1 through 24f	650 400	495,817	109,032	65,574
26	Joint costs. Check here ◆ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation	l			Form 990 (2009)

	1 990 ert X	(2009) THE GREATER LEWES FOUN	DATION	51-0400365		Page 11
	,	Bulanco onoci		(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		184,097	1	81,345
	2	Savings and temporary cash investments		1,149,610	2	789,492
	3	Pledges and grants receivable, net		120,792	3	53,625
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, t	rustees, kev			
		employees, and highest compensated employees Comp	•			
- 1		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L			6	
ş;	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ا ته	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b	28,415	10c	
	11	Investments—publicly traded securities		198,928	11	381,416
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
ŀ	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,681,842	16	1,305,878
	17	Accounts payable and accrued expenses		534	17	
	18	Grants payable			18	<u> </u>
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
တ္ထ	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Payables to current and former officers, directors, trustee	es, key			
<u>.</u>		employees, highest compensated employees, and disqu	alıfied			
<u>"</u>		persons Complete Part II of Schedule L			22	· · · · · · · · · · · · · · · · · · ·
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
į	25	Other liabilities Complete Part X of Schedule D		65,821		66,255
\perp	26	Total liabilities. Add lines 17 through 25		66,355	26	66,255
မွ		Organizations that follow SFAS 117, check here ◆	X and			
Balances		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets		1,528,646	27	1,152,782
m	28	Temporarily restricted net assets			28	
Fund	29	Permanently restricted net assets	r.	86,841	29	86,841
교		Organizations that do not follow SFAS 117, check he	ere 🔷 🔲			
5		and complete lines 30 through 34.				
ţ	30	Capital stock or trust principal, or current funds			30	
Se	31 .	Paid-in or capital surplus, or land, building, or equipment			31	
As	32	Retained earnings, endowment, accumulated income, or	other funds		32	4 000 455
Net Assets or	33	Total net assets or fund balances		1,615,487		1,239,623
Z	34	Total liabilities and net assets/fund balances		1,681,842	34	1,305,878

Form	1 990 (2009) THE GREATER LEWES FOUNDATION 51-0400365		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	L
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

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. ◆ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE GREATER LEWES FOUNDATION

Employer identification number 51-0400365

													
	art I			Status (All organizations			this p	art)S	ee ins	tructio	ons.		
Γhe	orgai	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ie box)							
1		A church, con	vention of churches, or associate	ciation of churches described in a	section 1	70(b)(1)(<i>A</i>	A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4	П	A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,		
	ш	city, and state											
5	\Box	•		a college or university owned or	operated	by a gove	rnmenta	Lunit de	scribed	ın			
٠	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)												
c	Section 170(b)(1)(A)(iv). (Complete Part ii) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6													
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													
9	Ш	•	•										
		•	·	t functions—subject to certain ex	•					its			
			•	funrelated business taxable inco	-		11 tax) fr	om busii	nesses				
	_	acquired by the	ne organization after June 30,	, 1975 See section 509(a)(2) . (0	Complete	Part III)							
10	Ш	An organization	on organized and operated ex	clusively to test for public safety	See sec	tion 509(a	a)(4).						
11													
		purposes of o	ne or more publicly supported	d organizations described in sect	tion 509(a)(1) or se	ction 509	(a)(2) S	See sec	tion			
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and com	plete lines	11e thro	ugh 11l	ו				
		a Type	I b Type II	c Type III–Functiona	ılly ıntegra	ted	d (Тур	e III–Oth	ner			
е		By checking ti	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	dısqualı	fied				
		persons other	than foundation managers a	nd other than one or more public	cly suppor	ted organ	izations (describe	d in sec	ction			
		509(a)(1) or s	ection 509(a)(2)										
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
		following per		, , ,		-							
		٠.		ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
		• •	pelow, the governing body of	-	•		• • •				11g(i)		
		` '	member of a person describe								11g(ii)		
		• •	ontrolled entity of a person de								11g(ıı		
		• •	ollowing information about the								(*· 3 (···		
<u>h</u>	Nom				(m) is the	organization	(A) Did A	ou notify	(vi)	ls the	(vii) Am	ount of	
(1)		e of supported anization	(iı) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	sted in your		azation in	organizat		sup		
				above or IRC section	1	document?	∞l (i)			zed in the S ?			
				(see instructions))	Vac	No	—— <u>—</u>	ort?			,		
					Yes	No	Yes	No	Yes	No			
					-		ļ <u> </u>		 				
											_		
					-		ļ						
						ļ				1			
			-		 -	-	<u> </u>		_				
	_												
					<u> </u>				ļ <u>.</u>				
Tat	-1				1	1	1	1	1	1	1		

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	3810 77 (1 07 11 000 01 000 <u></u> 7 000	GREATER 1				0400365	Page 2
Pa	art II Support Schedule for O	rganizations De	scribed in Se	ctions 170(b)(1	l)(A)(iv) and 17	'0(b)(1)(A)(vi)	
	 (Complete only if you che 	ecked the box o	n line 5, 7, or 8	of Part I.)			
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ◆	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,130,848	783,415	385,748	1,103,023	242,651	3,645,685
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	1,130,848	783,415	385,748	1,103,023	242,651	3,645,685
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)						497,454
6	Public support. Subtract line 5 from line 4	<u> </u>					3,148,231
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	(b) 2006	(c) 2007	(d) 2008		
Ca	lendar year (or fiscal year beginning in) 🔷 👚	(e) 2009	(f) Total				
7	Amounts from line 4	1,130,848	783,415	385,748	1,103,023	242,651	3,645,685
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,734	54,509	29,003	22,711	18,016	147,973
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					19,971	19,971
11	Total support. Add lines 7 through 10	<u> </u>		1	<u>J.</u>		3,813,629
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the		econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	l	
	organization, check this box and stop here						
	tion C. Computation of Public Su			 		ТТ	0/
14	Public support percentage for 2009 (line 6,))		14	82.55%
15	Public support percentage from 2008 Sche					15	86.19%
16a	33 1/3 % support test—2009. If the organ			and line 14 is 33 1	/3 % or more, chec	k this box	► X
_	and stop here. The organization qualifies		•	the and line 15 is	22 1/2 % or more	chack this	
b	33 1/3 % support test—2008. If the organ				33 1/3 % or more,	Check this	▶ □
47-	box and stop here. The organization quali				s 16h and line 14 ii	10% or	
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa					HOW THE	▶ □
b	organization meets the "facts-and-circums 10%-facts-and-circumstances test—200	•	•		=	: 15 is 10% or	
~	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						▶ [

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

0	2	^	۵	า	

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

	 (Complete only if you che 	ecked the box	on line 9 of Par	<u>tl) </u>			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ◆	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		 				
C	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from line 6)		!				
Sec	tion B. Total Support	<u> </u>			<u> </u>	<u></u>	
	lendar year (or fiscal year beginning in) ◆	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					ļ	
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 IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L		L <u>-</u>	<u> </u>		
14	First five years. If the Form 990 is for the	-	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	. ┌
500	organization, check this box and stop here		tage				
	Public support percentage for 2009 (line 8,					15	%
15 16	Public support percentage from 2008 Sche	. ,	•	(1))		16	
	ction D. Computation of Investme						
17	Investment income percentage for 2009 (III			olumn (f))		17	%
18	Investment income percentage from 2008			······································		18	%
19a	33 1/3 % support tests—2009. If the orga			14, and line 15 is m	nore than 33 1/3 %,		
	17 is not more than 33 1/3 %, check this bo						▶ [
þ	33 1/3 % support tests—2008. If the orga	nization did not che	eck a box on line 14	or line 19a, and lir	ne 16 is more than	33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check th						<u> </u>
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	and see instructions		▶

Schedule A (Form 990 or 990-EZ) 2009 THE GREATER LEWES FOUNDATION

51-0400365

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

◆ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

◆ Attach to Form 990. ◆ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

וידי	HE GREATER LEWES FOUNDATION		51-0	400365
	rt I Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P	ds or Other Similar Funds or Acc		
	the organization answered Tes to Form 990, F	· · ·	(b)	Funds and other accounts
		(a) Donor advised funds	(D)	Funds and other accounts
1	Total number at end of year	25,970		18,192
2	Aggregate contributions to (during year)			10,192
3	Aggregate grants from (dunng year)	2,200		49,687
4	Aggregate value at end of year	56,311		49,007
5	Did the organization inform all donors and donor advisors in writing that the			. □
	funds are the organization's property, subject to the organization's exclusi			X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr			
	used only for chantable purposes and not for the benefit of the donor or d	onor advisor, or for any other		X Yes No
	purpose conferring impermissible private benefit?	ninghian analysis of "Was" to Form	200 D	
	Conservation Easements. Complete if the orga		990, Pa	artiv, line 7.
1	Purpose(s) of conservation easements held by the organization (check al		44 la-d	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impor		area
	Protection of natural habitat	Preservation of certified historic stru	icture	
_	Preservation of open space	A constable According from a fire constable	_	
2	Complete lines 2a through 2d if the organization held a qualified conserval easement on the last day of the tax year	ition contribution in the form of a conservation	n	
	easement on the last day of the tax year			Held at the End of the Tax Year
	T. I. I		<u>-</u>	Tied at the Lild of the Tax Teal
a	Total number of conservation easements		2a 2b	
b	Total acreage restricted by conservation easements	ad in (a)	20 2c	
C	Number of conservation easements on a certified historic structure includ		2d	
a	Number of conservation easements included in (c) acquired after 8/17/06			
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization d	unng	
	the taxable year •	atad 🛦		
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the penodic monito	ring, inspection, nariding of		Yes No
_	violations, and enforcement of the conservation easements it holds?	n concentration cocoments during the year		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	reenvation easements during the year		
•	• \$	isorvation casemonia daring the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		
-	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemen	its in its revenue and expense statement, an	d	
•	balance sheet, and include, if applicable, the text of the footnote to the organization			
	the organization's accounting for conservation easements			
Pa	organizations Maintaining Collections of Art,		milar A	assets.
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in			
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of publi	ic service	∍,
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its i	evenue statement and balance sheet works	of art,	
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	ervice,	
	provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	* \$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 relating to the	ese items		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	*

b	If "Yes," explain the arrangement in Part XIV					
Pa	ert V Endowment Funds. Comple	te if organization an	swered "Yes" to	Form 990, Par	t IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	86,841	86,841			
b	Contributions			**************************************		
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	86,841	86,841			
2	Provide the estimated percentage of the year er	nd balance held as				
а	Board designated or quasi-endowment ◆	%				

С	rem endowment ♥ %	
3a	Are there endowment funds not in the possession of the organization that are held and administered for the	
	organization by	
	(i) unrelated organizations	-
	(ii) related organizations	

	Yes	No
3a(i)	X
3a(ii	i)	X
3b		

b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?
 Describe in Part XIV the intended uses of the organization's endowment funds

Permanent endowment ◆ _100.00%

Pa	rt VI Investments—Land, Buildir	ngs, and Equipment.	See Form 990, Part 2	X, line 10.									
	Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value								
		(investment)	basis (other)	depreciation									
1a	Land				<u>-</u>								
b	Buildings												
С	Leasehold improvements												
d	Equipment												
е	Other												
Total.	Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ◆												

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

66,255

Sche	dule D (Form 990) 2009 THE GREATER LEWES FOUNDATION	51-040036	5_	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	280,638
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	670,423
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-389,785
4	Net unrealized gains (losses) on investments		4_	13,921
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor period adjustments		7	
8	Other (Describe in Part XIV)		_ 8	
9	Total adjustments (net) Add lines 4 through 8		9	13,921
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	-375,864
₽a	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		1	294,559
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a 13,921		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	13,921 280,638
3	Subtract line 2e from line 1		3	280,638
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	280,638
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per R	eturi	n
1	Total expenses and losses per audited financial statements		1	670,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	1	
þ	Prior year adjustments	2b		
¢	Other losses	2c	1	
d	Other (Describe in Part XIV)	2d	1	
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1) f	3	670,423
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b	•	4c	670 400
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	670,423
	ert XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and 4b Also complete		
his p	part to provide any additional information			

Sche	dule	e D	(Fo	m 9	90)	2009	9	TI	ΗE	GI	RE.	ATI	ER	L	EWI	S	FC	W	ND.	LT!	OV.	1				27	-04	100	<u> 36</u>	5						Page 5
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization THE GREATER	LEWES FOUNDATIO	N			51-04003	
Part I Fundraising Activities. Form 990-EZ filers are n	Complete if the organizati not required to complete the	on ans	we t	red "Yes" to Form	990, Part IV, line	e 17.
1 Indicate whether the organization raised fu	inds through any of the following	activities	Chr	eck all that apply		-
a Mail solicitations	e Solicitation	of non-	gove	rnment grants		
b Internet and email solicitations	f Solicitation	of gove	rnme	ent grants		
c Phone solicitations	g 🗌 Special fur	ndraising	eve	nts		
d In-person solicitations						
2a Did the organization have a written or oral or key employees listed in Form 990, Part						Yes No
b If "Yes," list the ten highest paid individuals to be compensated at least \$5,000 by the		t to agre	eme	nts under which the fun	draiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did f raiser h custody control contributi	ave y or l of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		+				
		1 1				
		\bot	_			
			\dashv			
			\neg			
					 	
Total		_1	•			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

P	art l							Form 990, Part IV eceipts greater tha			orted	
				(a) Event #1 /TASTE OF] (event type)		(b) Event #	2	(c) Other events NONE (total number)	_	(d) Total e (add col (a col () throug	gh
Revenue	1 2	Gross receipts Less Charitable contributions		19,97	1						19,	971
	3	Gross revenue (line 1 minus line 2)		19,97	<u>'1</u>						19,	971
	4	Cash prizes			_			-	-			
	5	Noncash prizes			-				_			
Direct Expenses	6	Rent/facility costs							+			
	7	Food and beverages							+			
	8	Entertainment										
	9	Other direct expenses	_					<u>.</u>				
P	10 11 art I	Net income summary Co Gaming. Com	mbine line	3, column (d), and lin	e 10	ed "Yes" to F	orm 990. I	Part IV, line 19, or	report		19,	971
_				990-EZ, line 6a.								
Revenue				(a) Bingo		(b) Pull tabs/insbingo/progressive		(c) Other gaming		(d) Total gam		
 Re	1 Gross revenue						_					
ses	2	Cash pnzes										
Expenses	3	Noncash prizes										
Direct	4	Rent/facility costs										
	5	Other direct expenses			<u> </u>						·	
	6	Volunteer labor	Ye No			Yes No	%	Yes No	%			
	7	Direct expense summary	Add lines	2 through 5 in column	ı (d)				• (
	8	Net gaming income sumr	mary Comb	bine line 1, column d,	and line	7			•			_
9	Enter the state(s) in which the organization operates gaming activities									Yes	No	
b		the organization licensed to No," Explain	o operate g	aming activities in eac	h of the	se states?				9a		
10a b		ere any of the organization' Yes," Explain	's gamıng lı	censes revoked, susp	ended o	or terminated duri	ng the tax yea	ar?		10a		
11		es the organization operate	-							11		
12		the organization a grantor, med to administer chantab			r a mem	ber of a partners	hip or other e	ntity		12		

Sche	dule G (Form 990 or 990-EZ) 2009 THE GREATER LEWES FOUNDATION	51-040036	55	Р	age 3
13 a b	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records	13a % 13b %		Yes	No
	Name ◆ Address ◆				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b c	If "Yes," enter the amount of gaming revenue received by the organization ◆ \$ amount of gaming revenue retained by the third party ◆ \$ If "Yes," enter name and address of the third party	and the			
	Name ◆				
	Address ◆				
16	Gaming manager information				
	Name ◆		,		
	Gaming manager compensation ◆ \$				
	Description of services provided ◆				
	Director/officer Employee Independent contractor				
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to				
b	retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\$\$		17a		

SCHEDULE

(Form 990)

Grants and Other Assistance to Organizations,

Public

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

Attach to Form 990.

THE GREATER LEWES FOUNDATION

Department of the Treasury Internal Revenue Service Name of the organization General Information on Grants and Assistance

Part

2009	Open to Publ	Inspection
	_	

Employer Identification number

51-0400365

№ TO ASSIST LOCAL CHAR TO BUILD PARK AREAS Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) other) 12,200 478,391 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable C-3 S S 51-6000162 (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? DE 19958 DE 19958 (a) Name and address of organization or government DONATION-CITY OF LEWES 135 SECOND STREET VARIOUS GRANTS P.O. BOX 227 Part LEWES

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations

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O.	

Schedule I (F	Schedule! (Form 990) 2009 THE GREATER LEWES FOUNDATION	LEWES FOUNDAT		51-0400365		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if additio	United States. Connal space is needed	nplete if the organiza	tion answered "Yes" to For	١.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
						•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informati	on required in Part I,	line 2, and any other additi	onal information.

§ A

Schedule I (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Part I

Part II

◆ Attach to Form 990 or Form 990-EZ. ◆ See separate instructions.

Employer identification number 51-0400365 THE GREATER LEWES FOUNDATION Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Enter the amount of tax imposed on the organization managers or disqualified persons during the year **\$** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to (c) Original (d) Balance due (e) In default? (f) Approved (g) Written or from the onncipal amount by board or agreement? committee? organization? No Yes Yes No Yes No То From **\$**

Total		◆\$							
Part III	Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27								
-	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance						
Part IV	Business Transactions Involving Inte	rested Persons.							

Complete if the organization answered "Yes" on		n Form 990, Part IV, line 28a	, 28b, or 28c					
-	(a) Name of interested person		(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of) Shann of org evenues?	
				organization			Yes	No
HORIZON PH	ILANTHROPIC S	SERVICES, 1	INC	PRINCIPAL	78,180	CONSULTING SERVICES		X
<u></u>			1					1

668

SCHEDULE O (Form 990) Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE GREATER LEWES FOUNDATION

Employer identification number 51-0400365

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE EXECUTIVE DIRECTOR AND TREASURER REVIEW THE 990 BEFORE IT IS SENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE ISSUED UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue		File a Separate application for each return.						
		omatic 3-Month Extension, complete only Part I and check this box	_	▶ X				
		ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)		_				
		ess you have already been granted an automatic 3-month extension on a previously filed Form 8	868					
Part I		c 3-Month Extension of Time. Only submit original (no copies needed).						
A corporation r	equired to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete						
Part I only				▶ []				
All other corpor time to file inco		ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension	n of					
Electronic Fili	ing (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to	to file					
one of the retur	rns noted belo	w (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868						
electronically if	(1) you want t	he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, greater	oup					
returns, or a co	omposite or co	nsolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II)	of For	m				
8868 For more	e details on the	electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits						
Type or	Name of Ex	empt Organization E	mplov	er identification number				
print			,					
File by the	THE GR	EATER LEWES FOUNDATION 5	1-0	400365				
due date for	Number, street, and room or suite no. If a P.O. box, see instructions							
filing your return See	See FO BOX 110							
instructions	City, town or	post office, state, and ZIP code. For a foreign address, see instructions.						
	LEWES	DE 19958						
Check type of	return to be	filed (file a separate application for each return)						
X Form 99	0	Form 990-T (corporation)		Form 4720				
Form 99	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)							
Form 99	0-EZ	Form 990-T (trust other than above)		Form 6069				
Form 99	0-PF	Form 1041-A		Form 8870				
								
Telephone If the organ If this is for	nization does r r a Group Retu roup, check th	2-645-0670 FAX No ► not have an office or place of business in the United States, check this box orn, enter the organization's four digit Group Exemption Number (GEN)	his is	▶ □				
		3-month (6 months for a corporation required to file Form 990-T) extension of time						
until O	8/15/10	, to file the exempt organization return for the organization named above. The extension is						
	rganization's re							
	calendar year	2009 or						
▶ ∐ :	tax year begin	ning , and ending						
2 If this tax	x year is for les	s than 12 months, check reason Initial return Final return Change in a	ccount	ing period				
3a If this ap	plication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax.						
· · · · · · · · · · · · · · · · · · ·		credits See instructions	3a	\$				
		Form 990-PF or 990-T, enter any refundable credits and estimated tax						
•		te any prior year overpayment allowed as a credit	3b	\$				
		t line 3b from line 3a. Include your payment with this form, or, if required,	1 -					
		on or, if required, by using EFTPS (Electronic Federal Tax Payment						
	See instruction	• • •	3с	\$				
		nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO		· · · · · · · · · · · · · · · · · · ·				
for payment in								
For Privacy A	ct and Paperv	vork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)				