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# 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)

benefit trust or private foundation)

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

2011
Open to Public Inspection

and ending For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization Check if Address LEWMAR FOUNDATION Name change 20-3712316 Doing Business As Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-120 S MAIN P O BOX 98 573-655-4212 Amende 58,200. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending LA GRANGE, MO 63448 H(a) Is this a group return F Name and address of principal officer: BECKY L BRIDDLE Yes X No for affiliates? 120 S MAIN P O BOX 98, LA GRANGE, MO 63448 H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or If "No." attach a list, (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 2005 M State of legal domicile MO Part I Summary Briefly describe the organization's mission or most significant activities: PUBLIC CHARITY-PROVIDE Activities & Governance SCHOLARSHIPS AND GRANTS TO EDUCATIONAL INSTITUTIONS AND PROGRAM Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2011 (Part V. line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 45,429. 21,000. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) Ō. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 35,886. 23,636. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 69,065. 56,886. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 68,020. 42,380. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ο. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 417 300. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 42,680. 68,437. 18 Total expenses. Add lines 13-17 (must equal-Part IX, column (A), line 25) Revenue less expenses. Subtract line 48 from line 12 628. 14,206. **Beginning of Current Year End of Year** 8 530,855. 545,061. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, in 26) 0. 0. 530,855. 545,061. Net assets or fund balances./Subtract line-2-1-from line Part II Signature Block Under penalties of perjury, I decire that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete obelaration of pureyer other than officer) is based on all information of which preparer has any knowledge Sign BECKY L BRIDDLE, SECRETARY-TREASURER Here Date PTIN Print/Type preparer's name Preparer's Signature 04/30/12 Paid JOHN RIDDER P00146435 Firm's name RIDDER AND ASSOCIATES LTD Preparer 36-4134856 Firm's EIN Firm's address P O BOX 5026 **Use Only** QUINCY, IL 62305-5026 217-221-9130 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2011)

Form	990 (2011) LEWMAR FOUNDATION 20-3/12316 Page	<u>2</u>
Par	t 排 Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	٦
1	Briefly describe the organization's mission:	_
•	PUBLIC CHARITY - PROVIDE SCHOLARSHIPS AND GRANTS TO EDUCATIONAL	
	INSTITUTIONS AND PROGRAM SPONSORS	_
	INDITION INDICATE OF CHOOLE	_
		_
_	Dod the amount of the state of	_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 42,380 • including grants of \$ 42,380 • ) (Revenue \$	)
	SCHOLARSHIPS AND GRANTS TO EDUCATIONAL INSTITUTIONS AND PROGRAM	_
	SPONSORS	
		_
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		_
4b		_
40	(Code) (Expenses \$	, )
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		_
4c	(Code) (Expenses \$	. )
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		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
4e_	Total program service expenses ► 42,380.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11.		Х
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	:	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
<b>1</b> E	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		^
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		·	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	l

Form 990 (2011) LEWMAR FOUNDATION
Part IV Checklist of Required Schedules (continued)

04	Dulate annual second and the CE 000 of second and the second seco		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	21	X	
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
22	column (A), line 2? 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	22		1
20	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	20		<del></del> -
	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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
6	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		
	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
ь			$\vdash$	
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		-	<del></del> -
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			l
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</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> </u>	X
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, Part VI	37		<u> X</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	
		Form	990 (	(2011)

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rar	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country: ►			
	See instructions for 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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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.	8		-
а	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	-00		
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>,,,,,,,,,,</del>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans . 13b			
	Enter the amount of reserves on hand		·····	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>

Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			-
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			,,,,,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	]	X
	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 with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who person of the	ion: 🕨	·	
	BECKY L BRIDDLE - 573-655-4212			
	120 S MAIN P O BOX 98, LA GRANGE, MO 63448			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

X Check this box if neither the organization (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				l than is boi	one th an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BOB RICHTER										
PRESIDENT	0.50	ļ	_	X		<u> </u>		0.	0.	0.
(2) ELIZABETH A DAVIS			ĺ	,				0		
VICE PRESIDENT	<del> </del>		<del> </del>	X		<u> </u>	<u> </u>	0.	0.	0.
(3) BECKY L BRIDDLE SECRETARY - TREASURER	0.50			x				0.	0.	0.

3	7	1	2	3	1	6	Pag	ge	8
<b>~</b> )									

Pai	[Fart VIII] Section A. Officers, Directors, Trustees, Key Employees, and Highest								st Compensated Employees (continued)						
	(A)	(B)	(C)						(D)	(E)			(F)		
	Name and title	Average	Position						Reportable	Reportable	e Estimated			ed	
		hours per	(do not check more than one box, unless person is both an officer and a director/trustee)						compensation	compensatio					
		week							from	from related			other		
		(describe	둱	i				İ	the	organization	s	com	pensa	ation	
		hours for	휼	١.			B		organization	(W-2/1099-MIS			om th		
		related	<b>8</b>	BE			ES C		(W-2/1099-MISC)			org	anızat	tion	
		organizations	Individual trustee or director	Institutional trustee		8	§				ŀ	an	d relat	ted	
		ın Schedule	ğ	울	菜	Кеу етріоуев	15 S	혈				orga	anızatı	ions	
		O)	ig g	lust	Officer	Ş.	Highest compensate employee	ğ							
								Ì							
			-												
	<del>.</del>			┢			-	<del> </del>							
							1								
			ľ												
							<u> </u>								
				L.				1							
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			$\vdash$												
			ĺ				İ								
			_		$\vdash$		┢				+				
											ļ				
				Ь	L		Ļ								
	Sub-total								0.	<del></del> -	0.			0.	
С	Total from continuation sheets to Part VI	l, Section A							0.		0.			0.	
<u>d</u>	Total (add lines 1b and 1c)								0.		0.			0.	
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	o re	eceived more than \$100	,000 of reportabl	е				
	compensation from the organization									·				0	
									<u> </u>				Yes	No	
3	Did the organization list any former officer,	director, or tru	ste	e. ke	v en	nolo	vee.	orl	highest compensated e	mplovee on	ſ	~			
	line 1a? If "Yes," complete Schedule J for si			•	•		,					3	1	х	
4	For any individual listed on line 1a, is the su		e co	mn	enes	ation	anc	t oth	ner compensation from	he organization	ŀ	<u> </u>		<u> </u>	
•										ine organization	İ			v	
5	and related organizations greater than \$150										ł	4		X	
9	Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services		_		.,	
<del></del>	rendered to the organization? If "Yes," com	<u>olete Schedule</u>	9 <i>J f</i>	or su	ıch	pers	son					5		X	
	tion B. Independent Contractors									<del></del>					
1	Complete this table for your five highest con										pensa	ation f	rom		
	the organization. Report compensation for t	he calendar y	ear (	endi	ng v	vith	or w	ıthin	the organization's tax	ear.					
	(A)							ł	(B)			(0	;)		
	Name and business	address	NO	INC	<u> </u>				Description of s	ervices	C	ompe	nsatio	n	
								T							
						-		$\neg \uparrow$							
								$\dashv$							
		<del></del>				_		-+							
	Table week as after day 1 to 1 to 2	1.6.1.					<del></del>								
2	Total number of independent contractors (in		ot ili	mite	d to		•	sted	above) who received m	ore than					
	\$100,000 of compensation from the organiz	ation -					)								

Statement of Revenue (D) (A) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 21,000. similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ 21,000. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (II) Personal 37,200. 6 a Gross rents 1,314. b Less: rental expenses 35,886. c Rental income or (loss) 35,886. 35,886. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a ь d All other revenue e Total. Add lines 11a-11d 56,886. 35,886. Total revenue. See instructions

#### 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)

	Check if Schedule O contains a respon	ise to any question in thi				
	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					_
	organizations in the United States See Part IV, line 21	42,380.	42,380.			
2	Grants and other assistance to individuals in					
	the United States. See Part IV, line 22					
3	Grants and other assistance to governments,			,		
	organizations, and individuals outside the					
	United States. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	<u>-</u>				
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)				, . <u> </u>	
7	Other salaries and wages					
8	Pension plan accruals and 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					
b	Legal					
C	Accounting	300.		300.		
d	Lobbying					_
е	Professional fundraising services See Part IV, line 17				<del> </del>	_
f	Investment management fees		_			_
g	Other					
12	Advertising and promotion					
13	Office expenses					_
14	Information technology					_
15	Royalties				<del>-</del>	_
16	Occupancy			<del></del> -		
17	Travel			<del></del>		_
18	Payments of travel or entertainment expenses					
19	for any federal, state, or local public officials Conferences, conventions, and meetings					-
20	Interest					_
21	Payments to affiliates					
22	Depreciation, depletion, and amortization			· · ·		_
23	Insurance				,	_
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)					
а						_
b						
С						
d				······································		
е	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	42,680.	42,380.	300.	0	•
26	Joint costs. Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation					
	Check here If following SOP 98-2 (ASC 958-720)			· · · · · · · · · · · · · · · · · · ·		

20-3712316 Page **11** 

				(A) Beginning of year		(B) End of year
-	1	Cash · non-interest-bearing		31,778.	1	45,984.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	·		4	···-
	5	Receivables from current and former officers, directors, tru	stees, kev			
		employees, and highest compensated employees. Comple				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined un	der section	· · · · · · · · · · · · · · · · · · ·		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and	1			
		employers and sponsoring organizations of section 501(c)(	-			
		employees' beneficiary organizations (see instructions)	, , , , , , , , , , , , , , , , , , , ,		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		<del></del>	8	
•	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	499,077.			
	Ь	Less: accumulated depreciation 10b		499,077.	10c	499,077.
	11	Investments - publicly traded securities		133,01,0	11	1337011.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	<u> </u>		14	
	15	Other assets. See Part IV, line 11	}		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>	530,855.	16	545,061.
	17	Accounts payable and accrued expenses		3307033.	17	343,001.
	18	Grants payable	}		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		-	20	
s)	21	Escrow or custodial account liability. Complete Part IV of S	chedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees	P=	·····		······································
<u>.</u>		highest compensated employees, and disqualified persons	· · · · · · · · · · · · · · · · · · ·			
ڐ		of Schedule L	. Complete Fart II		22	
	23	Secured mortgages and notes payable to unrelated third p	artipe		23	
	24	Unsecured notes and loans payable to unrelated third parti			24	
	25	Other liabilities (including federal income tax, payables to re	- F			
	-	parties, and other liabilities not included on lines 17-24). Co				
		Schedule D	Implete Fait X of		25	
	26	Total liabilities. Add lines 17 through 25	}	0.	26	0.
		Organizations that follow SFAS 117, check here	and complete			
ç		lines 27 through 29, and lines 33 and 34.	and complete			
ည	27	Unrestricted net assets			27	
<u> </u>	28	Temporarily restricted net assets			28	
Ö	29	Permanently restricted net assets	1		29	· · · ·
Š		Organizations that do not follow SFAS 117, check here	▶ X and		2.0	······································
ř		complete lines 30 through 34.	Z und			
ţ	30	Capital stock or trust principal, or current funds		0.	30	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fu	nd -	0.	31	0.
Ä	32	Retained earnings, endowment, accumulated income, or of		530,855.	32	545,061.
ş	33	Total net assets or fund balances	neriulus .	530,855.	33	545,061.
_			L	550,055.	55	

Form	1 990 (2011) LEWMAR FOUNDATION	20-3712	2316	Pac	ae 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	56	8,8	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	2,6	80.
3	Revenue less expenses. Subtract line 2 from line 1	3	14	1,2	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	530	, 8	55.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	545	,0	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			ı
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ь	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
d					i
	separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit		1	
	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 requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

Form **990** (2011)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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

Name of the organization

LEWMAR FOUNDATION

Employer identification number 20-3712316

Pa	rt 🛚	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See inst	tructions.			
The	organi	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)				
2		A school des	scribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)							
3				ital service organization			170(b)(1)	(A)(iii).				
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital's i	name.
		city, and stat				•				•	·	•
5		An organizati	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental un	t describe	d in	
			(b)(1)(A)(iv). (Comple		•	,	•	•				
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	)(A)(v).				
7	X			eives a substantial part					r from the	general n	ublic describ	ed in
			(b)(1)(A)(vi). (Comple		01 110 00 00		govornin	ina onic c	, 110111 (110	goneral p	abilo acacilb	OG 111
8				section 170(b)(1)(A)(vi).	(Complete	Part (I.)						
9				erves: (1) more than 33			rom contri	butions m	nembershi	n fees an	d aross recei	nts from
				nctions - subject to certa						•		•
				axable income (less sect							-	
			509(a)(2). (Complete			., o oo	011100000	.0401100	, ino orge	anizacion a	iter durie ee,	1070.
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).			
11				perated exclusively for the						v out the r	nurnoses of o	ne or
				ations described in secti								
				organization and compl				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,(-,-		
		a Type I	· · · · · ·	7 <u>~</u>		e III - Func		egrated		dП	Type III - Oth	er
е				at the organization is not				-	more dis			
				han one or more publicly								
f				ten determination from t						-(-)(-)		(-).
			rganization, check th				H- 13 17 H-	, , , ,				
g				organization accepted ar	nv aift or c	ontribution	from anv	of the folio	owina per	sons?		
_				lirectly controls, either al							Y	es No
				upported organization?	<b>-</b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(,	,,	11g(i)	
		_		n described in (i) above?							11g(ii)	
		=	-	person described in (i)		e?					11g(iii)	
h			-	about the supported or								
			J		<b>3</b>	<b>\-</b> /-						
(i)		of supported	(II) EIN	(iii) Type of organization		rganization sted in your			(vi) is organizati	on in col	(vli) Amou	nt of
	orga	nization		(described on lines 1-9		document?			(i) organiz U S	ed in the	suppor	rt
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
				(555 1154 551 5115)	103	110	103	140	163	140		
			***									
										-	·	
					-					<del>  -</del>		
Γota	ı											

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 LEWMAR FOUNDATION 20-37123

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

	(Complete only if you checke	ed the box on line 5	7. or 8 of Part Lo	r if the organization	n failed to qualify i	inder Part III If the	organization
	falls to qualify under the tests				Trailed to qualify t	moor rare iii. ii tire	Organization
50	ction A. Public Support			····,	···		
	indar year (or fiscal year beginning in)	(a) 2007	(F) 2009	(2) 2000	(d) 2010	(a) 0011	/O Tatal
	Gifts, grants, contributions, and	(a) 2001	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	33,937.	21,075.	543,273.	45,429.	21,000.	664,714.
2	Tax revenues levied for the organ-	33,737.	21,073.	343,213.	43,423.	21,000.	004,714.
2	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities		<del></del> ·				· · · · · · · · · · · · · · · · · · ·
3	furnished by a governmental unit to						
	the organization without charge	i i					
	-	33,937.	21,075.	543,273.	45,429.	21,000.	664,714.
4	Total. Add lines 1 through 3	33,937.	21,075.	343,273.	43,423.	21,000.	004,714.
5	The portion of total contributions						
	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						66A 71A
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>		<u></u>			664,714.
		(-) 0007	41.0000	(10000	450040	430044	
	ndar year (or fiscal year beginning in)	(a) 2007 33,937.	(b) 2008 21,075.	(c) 2009 543, 273.	(d) 2010	(e) 2011 21,000.	(f) Total
_	Amounts from line 4	33,937.	21,073.	343,213.	45,429.	21,000.	664,714.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				24 000	27 200	61 200
_	and income from similar sources				24,000.	37,200.	61,200.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	ŀ					
	or loss from the sale of capital	•					
	assets (Explain in Part IV.)						705 014
	Total support. Add lines 7 through 10	L					725,914.
	Gross receipts from related activities,					12	<del>.</del>
13	First five years. If the Form 990 is for		i first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	<u> </u>
Sa	organization, check this box and stop ction C. Computation of Publ		rcentage				
		<del></del> -				44	91.57 %
14	11 1 3		=	olumn (t))		14	06.60
15	Public support percentage from 2010		•			15	
100	33 1/3% support test - 2011. If the c stop here. The organization qualifies				14 IS 33 1/3% OF IT	iore, check this bo	x and ►X
_			•		h- 45 - 00 4/00/		
· ·	33 1/3% support test - 2010. If the cand stop here. The organization qual				ine 15 is 33 1/3%	or more, cneck tr	IIS DOX
17.					10 1010		
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "factoring delication meets				•	τ IV now the organ	ization
	meets the "facts and circumstances"	_			•	17a and his 45	<b>₽</b>
	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the facts and circ		•		•		·

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Section A. Public Support  Jalendar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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					1	• •
<ul> <li>Include any "unusual grants.")</li> <li>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the</li> </ul>						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the			i			
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-				İ		
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	L					
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
ection B. Total Support					1	
alendar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)		<u> </u>				
4 First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
ection C. Computation of Publ	ic Support Pe	rcentage				
5 Public support percentage for 2011 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	
6 Public support percentage from 2010					16	
ection D. Computation of Inve	stment Incom	e Percentage				
7 Investment income percentage for 20	<b>011</b> (line 10c, colui	nn (f) divided by fir	ne 13, column (f))		17	
8 Investment income percentage from	2010 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2011. If the	e organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a						▶[
<b>b 33 1/3% support tests - 2010.</b> If the						and
line 18 is not more than 33 1/3%, che	eck this box and s	<b>top here</b> . The orga	anization qualifies	as a publicly sup	ported organization	►□

#### **SCHEDULE D**

(Form' 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990. 
➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

LEWMAR FOUNDATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 20 - 3712316 \end{array}$ 

Pai	Companizations Maintaining Donor Advis	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor		•
	Impermissible private benefit?	, , ,	Yes No
Pa	rt II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation e	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements duri	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ıi)?		└ Yes
9	In Part XIV, describe how the organization reports conserva	ition easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	e organization's accounting for
-	conservation easements.		
Pai	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc		
Ь	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tr		ain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$

		FOUNDATION								Page 2
Par	t 掛 Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Oth	er Simil	ar Asse	<b>ts</b> (contil	nued)
3	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition	c	, <u> </u>	Loan or exc	hange prog	rams				
b	Scholarly research	e	, []	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ey further t	he organizat	tion's exe	mpt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit o					her sımıla	r assets		_	
	to be sold to raise funds rather than to be ma								Yes	No.
Par	t V Escrow and Custodial Arran- reported an amount on Form 990, Par		ete if the	organizatio	on answered	I "Yes" to	Form 990	), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not	Included	•		
	on Form 990, Part X?								Yes	No No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	217						Yes	☐ No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	<del></del>		10.			
	ļ	(a) Current year	(b) P	nor year	(c) Two year	ars back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					+				
	and programs									
f	Administrative expenses		<b></b>							
9	End of year balance		<u> </u>		<u> </u>					<del></del>
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posse .	ssion of the organiz	ation tha	it are held a	ind administ	ered for t	he organi	zation	r	<del></del>
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		۰.						3a(ii)	
	If "Yes" to 3a(ii), are the related organizations								3b	
Par	Describe in Part XIV the intended uses of the									
rar						T		. 1	422	<del></del>
	Description of property	(a) Cost or o		• •	or other (other)	1	ccumulat		(d) Book	value
12	Land	499,			(50,161)	1 00	preciation	·	// 0.0	0,077.
	Land	499,	<del>5 / / •</del>			<del> </del>			477	,,0//-
	Buildings Leasehold improvements					<del>                                     </del>	-			
	Equipment	<del></del>	-			<del> </del>				
	Other	-				╁──				
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colun	nn (R) line 1	10(c) )	<del>'                                    </del>		<b>•</b>	490	0.077.

Schedule D (Form 990) 2011

	(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1)	Financial derivatives				
	Closely-held equity interests				
(3)	Other				
	(A)			<del> </del>	
	(B)				
	(C)				
	(D)				
	(E) (F)				
	(G)	-			
	(H)				<del></del>
	(1)				
Tota	al. (Col (b) must equal Form 990, Part X, col (B) line 12 )				
	art VIII Investments - Program Related.	See Form 990, Part X, II	ne 13.		
	(a) Description of investment type	(b) Book value		(c) Method of valua st or end-of-year mar	
	(1)				
	(2)				
	(3)	ļ			
	(4)				
	(5)				
	(6)				
	(7)				
	(9)				
	10)				
_	al. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
	art IX Other Assets. See Form 990, Part X, lin	e 15.	L		
		) Description			(b) Book value
	(1)	•			
	(2)				
	(3)				
	(4)				
	(5)				
	(6)				
	(7)	•			
	(8)				
	(9)				
_	10)				
	tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part >	<u>ne 15 )</u>		<b>&gt;</b>	
	(a) Description of liability	., line 25.	(b) Book value		<del></del>
1.	(1) Federal income taxes	· · }	(b) Book Value	-	
	(2)			1	
	(3)			1	
	(4)			1	
	(5)		<del></del>	1	
	(6)			1	
	(7)		···	1	
_	(8)			]	
_	(9)			]	
_	10)			]	
_	11)			]	
Tot	tal. (Column (b) must equal Form 990, Part X, col (B) III FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote FIN 48 (ASC 740)	ne 25.)			
2.	FIN 48 (ASC 740) FOOthote in Part XIV, provide the text of the foothote FIN 48 (ASC 740)	to the organization's financial s	statements that reports the organ	ization's liability for uncerta	in tax positions under

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

2011. Open to Public Inspection OMB No 1545-0047

Name of the organization  LEWMAR FOUNDATION	UNDATION						Employer identification number 20-3712316	mber 16
Part i General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection of posterial post 10 the grants or assistance?	to substantiate the stance?	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the select	Yes	<b>%</b>
125	Governments an	d Organizations in the	e United States. C	control of the org	anization answered "	fes" to Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	]
AGRICULTURE FUTURE OF AMERICA P O BOX 414838 KANSAS CITY, MO 64141			10,000.	0.			SCHOLARSHIPS	:
MACC-HANNIBAL AREA HIGHER EDUCATION CENTER - P O BOX 1572 - HANNIBAL, MO 63401			20,000.	.0			CAPITAL FUNDING	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or	ganizations listed in the	ne line 1 table					
ہ ا	, see the Instruct	ions for Form 990.	:				Schedule I (Form 990) (2011)	2011)

Page 2 (f) Description of non-cash assistance 20-3712316 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients LEWMAR FOUNDATION (a) Type of grant or assistance Schedule I (Form 990) (2011)
Part III Grants and Other

Schedule I (Form 990) (2011)

21

132102 01-27-12

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form

990. Part IV. lines 29 or 30.

990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LEWMAR FOUNDATION

Employer identification number 20-3712316

OMB No 1545-0047

Par	rt I Types of Property								
		(a) Check if applicable		(c) Noncash contribution	d on	Method o noncash cont			is
1	Art - Works of art		items contributed	Form 990, Part VIII,	line 1g				
2	Art - Works of art  Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities · Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or		-						
	trust interests						-		
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate · Commercial				_				
17	Real estate - Other	X	1			APPRAISAL	BY F	E	AGE
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()			<u> </u>					
28	Other ► (			<u> </u>					
29	Number of Forms 8283 received by the organization completed Form 828		- •		29				
				Jee				Yes	No
30a	During the year, did the organization receive by	v contributio	on any property re	oorted in Part I. lines	1-28 tha	at it must hold for		1.00	
	at least three years from the date of the initial of								
	the entire holding period?		,			.p. pp	30a		X
ь	If "Yes," describe the arrangement in Part II.				•		1000		<del></del>
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard	contrib	utions?	31		X
32a	Does the organization hire or use third parties								
	contributions?		-	, ,			32a		X
ь	If "Yes," describe in Part II.							1	
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column	(a) is ch	ecked,			
	describe in Part II.		·						<u> </u>

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

Schedule M (Form 990) (2011)

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** LEWMAR FOUNDATION 20-3712316

<u>FORM</u>	990,	PART	I, 1	LINE 1	, DES	CRIPT	ION (	OF OR	GAN I	ZATION	MISSION	<u> </u>	
SPON	SORS		_									-	
FORM	990,	PART	VI,	SECTI	ON B	LINE	11:	СОРУ	OF	RETURN	PROVIDEI	о то тне	l
GOVE	RNING	BODY	FOR	REVIE	W.								<u>.</u>
FORM	990,	PART	VI,	SECTI	ON C	LINE	19:	INFO	RMAT	CION AV	AILABLE (	ON REQUE	ST
			_								<del>.</del>		
	· · · · · ·												
								<del></del>					
								<u> </u>		-			····