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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 **2012**Onen to provide inspection

For calendar year 2012 or tax year beginning , and ending A Employer identification number Name of foundation LEWIS FAMILY FOUNDATION 26-0640912 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 841 BISHOP STREET, STE 1700 (808)531-3000 City or town, state, and ZIP code C If exemption application is pending, check here HONOLULU, HI 96813 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test check here and attach computation Address change J Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 102,922. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 126,571. N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. 8 STATEMENT 84. 84. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 126,655. 84 12 Total. Add lines 1 through 11 22,500. 0. 22,500 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 4,045. 0. 4,045. **b** Accounting fees c Other professional fees 17 Interest RECEIVED 0 Ō. STMT 3 1. 18 Taxes 19 Depreciation and depletion O 20 Occupancy SEP 1 6 2013 21 Travel, conferences, and meetings ွှလ် 22 Printing and publications STMT 4 26. <u>o</u> . OGDEN 26. 23 Other expenses 24 Total operating and administrative 26,572. 0 26,571. expenses. Add lines 13 through 23 80,700. 25 Contributions, gifts, grants paid 80,700. 26 Total expenses and disbursements. 107,272 0 107,271. Add lines 24 and 25 27 Subtract line 26 from line 12: 19,383 & Excess of revenue over expenses and disbursements 84 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
L	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	7,094.	6,393.	6,393.
	2	Savings and temporary cash investments	61,122.	81,206.	81,206.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts	1		
	4	Pledges receivable >			
	İ	Less: allowance for doubtful accounts	1		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons	1		
	7	_			· · · · · · · · · · · · · · · · · · ·
	′	Other notes and loans receivable Less; allowance for doubtful accounts	+		
	١.		 		
Assets	8	Inventories for sale or use	<u> </u>		
Ass	9	Prepaid expenses and deferred charges	-		
_		Investments - U.S. and state government obligations	1 311 605	1 311 025	15 202
		Investments - corporate stock STMT 5	1,311,825.	1,311,825.	15,323.
	0	Investments - corporate bonds			
	11	investments - land, buildings and equipment basis	1		
		Less accumulated depreciation			
	12	Investments - mortgage loans			<u>. </u>
	13	Investments - other	<u> </u>		
	14	Land, buildings, and equipment, basis]		
	1	Less accumulated depreciation			
	15	Other assets (describe ►)			
	ŀ				
	16	Total assets (to be completed by all filers)	1,380,041.	1,399,424.	102,922.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
폁	21	Mortgages and other notes payable			
ت		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	 -	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.	1		
es	24	Unrestricted	1		
Ĕ	1	Temporarily restricted	<u> </u>		
ale		Permanently restricted	 		
P	20	Foundations that do not follow SFAS 117, check here	 		
Assets or Fund Balances		•	<u> </u>		
ᇹ		and complete lines 27 through 31.	0.	0.	
sts	27	Capital stock, trust principal, or current funds	0.	- 0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
¥	29	Retained earnings, accumulated income, endowment, or other funds	1,380,041.	1,399,424.	
Net	30	Total net assets or fund balances	1,380,041.	1,399,424.	
	l		1 200 041	1 200 404	
	31	Total liabilities and net assets/fund balances	1,380,041.	1,399,424.	
Р	art	Analysis of Changes in Net Assets or Fund B	Balances		
_		····		·····	
		net assets or fund balances at beginning of year - Part II, column (a), line	30		4
		t agree with end-of-year figure reported on prior year's return)		1	1,380,041.
2	Enter	amount from Part I, line 27a		2	
3	Other	increases not included in line 2 (itemize)		3	0.
4	Add I	ines 1, 2, and 3		4	1,399,424.
5	Decre	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	1,399,424.
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_	(a) List and descr	and Losses for Tax on I be the kind(s) of property sold (e rehouse; or common stock, 200 st	g., real estate,		(b) Ho P - D -	ow acquired Purchase Donation		ate acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
1a									
_b	NOI	NE			<u> </u>		ļ		
<u> </u>							┼		<u> </u>
<u>d</u>					├ ─				
<u>e</u>	· · · · · · · · · · · · · · · · · · ·	(D.D.) (II.)	T ()0		<u> </u>		٠		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 1-7	st or other basis xpense of sale				h) Gain or (los: plus (f) minus	
_ <u>a</u>			<u> </u>						
<u>b</u>			 						
	<u></u>		 						
<u>d</u>									
<u>е</u>	Complete only for accets chowing	g gain in column (h) and owned by	the foundation	on 12/31/60			(I) Cour	o (Co) (b) cou	
	Complete only for assets showing	(j) Adjusted basis		cess of col. (i)			coi (k), l	is (Col. (h) gair but not less tha	an -0-) or
	(i) F.M V. as of 12/31/69	as of 12/31/69		col. (j), if any			Los	ses (from col.	(h)) ´
a									
b									
C			<u> </u>	 					
<u>d</u>	<u></u>								
_e			<u> </u>			· · · · · · · · · · · · · · · · · · ·			
2 (Capital gain net income or (net cap	oital loss) { If gain, also enter-			}[2			
3 1	Vet short-term capital gain or (loss	s) as defined in sections 1222(5) a	and (6):						
	f gain, also enter in Part I, line 8, o		` ,		}				
	f (loss), enter -0- in Part I, line 8					3			
		nder Section 4940(e) fo					ncom	<u>e</u>	
(For	optional use by domestic private	foundations subject to the section	i 4940(a) tax on	net investment ir	ncome.)			
If se	ction 4940(d)(2) applies, leave th	ıs part blank.							
	, , , , , , ,	•							Yes X No
		on 4942 tax on the distributable a			rioaz				L Yes LAL NO
1	es, the foundation does not quali Enter the appropriate amount in e	fy under section 4940(e). Do not c ach column for each year; see the	instructions be	ir. fore making any e	entries.				
	(a)	(b)	mon donono bei	iore making any c	(c)				(d)
r	Base periód years alendar year (or tax year beginnin	Advicted qualifying di	stributions	Net value of no		table-use ass	ets	Distri (col. (b) di	ibutión ratio ivided by col. (c))
	2011		27,831.	-		426,6	63.	(00) (0) 0	.299606
	2010		17,456.		1.	015,1			.115707
	2009		16,792.			913,6			.127830
	2008		18,385.		1.	022,8			.115745
	2007		55,680.			75,8			.733839
				 					
2 1	Total of line 1, column (d)							2	1.392727
		-year base period - divide the total	on line 2 by 5.	or by the number	of year	rs		-	
	he foundation has been in existen		, ,	,	,			3	.278545
•									
4 E	nter the net value of noncharitabl	e-use assets for 2012 from Part X	, line 5					4	169,083.
	A. H. aka kana A. Baa kana O								47,097.
5 A	fultiply line 4 by line 3						-	5	47,097.
6 E	inter 1% of net investment income	e (1% of Part I, line 27b)						6	1.
							Ī	,	47 000
/ A	dd lines 5 and 6						-	7	47,098.
	nter qualifying distributions from	•	41 4					8	107,271.
	line 8 is equal to or greater than ee the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	iete that part usir	ig a 1%	tax rate.			

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Part VI Excise Tax Based on Investment Income (Section 4)		948 - see	instru	ctio	ns)	
1a Exempt operating foundations described in section 4940(d)(2), check here an						
Date of ruling or determination letter: (attach copy of letter if	necessary-see instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1%	1			<u>1.</u>	
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	4% of Part I, line 12, col. (b). ノ				_	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	r. Others enter -0-)	2			<u>0.</u>	
3 Add lines 1 and 2		3			1.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y. Others enter -0-)	4			0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			<u> 1.</u>	
6 Credits/Payments:						
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a					
b Exempt foreign organizations - tax withheld at source	6b					
c Tax paid with application for extension of time to file (Form 8868)	6c					
d Backup withholding erroneously withheld	6d					
7 Total credits and payments. Add lines 6a through 6d		7			<u>0.</u>	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9			<u> 1.</u>	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpain	1	10				
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax	Refunded▶	11				
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local le	egislation or did it participate or intervene	ın		Yes		
any political campaign?			1a		X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political pur			1b		X	
If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities	and copies of any materials published	ed or				
distributed by the foundation in connection with the activities			1c		х	
c Did the foundation file Form 1120-POL for this year?						
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	_					
(1) On the foundation. > \$ 0. (2) On foundation manage						
e Enter the reimbursement (if any) paid by the foundation during the year for political expe	enditure tax imposed on foundation					
managers. ► \$0.					۱,,	
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?		2		X	
If "Yes," attach a detailed description of the activities						
3 Has the foundation made any changes, not previously reported to the IRS, in its governing		r			_V	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha			3		X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	year?	NT / 7	4a	_		
b If "Yes," has it filed a tax return on Form 990-T for this year?	0	N/A	4b		X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear		5			
If "Yes," attach the statement required by General Instruction T	d authors					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	u enner.					
By language in the governing instrument, or By language in the governing instrument, or By language in the governing instrument as that no manufacture is a second of the governing instrument as that no manufacture is a second of the governing instrument as that no manufacture is a second of the governing instrument as that no manufacture is a second of the governing instrument.	stone directions that conflict with the state	law				
By state legislation that effectively amends the governing instrument so that no manda	atory directions that conflict with the state	Idv	6	Х		
remain in the governing instrument?			7	X	├─	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			⊢ ′			
If "Yes," complete Part II, col. (c), and Part XV	otions)					
8a Enter the states to which the foundation reports or with which it is registered (see instru			•			
HI b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	a Attorney General (or decignate)		.			
	e Attorney deneral (or designate)		8b	Х		
of each state as required by General Instruction G? If "No," attach explanation	f section 4942(i)(3) or 4942(i)(5) for cale	ndar	- OD		 	
9 Is the foundation claiming status as a private operating foundation within the meaning o year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes.		iiuai	9		х	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sch			10		X	
TO DID any persons become substantial continuators during the tax year, if "Yes," attach a scr	requie risting their names and addresses					

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	es 🗶 No	1	1
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				
any voter registration drive?			es X No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			l	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	i	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or		. चि.,		
the prevention of cruelty to children or animals?	d		es X No	ŀ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	in Regulations	N/A	ا ۱	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	 -
Organizations relying on a current notice regarding disaster assistance check to					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			🗀 ".		ŀ
expenditure responsibility for the grant?		YA L	es LIII No		
If "Yes," attach the statement required by Regulations section 53 494	` '				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	1	
a personal benefit contract?	account benefit contract?	T6	ES LAL NO	e	₩
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p if "Yes" to 6b, file Form 8870	Dersonal Denemi Comtract?		-	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax	shalter transaction?	[es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib		10	N/A	7b	
Information About Officers Directors Trust		nagers Highl		70	
Part VIII Paid Employees, and Contractors	ees, i ouildation wit	inagers, riigin	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		e) Expense count, other allowances
STEVEN J. LEWIS	CO-TRUSTEE	·		 	
841 BISHOP STREET #1700					
HONOLULU, HI 96813	4.00	22,500.	0	.	0.
CHERYL LEWIS	CO-TRUSTEE		-		
841 BISHOP STREET #1700					
HONOLULU, HI 96813	4.00	0.	0		0.
				1	
O Company of five highest poid ampleyees (other than those in	luded on line 4). If none	ontor "NONE "		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	, enter NUNE."	(d) Contributions to	T 1	e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	aè	count, other allowances
NONE			_		
				1.	
				1	
					_
				ـــــــــــــــــــــــــــــــــــــ	
]			1	
				1	
	<u> </u>	1	L	<u></u>	
Total number of other employees paid over \$50,000			▶ i		0

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Part	Faid Employees, and Contractors (continued)		
3 Five	e highest-paid independent contractors for professional services. If none, ente		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE	. = -	
		_	
		_	
Total n	number of others receiving over \$50,000 for professional services		▶ 0
Part	IX-A Summary of Direct Charitable Activities		
List the	e foundation's four largest direct charitable activities during the tax year. Include relevant stati er of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the iduced, etc.	Expenses
1	N/A		
2			
3			
4			
Dort	IV B Common of Decemen Boleta d Investment		
Describ	IX-B Summary of Program-Related Investments be the two largest program-related investments made by the foundation during the tax year or	hines 1 and 2	Amount
1	N/A		711100111
·			
2			
All othe	er program-related investments. See instructions		
Total A	Add lines 1 through 3	•	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	· · ·	
а	Average monthly fair market value of securities	1a	47,079.
b	Average of monthly cash balances	1b	47,079. 124,579.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	171,658.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	171,658.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,575.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	169,083.
6	Minimum investment return. Enter 5% of line 5	6	8,454.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	8,454.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,453.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,453.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,453.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	107,271.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	107,271.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
	income. Enter 1% of Part I, line 27b	5	1.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	107,270.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies fo	r the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				8,453.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:		•	-	
,,		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007 53,653.				
b From 2008 67,255.				
c From 2009 71,114.				
dFrom 2010 66,717.				
eFrom 2011 106,500.	255 222			
f Total of lines 3a through e	365,239.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ►\$ 107,271.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			0.453
d Applied to 2012 distributable amount	00 010			8,453.
e Remaining amount distributed out of corpus	98,818.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	464,057.			
b Prior years' undistributed income Subtract	,			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	i	0.		
e Undistributed income for 2011. Subtract line				· · · · · · · · · · · · · · · · · · ·
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007	50 (50			
not applied on line 5 or line 7	53,653.			
9 Excess distributions carryover to 2013.	410 404			
Subtract lines 7 and 8 from line 6a	410,404.			
10 Analysis of line 9				
a Excess from 2008 67, 255.				
b Excess from 2009 71, 114.				
c Excess from 2010 66,717. d Excess from 2011 106,500.				
e Excess from 2012 98,818.				Form 000 DE (0040)

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		 -
a Paid during the year				
MILITARY COMMUNITY YOUTH MINISTRIES CMR 419 P.O. BOX 1636	NONE	PUBLIC CHARITY	YOUTH DEVELOPMENT PROGRAMS	
APO, AE 09102			ROGRAMS	2,00
				- · · · · · · · · · · · · · · · · · · ·
EDUCATION FOR HOPE	NONE	PUBLIC CHARITY	EDUCATION	
2257 HENRY WATTS LOOP				
WOODBRIDGE, VA 22191		<u></u>		2,00
COLORADO SPRINGS FINE ARTS CENTER	NONE	PUBLIC CHARITY	SUPPORT OF FINE ARTS	
30 WEST DALE ST COLORADO SPRINGS, CO 80903				2,50
				 .*
THE WIKIMEDIA FOUNDATION, INC.	NONE	PUBLIC CHARITY	EDUCATION	
149 NEW MONTGOMERY STREET, 3RD FLOOR				
SAN FRANCISCO, CA 94105				2,50
]	
CASA OF THE PIKES PEAK REGION	NONE	PUBLIC CHARITY	SOCIAL SERVICES &	
701 S. CASCADE AVENUE COLORADO SPRINGS, CO 80903			PROGRAMS	2,50
	NTINUATION SHEE	T(S)	▶ 3a	80,70
b Approved for future payment				
NONE		,		
Total		I	▶ 3b	

LEWIS FAMILY FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount contribution status of Name and address (home or business) or substantial contributor recipient ALPINE AUTISM CENTER NONE PUBLIC CHARITY HEALTHCARE SERVICES 2760 FIELDSTONE ROAD AND PROGRAMS COLORADO SPRINGS, CO 80919 2,500. TRAILS AND OPEN SPACE COALITION NONE PUBLIC CHARITY PROTECTS NATURAL 1040 S 8TH STREET, SUITE 101 RESOURCES COLORADO SPRINGS, CO 80905 2,500. COLORADO COLLEGE NONE PUBLIC CHARITY EDUCATION 14 E. CACHE LA POUDRE COLORADO SPRINGS, CO 80903 2,500. NONE PUBLIC CHARITY ASSISTANCE FOR THE HOME FRONT CARES INC. P.O. BOX 38516 MILITARY FAMILIIES COLORADO SPRINGS, CO 80937 2,500. CARE AND SHARE FOOD BANK NONE PUBLIC CHARITY HUNGER RELIEF SUPPORT 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915 5,100. NONE THE CHILDREN'S HOSPITAL FOUNDATION PUBLIC CHARITY HEALTHCARE SERVICES & 13123 E. 16TH AVE. BOX 045 PROGRAMS AURORA, CO 80045 1,000. AMERICAN RED CROSS NONE PHREATC CHARTTY WALDO CANYON WILDFIRE 1040 S 8TH STREET DISASTER RELIEF COLORADO SPRINGS, CO 80905 2,500. PIKES PEAK FIRE FIGHTERS ASSOCIATION NONE PUBLIC CHARITY FIRE FIGHTER SUPPORT SERVICES 1160 MONTEZUMA ROAD COLORADO SPRINGS, CO 80920 2,500. NONE PUBLIC CHARITY CATHOLIC CHARITIES OF CENTRAL WALDO CANYON WILDFIRE DISASTER RELIEF COLORADO 228 NORTH CASCADE AVENUE COLORADO SPRINGS, CO 80903 2,500. HUMANE SOCIETY PIKES PEAK REGION NONE PUBLIC CHARITY ASSISTANCE FOR ANIMALS IMPACTED BY WALDO 610 ABBOTT LANE COLORADO SPRINGS, CO 80905 CANYON WILDFIRE 2,500. 69,200. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
FRIENDS OF MONUMENT VALLEY PARK	NONE	PUBLIC CHARITY	PARK PRESERVATION AND	
P.O. BOX 734			REPAIRS	
COLORADO SPRINGS, CO 80901				1,000.
KIDS ON BIKES	NONE	PUBLIC CHARITY	SOCIAL SERVICE FOR	
600 S. 21ST STREET, SUITE 100			DISADVANTAGED	
COLORADO SPRINGS, CO 80904				3,000.
YOUNG LIFE TRAIL WEST	NONE	PUBLIC CHARITY	YOUTH AND FAMILY	
P.O. BOX 520			DEVELOPMENT PROGRAMS	
COLORADO SPRINGS, CO 80901		<u> </u>		2,000.
PARKER SCHOOL	NONE	PUBLIC CHARITY	EDUCATION	
65-1224 LINDSEY RD.				
KAMUELA, HI 96743				2,500.
THE CONSERVATION FUND	NONE	PUBLIC CHARITY	ENVIRONMENTAL	
1655 N. FORT MEYER DRIVE, SUITE 1300			CONSERVATION	
ARLINGTON, VA 22209 UH FOUNDATION - SHIDLER COLLEGE OF	NONE	PUBLIC CHARITY	EDUCATION	2,500.
BUSINESS GENERAL SCHOLARSHIPS AND				
AWARDS				
2444 DOLE STREET, BACHMAN HALL 105				0.500
HONOLULU, HI 96822				2,500.
INTERNATIONAL CHILD CARE MINISTRIES	NONE	PUBLIC CHARITY	HEALTHCARE SERVICES &	
PO BOX 535002 INDIANAPOLIS, IN 46253			PROGRAMS	600.
,				
URBAN PEAK 423 EAST CUCHARRAS STREET	NONE	PUBLIC CHARITY	SOCIAL SERVICE FOR DISADVANTAGED	
COLORADO SPRINGS, CO 80903			DISADVANIAGED	2,500.
	-			
ECUMENICAL SOCIAL MINISTRIES 201 N. WEBER ST	NONE	PUBLIC CHARITY	SOCIAL SERVICE FOR DISADVANTAGED	
COLORADO SPRINGS, CO 80903			DIDADVANTAGED	2,000.
				,
OPP OPP	NONE	DUDI TO CULDIO	EDUCATION	
GET SET 219 E. BIJOU	NONE	PUBLIC CHARITY	EDUCATION	
COLORADO SPRINGS, CO 80903				2,000.
Total from continuation sheets				

LEWIS FAMILY FOUNDATION

			0912
n '			
		<u> </u>	
show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
none	PUBLIC CHARITY	HEALTHCARE SERVICES & PROGRAMS	
			2,500
NONE	PUBLIC CHARITY	ENVIRONMENTAL CONSERVATION	2,500
NONE	PUBLIC CHARITY	PROTECTS BICYCLISTS RIGHTS	2,500
NONE	PUBLIC CHARITY	HUNGER RELIEF SUPPORT	2 500
	 		2,500
NONE	PUBLIC CHARITY	HURRICANE SANDY DISASTER RELIEF	2,500
NONE	PUBLIC CHARITY	EDUCATION	2,500
NONE	PUBLIC CHARITY	EDUCATION	
			2,000
NONE	PUBLIC CHARITY	YOUTH DEVELOPMENT PROGRAMS	2,500
NONE	PUBLIC CHARITY	DOMESTIC VIOLENCE AND	
	any foundation manager or substantial contributor NONE NONE NONE NONE NONE NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor. NONE PUBLIC CHARITY NONE PUBLIC CHARITY NONE PUBLIC CHARITY NONE PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY NONE PUBLIC CHARITY If recipient is an individual, show any relationship to any foundation manager or substantial contributor. NONE PUBLIC CHARITY PUBLIC CHARITY PROGRAMS NONE PUBLIC CHARITY PROTECTS BICYCLISTS RIGHTS NONE PUBLIC CHARITY PROTECTS BICYCLISTS RIGHTS NONE PUBLIC CHARITY PUBLIC CHARITY PROTECTS BICYCLISTS RIGHTS NONE PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PROTECTS BICYCLISTS RIGHTS NONE PUBLIC CHARITY	

Form **990-PF** (2012)

223621 12-05-12

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ded by section 512, 513, or 514	(e)		
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income		
1 Program service revenue:	code	Amount	code	Amount	Tunction income		
a							
b			<u> </u>				
C							
d			ļ				
e			<u> </u>				
f							
g Fees and contracts from government agencies			<u> </u>				
2 Membership dues and assessments			<u> </u>				
3 Interest on savings and temporary cash	1		Ì				
investments			<u> </u>				
4 Dividends and interest from securities			14	84.			
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property			<u> </u>				
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory			l				
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue							
a			<u> </u>				
b							
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)	0.		84.	0.			
13 Total. Add line 12, columns (b), (d), and (e)				13	84.		
(See worksheet in line 13 instructions to verify calculations.)							
	o the Acc	omplishment of Ex	kemp	t Purposes			
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompared to the control of	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompared to the control of	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompanies the foundation's exempt purposes (other than	me is reported	ın column (e) of Part XVI-A		·	nplishment of		
See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the foundation's exempt purposes (other than line 1) instructions to verify calculations.)	me is reported	ın column (e) of Part XVI-A		·	nplishment of		

Form 99		FAMILY 1					40912	Page 13
Part			nsfers To a	nd Transactions a	nd Relations	hips With Nonc	haritable	
1 Die	Exempt Organ the organization directly or indi		v of the following	with any other organization	n described in secti	on 501(c) of		es No
	: Code (other than section 501(c					011 30 1(0) 01	-	50 110
	insfers from the reporting found				2200110			
	Cash						1a(1)	Х
•	Other assets						1a(2)	X
	ner transactions:							
(1	Sales of assets to a noncharita	able exempt organiza	ation				1b(1)	X
(2)	Purchases of assets from a no	ncharitable exempt	organization				1b(2)	X
(3)	Rental of facilities, equipment,	or other assets					1b(3)	X
(4	Reimbursement arrangements	3					1b(4)	X
(5)	Loans or loan guarantees						1b(5)	X
•	Performance of services or me	· ·	-				1b(6)	X
	aring of facilities, equipment, ma						1c	X
	he answer to any of the above is		•	` '	-		-	s,
	services given by the reporting f			d less than fair market value	e in any transaction	or sharing arrangeme	nt, show in	
	umn (d) the value of the goods,				1 (4) -			
(a)Line r	o (b) Amount involved	(c) Name o		exempt organization	(0) Description	of transfers, transactions,	and sharing arran	gements
			N/A					.
					 			
								
					 			
		 			+			
		 			_	•		
		 			· -			
				- · · ·				
		 			- -			
	 			· · · · · · ·				
					_			
					1			
	the foundation directly or indirec	•			ations described			
	section 501(c) of the Code (othe		c)(3)) or in section	on 527?			Yes	X No
b lf_"	Yes," complete the following sch		· · · · · ·	(h) Turn of avenuestics		(a) Description of relat	o na hua	
	(a) Name of org	ganization		(b) Type of organization	-	(c) Description of relat	ionsnip	
	N/A					······································		
								
			-			-		
	A							
	Under penalties of perjust, Tileclare	that I have examined th	his return, including	accompanying schedules and	statements, and to the	best of my knowledge		
Sign	and belief, it is to correct, and cor	mplete Declaration of p	oreparer (other than	taxpayer) is based on all inform	ation of which prepare	r has any knowledge	May the IHS dis return with the p shown below (s	reparer
Here				127 Aug 13	CO-TRU	JSTEE	X Yes	No
	Signature of officer or trustee	;		Date	Title			
	Print/Type preparer's na		Preparer's sig	nature	Date	Check If P	TIN	
			1///	\sim		self- employed		
Paid	DEANNA C.		1////	Λ	0/19/13		P006477	
Prep	arer Firm's name ► KMH	LLP		/	, , , 	Firm's EIN ► 42	-153962	3

Form **990-PF** (2012)

808-526-2255

Phone no.

Use Only

Firm's address ► 1003 BISHOP STREET, SUITE 2400 HONOLULU, HI 96813

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

Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

Employer identification number

LEWIS FAMILY FOUNDATION 26-0640912 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I. II, and III ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

Name of organization

Employer identification number

LEWIS FAMILY FOUNDATION

26-0640912

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	JAY & WALLETTE SHIDLER 841 BISHOP STREET, STE 1700 HONOLULU, HI 96813	\$126,571.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
223452 12-2	I-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)			

Employer identification number

LEWIS FAMILY FOUNDATION

26-0640912

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		s					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		s					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$					
223453 12-21-	-12	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2012)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number LEWIS FAMILY FOUNDATION 26-0640912 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	4 SECUE	RITIES	STATEMENT	1	
SOURCE	GROSS AMO				ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT		
INTEREST INCOME	•		84.		0.		84.	
TOTAL TO FM 990-PF, PART I,	LN 4		84.		0.		84.	
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2	
DESCRIPTION	EXPE	A) NSES BOOKS	NET INVEST-			CHARITABLE		
TAX PREPARATION FEES		4,045.		0.		4,045.		
TO FORM 990-PF, PG 1, LN 16B	· · · · · · · · · · · · · · · · · · ·	4,045.		0.		4,0	45.	
FORM 990-PF	<u></u>	TAX	ES			STATEMENT	3	
DESCRIPTION	EXPE:		(B) NET INVEST- MENT INCOME				(D) HARITABLE PURPOSES	
FEDERAL INCOME TAX PAYMENT		1.	0.				0.	
TO FORM 990-PF, PG 1, LN 18		1.		0.			0.	
FORM 990-PF	O'	OTHER EXPENSES		STATEMENT 4				
DESCRIPTION	EXPE:	A) NSES BOOKS	(B) NET IN MENT IN	/EST-				
OFFICE EXPENSE		26.		0.			26.	
TO FORM 990-PF, PG 1, LN 23		26.		0.			26.	
		20.		٠.		•	20.	

FORM 990-PF CORPORATE STOCK		STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PACIFIC OFFICE PROPERTIES TRUST, INC.	1,311,825.	15,323.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,311,825.	15,323.

Form **8868** (Rev January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-1709

 \triangleright X

Form 8868 (Rev 1-2013)

-	re filing for an Additional (Not Automatic) 3-Month Ex	-						
	mplete Part II unless you have already been granted a							
Electronic	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (6	3 moi	nths for a corp	oration	
	o file Form 990-T), or an additional (not automatic) 3-moi					•		
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	Asso _f	ciated With Ce	rtaın	
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details o	n the elec	ctron	ic filing of this f	form,	
	irs gov/efile and click on e-file for Charities & Nonprofits		<u> </u>					_
Part I	Automatic 3-Month Extension of Time							_
· ·	ition required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and c	omplete			_	
Part I only							لبــا	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to request	an exten	ision	of time		_
Type or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or				
print	LEWIS FAMILY FOUNDATION			26-0640912				
File by the due date for filing your return See	Number, street, and room or suite no If a PO box, so 841 BISHOP STREET, STE 1700	_	tions	Social se	curity	y number (SSN	1)	
instructions	City, town or post office, state, and ZIP code. For a for HONOLULU, HI 96813	oreign add	lress, see instructions					-
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)				0 4	
Application	on	Return	Application				Return	•
Is For		Code	Is For				Code	
	or Form 990-EZ	01	Form 990-T (corporation)		07	•		
Form 990-		02	Form 1041-A	•	08	•		
	0 (individual)	03	Form 4720		09			
Form 990-	· · · · · · · · · · · · · · · · · · ·	04	Form 5227	• •	10			
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069	169				,
	T (trust other than above)	06	Form 8870				12	
	STEVEN LEWIS	·						
	oks are in the care of > 2728 RIGEL DRIV	VE - 0	COLORADO SPRINGS, (CO 80	906	6-6754		
Telepho	one No ▶ 719-650-8054		FAX No. ▶					
 If the or 	rganization does not have an office or place of business	s in the Ur	nited States, check this box			>		
 If this is 	s for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If	this is fo	r the	whole group, o	check this	
box 🕨 👢	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers t	he extension is	for	
	quest an automatic 3-month (6 months for a corporation							
	AUGUST 15, 2013 , to file the exempt	t organıza	tion return for the organization name	d above	The	extension	VED	
	r the organization's return for				1	RECEI	VED	
▶∟	$\overline{\underline{X}}$ calendar year 2012 or				60			000
▶ L.	tax year beginning	, an	d ending		3026	SEP 16	2013	0
2 If the	e tax year entered in line 1 is for less than 12 months, cl	heck reas	on Initial return F	inal retur	1 1			ا ا
Change in accounting period OGD				OGDEN	V. UT			
L	onlinge in accounting period				L		', ' '	
3a If this	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less anv				 -	
	refundable credits. See instructions	, -	······	3a	\$		0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, 6		enter anv	refundable credits and		Ť			
	mated tax payments made Include any prior year overp	-	- I I				0.	
	ance due. Subtract line 3b from line 3a Include your pa							
	ising EFTPS (Electronic Federal Tax Payment System)	-	-	Зс	\$		0.	
	f you are going to make an electronic fund withdrawal w			rm 8879-	EO fo	or payment ins	tructions	•

LHA

it is true, correct, and complete, and that I am authorized to prepare this form.

Amue Or Eller

Title ► AGENT/CPA

8/14/13

Form 8868 (Rev 1-2013)

