

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012

Open to Public Inspection

THE GREATER LEWES FOUNDATION Address change Doing Business As Toinitial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone numb Terminated City or town, state or country, and ZIP + 4 LEWES, DE 19958	itification number
Doing Business As Total return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number number and street E Telephone number n	
Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone numb PO BOX 110 (302) 645-06 LEWES, DE 19958	
Terminated City or town, state or country, and ZIP + 4 LEWES, DE 19958	
Amended return City or town, state or country, and ZIP + 4 LEWES, DE 19958	per
Amended return City or town, state or country, and ZIP + 4 LEWES, DE 19958	670
□ .	
Application pending G Gross receipts \$	314,603
F Name and address of principal officer H(a) Is this a group return f	
MICHAEL RAWL affiliates? 135 SECOND STREET	┌ Yes No
LEWES, DE 19958 H(b) Are all affiliates includ	ded?
If "No," attach a list (Tax-exempt status	(see instructions)
H(c) Group exemption num	nber ►
J Website: ► HTTP //WWW GREATERLEWESFOUNDATION ORG/	
	State of legal domicile DE
Part I Summary	
1 Briefly describe the organization's mission or most significant activities	
TO PROTECT, IMPROVE & ENHANCE QUALITY OF LIFE IN LEWES, DELAWARE	
Š	
Ë	
2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net ass	sets
	14
3 Number of voting members of the governing body (Part VI, line 1a)	11
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	60
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, line 34	
Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	205,987
9 Program service revenue (Part VIII, line 2g)	0
9 Program service revenue (Part VIII, line 2g)	38,134
Till Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,849	26,733
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	270,854
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 383,706	235,469
14 Benefits paid to or for members (Part IX, column (A), line 4)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines	
₩ 5-10)	0
5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	120.070
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 95,885 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 479,591	139,070 374,539
19 Revenue less expenses Subtract line 18 from line 12	-103,685
	<u> </u>
Beginning of Current Year 20 Total assets (Part X, line 16)	End of Year
20 Total assets (Part X, line 16)	623,779
21 Total liabilities (Part X, line 26)	115,245
	508,534
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inforpreparer has any knowledge ****** 2013-05-21 Date	
Sign r	
BILL LOWE TREASURER Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check if PTIN	
Paid RAYMOND F BOOK III 2013-06-20 self-employed	
Firm's name RAYMOND F BOOK & ASSOCIATES PA Firm's EIN P	
Use Only Firm's address ► 220 BEISER BLVD Phone no (302) 734-582	26

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

4e Total program service expenses ►

299,906

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\bullet}	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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 (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F.	orm 99 0	(2012)

αI	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 6		163	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		Νo
а	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	1		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
1	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		No
,	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	1		
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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 as charitable contributions?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		
,	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	,		
	file Form 8282?	7c		
1	If "Yes," indicate the number of Forms 8282 filed during the year	4		
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?	8		Νo
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
•	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
1	Gross income from members or shareholders			
•	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand	<u> </u>		
ı	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

4.			Yes	No		
Ia	Enter the number of voting members of the governing body at the end of the tax year					
	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					
h	Enter the number of voting members included in line 1a, above, who are					
U	Independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
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		No		
4	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		Νo		
6	Did the organization have members or stockholders?	6		Νo		
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		No		
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		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
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		No		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Code	e.)		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Code Yes	e.) No		
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		•		
10a				No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No		
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No		
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No		
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No		
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes	No No		
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No		
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No		
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No		
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No		
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No		
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No		
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►BILL LOWE 7 DRAKE KNOLL LEWES, DE (302)645-5816

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

- 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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

					•			•	•	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	c , o s employee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BILL LOWE	2 00	,		х					0	
TREASURER		X		^				0	U	0
(2) MICHAEL RAWL	2 00	х		х				0	0	0
EXE DIRECTOR										
(3) JOHN SCHROEDER VICE CHAIRMA	2 00	x		х				0	0	0
(4) WALTER J STEWART	2 00									
CHAIRMAN		X		Х				0	0	0
(5) JEAN L GEARY	4 00			х				9,268	0	0
CORPORATE SE								7,200	_	
										_
										Form 990 (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one I both	box, an o	heck unless officer stee)		Repor compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (W	. -	(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	-MISC)	2/1099-MISC)		ganizatio relate organiza	ed l
1b	Sub-Total			•	-		<u> </u>	 						
c	Total from continuation sheet	•			•	•	•			9,268				
2 2	Total (add lines 1b and 1c) . Total number of individuals (in \$100,000 of reportable compe	_	limited	to the	ose			e) w	ho receive		l .			
											_		Yes	No
3	On line 1a? If "Yes," complete S							yee, •	or highest,	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ			•					_	anızatıon	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	e highest comp											ax year	
		(A) ame and business									(B) cription of services		(C) Compen	
												+		
												\downarrow		
	Total number of independent co \$100,000 of compensation fron			not	lımıt	ed to	o thos	e list	ed above)	who rece	ıved more than			

Form 99)12)						Page 9
Part V	700	Statement of R		nse to any question i	in this Part VIII			Г
				ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
χ£	1a	Federated campaig	ıns 1a					
ant	ь	Membership dues	1b	6,525				
5 🖺	c	Fundraising events	1c					
fş. F.A	d	Related organizatio	ons 1d					
	e	Government grants (co						
ns,								
atio er	f	All other contributions, q similar amounts not inc	gifts, grants, and 1f luded above	199,462				
년 된	g	Noncash contributions i	ncluded in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines 1a	1 f		205,987			
<u> </u>		Total. Add lines 1a	1-11	· · · •	203,307			
e =	_			Business Code				
Program Service Revenue	2a							
<u>æ</u>	Ь							
M C	C							
38	d							
Ē	е							
2 2 2 3	f	All other program s	service revenue					
Š	g	Total. Add lines 2a	-2f					
	3	Investment income			38,134			38,134
	_	and other similar at Income from investmen		E	36,134			36,134
	4		•	` ` ` <u>.</u>				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Keal	(II) F ersonar				
	ь	Less rental						
	l c	expenses Rental income						
		or (loss)	or (loss)					
	d	Net rental income of	(ı) Securities	(II) O ther				
	7a	Gross amount	(i) Securities	(II) Other				
		from sales of assets other						
	١.	than inventory Less cost or						
	Ь	other basis and						
	_c	sales expenses Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from	fundraising					
ne		events (not includii	ng					
₹		\$ of contributions rep	oorted on line 1c)					
д.		See Part IV, line 18						
ŏ	١.		a	70,482				
Other Revenue	l b	Less direct expension Net income or (loss		43,749 events	26,733			26,733
•		Gross income from		events : . p				
		See Part IV, line 19						
			а					
	b	Less direct expens						
	10a	Net income or (loss		vicies				
	104	Gross sales of inve						
			а					
		Less cost of goods						
	C	Net income or (loss						<u> </u>
		Miscellaneous Re	evenue	Business Code				
	11a .							
	b							
	С							
	d	All other revenue						
	e	Total. Add lines 11	a-11d					
	12	Total revenue. See	Instructions .	🕨	270,854			64,867

	990 (2012)				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must com	aloto column (A.)	
36000					
	Check if Schedule O contains a response to any question in this Pa ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		ехрепзез	general expenses	ехрепзез
	in the officed States See Fart IV, fine 21	235,469	235,469		
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				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	1,671	1,671		
b	Legal	6,384		6,384	
c	Accounting	7,184	4,634	2,550	
d	Lobbying	4,260	4,260		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	165		165	
13	Office expenses	19,142	3,737	10,307	5,098
14	Information technology				
15	Royalties				
16	Occupancy	1,467	27	1,200	240
17	Travel	873	732		141
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	599	245		354
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	CONSULTING	93,370	47,086	38,816	7,468
b	INSURANCE	2,720	2,045	675	
c	MEMBERSHIP DUES	1,210		1,210	
d	TAXES	25		25	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	374,539	299,906	61,332	13,301
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)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X \cdot . \cdot .			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	99,363	1	30,319
	2	Savings and temporary cash investments	151,175	2	96,436
	3	Pledges and grants receivable, net	28,262	3	4,519
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	_
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	444,072	11	492,505
	12	Investments—other securities See Part IV, line 11		12	_
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	722,872	16	623,779
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	_
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	110,653	25	115,245
	26	Total liabilities. Add lines 17 through 25	110,653	26	115,245
ې		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete			
ည		lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	525,378	27	421,693
ည	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets	86,841	29	86,841
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
횬	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ر د	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net 4	33	Total net assets or fund balances	612,219	33	508,534
ž	34	Total liabilities and net assets/fund balances	722,872	34	623,779
			1 , , , , , , , , ,	J-7	525,775

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	270,854
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	374,539
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	103,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	512,219
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		ŗ	508,534
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493171007023

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization THE GREATER LEWES FOUNDATION

Department of the Treasury Internal Revenue Service

Total

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.

2012

Open to Public Inspection

				,	Yes	No	Yes	No	Yes	No		
				or IRC section (see instructions))	docume	T				1		
Ori	ya ili Za			lines 1- 9 above	your gove	rnıng	suppor		in the U		Sup	Port
	uppor ganiza			organization (described on	organızatı col (i) lıst		the organiz		organizat		1	etary port
(i)) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Dıd you	notify	(vi) Is	the	(vii) Ar	nount of
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)					
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	ibove?				ı(iii)	
		•		er of a person descri		_					g(ii)	
				governing body of th	•		_		··· /		g(i)	† · · · ·
			ng persons? erson who d	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes	No
g				2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the			
f			rganization this box	received a written de	ecemmation	nom the IK:	o ciiac il is a	турет, тур	e ii, or iype	iii suppon	ung organi	
_			509(a)(2)	received a written de	- t- rm n - t n	from the IDs	- +ba+ :+ :a a -	Tuna I Tun	o II. or Tuno	III aunnad	h.na orannı	
е	1	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or										
_	_		Type I									
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
_	'	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
9	<u>'</u>		•		. , . , .	, , ,	•	•	outions, mem	bership fee	s. and gros	ss
8	\vdash			on 170(b)(1)(A)(vi). : described in sectior			nlete Part II)				
7			An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	L)(A)(v).			
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)							
5	Γ			erated for the benefi	t of a college	or universit	y owned or o	perated by a	a governmen	tal unit des	cribed in	
4	ı			h organization operat ity, and state	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii).	Enter the	
3	_			perative hospital se								
2				in section 170(b)(1								
1	Γ		-	on of churches, or as				ection 170(l	o)(1)(A)(i).			
he o	rganız	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	ox)			
Par	τI	Reas	on for Pu	blic Charity Sta	tus (All org	anızatıons	must comp	olete this p			5.	
									51-04003	365		

Schedule A (Form 990 or 990-EZ) 2012 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,103,023 242,651 117,996 527,914 205,987 2,197,571 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,103,023 242,651 117,996 527,914 205,987 2,197,571 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 553,196 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 1,644,375 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1,103,023 242,651 117,996 527,914 205,987 2,197,571 Amounts from line 4 Gross income from interest, dividends, payments received on 22,711 18,016 39,843 -4,571 38,134 114,133 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 19,971 12,079 5,849 70,482 108,381 or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 2,420,085 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 67 950 % Public support percentage for 2011 Schedule A, Part II, line 14 15 72 540 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 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 organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012	15					
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493171007023

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization THE GREATER LEWES FOUNDATION **Employer identification number**

				121-0	1400305		
Par	organizations Maintaining organization answered "Yes"		ised Funds or Other Similar For Part IV, line 6.	unds	or Accounts	Complet	te if the
			(a) Donor advised funds		(b) Funds and o	ther accou	ints
1	Total number at end of year		7				7
2	Aggregate contributions to (during year)		29,895				80,835
3	Aggregate grants from (during year)		17,233				62,821
4	Aggregate value at end of year		29,441			:	184,271
	Did the organization inform all donors and funds are the organization's property, su		-	ıor advı	sed	√ Yes	┌ No
	Did the organization inform all grantees, used only for charitable purposes and no conferring impermissible private benefit	ot for the benefi	t of the donor or donor advisor, or for a	ny othe	r purpose	✓ Yes	┌ No
	t II Conservation Easements.	-		<u>o Forn</u>	<u>1 990, Part IV</u>	, line 7.	
	Purpose(s) of conservation easements h Preservation of land for public use (e Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the orga	g, recreation	or education) Preservation of an Preservation of a G	certifie	d historic struct	ure	
	easement on the last day of the tax year	-			Held at the	End of the	Voar
_	Total number of conservation easements	e		2a	neid at the	end of the	rear
a b	Total acreage restricted by conservation			2a 2b			
	Number of conservation easements on a		ric structure included in (a)	2c			
_	Number of conservation easements incli		` '	20			
	historic structure listed in the National F		aned alter 0/17/00, and not on a	2d			
	Number of conservation easements mod	lified, transferre	ed, released, extinguished, or terminate	ed by th	ie organization (during	
	the tax year ►						
4	Number of states where property subjec	t to conservation	on easement is located ►				
	Does the organization have a written polenforcement of the conservation easeme		ne periodic monitoring, inspection, hand	dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to mo	nitoring, inspec	ting, and enforcing conservation easer	nents c	luring the year		
7	Amount of expenses incurred in monitor	ına, ınspectina,	and enforcing conservation easements	s durino	the vear		
,	▶- \$,		,	,		
	Does each conservation easement report and section 170(h)(4)(B)(II)?	rted on line 2(d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organizat balance sheet, and include, if applicable the organization's accounting for conser	, the text of the	footnote to the organization's financial				
Part	Complete if the organization	Collections	s of Art, Historical Treasures, es" to Form 990, Part IV, line 8.	or Otl	her Similar <i>i</i>	Assets.	
	If the organization elected, as permitted works of art, historical treasures, or othe service, provide, in Part XIII, the text of	under SFAS 1: er sımılar asset	16 (ASC 958), not to report in its revences held for public exhibition, education,	or rese	arch in furthera		
_	If the organization elected, as permitted works of art, historical treasures, or othe service, provide the following amounts re	er sımılar asset	s held for public exhibition, education,				ıc
	(i) Revenues included in Form 990, Pari	t VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X				► \$		
	If the organization received or held work following amounts required to be reporte				cıal gaın, provic	e the	
а	Revenues included in Form 990, Part VI	II, line 1			► \$		

b Assets included in Form 990, Part X

CII	Organizations Maintaining Co	nections of Art	<u>, піз</u>	LOFIC	<u>Jai ir</u>	easur	es, or c	unei	Sillilla	r Asse	its (cc	ntinuea)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, ch	neck a	iny of t	he follo	wing that a	are a	sıgnıfıcar	nt use of	its	
а	Public exhibition		d	Г	Loan	orexcha	ange progi	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w they	furthe	r the or	ganızatıor	ı's ex	empt pur	oose in		
5	During the year, did the organization solicit of								ılar	_		_
_	assets to be sold to raise funds rather than t		-								Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	a "Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n	iot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving ta	able							
										Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has b	oeen pro	vided in F	art X	III			Γ
Pa	rt V Endowment Funds. Complete											
	<u> </u>	(a)Current year) Prior y			o years bacl				Four y	ears back
1a	Beginning of year balance	86,841			86,841		86,84	1	8	6,841		
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships							1				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	86,841			86,841		86,84	1	8	6,841		
2	Provide the estimated percentage of the curr	ent year end balan	ce (lın	ie 1g,	colum	n (a)) he	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment F											
c	Temporarily restricted endowment ►											
_	The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiz	atıon '	that a	re helo	l and ad	mınıstere	d for	the			
	organization by	-									Yes	No
	(i) unrelated organizations							•		3a(i)	<u> </u>	No
	(ii) related organizations									3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization							•		3b		<u> </u>
4 Par	t VI Land, Buildings, and Equipme					n						
raii	Description of property	int. See Form 33	Ό, Γ	(a) Cost o		(b)Cost or basis (ot			ımulated cıatıon	(d) B	ook value
1a	Land			+							1	
	Buildings											
	Leasehold improvements		•								+	
	Equipment		•									
	Other			\vdash			1				+	
	L Add lines 1a through 1e (Column (d) must e			ımn (F	3) line	10(c))	<u>i</u>			<u> </u>	+	

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method	d of valuation
(including name of security)		Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
- 1.1 (2) (1) (1) (2) (2) (2) (1) (2) (1) (2) (1)	-		
((-,	o Form 000 Part V June :	12	
Part VIII Investments—Program Related. Set (a) Description of investment type	(b) Book value		d of valuation
(a) Beschption of investment type	(b) Book value		year market value
	_		
Part IX Other Assets. See Form 990, Part X, col (B) line 13)	no 15		
(a) Descri			(b) Book value
	•		
T. 1 (0) (1) (1) (2) (2) (1) (1)	- \		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part 1.			
1 (a) Description of liability	(b) Book value		
- -	(3) 200		
Federal income taxes	115 245		
DCF AGENCY FUND LIABILITY	115,245		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	115,245		
2 Fin 48 (ASC 740) Footpote In Part XIII provide the te	yt of the footnote to the organ	nization's financial statem	ents that reports the

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

DLN: 93493171007023

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

THE GREATER LEWES FOUNDATION

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

51-0400365

Pa	rt I Fundraising Act	ivities. Complete	ıf the o	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.	
a b c d 2a	a							
Tota 3	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo contrib Yes	Did ser have ody or crol of outlons? No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut								
			(a) Event #1 FUNDRAISING EVE	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))					
			(event type)	(event type)	(total number)						
Revenue	1	Gross receipts	70,48	2		70,482					
₽ }⊕	2	Less Contributions									
<u>~</u>	3	Gross income (line 1 minus line 2)	70,48	2		70,482					
	4	Cash prizes									
မှာ	5	Noncash prizes									
Expenses	6	Rent/facility costs									
ă	7	Food and beverages .									
Direct	8	Entertainment									
Δ	9	Other direct expenses .	43,749	9		43,749					
	10	10 Direct expense summary Add lines 4 through 9 in column (d)									
	11	Net income summary Combine li	ne 3, column (d), and line	e 10	•	26,733					
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than					
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))					
<u> </u>	1 (Gross revenue									
Ses	2 (Cash prizes									
Expenses	3 1	Non-cash prizes									
	4	Rent/facility costs									
Direct	5 (Other direct expenses									
	6 \	Volunteer labor	Г Yes	Г Yes	☐ Yes						
	7 [Direct expense summary Add line	s 2 through 5 in column ((d)							
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)							
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," explain	gaming activities in eac	h of these states?		「Yes 「No					
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain										

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493171007023 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Department of the Treasury Internal Revenue Service		omplete ii the organizati	Attach to Form 9		e 21 01 22.		Open to Public Inspection
Name of the organization THE GREATER LEWES FOUND	ATION					Employer identif	ication number
		s and Assistance				51-0400365	
Does the organization ma the selection criteria use	nintain records to sub d to award the grants	stantiate the amount of to					√ Yes
Part II Grants and Ot	her Assistance to	o Governments and receive	Organizations in	the United State			d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DONATION-CITY OF LEWES PO BOX 227 LEWES,DE 19958	51-6000162		21,370				MAINTAIN PARK AREAS
(2) VARIOUS GRANTS 135 SECOND STREET LEWES,DE 19958	ı	C-3	214,099		1		TO ASSIST LOCAL CHAR
2 Enter total number of sec							11
3 Enter total number of other	ei organizations liste	u iii the line 1 table				-	

	· · ·	
art III	Grants and Other Assistance to Individuals in the United States. Complete if the	he organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	1	I	1	I

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Complete this part to provid	e the information required in rare 1, i	me 2, rait III, column (b), and any other additional information	
Identifier	Return Reference	Explanation	
	LINE 2	THE ORGANIZATION HAS A COMMITTEE TO MONITOR THE USE OF THE GRANTS THEY REQUEST FINANCIAL REPORTS WHEN AVAILABLE LEWES IS A SMALL ACTIVE COMMUNITY AND THE BOARD KEEPS A PULSE ON ALL ACTIVITIES IN THE CITY	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493171007023

Employer identification number

OMB No. 1545-0047

OMB No 1545-0047

0040

Transactions with Interested Persons

Schedule L (Form 990 or 990-EZ)

Name of the organization THE GREATER LEWES FOUNDATION ► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

e Treasury

P Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Service

51-0400365 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written (a) Name of (h) **(g)** In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No Yes No Total \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions Involving Interested Persons.						
Complete if the organization	<u>on answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) HORIZON PHILANTHROPIC SERVICES INC	ACTING EXEC DIR	70,714	CONSULTING SERVICES		No	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Schodula I /Form 000 or 000 F7\ 2012

Schedule L (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493171007023

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization THE GREATER LEWES FOUNDATION

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

51-0400365

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE DIRECTOR AND TREASURER REVIEW THE 990 PRIOR TO MAILING TO THE INTERNAL REVENUE SERVICE
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE ISSUED UPON REQUEST