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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

A F	or the	2014 calendar year, or tax year beginning	and	enaing		
В с	heck if	C Name of organization			D Employer identific	cation number
	Addres	LEWMAR FOUNDATION				
L_]Name _change	Doing business as			20-3	712316
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	•
	Final	120 S MAIN P O BOX 98	·		573-6	655-4212
	/return/ termin ated		ZIP or foreign postal code		G Gross receipts \$	63,895.
	Amend	1	zir on toroight pootal ooco		H(a) Is this a group re	
\vdash	⊒return TApplic		VV I PRIDDIE		for subordinates	
ш	Applic tion pendir	ol		62110	1	
		9 120 S MAIN P O BOX 98,		63448	H(b) Are all subordinates in	
		sinpt status. (AL) 60 i(6)(6)	(insert no.) 4947(a)(1)	or 52	-	list (see instructions)
		e: ► N/A			H(c) Group exemption	
		organization: X Corporation Trust As	sociation Other >	L Year	of formation: 2005 N	State of legal domicile: MO
Pa	rt I	Summary				
ø.		Briefly describe the organization's mission or most				
ĕ		SCHOLARSHIPS AND GRANTS T	O EDUCATIONAL I	NSTITU	JTIONS AND P	ROGRAM
Ë	2	Check this box 🕨 🔲 if the organization discor	atinued its operations or dispo	sed of mor	e than 25% of its net as	sets
Š	I .	Number of voting members of the governing body			. 3	3
යි	L	Number of independent voting members of the gov			. 4	3
•ಶ ഗ	l	Total number of individuals employed in calendar y			5	0
Ę.	1		car 2014 (rait v, into 2a)		6	0
Ęį	_	Total number of volunteers (estimate if necessary)	home (C) has 12	•	7a	0.
Ac		Total unrelated business revenue from Part VIII, co			· · · —	0.
<u>ਦ</u>	b	Net unrelated business taxable income from Form	990-1, line 34		7b	
2015 Activities & Governance					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		-	2,045.	15,895.
JUNIVA MA	9	Program service revenue (Part VIII, line 2g)			0.	0.
<u>_</u>		Investment income (Part VIII, column (A), lines 3, 4,		<u> </u>	0.	0.
≝	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)	_	41,597.	45,953.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		43,642.	61,848.
EXBOSENNED	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		57,840.	48,140.
Z	14	Benefits paid to or for members (Part IX, column (A	.), line 4)		0.	0.
졻		Salaries, other compensation, employee benefits (I			0.	0.
See		Professional fundraising fees (Part IX, column (A), I			0.	0.
(B)	1	Total fundraising expenses (Part IX, column (D), line		0.		
ŭ		Other expenses (Part IX, column (A), lines 1 a-11d			313.	328.
		Total expenses Add lines 13-17 (must equal Part I			58,153.	48,468.
		Revenue less expenses. Subtract line 18 from line			-14,511.	13,380.
-S	פו	Neverlue less expenses. Subtract line 10 nomino	1617 2 6 2015 Col	R	eginning of Current Year	End of Year
and the	00	Total access (Bort V. Imp. 16)			568,339.	581,719.
Salla	20	Total assets (Part X, line 16)	D(2") :AL 117	<u> </u>	0.	0.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	200	• -	568,339.	581,719.
F	22	Net assets or fund balances Subtract line 21 from Signature Block	line 20		300,339.	JOI, / 13.
	art II				mente, and to the heat of m	u knowledge and helief it is
Und	er pena	alties of perjury, I declare that I have examined this return,	including accompanying scriedule	es and stater	ments, and to the best of my	y knowledge and beller, it is
true	, correc	ct, and complete. Declaration of preparer (other than office	r) is based on all information of w	mich prepare	er nas any knowledge.	
		Licky & Moudan			Date	S
Sig	n	Signature profficer			Date	
Her	·e		TARY-TREASURER			
		Type or print name and title			D-4-	- DTIN
		Print/Type preparer's name	Predarer's signature		Date Check	PTIN
Paid JOHN RIDDER De l'udde 05/12/15 self-employed P001						
Pre	parer	Firm's name RIDDER AND ASSOC	IXTES LTD		Firm's EIN	<u> 36-4134856</u>
Use	Only	Firm's address P O BOX 5026				
		QUINCY, IL 62305	-5026		Phone no.21	7-221-9130
Ma	y the I	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No
4000	01 11 (17-14 I HA For Paperwork Reduction Act Notice		ions.	- 	Form 990 (2014)

<u>orm</u>	990 (2014) LEWMAR FOUNDATION 20-3/1	.2316 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	_
	PUBLIC CHARITY - PROVIDE SCHOLARSHIPS AND GRANTS TO EDUCATIONA	<u>.L</u>
	INSTITUTIONS AND PROGRAM SPONSORS	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 48,140. Including grants of \$ 48,140.) (Revenue \$	<u> </u>
- a	SCHOLARSHIPS AND GRANTS TO EDUCATIONAL INSTITUTIONS AND PROGRA	/
	SPONSORS	<u> </u>
	SPONSONS	
		
		
4b	(Code) (Expenses \$)
		
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other are green and uses (Decembe in Schodule O.)	
4d		١
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 48,140.	
<u>4e</u>	Total program service expenses ► 48,140.	Form 990 (2014)
		FORM 330 (2014)

	•		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	X	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	igwdown	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4	 -	<u> X</u>
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	 	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		_X_
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?	_		Х
40	If "Yes," complete Schedule D, Part IV	9		
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		х
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	10		
• •	as applicable.		1 1	
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	x	
h	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		Х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII .	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\longmapsto	_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			-
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	\vdash	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
ე∩~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	1 100 to 110 200, did the eigeneution action a copy of its assisted inhabition statements to this retain.		990 (2014)

Form 990 (2014) LEWMAR FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		103	140
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		İ	
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		T	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
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	X	
		Form	990	(2014)

20-3712316 Form 990 (2014) LEWMAR FOUNDATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 0. 3 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a X 15b X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Own website Another's website

	Otate the page and triangles and triangles a sumbay of the page page the organization's books and records:
	statements available to the public during the tax year
19	Describe in Schedule O whether (and it so, now) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and reco 573-655-4212 BECKY L BRIDDLE -MAIN P O BOX 98, LA GRANGE, MO 63448

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LEWMAR FOUNDATION

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization in (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated	
Namo and Titlo	hours per	(do	(do not check more than or box, unless person is both			than	one h an	compensation	compensation	amount of	
	week	offi	officer and a director/trus			or/trus	tee)	from	from related	other	
	(list any	Ę						the	organizations	compensation	
	hours for	를				8		organization	(W-2/1099-MISC)	from the	
	related	tee 0	ste			is is		(W-2/1099-MISC)		organization	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Ē		,		and related	
	below	dua	를	ᡖ		Sec	듈			organizations	
	line)	횰	Inst	Officer	Key	Highest compensated employee	Forn				
(1) BOB RICHTER	0.50										
PRESIDENT				X				0.	0.	0.	
(2) ELIZABETH A DAVIS	0.00										
VICE PRESIDENT				X				0.	0.	0.	
(3) BECKY L BRIDDLE	0.50										
SECRETARY - TREASURER			_	X				0.	0.	0.	
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	. (A) Name and title	(B) Average hours per week (list any	Position (do not check more box, unless person officer and a directo		ON ore than one on is both an		(D) (E) Reportable Reportable compensation compensation from relate		other		of			
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	fr org and	om the anizat d relat	e ion ed
			_								_			
			-											
														
									1					
	Sub-total Total from continuation sheets to Part V	II, Section A		.	.	I—	!	▶	0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wt	no re	0. eceived more than \$100		0.			0.
	compensation from the organization												Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such indıvıdual									ļ	3_		х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual	-		4		х
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors							eiat	ed organization or indiv	idual for services		5_		X
1	Complete this table for your five highest co										ensa	ation 1	from	
	(A) Name and business			INC					(B) Description of s		С		C) nsatio	n
								_						
2	Total number of independent contractors \$100,000 of compensation from the organ		not i	mıte	d to		se lu	stec	d above) who received n	nore than				

Form **990** (2014)

432009 11-07-14

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	its, and ve 1f	15,895.	15,895.			
<u> </u>		Totali / Ga miloo / G ()		Business Code				
Program Service Revenue	2 a b c d e	All other program service reve						
		Total. Add lines 2a-2f		>				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		▶ .				
	6 a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 48,000. 2,047. 45,953.	(ii) Personal	45,953.	45,953.		
	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses	(i) Securities	(ii) Other	43,333.	43,333.	i, - :	
		Gain or (loss)	L	<u> </u>				
Other Revenue		Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of					
Ě	b	Less direct expenses	b					
J		Net income or (loss) from fund Gross income from gaming at Part IV, line 19						
		Less direct expenses Net income or (loss) from gar	b	•				
	b	Gross sales of inventory, less and allowances Less. cost of goods sold Net income or (loss) from sale	. a b	1			·	
		Miscellaneous Revent		Business Code				
	11 a b c							
	_	Total. Add lines 11a-11d	· · · ·	>				
	1	Total revenue. See instructions.			61.848.	45,953.	0.	0.

Part IX Statement of Functional Expenses

sectio	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mpiete column (A).	
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		40 440		
	and domestic governments. See Part IV, line 21	48,140.	48,140.		
2	Grants and other assistance to domestic	1			
	individuals See Part IV, line 22				. ,
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	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)	Ï			
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			-	
b	Legal .			222	···
	Accounting .	300.		300.	
	Lobbying				
	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 Sch O.)				
12	Advertising and promotion				
13	Office expenses Information technology				
14 15	Royalties .				· · · · · · · · · · · · · · · · · · ·
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				-
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		· · ·		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATE FILING FEES	20.		20.	
b	POSTAGE	8.		8.	
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,468.	48,140.	328.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (001 t)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 82,642. 69,262 Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L Notes and loans receivable, net 7 8 8 Inventories for sale or use a Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 499,077 basis Complete Part VI of Schedule D 10a 499,077. 499,077. 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 568,339 581,719 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants pavable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0 Capital stock or trust principal, or current funds 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 568,339. 581,719. 32 Retained earnings, endowment, accumulated income, or other funds 568,339. 581,719. Total net assets or fund balances 33 568,339. 581,719. Total liabilities and net assets/fund balances_

Form 990 (2014)

orm	990 (2014) LEWMAR FOUNDATION	20-371	<u>2316</u>	Page 12					
Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>.,848.</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	48	<u>3,468.</u>					
3	Revenue less expenses. Subtract line 2 from line 1	3		3,380. 3,339.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments								
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		<u> </u>					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	581	<u>.,719.</u>					
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	•							
				Yes No					
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		}					
	review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt							
	Act and OMB Circular A-133?		3a	X_					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	 •	3b						
			Form	990 (2014)					

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 20-3712316 LEWMAR FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014 LEWMAR FOUNDATION 20-3712316 Page 2
Part II 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)

Sec	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	45,429.	21,000.	122,305.	2,045.	15,895.	206,674.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	45,429.	21,000.	122,305.	2,045.	15,895.	206,674.
5	The portion of total contributions			•	•		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4		•				206,674.
	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	45,429.	21,000.	122,305.	2,045.	15,895.	206,674.
8	Gross income from interest,			•			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	24,000.	37,200.	29,000.	43,340.	48,000.	181,540.
9	Net income from unrelated business	,	,	•			
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				·		388,214.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here				•	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	line 6, column (f) di	vided by line 11, c	column (f))		14	53.24 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	84.61 %
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization			•	\triangleright X
b	33 1/3% support test - 2013. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anızatıon dıd not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2013. If the org	anızatıon dıd not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, cl	neck this box and	stop here. Explain	ın Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	ınızatıon	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

qualify under the tests listed be Section A. Public Support	ow, please com	plete Part II.)				
	(a) 2010	(h) 2011	(6) 2010	(4) 2012	(6) 2014	(O Tetal
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
F						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in				İ		
any activity that is related to the						
organization's tax-exempt purpose	<u></u>			-		
3 Gross receipts from activities that				}		
are not an unrelated trade or bus-				-		
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		ļ				
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						-
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📘	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						1
and income from similar sources						I
b Unrelated business taxable income						
(less section 511 taxes) from businesses						I
acquired after June 30, 1975			:			I
c Add lines 10a and 10b						-
11 Net income from unrelated business					~	
activities not included in line 10b,						I
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital		1				
assets (Explain in Part VI)		 	 		 	
13 Total support. (Add lines 9, 10c, 11, and 12)	the ergonization	a first second Alexand	d fourth or fifth to	l	n 501(a)(0)	
14 First five years. If the Form 990 is for t	ne organization	a ilist, secona, thii	a, iourtri, or fifth to	ax year as a secti	on our (c)(3) organiz	ation,
check this box and stop here Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2014 (lin			column (fl)		15	
16 Public support percentage for 2014 (iii		-			16	
Section D. Computation of Invest				··········	1 10 1	
· · · · · · · · · · · · · · · · · · ·					17	 -
17 Investment income percentage for 20118 Investment income percentage from 20		· · · · · · · · · · · · · · · · · · ·	ie 13, coluititi (I))	•	17	
				. 15 io mara th	18	7 10 not
19a 33 1/3% support tests - 2014. If the co	_				•	/ IS NOT
more than 33 1/3%, check this box and	•	-	•	• • •	•	▶∟
b 33 1/3% support tests - 2013. If the c	=					and
line 18 is not more than 33 1/3%, chec					-	▶ ⊨
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and se <u>e ir</u>	structions	<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			_
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	l		l
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status		1	1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			İ
	organization was described in section 509(a)(1) or (2).	2	<u> </u>	l
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	ļ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		Ì	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			l
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	_3c_		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)]	
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		1	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	İ		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	}		
	was accomplished (such as by amendment to the organizing document).	5a	 -	L
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>	-	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	+	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_	1	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	+	├
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	ŀ
	If "Yes," complete Part I of Schedule L (Form 990).	8		-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	01-		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>9b</u>	+	
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	^ -		1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	+ -	-
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			1
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	40-		
	organizations)? If "Yes," answer (b) below.	10a	+	 -
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	1

determine whether the organization had excess business holdings.)

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co			
•	A A P. And Madden and		(A) Bros Voos	(B) Current Year
Secti	on A - Adjusted Net Income		(A) Pnor Year	(optional)
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ted Type III supporting org	ganization (see
-	instructions)	-		

20-3712316 Page 7 Schedule A (Form 990 or 990-EZ) 2014 LEWMAR FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014. 3 C e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3j Breakdown of line 7: 8

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013
e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 LEWMAR FOUNDATION	20-3712316 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or	17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	•	
		
		
		·
		1. p. 1. 1. 4 1
		-

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

➤ Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Name of the organization

LEWMAR FOUNDATION

Employer identification number

20-3712316 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included in Form 990, Part VIII, line 1

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

the text of the footnote to its financial statements that describes these items.

	dule D (F		FOUNDATION	_					<u> 20-37</u>			<u>e 2</u>
Par		Organizations Maintaining C										
3	Using th	ne organization's acquisition, accessi	on, and other records	s, check a	any of the	following that are	a sıgnı	ficant	use of its	collection	ıtems	
	(check,	all that apply)										
а	<u></u> Р	ublic exhibition	d			hange programs						
b	s	cholarly research	е	L 01	ther							
С	P	reservation for future generations										
4												
5	_	the year, did the organization solicit o					nılar as	sets		7		
		old to raise funds rather than to be ma						<u> </u>		Yes	<u></u>	<u>No</u>
Par		Escrow and Custodial Arran	=	te if the o	rganizatio	n answered "Yes"	to For	m 990	, Part IV, I	ıne 9, or		
		reported an amount on Form 990, Par							 			
1a	Is the o	rganization an agent, trustee, custodi	an or other intermed	ary for co	ontribution	s or other assets	not inc	luded		7		
	on Form 990, Part X?							LJ	No			
b	If "Yes,	explain the arrangement in Part XIII	and complete the fol	lowing tal	ble:							
										Amount		
С	Beginni	ing balance						1c				
d	Addition	ns during the year						1d				
е	Distribu	itions during the year						1e				
f	_	balance						1f		7	$\overline{}$	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						\vdash	No					
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10											
Par	t V	Endowment Funds. Complete						- .			 -	 -
			(a) Current year	(b) Pri	or year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years ba	<u>ack</u>
1a	Beginn	ing of year balance		·			+					
b	Contrib						+					
C		estment earnings, gains, and losses										
d		or scholarships				<u> </u>						
е		expenditures for facilities										
	•	ograms .										
f		strative expenses			-							
g		year balance	1			<u> </u>	_ I					
2												
а		designated or quasi-endowment		_%								
b		nent endowment >	%									
С	•	rarily restricted endowment	%									
		rcentages in lines 2a, 2b, and 2c shoi		-4	مامامام		مطالع سد:					
За		ere endowment funds not in the posse	ession of the organiza	ation that	are neid a	ına aamınısterea i	or the	organi	zation	Г	Yes	
	pà.										res	No
	(i) unrelated organizations											
	(ii) related organizations 3a(ii) 2h											
	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds											
Pa		Land, Buildings, and Equipn		Willelit 10	iilus							
. a		Complete if the organization answere		. Part IV	line 11a S	See Form 990 Par	t X. line	a 10.				
	 -	Description of property	(a) Cost or o) Accu		ed	(d) Book	value	
		Description of property	basis (investr	I .		(other)	•	ciation	I .	(4) 500	· vaiao	
4-	Land		499,				J			490	7,07	7
	Land Buildin		= - =	- 							. , 5 /	<u>, •</u>
0		nold improvements	•		· 							
<u>ن</u> د		·		-								
d	Equipn Other			 					1	· -		
		nes 1a through 1e (Column (d) must e	equal Form 990 Part	X colum	n (B). line 1	10c)				499	07	7.

Schedule D (Form 990) 2014

(3)(4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part

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

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

Open to Public OMB No 1545-0047

Inspection

Employer identification number 20-3712316 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. LEWMAR FOUNDATION General Information on Grants and Assistance Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants of assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	ror the grants or assi	stance, and the select	Yes	% ×
criteria used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stalice: scedures for mont	oring the use of grant (funds in the United	States.		:		
a	Domestic Organi	rations and Domestic	Governments. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	onal space is need	pa				
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	yrant e
PALMYRA HIGH SCHOOL								
P O BOX 151				1				
PALMYRA, MO 63461			9,570.	0			SCHOLARSHIPS	
				•				
HIGHLAND HIGH SCHOOL								
21504 STATE HWY 6								
EWING, MO 63440			9,170,	0	:		SCHOLARSHIPS	
				•				
CULVER STOCKTON COLLEGE								
1 COLLEGE HILL							,	
CANTON, MO 63435			5,000.	0			SCHOLARSHIPS	
UNIVERSITY OF MISSOURI - COLUMBIA								
11 JESSE HALL								
COLUMBIA, MO 65211			5,000.	0			SCHOLARSHIPS	
MISSOURI CATTLEMEN FOUNDATION								
2306 BLUFF CREEK DRIVE								
COLUMBIA, MO 65201			5,000.	0			SCHOLARSHIPS	
	_							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				A	
	•							

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I (Form 990) (2014) LEWMAR FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Gan be duplicated if additional space is needed (d) Amount of non-cash assistance 26 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 432102 10-15-14

Page 2

20-3712316

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. **Employer identification number**

LEWMAR FOUNDATION	20-3712316
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	
SPONSORS	
	
FORM 990, PART VI, SECTION B, LINE 11:	
COPY OF RETURN PROVIDED TO THE GOVERNING BODY FOR REVIEW	
FORM 990, PART VI, SECTION C, LINE 19:	
INFORMATION AVAILABLE ON REQUEST	·
	 -