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Form **990-PF**

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

OMB No 1545-0052

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-PF and its separate instructions is at www.irs.gov/form990pf.

For	calen	dar year 2014 or tax year beginning ,	and ending				
		pundation	<u> </u>		A Emp	loyer identification numbe	, , , , , , , , , , , , , , , , , , , ,
_	lar	k/Lewis Family Foundation			20	-3839795	
		nd street (or P O box number if mail is not delivered to street address)	R	oom/suite		phone number (see instruction	ons)
		S.E. Spokane Street #7	""	o o mo o mo		3-235-3685	,,,,,,
	•	n, state or province, country, and ZIP or foreign postal code			C If exe	emption application is pendir	a chack hare
	ort	land OR 97202] ""	emption application is pendil	ng, crieck flere
G	Check		irn of a former public o	charity	D 1 F	oreign organizations, check	here 🕨 📗
		Final return X Amended	l return		2 F	oreign organizations meeting	the
		Address change Name cha	ange		8:	5% test, check here and atta	ch computation
<u>H</u> (Check	type of organization X Section 501(c)(3) exempt private	te foundation		E If priv	rate foundation status was te	erminated under
	Sectio	n 4947(a)(1) nonexempt charitable trust Other taxab			section	on 507(b)(1)(A), check here	▶ [_]
		rket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month	termination
		rear (from Part II, col (c), Other (specify)			unde	r section 507(b)(1)(B), check	here •
	ne 16)	▶ \$ 40,971 (Part I, column (d) must	t be on cash basis)	Т	L	·	
P	art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	(d) Disbursements for charitable
⊋		the amounts in column (a) (see instructions))	books	inco	me	income	purposes (cash basis only)
<u> </u>	1	Contributions, gifts, grants, etc , received (attach schedule)	150,000				
้อ	2	Check ▶ ☐ If the foundation is not required to attach Sch	В				
>	3	Interest on savings and temporary cash investments					
J	4	Dividends and interest from securities					
7	5a	Gross rents		 			
	b	Net rental income or (loss)					· · · · · · · · · · · · · · · · · · ·
֓֞֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
EX	7	Capital gain net income (from Part IV, line 2)			0		
2	8	Net short-term capital gain				0	
U)	9	Income modifications					
	10a	Gross sales less returns and allowances		<u> </u>			
	b	Less Cost of goods sold Gross profit or (loss) (attach schedule)		···········	··		
	11	Other income (attach schedule)		<u> </u>			
	12	Total. Add lines 1 through 11	150,000		0	ō	
S	13	Compensation of officers; directors, trustees, etc	0				
Expenses	14	Other employee salaries and wages		<u> </u>			
ē	15	Pension plans, employee benefits					
X	16a	Legal fees (attach schedule) See Stmt 1	705				
Ð	ь	Accounting fees (attach schedule) Stmt 2	700		REC	LIVE	
.≩	С	Other professional-fees (attach schedule))S(
ā	17	Iñterest		0.1	VON	2 1 2016	
nis	18	Taxes (attach schedule) (see instructions) Stmt 3	83	A		Ĭ Š	
Ē	19	Depreciation (attach schedule) and depletion			(V)		
Ad	20	Occupancy				DEN, UI	
Þ	21	Travel, conferences, and meetings					
ğ	22	Printing and publications	470				
Operating and Administrativ	23	Other expenses (att sch) Stmt 4	479			 	
ati	24	Total operating and administrative expenses. Add lines 13 through 23	1,967		0	o	•
bel	25	Contributions, gifts, grants paid	140,121			<u> </u>	140,121
ō	26	Total expenses and disbursements. Add lines 24 and 25	142,088	 	Ö	0	140,121
	27	Subtract line 26 from line 12	142,000				140,121
	a a	Excess of revenue over expenses and disbursements	7,912				
	b	Net investment income (if negative, enter -0-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0		<u></u>
	1 -	Adjusted net income (if negative, enter -0-)				0	

Fo	rm 99	O-PF(2014) Clark/Lewis Family Foundation	l	20-383979	95	Page 2
	Dune :	Polonge Charte Attached schedules and amounts in the description column	าก	Beginning of year	End o	of year
	Part	Balance Sheets Attached schedules and amounts in the description colum should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing				
	2	Savings and temporary cash investments		33,059	40,971	40,971
-[3	Accounts receivable ▶				
-		Less allowance for doubtful accounts ▶				
- [4	Pledges receivable ▶				
ĺ		Less allowance for doubtful accounts ▶				
-	5	Grants receivable				
Í	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
Į		instructions)				
- 1	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
တ္ဆ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
AS.	10a	Investments – U S and state government obligations (attach schedule)				
1	b	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
-	11	Investments – land, buildings, and equipment basis ▶				
-		Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				
- [13	Investments – other (attach schedule)				
-	14	Land, buildings, and equipment basis				
-		Less accumulated depreciation (attach sch.)]		
- [15	Other assets (describe)			
-	16	Total assets (to be completed by all filers – see the				
1		instructions Also, see page 1, item I)		33,059	40,971	40,971
	17	Accounts payable and accrued expenses				
١	18	Grants payable				
<u>8</u>	19	Deferred revenue				
ĔI	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
ᅦ	22	Other liabilities (describe ▶)			
\perp	23	Total liabilities (add lines 17 through 22)		0	0	
		Foundations that follow SFAS 117, check here	X			
S		and complete lines 24 through 26 and lines 30 and 31.				
욁	24	Unrestricted		33,059	40,971	
١	25	Temporarily restricted				
	26	Permanently restricted				
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	· 🔲			
ō	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SSI	29	Retained earnings, accumulated income, endowment, or other funds	l			
	30	Total net assets or fund balances (see instructions)		33,059	40,971	
ž	31	Total liabilities and net assets/fund balances (see				
		instructions)		33,059	40,971	
Ī	art f	Analysis of Changes in Net Assets or Fund Balan	ces			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line		nust agree with		
	end-d	of-year figure reported on prior year's return)			1	33,059
2	Ente	r amount from Part I, line 27a			2	7,912
		r increases not included in line 2 (itemize) ▶			3_	
4	Add I	ines 1, 2, and 3			4	40,971
		eases not included in line 2 (itemize) ▶			5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, of	olumn	(b), line 30	6	40,971

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20	-3	0.3	צכ	79	כי

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	ewis Family Foundat:		20-3839795		Page 3
(a) List and describ	nd Losses for Tax on Investme the kind(s) of property sold (e.g., real estate, thouse, or common stock, 200 shs MLC Co.)	ent Income	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A			D = Donation		
b					
С					_
<u>d</u>					
<u>e</u>		 _			_L
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale		ain or (loss) s (f) minus (g)
<u>a</u>					
b c					
d					
e					
Complete only for assets showing	gain in column (h) and owned by the fo	undation on 12	/31/69	(I) Gains (C	Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any	col (k), but r	not less than -0-) or (from col (h))
a					
<u>b</u>					
C					
d e				 -	
	If gain, also enter in Pa	art I, line 7			
2 Capital gain net income or (net ca	ipital loss) If (loss), enter -0- in Pa	•		2	
	s) as defined in sections 1222(5) and (6) column (c) (see instructions). If (loss), e) _			
Part I, line 8				3	
Part V Qualification Un	der Section 4940(e) for Reduc	ed Tax on	<u>Net Investment In</u>	come	
For optional use by domestic private	foundations subject to the section 4940((a) tax on net in	ivestment income)		
f section 4940(d)(2) applies, leave th	ıs part blank				
	ion 4942 tax on the distributable amount ify under section 4940(e) Do not comple	• •	the base period?		Yes X No
	each column for each year, see the instru		naking any entries		
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in	Adjusted available distributions	Net va	lue of noncharitable-use asse	ets (col (t	Distribution ratio b) divided by col (c))
2013	143,9			95	1.615691
2012	103,9		74,4		1.397495
2011	98,5		27,7	/44	3.551579
2010	86,8				
2009	153,7	795		- - - - - - - - - - 	
2 Total of line 1, column (d)				2	6.564765
	5-year base period – divide the total on li	ne 2 hv 5 or h	, the	 	0.504765
_	as been in existence if less than 5 years		, the	3	2.188255
4 Enter the net value of noncharital	ole-use assets for 2014 from Part X, line	5		4	36,460
5 Multiply line 4 by line 3				5	79,784
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	· · · · · · · · · · · · · · · · · · ·
7 Add lines 5 and 6				7	79,784
8 Enter qualifying distributions from	Part XII, line 4 I line 7, check the box in Part VI, line 1b,	and complete	that nart using a 10/ to	8 See the	140,121
Part VI instructions	r, oneon the box ill Part VI, line 10,	and complete	part using a 170 ta	A TOLO SEC LITE	
					Form 990-PF (2014

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<u> P</u> :	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here 🔪 and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			
	here ▶ X and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	Add lines 1 and 2	3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
b	Exempt foreign organizations – tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		•	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		,		
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
-	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	•			
	on foundation managers ▶ \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
_	If "Yes," attach a detailed description of the activities				_
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5		X
•	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part III, col. (c), and Col	art XV	7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)				
vu	OR				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
-	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				 -
	names and addresses		10		x
	HAITIOD AND BRAITCOSCS	Fr		0-PF	(2014)
		, -			

orm	990-PF (2014) Clark/Lewis Family Foundation 20-3839795	·		Pa	ge <u>5</u>
Pa	rt VII-A Statements Regarding Activities (continued)				
1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		ļ	l	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	•	11		<u>X</u>
2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory privileges? If "Yes," attach statement (see instructions)		12		<u>X</u>
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
4	The books are in care of ▶ Candace C. Holzgrafe Telephone no ▶	· 503-2	35-	368	5
	300 SE Spokane #7				
	Located at ▶ Portland OR ZiP+4 ▶	97202	2		
5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here			l	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	15			
6	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		. [Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If			1	
	"Yes," enter the name of the foreign country ▶				
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)	_			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person? Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No	1	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				
	the benefit or use of a disqualified person)?	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after		1		
	termination of government service, if terminating within 90 days)	X No	1	[
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	4-			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	/-			
	were not corrected before the first day of the tax year beginning in 2014?	N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	(į
	6e, Part XIII) for tax year(s) beginning before 2014?	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	N/A	2.		İ
	all years listed, answer "No" and attach statement – see instructions)	N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				į
	▶ 20 , 20 , 20 , 20				į
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	X No			į
_	at any time during the year? Yes	X No			É
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or				ĺ
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the				į
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		(į
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	N/A	2.		ĺ
	foundation had excess business holdings in 2014)	14 / W	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		4b		x
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?		m 99	0-PF	
					()

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P	art VII-B Statements Regarding Activities for Which Form	n 4720 May Bo	e Required (d	ontinued)			
5a	During the year did the foundation pay or incur any amount to			=	1		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section		□ '	Yes 🗓 No	1		
	(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on,		<u></u>	- 1		
	directly or indirectly, any voter registration drive?			Yes X No	1		
	(3) Provide a grant to an individual for travel, study, or other similar purposes		□ '	Yes X No	1		
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in		E==	1		
	section 4945(d)(4)(A)? (see instructions)		∪ ,	Yes 🏻 No	-		
	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational			1		
	purposes, or for the prevention of cruelty to children or animals?		□ '	Yes 🗓 No	1		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify un			/-	ŧ		
	Regulations section 53 4945 or in a current notice regarding disaster assistant	ce (see instruction	s)?	N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check	here		▶ [_]	1		
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax	4- [·	1		
	because it maintained expenditure responsibility for the grant?		N/A 🔲	Yes 💹 No	1		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				1		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums		I===			
	on a personal benefit contract?			Yes 🗶 No	1		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit co	ntract?		6b		X
	If "Yes" to 6b, file Form 8870				1		
	At any time during the tax year, was the foundation a party to a prohibited tax		_	Yes X No	1		
	If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b		
Pá	art VIII Information About Officers, Directors, Trustees, I	-oundation Ma	anagers, Hig	nly Paid Emp	loye	es,	
	and Contractors						
<u>1 L</u>	ist all officers, directors, trustees, foundation managers and their compo	ensation (see ins	tructions).	T			
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exi	pense ad	count.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowa	
		 	· · · · · · · · · · · · · · · · · · ·	compensation			
Se	e Statement 5						
					-		
		 		<u> </u>			
		 			├		
			l		1		
	Compensation of five highest-paid employees (other than those include	d on line 4	instructions) If	none enter	<u> </u>		
2	"NONE."	d on line 1 – see	msu ucuons <i>j</i> . n	none, enter			
	NONE.		I	(d) Contributions to	Ι		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		pense a	
	(-), (-), (-), (-), (-), (-), (-), (-),	devoted to position	, , , ,	plans and deferred compensation	otne	r allowa	nces
NC)NE	 		<u> </u>			
-11	•••						
		<u> </u>					
			1	1			
		1	1				
		1		1	1		
					-		
		1			1		
			l				
ota	I number of other employees paid over \$50,000					. [0
				Fo	rm 99	0-PF	(2014)

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Part VIII Information About Officers, Direct and Contractors (continued)	tors, Trustees, Four	ndation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for profes	ssional services (see ins	tructions). If none, enter "NONE."	
(a) Name and address of each person paid mo	ore than \$50,000	(b) Type of service	(c) Compensation
NONE			
-			
			
	··		
		l	
250 000 (
Total number of others receiving over \$50,000 for professional	services		
Part IX-A Summary of Direct Charitable A	ctivities		
List the foundation's four largest direct charitable activities during the tax year organizations and other beneficiaries served, conferences convened, research		ation such as the number of	Expenses
1 N/A			
			
2			
3	-		
4			
Part IX-B Summary of Program-Related In	vestments (see instr	ructions)	
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and	2	Amount
1 N/A			
2			
All alberta states and the state of the stat			
All other program-related investments See instructions 3			
•			1
		_ 	
Total, Add lines 1 through 3		•	

Forn	n 990-PF (2014) Clark/Lewis Family Foundation 20-3839795		Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. For	reign	foundations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	37,015
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	37,015
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	37,015
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	555
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	36,460
6_	Minimum investment return. Enter 5% of line 5	6	1,823
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ng fo	oundations
	and certain foreign organizations check here and do not complete this part)	, <u> </u>	
1	Minimum investment return from Part X, line 6	1	1,823
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,823
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,823
6	Deduction from distributable amount (see instructions)	6_	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,823
D.	art XII Qualifying Distributions (see instructions)		
	at An Quality ing Distributions (See Instructions)	, <u>.</u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	140,121
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2_	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a_	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	140,121
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		_
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	140,121

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Pŧ	rt XIII Undistributed Incon	ne (see instructions	<u> </u>			
		-	(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Pai	rt XI,	Corpus	Years prior to 2013	2013	2014
	line 7	[1,823
2	Undistributed income, if any, as of the	end of 2014				
	Enter amount for 2013 only	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
b	Total for prior years 20 , 20	, 20				***************************************
3	Excess distributions carryover, if any, t					
а	From 2009	153,795				
b	From 2010	86,825				
C	From 2011	97,148				
d	From 2012	100,255				
е	From 2013	139,495				
f	Total of lines 3a through e		577,518			
4	Qualifying distributions for 2014 from P	art XII,			·	
	line 4 ▶ \$ 140,121		}			
а	Applied to 2013, but not more than line	2a				
b	Applied to undistributed income of prior	ryears				
	(Election required – see instructions)	<u> </u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election				
	required – see instructions)					
d	Applied to 2014 distributable amount	_				1,823
е	Remaining amount distributed out of co	orpus	138,298			
5	Excess distributions carryover applied	to 2014				
	(If an amount appears in column (d), th	e same				
	amount must be shown in column (a))					
6	Enter the net total of each column a	s				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtr	act line 5	715,816			
b	Prior years' undistributed income Subt	ract				
	line 4b from line 2b	-				
С	Enter the amount of prior years' undistr	ributed				
	income for which a notice of deficiency	has				
	been issued, or on which the section 4	942(a)				
	tax has been previously assessed		 			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions	ļ.,				
е	Undistributed income for 2013 Subtract	ct line				
	4a from line 2a Taxable amount – see					
	instructions	-				
f	Undistributed income for 2014 Subtract					
	4d and 5 from line 1. This amount mus	t be				•
_	distributed in 2015	ļ				0
7	Amounts treated as distributions out of					
	to satisfy requirements imposed by sec					
	170(b)(1)(F) or 4942(g)(3) (Election ma	ly be				
_	required—see instructions)					
8	Excess distributions carryover from 20	1	150 705			
_	applied on line 5 or line 7 (see instruction	·	153,795			
9	Excess distributions carryover to 2	V15.	E62 004			
	Subtract lines 7 and 8 from line 6a	-	562,021			***************************************
0	Analysis of line 9	06.005				
а	Excess from 2010	86,825	-			
b	Excess from 2011	97,148				
C	Excess from 2012	100,255				
ď	Excess from 2013	139,495				
<u>e</u>	Excess from 2014	138,298				000 DE

factors None

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Statement 6 140,121 140,121 ▶ 3a Total b Approved for future payment N/A **▶** 3b Total

F GIL AVIT	Analysis of moonic-i roddoing A	5017100			· · · · · · · · · · · · · · · · · · ·	r
Enter gross an	ounts unless otherwise indicated	Unrelate (a) Business code	d business income (b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1 Program se	ervice revenue					(See instructions)
a						
b						
С						
f						
g Fees a	nd contracts from government agencies					
_	p dues and assessments					
	savings and temporary cash investments					
	and interest from securities					
	ncome or (loss) from real estate					
	nanced property					
	bt-financed property					
	ncome or (loss) from personal property					
	stment income					
	ss) from sales of assets other than inventory					
	e or (loss) from special events					
	t or (loss) from sales of inventory					
						
	nue a					
						
e	11. 1. (1) (1) 1/->		0			0
	dd columns (b), (d), and (e)				0	
13 Total. Add	line 12, columns (b), (d), and (e)		1	}	13 _	0
13 Total. Add See workshee	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations)	ccomplish		•	13	
13 Total. Add See workshee Part XVI-I Line No.	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A	e is reported in	ment of Exempt	Purpe	13	0 the
13 Total. Add See workshee Part XVI-I Line No.	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
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I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the
I3 Total. Add See workshee Part XVI-L Line No. ▼	line 12, columns (b), (d), and (e) It in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in	ment of Exempt	Purpe	13	0 the

Forr	rm 990-PF (2014) Clark/Lewis Family Foundation 20-3839795	
P	Part XVII Information Regarding Transfers To and Transactions and Relationships With Exempt Organizations	
1	Did the organization directly or indirectly engage in any of the following with any other organization described	Ye

1	ın secti						y other organization de section 527, relating to			Yes	No
	•		norting foun	dation to a n	nonchantable exen	nnt organization	of				į
а	(1) Ca		porting roun	dation to a n	iononantable exem	ipt organization	01		1a(1)		x
	• •	her assets							1a(2)		X
h	` '	transactions							10(2)		<u> </u>
U		les of assets to	a nonchari	tahle evemn	t organization				1b(1)	'	x
				•	e exempt organiza	tion			1b(2)		X
	` '	ental of facilities				11071			1b(3)		X
		embursement a			3613				1b(4)	-	X
	• •	ans or loan gua	•	.5					1b(5)		X
		_		ombershin (or fundraising solid	ritations			1b(6)		X
_	• •			-	other assets, or pa				1c		X
		_		-			lumn (b) should always	s show the fair market	ــــــــــــــــــــــــــــــــــــــ		
•								ved less than fair market			
								sets, or services received			
	a) Line no		unt involved		e of noncharitable exem	•		f transfers, transactions, and sharing	arranger	nents	
<u>1/2</u>		(4)		(, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , , ,				
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				-							
			_								
											
2a	Is the f	foundation direc	ctly or indire	ctly affiliated	d with, or related to	o, one or more t	ax-exempt organization	ns			
					r than section 501					es 🛚 🕱	. No
b		," complete the				(· / / / / ·					•
		(a) Name of or			(b) Type of o	rganization		(c) Description of relationship			
1	N/A										
							_				
	Und	der penalties of per	jury, i declare t	hat I have exar	nined this return, includ	ling accompanying	schedules and statements, a	nd to the best of my knowledge and	belief, it	ıs true	
	con	rect, and complete	Declaration of	preparer (othe	r than taxpayer) is base	ed on all information	of which preparer has any i	May the IRS dis	cuss this	return	
Sigi	n l							with the prepare			¬ " [
ler		0	dace	1	مامد برداما	<i>f</i> 1	/u// 0-1)	(see instruction	s)/	Yes	No
		Can	auce	6.1	10109 1 mge	11	114/3016	President			
		Signature of office	er or trustee		- 	Date		Title			
-	, F	Print/Type preparer	s name			Preparer's signat	иге	Date		Check	
_		, r - r - r						1 1			nployed
Paid	ישו	ouglas A.	Lacher	r.				11/0	8/16		
•	arer	irm's name ▶	Fell		Kuhn			PTIN PO	123	214	0
Jse	Only	rm's address ▶			Ave Ste	1815		Firm's EIN ▶ 45-	-528	400)6
	'					1-1227			3-22		
									orm 99		

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

• Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Employer identification number

Clark/Lewis Family Foundation 20-3839795 Organization type (check one) Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page 1 of 1

Name of organization Clark/Lewis Family Foundation **Employer identification number**

20-3839795 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Candace Holzgrafe 1 Person 300 S.E. Spokane Street Payroll 150,000 Noncash OR 97202 Portland (Complete Part II for noncash contributions) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (c) Name, address, and ZIP + 4 Type of contribution No. Total contributions Person Payroll \$ Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. Person Payroll \$ Noncash (Complete Part II for noncash contributions)

0236 Clark/Lewis Family Foundation 20-3839795 FYE: 12/31/2014	Federal Statements	11/8/2016 4:45 PM
	Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees	
Description Indirect Legal Fees Total	Net Adjusted Net \$ 705 \$ \$ 705 \$	Charitable Purpose
Sta	Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	
Description Indirect Accounting Fees Total	NetAdjustedTotalInvestmentNet\$ 700\$\$\$ 700\$\$	Charitable Purpose
	Statement 3 - Form 990-PF, Part I, Line 18 - Taxes	
Description Indirect Taxes/Licenses Total	Net Adjusted \$ 83 \$ 83 \$ 83 \$ 0 \$ 0 <	Charitable Purpose
t	Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses	
Description	Net Adjusted Total Investment S S	Charitable Purpose
Expenses Fees Miscellaneous Total	50 429 479 \$ 0	. v
		4

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0236 Clark/Lewis Family Foundation 20-3839795 FYE: 12/31/2014	Federal	Federal Statements	S	11	11/8/2016 4.45 PM
Statement 5 - Form 990-PF, Part	990-PF, Part VIII, Lin	e 1 - List of O	VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	rustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Candace C. Holzgrafe 300 SE Spokane Portland OR 97202	President	1.00	0	0	0
Jon R. Holzgrafe 300 SE Spokane Portland OR 97202	Secretary	1.00	0	0	0
Anthony Beber 17426 SW Sarala St Beaverton OR 97007	Director	1.00	0	0	0
Tracey Beber 17426 SW Sarala St Beaverton OR 97007	Director	1.00	0	0	0
Brett Beber 6206 SW Viewpoint Lane Portland OR 97239	Director	1.00	0	0	0
					3

0236 Clark/Lewis Family Foundation
Federal Statements 11/8/2016 4:45 PM

FYE: 12/31/2014

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
Candace C. Holzgrafe	\$ 150,000
Total	\$ 150,000
Form 990-PF, Part XV, Line 2b - Applicati	on Format and Required Contents
Description	
No prescribed form	
Form 990-PF, Part XV, Line 2c	- Submission Deadlines
Description	
None	
Form 990-PF, Part XV, Line 2d - Awa	ard Restrictions or Limitations
Description	
None	

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0236 Clark/Lewis Family Foundation 20-3839795 FYE: 12/31/2014

Federal Statements

Statement 6 - Form 990-PF,	Form 990-PF, Part X	V, Line 3a - Gra	Part XV, Line 3a - Grants and Contributions Paid During the Year	
Name	A	Address	•	
Address	Relationship	Status	Purpose	Amount
Oregon Zoo Foundation	4001 SW Ca	Canyon Road		
Portland OR 97221	none		Program sponsorship	20,000
The Living Desert	47-900 Por	Portside Ave.		
Palm Desert CA 92263			Program support	1,130
Coaster Theatre Found.	9770 SW	Sunshine Ct.		
		(Program sponsor	4,908
Portland Women's Found.	P.O. BOX 1032	032		
St Mary's Academy	none 1615 SW 5⊦1	5th Avenue	Flogram Support	000,02
	:		Tuition assistance fund	5,000
Variety	74-040 Hwy 111	111		
Palm Desert CA 92260			Providing bikes/helmets to children	2,000
	1132	SW Vista Avenue		
			Program support	200
Afrıcan Sports Outreach	2859 SW	Cedar Hills Blvd		
Beaverton OR 97005	ı	-	Support childrens soccer teams	200
Desert Community Foundation	75-105 Merle	le Drive, Suite		
			Program support	1,000
City of Hope	1500 E Duarte	rte Rd		
Duarte CA 91010			program support	180
John Tracy Clinic	806 W Adams	s Blvd		
Los Angeles CA 90007			program support	10,098
MacDonald Center	605 NW Couch St	ch St		
Portland OR 97209	ָר נ		program support	2,000
City of Cannon Beach	FO BOX 368		Support	003
Cannon Beach History Center	PO Box 1005	<u>.</u>		
Cannon Beach OR 97110	none	•	cannon restoration project	200
Girls Inc of NW Oregon	4800	SW Macadam Ave		
Portland OR 97239			program support	3,000
Salvation Army	211 NE	18th Ave		1
	none 7140 cm Mar	ourony mebesel Mo	program support	200
Oregon Fubiro Broadcascing Portland OR 97219			program support	1,000

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0236 Clark/Lewis Family Foundation 20-3839795 FYE: 12/31/2014

Federal Statements

Name	Address		
Address	Relationship Status	Purpose	Amount
Gamma Mu KKG	530 East Town Street		
Columbus OH 43216 none	í	program support	200
Valley Crime Stoppers	PO Box 6690	brogram sipport	0.7.1
	PO Box 1433		0)
Sherwood OR 97140 none		program support	3,000
Southridge High School	9625 SW 125th Avenue		
Beaverton OR 97008		program support	1,000
Hope International Develop. Agency	55 East Monroe	program silpport	000 1
Warriors	PO Box 1931		
Rancho Mirage CA 92270 none		program support	1,500
Shriners Hospitals for Children	3101 SW Sam Jackson E	ark	
Portland OR 97239-3009 none		program support	2,000
Southwest Community Health Center	7754 SW Capitol Hwy		
Portland OR 97219 none		program support	1,000
Leukemia & Lymphoma Society	9320 SW Barbur Blvd.		
Portland OR 97219 none		program support	1,000
Childrens Relief Nursery	588 W Idaho Avenue		
Ontario OR 97914 none		program support	2,000
Childrens Center	1713 Penn Lane		
Oregon City OR 97045 none		program support	2,500
Raphael House of Portland	4110 SE Hawthorne Blvd		
Portland OR 97214 none		program support	2,500
Frienldy House	2617 NW Savier Street		
Portland OR 97210 none		program support	2,000
The Childrens Course	19825 River Road		
Gladstone OR 97027 none		program support	1,000
Women's Foundation of Oregon	221 NW Second Avenue		
JR 97209		program support	120
March of Dimes	1220 SW Morrison St		
Portland OR 97205 none		program support	100
oundat	PO Box 1852		
Palm Desert CA 92261 none		program support	100

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0236 Clark/Lewis Family Foundation 20-3839795 FYE: 12/31/2014	n Federal Statements	ements	11/8/2016 4:45 PM	
Statement 6 - Form 990-PF		Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)		·
Name	Address			<u>. </u>
Address	Relationship Status	Purpose	Amount	
Make A Wish Foundation Portland OR 97201 Wounded Warrior Project Vista CA 92081 Evans Scholarship Foundation Golf IL 60029-0301 Total	none 827 Plumosa Ave none One Briar Road none	program support program support	300 35 140,121	
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