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SCANNIED OCT 1 9 2016

Form **990-PF**

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

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.

OMB No 1545-0052

For	calen	dar year 2015 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
L	EW:	IS FAMILY FOUNDATION			26-0640912	1
		nd street (or P.O. box number if mail is not delivered to street	•	Room/surte	B Telephone number	
8	41	BISHOP STREET, STE 170	0		(808)531-3	000
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending check here
_H	ON	OLULU, HI 96813				
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here
		Final return	Amended return		2. Foreign organizations me	setung the 85% test
		Address change	Name change		Foreign organizations me check here and attach co	omputation
H C	_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
<u> </u>			Other taxable private founda		under section 507(b)(1)	
		rket value of all assets at end of year J Account	=	Accrual	F If the foundation is in a	
(<i>II</i>		Part II, col. (c), line 16) 437 , 011 . (Part I, colu	ther (specify)	nacie I	under section 507(b)(1))(B), check here
	rt I		T		(a) Advisaged and	(d) Disbursements
		(The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	277,788.		N/A	(cush dusis only)
	2	Check I If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	66.	66.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
ø	6a	Net gain or (loss) from sale of assets not on line 10				
evenue	Ь	Gross sales price for all assets on line 6a				
- <u>Š</u>	7	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain		17		
	9	Income modifications Gross sales less returns				
		and allowances				
		Less Cost of goods sold				
	11	Gross profit or (loss) Other income				
	12	Total. Add lines 1 through 11	277,854.	66.	†	
	13	Compensation of officers directors, trustees etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
Expenses	16a	Legal fees				
ben	Ь	Accounting fees STMT 2	4,157.		PEMED	4,157.
		Other professional fees		0.45		
ţ.	17	Interest		SEI	S A A A A A A A A A A A A A A A A A A A	
itra	18	Taxes		SEI		<u> </u>
ij	19	Depreciation and depletion			8	<u> </u>
퉏	20	Occupancy Travel, conferences, and meetings			DEN. UT	
φ	21	Printing and publications				<u></u>
g	23	Other expenses STMT 3	714.	0.		714.
Operating and Administrative		Total operating and administrative	/140	<u> </u>		/14.
era		expenses. Add lines 13 through 23	4,871.	0.		4 871
ŏ	25	Contributions, gifts, grants paid	20,650.			4,871. 20,650.
		Total expenses and disbursements.				
	L	Add lines 24 and 25	25,521.	0.		25,521.
	27	Subtract line 26 from line 12:	== .			
		Excess of revenue over expenses and disbursements	252,333.		<u></u>	
		Net investment income (if negative, enter -0-)		66.		
5235		Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	
5235 11-2	4-15	LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2015)

-	18	Grants payable		
S.	19	Deferred revenue		
Liabilities	20	Loans from officers directors, trustees and other disqualified persons		
ā	21	Mortgages and other notes payable		
_	22	Other liabilities (describe)		
	23	Total liabilities (add lines 17 through 22)	0.	0.
		Foundations that follow SFAS 117, check here		
		and complete lines 24 through 26 and lines 30 and 31.		
ces	24	Unrestricted		
lan	25	Temporarily restricted		
Ва	26	Permanently restricted		
Assets or Fund Balances		Foundations that do not follow SFAS 117, check here 🔻 🗶		
rF		and complete lines 27 through 31.		
S O	27	Capital stock, trust principal, or current funds	0.	0.
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.
As	29	Retained earnings, accumulated income, endowment, or other funds	1,361,474.	1,613,809.
Net	30	Total net assets or fund balances	1,361,474.	1,613,809.
	31	Total liabilities and net assets/fund balances	1,361,474.	1,613,809.

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1,361,474.
2	Enter amount from Part I, line 27a	2	252,333.
3	Other increases not included in line 2 (itemize) ROUNDING	3	2.
4	Add lines 1, 2, and 3	4	1,613,809.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,613,809.

		of property sold (e.g nmon stock, 200 sh			D	ow ac - Purch - Dona	nase '	c) Date a (mo , da		(d) Date sold (mo., day, yr.)
a										
NO:	NE				ļ					
<u> </u>					├					
<u> </u>										
<u> </u>	(f) D		(-) (b	1 -		L_	/h\ C-	(1000)	
(e) Gross sales price		ciation allowed illowable)		t or other basis opense of sale					ın or (loss) (f) mınus (
<u> </u>										
<u>' </u>						-				
,		<u> </u>								· · · · -
			· · · · · · · · · · · · · · · · · · ·						_	
Complete only for assets showing	ig gain in colum	in (h) and owned by	the foundation	on 12/31/69					ol. (h) gain	
(i) F.M.V. as of 12/31/69		usted basis 12/31/69		cess of col (ı) col. (ı), ıf any					ot less than from col. (I	
 l							-			
)			ļ <u></u>							
C										
1										
			<u> </u>							
Capital gain net income or (net ca	ıpıtal loss)	If gain, also enter -(}	2				
Net short-term capital gain or (los	ss) as defined ir	sections 1222(5) a	nd (6):							
If gain, also enter in Part I, line 8,			\-/-		}					
If (loss), enter -0- in Part I, line 8 Part V Qualification U		-10.10() (ال	3				
as the foundation liable for the sec Yes," the foundation does not qua	lify under section	on 4940(e) Do not c	omplete this pa	rt.						Yes X
Enter the appropriate amount in	each column fo	r each year; see the	instructions bef	fore making any e	entries	S				747
(a) Base period years Calendar year (or tax year beginni	ng (n) A	(b) djusted qualifying di		Net value of no	(c) oncha	ritable-			Distrib (col. (b) div	(d) ution ratio ided by col. (c))
2014			70,572.				4,019			.5690
2013			30,300.				8,712			.4493
2012			07,270. 27,831.			-13 10	9,083. 6,663.	\		.6344
2011			17,456.		1	01	5,120	' 		.1157
			17,430.			, 0 1	5,120	' 		• 113,
Total of line 1, column (d)								2		2.0681
Average distribution ratio for the	5-year base per	riod - divide the total	on line 2 by 5,	or by the numbe	r of ye	ears				
the foundation has been in existe								3		.4136
Enter the net value of noncharita	ble-use assets f	or 2015 from Part X	, line 5					4		190,42
Multiply line 4 by line 3								5		78,76
.,										<u> </u>
Enter 1% of net investment inco	me (1% of Part	i, line 27b)						6		
Add lines 5 and 6								7		78,76
Enter qualifying distributions fro								8		25,52
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check t	the box in Part VI, lin	ie 1b, and comp	olete that part usi	ng a 1	l% tax	rate.			

orm 990-PF (2015) LEWIS FAMILY FOUNDATION		26-0640			Page 4
Part VI Excise Tax Based on Investment Income (Section 49	40(a), 4940(b), 4940(e),	or 4948 - see	nstru	ction	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 n	ecessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1			1.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	1% 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			<u> 1.</u>
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			1.
6 Credits/Payments:					
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1 1			
b Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				
7 Total credits and payments. Add lines 6a through 6d		 ,			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	ttached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	amened	9			1.
the second secon		10			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	Refunde	· — — —	-		
Part VII-A Statements Regarding Activities	Itelunut				
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	rislation or did it participate or int	ervene in	Т	Yes	No
any political campaign?	gistation of did it participate of int	CIVCIIC III	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	noses (see instructions for the de	finition\2	1b		X
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities			10		 ^
distributed by the foundation in connection with the activities	and copies of any materials po	iblished of	!		
c Did the foundation file Form 1120-POL for this year?			1, 1	•	x
· · · · · · · · · · · · · · · · · · ·	the years		10		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t		0.			
(1) On the foundation. > \$ 0 • (2) On foundation manage					
e Enter the reimbursement (if any) paid by the foundation during the year for political expermanagers. ► \$ 0 •	tollure lax imposed on loundalio	1			
	, IDCO				x
2 Has the foundation engaged in any activities that have not previously been reported to the	e IKO		2		
If "Yes," attach a detailed description of the activities		-•			
3 Has the foundation made any changes, not previously reported to the IRS, in its governin	=	ation, or			- V
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char			3	_	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the y	rearr	N/A	4a		<u> </u>
b if "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		х
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	arv		5	 	 ^ _
If "Yes," attach the statement required by General Instruction T			i		ł
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	i eitner.		1		
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no manda	tory directions that conflict with t	ne state law	1 .	3,7	
remain in the governing instrument?			6	X	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of	complete Part II, col (c), and F	Part XV	7	Х	
					i
8a Enter the states to which the foundation reports or with which it is registered (see instruc	ctions) -			1	1
HI	*** • • • • • • • • • • • • • • • • • •				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	e Aπorney General (or designate)		1		
of each state as required by General Instruction G? If "No," attach explanation		f l d-	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of		tor calendar	1	-	١,,,
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,	·	CMMP E	9	-	X
10 Did any persons become substantial contributors during the tax year? If "Yes " attach a sch	edule listing their names and addresse	STMT 5	10	X	1

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Pa	rt VII-A Statements Regarding Activities (continued)				
		<u></u>		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person h	nad advisory privileges?			
	If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	?	13	X	
	Website address ► N/A				
14		elephone no. $\triangleright 719-6$			
	Located at ► 2728 RIGEL DRIVE, COLORADO SPRINGS, CO	ZIP+4 ▶8	0906	-67	54
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_		· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	a bank,		Yes	
	securities, or other financial account in a foreign country?		16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		ŀ		
	foreign country	: al			<u> </u>
L	art VII-B Statements Regarding Activities for Which Form 4720 May Be Requ	irea			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		 	Yes	No
18	a During the year did the foundation (either directly or indirectly).	[] _V [V]			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	Yes X No			
	a disqualified person?	Yes X No	-		1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No	ĺ	ĺ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	L TES LA NO			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	Yes X No			
	for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check "No")	LL TES LAL NO		l	
	(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				
	termination of government service, if terminating within 90 days.)	Yes X No			
-	termination of government service, it terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	169 [VZ] NO		-	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here	N/A ▶□	"	<u> </u>	\vdash
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not				
	before the first day of the tax year beginning in 2015?		1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating	ng foundation	<u> </u>		
_	defined in section 4942(j)(3) or 4942(j)(5)):	J			
	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax ye	ar(s) beginning			
	before 2015?	Yes X No			
	If "Yes," list the years \blacktriangleright ,,,,,		1	1	}
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relative	ng to incorrect	1	1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer				
	statement - see instructions.)	N/A	2b		<u></u>
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	>	<u> </u>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	1	
	during the year?	Yes X No	ŀ		
	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualifi				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 45			1	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use	•	-	1	_
	Form 4720, to determine if the foundation had excess business holdings in 2015)	N/A	3b	<u> </u>	<u> </u>
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	1	X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to			-		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y∈	es 🗶 No	1	
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No	- 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	_			
4945(d)(4)(A)? (see instructions)		Y ₀	es 🗶 No 📗		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations		ŀ	'
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				l	ŀ
expenditure responsibility for the grant?		1/A Y	es L No		
If "Yes," attach the statement required by Regulations section 53 494				- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y	es 🗶 No	_	1,,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6Ь	X
If "Yes" to 6b, file Form 8870		Г—	च्छि		,
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trust			N/A	7b	
Paid Employees, and Contractors		anagers, Highi	y 		
1 List all officers, directors, trustees, foundation managers and their		L() Companyon	1-7-X:		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	s ac	e) Expense count, other allowances
STEVEN J. LEWIS	CO-TRUSTEE				
841 BISHOP STREET #1700					
HONOLULU, HI 96813	4.00	0.	0	•	0.
CHERYL LEWIS	CO-TRUSTEE				
84/1 BISHOP STREET #1700]				
HONOLULU, HI 96813	4.00	0.	0	<u>. </u>	0.
	4				
	-				
				1	
	-				
2 Compensation of five highest-paid employees (other than those in		, enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plan and deferred compensation	s ac	e) Expense count, other allowances
NONE	,		,	T	
	<u></u>				
		<u></u>		\perp	
	_				
				 	
	4				
Total number of other employees paid over \$50,000	<u> </u>				0
10121 Hamber of other employees paid 04ct too,000		 			

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc	Exheuses
1 N/A		
2		
3		
4		
		<u> </u>
		141.
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
1 N/A	lines I allu 2.	Amount
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	▶	0.

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a 57	.715.
	Average of monthly cash balances	1b 135	,715. ,611.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 193	,326.
	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		,326.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		,900.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		,426.
6	Minimum investment return. Enter 5% of line 5		,521.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar		.,
_	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 9	,521.
2a	Tax on investment income for 2015 from Part VI, line 5		<u> </u>
b	Income tax for 2015. (This does not include the tax from Part VI)	1	
С	Add lines 2a and 2b	1 2c	1.
3	Distributable amount before adjustments Subtract line 2c from line 1	3 9	,520.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 9	,520.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 9	,520.
P	art VIII	 	,
_	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 25	,521.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а		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		,521.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		,521.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	4940(e) reduction of tax in those years	-	

Form **990-PF** (2015)

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,		10010 prior to 2011		
line 7	į			9,520.
2 Undistributed income, if any, as of the end of 2015	<u> </u>		·	
a Enter amount for 2014 only			0.	
b Total for prior years'				
• • • • • • • • • • • • • • • • • • • •		0.		
3 Excess distributions carryover, if any, to 2015:				
aFrom 2010 66,717.				
bFrom 2011 106,500.				
c From 2012 98,818.				
dFrom 2013 71,366.				
eFrom 2014 64,371.				
f Total of lines 3a through e	407,772.			
4 Qualifying distributions for 2015 from	,		· · · · · · · · · · · · · · · · · · ·	
Part XII, line 4: ▶\$ 25,521.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	· - ·			······································
(Election required - see instructions)	0.	!	!	
d Applied to 2015 distributable amount				9,520.
e Remaining amount distributed out of corpus	16,001.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))			· · · · · · · · · · · · · · · · · · ·	17 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6 Enter the net total of each column as indicated below:			na – a mannagang haji — –	
a Corpus Add lines 3f 4c and 4e Subtract line 5	423,773.			
b Prior years' undistributed income. Subtract	·			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed				
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions e Undistributed income for 2014. Subtract line	-		<u></u>	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2015. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	66,717.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	357,056.			
10 Analysis of line 9:	- ,			
a Excess from 2011 106,500.				
b Excess from 2012 98,818.			ļ	
c Excess from 2013 71,366.			i	
dExcess from 2014 64,371.				
e Excess from 2015 16,001.				
523581 11-24-15		•	* · · · · · · · · · · · · · · · · · · ·	Form QQQ-PF (2015)

the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

STEVEN LEWIS, 719-650-8054

2728 RIGEL DRIVE, COLORADO SPRINGS, CO 80906-6754

b The form in which applications should be submitted and information and materials they should include:

LETTER STATING THE TYPE OF ACTIVITY

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE

	Year or Approved for Future	raymem		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CASA OF THE PIKES PEAK REGION	NONE	PUBLIC CHARITY	SOCIAL SERVICES &	
701 S CASCADE AVE COLORADO SPRINGS, CO 80903			PROGRAMS	3 000
COLUMNO SPRINGS, CO 10903				3,000
CHRISTMAS UNLIMITED 2204 E. BOULDER ST.	NONE	PUBLIC CHARITY	COLLECT AND DISTRIBUTE HOLIDAY GIFTS	
COLORADO SPRINGS, CO 80909			HOLIDAY GIFTS	1,000
				
COLORADO SPRINGS FINE ARTS CENTER	NONE	PUBLIC CHARITY	SUPPORT OF FINE ARTS	
30 WEST DALE ST				
COLORADO SPRINGS, CO 80903		ļ		2,000
EDUCATION FOR HOPE	NONE	PUBLIC CHARITY	EDUCATION	
PO BOX 6181		_	-	
WOODBRIDGE, VA 22195				2,000
CRM CRM DDBCCUOOL	NONE	DUDI IO CUADITAV		
GET-SET PRESCHOOL 219 E. BIJOU	HOME	PUBLIC CHARITY	EDUCATION	
COLORADO SPRINGS, CO 80903				2,500
	NTINUATION SHE	ET(S)	▶ 3a	20,65
b Approved for future payment				
NONE				
				
	1			
Total		<u> </u>	▶ 3b	

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y		•		
	If recipient is an individual,			
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
			,	
INTERNATIONAL CHILDCARE MINISTRIES	NONE	PUBLIC CHARITY	SUPPORT CHILDCARE	
770 N HIGH SCHOOL RD		1		
INDIANAPOLIS, IN 46214				6
MILITARY COMMUNITY YOUTH MINISTRIES	NONE	DIIRITO CUARTITO	YOUTH DEVELOPMENT	
540 N. CASCADE AVE, SUITE 300	NONE	FUBLIC CHARITI	PROGRAMS	
COLORADO SPRINGS, CO 80903			1 10014215	2,0
				· · · · · · · · · · · · · · · · · · ·
SANTA BARBARA CITY COLLEGE FOUNDATION	NONE	PUBLIC CHARITY	EDUCATION	
721 CLIFF DRIVE SANTA BARBARA, CA 93109		}		2.7
DANIA BARDARA, CA 73107				2,7
TESSA	NONE	PUBLIC CHARITY	DOMESTIC VIOLENCE AND	
435 GOLD PASS HEIGHTS			SEXUAL ASSAULT SUPPORT	
COLORADO SPRINGS, CO 80906				8
UNIVERSITY OF CALIFORNIA SANTA	NONE	PUBLIC CHARITY	DISABLED STUDENTS	
BARBARA		}	PROGRAM	
UC SANTA BARBARA]	
SANTA BARBARA, CA 93106				2,0
YOUNG LIFE TRAIL WEST	NONE	PUBLIC CHARITY	YOUTH & FAMILY	
PO BOX 520 COLORADO SPRINGS, CO 80901			DEVELOPMENT PROGRAMS	2.0
COLORADO SPRINGS, CO 80301				2,0
		<u> </u>		
Total from continuation sheets				10,1

Form 990-PF (2015) LEWIS FAMILY 1 Part XVI-A Analysis of Income-Prod	ucing Activitie	s			J640912 Page 1
Enter gross amounts unless otherwise indicated		ousiness income	Excluded b	y section 512, 513 or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a.					
b					
С					
d					
e					
f			1 1		
g Fees and contracts from government agencies					·· ·· ·· ·· ·· ·· ·· ·· ··
2 Membership dues and assessments		··· · · · · · · · · · · · · · · · · ·	 		
3 Interest on savings and temporary cash			1		
investments					
4 Dividends and interest from securities			14	66.	
5 Net rental income or (loss) from real estate			+		
a Debt-financed property			 		
b Not debt-financed property	 		 		 -
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	·		 		
than inventory					
9 Net income or (loss) from special events			1 1		
10 Gross profit or (loss) from sales of inventory			+ +	-	
11 Other revenue			1 1		
_					
	1 1		 		
			 		
de	_	<u> </u>	 		
12 Subtotal. Add columns (b), (d), and (e)	_	0		66.	0
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>		·	13	66
(See worksheet in line 13 instructions to verify calculations.	١			10 <u></u>	
Part XVI-B Relationship of Activities		anlichment of E	vomnt D		
· · · · · · · · · · · · · · · · · · ·					
Line No. Explain below how each activity for which in			A contributed	I importantly to the accom	plishment of
the foundation's exempt purposes (other th	an by providing tund	s for such purposes).			
N/A					
					
		_ -		.	
		. 			
	·-····				
				······	
				·	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Exclipt Organi	124110113			
1	Did the or	ganization directly or indir	rectly engage in any of the followi	ng with any other organization	described in section 501(c) of	Yes No
	the Code ((other than section 501(c))(3) organizations) or in section 5	27, relating to political organiz	zations?	
а	Transfers	from the reporting founda	ation to a noncharitable exempt or	rganization of		
	(1) Cash					1a(1) X
	(2) Other					1a(2) X
b	Other tran					
	• •	of assets to a noncharitat	· -			1b(1) X
	•		ncharitable exempt organization			1b(2) X
	• •	al of facilities, equipment, o				1b(3) X
		bursement arrangements				1b(4) X
	• •	s or loan guarantees				1b(5) X
			mbership or fundraising solicitation			1b(6) X
			iling lists, other assets, or paid en			1c X
đ			"Yes," complete the following sch			
			oundation. If the foundation received other assets, or services received.		in any transaction or sharing ari	rangement, show in
a)	ine no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers tra	nsactions and sharing arrangements
-/-	ine ilo	(b)/ilitobile ilivolved	N/A	C CACITIFY OF GUITIZATION	(0) Description of transfers, tra	nsactions and sharing arrangements
			IN/A			
		· · · · · ·				
	 -			 	 	
			,		 	
					 	
					 	
			·		 	
						
						
	- -					
						
						
					<u> </u>	· · · · · · · · · · · · · · · · · · ·
2 a	Is the four	ndation directly or indirect	tly affiliated with, or related to, one	e or more tax-exempt organiz	ations described	
			r than section 501(c)(3)) or in sec			Yes X No
Ь		omplete the following sch	• • • • • •			
		(a) Name of org		(b) Type of organization	(c) Description	n of relationship
		N/A				
		 				
				1		
		·				- · · · ·
			that I have examined this return, including the Beclaration of preparer (other the			
Sig	gn and be	eller, it is take torreer and con	normal Declaration of preparer (other th		ation of which preparer has any knowle	return with the preparer shown below (see instr.)?
He	re	-Alle		19/12/16	CO-TRUSTEE	X Yes No
	Sigr	naturæf officer or trustee	,	Date	Title	
		Print/Type preparer's na	ame Preparer's	signature	Date Check	if PTIN
				1/)	Self- employe	ed
Pa		DEANNA C.			8/21/14	P00647777
	eparer	Firm's name ► KMH	LLP //	'//	Firm's EIN	▶42-1539623
Us	e Only					
			03 BISHOP STREE		0	
		НО	NOLULU, HI 9681	13	Phone no.	808-526-2255

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	LEWIS FAMILY FOUNDATION	26-0640912
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, -	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S _l	pecial Rule See instructions
X For an organiza		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
For an organiza sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% i(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the -EZ, line 1 Complete Parts I and II	e 13, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiving ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III	•
year, contributi is checked, ent purpose Do no	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receivens exclusively for religious, charitable, etc., purposes, but no such contributions the there the total contributions that were received during the year for an exclusively of complete any of the parts unless the General Rule applies to this organization beable, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000 If this box / religious, charitable, etc ,
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file So on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ on neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	, , , , , , , , , , , , , , , , , , , ,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

LEWIS FAMILY FOUNDATION

26-0640912

Part I	Contributors (see instructions) Use duplicate copies of Part I	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAY & WALLETTE SHIDLER 841 BISHOP STREET, STE 1700 HONOLULU, HI 96813	ss34,657.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STEVEN & CHERYL LEWIS 841 BISHOP STREET, STE 1700 HONOLULU, HI 96813	s243,131.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2015)

Employer identification number

LEWIS FAMILY FOUNDATION

26-0640912

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	ıf addıtıonal space ıs needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
_		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
523453 10-26	2.15	Schodulo P (Form 6	90, 990-EZ, or 990-PF) (2015)

Schedule B	(Form 990.	990-EZ.	or 990-PF)	1	2015
ocincadic b	(, 0,,,,	JJ LL,	0.000	, ,	20.0

Page 4

Name of org	ganization		Employer identification number				
T.EWTS	FAMILY FOUNDATION		26-0640912				
Part III	Exclusively religious, charitable, etc., contril the year from any one contributor. Complete co	outions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	completing Part III enter the total of exclusively religious	charitable etc., contributions of \$1,000 o	or less for the year (Enterthisinfo once)				
(a) No.	Use duplicate copies of Part III if additional	space is needed					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of git	ift				
	Transferee's name, address, and	17IP + 4	Relationship of transferor to transferee				
Ì			Transfer to transfer to transfer to				
Ì							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
ŀ		(e) Transfer of git	ift				
ŀ	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(h) Dumana of sift	(a) Han of with	(d) Description of house (d) is held				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gi	164				
		(e) Transier of gr	irt.				
1	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of gi	ift				
	Transferee's name, address, and	Transferee's name, address, and ZIP + 4					
ļ			Relationship of transferor to transferee				

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM S	SECUR	ITIES		STATEN	IENT	1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A REVEI PER BO	NUE	NET]		(C) T- ADJUSTEI ME NET INCON		
INTEREST INCOME	66.		0.		66.		66	5.		
TO PART I, LINE 4	66.		0.		66.		6 6	5.		
FORM 990-PF		ACCOUNT	NG F	EES	-	-		STATE	IENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) 'INVE	ST-	ADJU	C) JSTED INCOME		(D) RITA IRPOS	
TAX PREPARATION FEE	ES	4,157	,		0.				4,1	57.
		4,157			0.				4,1	E 7
TO FORM 990-PF, PG	== ===================================	4,157							4,1	57.
FORM 990-PF, PG	1, IN 105	OTHER I		ISES				STATE		
	1, IN 105		EXPEN	(B)	ST-	ADJU	C) JSTED	CH2		3 BLE
FORM 990-PF		OTHER I	EXPEN NET MEN	(B)	ST-	ADJU	JSTED	CH2	(D) ARITA JRPOS	3 BLE ES
FORM 990-PF DESCRIPTION		OTHER I (A) EXPENSES PER BOOKS	NET MEN	(B)	ST-	ADJU	JSTED	CH2	IENT (D) ARITA JRPOS	BLE ES
FORM 990-PF DESCRIPTION OFFICE EXPENSE		OTHER I (A) EXPENSES PER BOOKS 714	NET MEN	(B) 'INVE	ST-OME	ADJU	JSTED	CH2	IENT (D) ARITA JRPOS 7	3 BLE ES 14.
FORM 990-PF DESCRIPTION OFFICE EXPENSE TO FORM 990-PF, PG		OTHER II (A) EXPENSES PER BOOKS 714	NET MEN	(B) 'INVE	ST-OME	ADJU	JSTED	CHA	IENT (D) ARITA JRPOS 7 7 TENT	3 BLE ES 14.
FORM 990-PF DESCRIPTION OFFICE EXPENSE TO FORM 990-PF, PG FORM 990-PF	1, LN 23	OTHER I	NET MEN	(B) 'INVE	ST-OME 0. 0.	ADJU NET	JE	STATEM FAIR M	IENT (D) ARITA JRPOS 7 7 TENT	3 BLE ES 14. 14.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	5
NAME OF CONTRIBUTOR	ADDRESS		
STEVEN & CHERYL LEWIS	841 BISHOP STREET #1700 HONOLULU, HI 96813		