Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 16

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

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

Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning	and e	ending			
В	heck if pplicable	C Name of organization			D Employer ide	ntificati	on number
	Addres change	LEWMAR FOUNDATION					
	Name change	Doing business as			20	<u> 371</u>	2316
	Initia! return	Number and street (or P.O. box if mail is not delivered to street address)	R	Room/suite	E Telephone nu	mber	
	Final return/	120 S MAIN P O BOX 98			57	<u> 13-65</u>	5-4212
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	le		G Gross receipts \$		57,793.
	Amend return	LA GRANGE, MO 63448			H(a) Is this a gro	up retur	n
	Application	(F Name and address of principal officer. DECK1 11 DK1DD115			for subordii	nates?	Yes X No
	pendin	9 120 S MAIN P O BOX 98, LA GRANGE, MO	0 _6	3448	H(b) Are all subordir	nates includ	led? Yes No
1	ax-exe	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947((a)(1) or	r 🔙 527	If "No," atta	ich a list.	(see instructions)
J	Nebsit	e: > N/A			H(c) Group exer	nption ni	umber 🕨
		organization: X Corporation Trust Association Other ►		L Year	of formation: 200) 5 M St	ate of legal domicile: MO
P	art I	Summary					
ě	1	Briefly describe the organization's mission or most significant activities: PU					
Governance		SCHOLARSHIPS AND GRANTS TO EDUCATIONAL					
ē	1	Check this box if the organization discontinued its operations or continued its operations or continued its operations.	dispose	ed_of_more	than 25% of its r	1 1	_
Š	1	Number of voting members of the governing body (Part VI, line 1a)			VEU 0	3	3
æ	4	Number of independent voting members of the governing body (Part VI, line	<u> 16)</u>		Ø	4	3
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary)	8 M	AY 12	2017	5	0
Activities &					S	6	0
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		GDEN		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34				7b	0.
				<u> </u>	Prior Year	_	Current Year
e		Contributions and grants (Part VIII, line 1h)		<u> </u>	14,37		2,793.
Revenue	1	Program service revenue (Part VIII, line 2g)				0.	0.
Æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	40.45	0.	0.
	ľ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> </u>	48,47		<u>52,975.</u>
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		62,85		55,768.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	69,35		57,900.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)	<u> </u>		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>		0.	0.
Š	b b	Total fundraising expenses (Part IX, column (D), line 25)		0.			
, w	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				8.	435.
•		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u> </u>	69,65		58,335.
. 	19	Revenue less expenses. Subtract line 18 from line 12			-6,80		-2,567.
Soci				Be	ginning of Current \		End of Year
sset Bala	20	Total assets (Part X, line 16)			<u>574,91</u>		572,347.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			E74 01	0.	0.
끊	22	Net assets or fund balances Subtract line 21 from line 20 Signature Block			574,91	.4.	572,347.
	art II	<u> </u>	hadulaa	and statem	anto and to the book	of my len	avilades and helpf it in
		Ities of perjury, I declare that I have examined this return, including accompanying sch					owledge and belief, it is
; <u>true</u>	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information	n or will	ich preparer	nas any knowledge.		
٥.		Signature of officer			Date		
Sig		BECKY L BRIDDLE, SECRETARY-TREASURE	סים		04.0		
Hei	e .	Type or print name and title	<u>er</u>				
		Print/Type preparer's name Proparer's signature			Date Che	ck	PTIN
Paid	4	JOHN RIDDER	1/4		5/03/17 self	ш	P00146435
	parer	Firm's name RIDDER AND ASSOCIATES LTD	<u>· · </u>		Firm's Ell		6-4134856
	Only	Firm's address P O BOX 5026			Film SEII	3	0 4174070
use	UIII	QUINCY, IL 62305-5026			Dhone no	217-	221-9130
Mar	v the I	RS discuss this return with the preparer shown above? (see instructions)			(Lione no	. <u></u>	X Yes No

orm	990 (2016) LEWMAR FOUNDATION	_ 20-3712316	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	PUBLIC CHARITY - PROVIDE SCHOLARSHIPS AND GRANTS TO EDI	UCATIONAL	
	INSTITUTIONS AND PROGRAM SPONSORS		
		· · · · · · · · · · · · · · · · · · ·	
	Did the average and adults any againment program and act the user which were not lated as the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□v _{aa}	X No
	If "Yes," describe these new services on Schedule O.	res	LAJ NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Ves	XNo
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expense	s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	• •	
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$) (Rev	enue \$)
	SCHOLARSHIPS AND GRANTS TO EDUCATIONAL INSTITUTIONS AND	D PROGRAM	
	SPONSORS		
		-	
			
			
41.	(Code) (Expenses \$ 57,900 · including grants of \$ 57,900 ·) (Rev		
4b	(Code) (Expenses \$	enue \$)
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Rev	enue \$)
		· · · · · · · · · · · · · · · · · · ·	
			
			
			
4.	Other program convers (Decembe in Cabedille O.)		
4d	Other program services (Describe in Schedule O.)	1	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 57,900.		
<u>4e</u>	Total program del vice expended P 31/3001	Form S	90 (2016)

Form 990 (2016) LEWMAR FOUNDATION
Part IV Checklist of Required Schedules

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	NO
'	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ĭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		_	
·	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	\Box		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
	Schedule D, Part III	8_		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ı
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_	<u>_</u>	_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	İ		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		_X_
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	The state of the s	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0	-	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1,,		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,]		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	{		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			~-
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18_		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
	complete Schedule G, Part III		990	2016)
		. 51111		,,

Form 990 (2016) LEWMAR FOUNDATION
Part IV Checklist of Required Schedules (continued)

	`		res	NO_
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	·	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ĺ		
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
_	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		l	
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

20-3712316

Form 990 (2016)

LEWMAR FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i		
	filed for the calendar year ending with or within the year covered by this return	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	<u>6</u> a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	\ _ '		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	l _		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>7</u> h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	1	
0	Sponsoring organizations maintaining donor advised funds.	-		
9	Did the sponsoring organization make any taxable distributions under section 4966?	00		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	90		
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	į ,		
11	Section 501(c)(12) organizations. Enter]		
	Gross income from members or shareholders	[
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b				
_	organization is licensed to issue qualified health plans			
С	10-			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

LEWMAR FOUNDATION 20-3712316 Form 990 (2016) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X b Each committee with authority to act on behalf of the governing body? Яh X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official <u>X</u> 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply W Upon request Own website ___ Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records BECKY L BRIDDLE - 573-655-4212

120 S MAIN P O BOX 98, LA GRANGE, MO

63448

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

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

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

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

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

X Check this box if neither the organiza (A) Name and Title	(B) Average hours per	(do	not c	Pos heck	C) Ition more		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BOB RICHTER	0.50	1								
PRESIDENT		 	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
(2) ELIZABETH A DAVIS	0.00	-		 		İ				
VICE PRESIDENT	0.50	\vdash	 	X		├-	 	0.	0.	0,
(3) BECKY L BRIDDLE	0.50	+		x		l		0.	0	0
SECRETARY - TREASURER				Α				0.	0.	0.
		_								· · · · · · · · · · · · · · · · · · ·
			_							
		_	L							
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			<u> </u>							

rai	Section A. Officers, Directors, Trus	<u>tees, Key Em</u>	ploy	<u>ees</u>	<u>, and</u>	d Hi	ghe	st C	ompensated Employe	es (continued)				
	` (A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable		Es	tımate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	n	an	nount c	of
		week		ceran	id a d	Irecto	or/trus	tee)	from	from related			other	
		(list any hours for	director						the	organization			pensat	
		related	1 5	ee			sated		organization	(W-2/1099-MIS	5C)	ĺ	om the	
		organizations	trustee	ŧ		8	ngu		(W-2/1099-MISC)	l		_	anızatı d relate	
		below	dual t	ttona		ng lo	Stcor					;	ınızatıc	
		line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		ı		0.90		,,,,
	 		┞═╴	_	<u> </u>								_	
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		<u> </u>												
		<u></u>		<u> </u>			<u>L</u>					<u></u>		
1b	Sub-total								0.		0.			0
С	Total from continuation sheets to Part VI	I, Section A							0.		_0.	<u></u>		0.
d	Total (add lines 1b and 1c)								0.		_0.	<u></u>		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													(
													Yes	No
3	Did the organization list any former officer,	director, or tri	uste	e, ke	y er	nplo	yee,	orl	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	}	X_
4	For any individual listed on line 1a, is the su			omp	ensa	ation	and	d oth	ner compensation from	the organization				
	and related organizations greater than \$150									3		4	1	Х
5	Did any person listed on line 1a receive or a									dual for services				
-	rendered to the organization? If "Yes," com	-				-						5	}	X_
Sec	tion B. Independent Contractors			<u> </u>										
1	Complete this table for your five highest co	mpensated in	dene	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of com	nens	ation f	rom	
•	the organization Report compensation for										ipono	4.0		
	(A)	ano canomaan y	<u> </u>	<u> </u>		*****	<u> </u>		(B)	, car.		(C	<u> </u>	
	Name and business	address	N	ONI	7 .				Description of s	ervices	С		nsation)
			-11	2111								<u>-</u> -		
					_	-								
								\dashv						
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								\dashv						
								- 1						
														
2	Total number of independent contractors (i		ot i	mıte	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	z <u>at</u> ion 돈				(<u> </u>							
													990 (2	

L		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
E E	b	Membership dues	1b					
ا ا		Fundraising events	1c					
##		Related organizations	1d					
S,E		Government grants (contribut	- 					1
Sign		All other contributions, gifts, gran						
F E	•	similar amounts not included abo		2,793.				
풀티	a	Noncash contributions included in lines	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		•	2,793.			
				Business Code				
9	2 a							
ه چ	b							
Program Service Revenue	С							
eve	d						·	
P. C.	е				_			
ፈ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			-			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		▶				
l	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		▶				
ļ			(ı) Real	(II) Personal				
	6 a	Gross rents	55,000.					
	b	Less rental expenses	2,025.					
Ì	С	Rental income or (loss)	52,975.					
	d	Net rental income or (loss)		>	52,975.	52,975.		
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
Į	b	Less: cost or other basis						
-		and sales expenses						
	С	Gain or (loss)						
١	d	Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin including \$	- '					
eve		contributions reported on line		İ				
<u>*</u>		Part IV, line 18	а					
₹	b	Less direct expenses	b					
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
ļ	b	Less direct expenses	b			[
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
}		and allowances	а					
	b	Less cost of goods sold	b					i
ļ	c	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	ıe	Business Code				
į	11 a							<u> </u>
	b	'						
	С							ļ
İ		All other revenue				<u> </u>		
		Total. Add lines 11a-11d		▶		E 0 0==		
	12_	Total revenue See instructions.	<u>.</u>		55,768.	52,975.	0.	0.

Form 990 (2016) LEWMAR FOUNDA Part IX Statement of Functional Expenses

Jecu	Of sell of Oak and Day and Surgarizations must comp			mpiete column (7 y	
	Check if Schedule O contains a respons	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	57,900.	57,900.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			 	
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
'' a	Management				
b	Legal				
	Accounting	300.		300.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				··
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	115.		115.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FILING FEE	20.		20.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	58,335.	57,900.	435.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 75,837. 73,270. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 499,077. basis. Complete Part VI of Schedule D 10a 499,077. 10b 499,077. b Less, accumulated depreciation 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 574,914 572.347 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 0. 31 31 Paid in or capital surplus, or land, building, or equipment fund 574,914. 572,347. Retained earnings, endowment, accumulated income, or other funds 32 574,914. 572,347. 33 33 Total net assets or fund balances 574,914. 572,347. 34 Total liabilities and net assets/fund balances

orm	990 (2016) LEWMAR FOUNDATION	<u> 20-3</u>	<u>712316</u>	Pa	ge 12			
Pai	t XI Reconciliation of Net Assets			_				
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	5,7	<u>68.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	8,3	<u>35.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>2,5</u>	<u>67.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57	4,9	14.			
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities 6							
7	Investment expenses 7							
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	57	2,3	47.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	ļ					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,						
	consolidated basis, or both.		}					
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			}			
review, or compilation of its financial statements and selection of an independent accountant?								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			1			
	an avidate evidency who are Cabadula O and decambe any atoms taken to underso evide avidate		1 01		i			

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

vame c	טו נוו	ie organization						Employer	identification num	ber		
	LEWMAR FOUNDATION 20-3712316											
Part	I	Reason for Public (mplete th	ıs part) Se	e instruction	s.				
The org	anız	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box)						
1 🗆	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	_	A school described in secti										
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
•		section 170(b)(1)(A)(iv). (C		, , , , , , ,		··· , g						
6 [٦.	A federal, state, or local gov		nental unit described in a	section 17	70/hV/1V/AV	(v)					
7 🔀	_	An organization that normal	-				• •	the general	nublic described in			
, ட		section 170(b)(1)(A)(vi). (Co	*	and part of no support i	ioiii a gov	Cirmicina	dille of Home	are general	paono described in			
8 	\neg	A community trust describe	•	(1)(A)(vi) (Complete Part	· II V							
9 [_	An agricultural research org				nd in oonii	inction with a	land arant	collogo			
9 _		or university or a non-land-g										
		university	rant college of agric	ulture (see instructions).	Eliter tile	mame, city	y, and state o	i trie colleg	e or			
10 🗆		An organization that normal	lly receives: (1) more	than 33 1/3% of its sun	nort from	contributi	one member	objo food o	and gross resourts fr			
		activities related to its exem		•	-			-				
		income and unrelated busing	•	•					•			
		See section 509(a)(2). (Cor		(less section 5 i tax) iii	Jili busine	sses acqu	ined by the o	ryanization	alter Julie 30, 1975			
11 🗆	\neg	An organization organized a		welv to tost for public so	faty San	naction El	20(0)(4)					
12	\neg	An organization organized a			•			arne out the	nurnana of one or	,		
12		more publicly supported or						-	-			
		lines 12a through 12d that							DIECK THE DOX III			
_ [\neg	Type I. A supporting orga						_				
a l		= = :			-				-			
		the supported organization			і піајопі у	or the dire	ciors or trusti	ees or trie s	supporting			
ь Г	\neg	organization You must c	=					(-)				
b l		Type II. A supporting orga					_		=			
		control or management of			ame perso	ons that co	ontrol or mana	age the sup	рогтеа			
r		organization(s) You mus	-									
C L		Type III functionally inte	-			-		lly integrate	ed with,			
. r		its supported organization										
d (Type III non-functionally	•					_	` '			
		that is not functionally int	-		•		•	d an attent	iveness			
ſ		requirement (see instructi										
e l		Check this box if the orga					a Type I, Type	II, Type III				
		functionally integrated, or	••	nally integrated supporti	ng organiz	zation.						
		the number of supported of	•						L			
g P		de the following information Name of supported	i about the supporte	ed organization(s) (iii) Type of organization	(iv) is the orga	nization listed	(v) Amount o	f monetany	(vi) Amount of othe			
	117	organization	(11)	(described on lines 1-10	ın your governi		support (see	-	support (see instruction			
				above (see instructions))	Yes	No						
		•										
			·				ļ					
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					-				<u> </u>			
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			<u> </u>	<u> </u>		ļ						
							ļ					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	122,305.	2,045.	15,895.	14,378.	2,793.	157,416.
2	Tax revenues levied for the organ-	*					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	122,305.	2,045.	15,895.	14,378.	2,793.	157,416.
5	The portion of total contributions		_, ,				
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					:	
	amount shown on line 11,						
	column (f)					:	
6	• • • • • • • • • • • • • • • • • • • •						157,416.
	Public support. Subtract line 5 from line 4 ction B. Total Support					<u> </u>	137,410.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	122,305.	2,045.	15,895.	14,378.	2,793.	157,416.
	Gross income from interest,	122,303.	2,043.	13,655.	T#,3/0.	4,195.	137,410.
0	·						
	dividends, payments received on						
	securities loans, rents, royalties	29,000.	43,340.	48,000.	50,500.	55,000.	225,840.
_	and income from similar sources	29,000.	43,340.	40,000.	30,300.	55,000.	225,840.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						· · · · · · · · · · · · · · · · · · ·
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						200 056
	Total support. Add lines 7 through 10					1	383,256.
	Gross receipts from related activities,				}	12	
13	First five years. If the Form 990 is for	•	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. \Box
<u> </u>	organization, check this box and stor ction C. Computation of Publ	o here	roontago				
							41 07
	Public support percentage for 2016 (•	olumn (f))		14	41.07 %
	Public support percentage from 2015					15	50.58 %
16a	33 1/3% support test - 2016. If the c	_			4 is 33 1/3% or m	nore, check this bo	_
	stop here. The organization qualifies		_				►LX
b	33 1/3% support test - 2015. If the o	-			line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	, ,	• • •				
17a	10% -facts-and-circumstances tes	•					
	and if the organization meets the "fac			-	-	t VI how the organ	nization
	meets the "facts-and-circumstances"	test The organization	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances tes	•					
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and s	top here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	nization	▶∐
<u>18</u>	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b	•		
					Caba	dula A /Earm 000	000 E7\ 0040

Schedule A (Form 990 or 990-EZ) 2016 LEWMAR FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	low, please com	пріете Рап ІІ.)				-
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	(a) ZOIZ	(0) 2010	(6) 2014	(u) 2013	(e) 2010	(i) iotai
membership fees received. (Do not						
include any "unusual grants.")				•		
2 Gross receipts from admissions,		 		-		<u> </u>
merchandise sold or services per-						1
formed, or facilities furnished in						
any activity that is related to the						f
organization's tax-exempt purpose		+			 	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						.,
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					·	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that		İ		ļ		
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			,			
c Add lines 7a and 7b			<u></u>		 	
8 Public support. (Subtract line 7c from line 6)		<u> </u>	<u></u>	l	<u> </u>	
Section B. Total Support		·T	T	1		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		-				
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						·
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)	,, <u>,</u>	-			 	
13 Total support. (Add lines 9, 10c, 11, and 12)				L		
14 First five years. If the Form 990 is for the	the organization	's first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	- O					
Section C. Computation of Public					T	
15 Public support percentage for 2016 (lir		-	olumn (f))		15	
16 Public support percentage from 2015				<u>-</u>	16	9
Section D. Computation of Inves	tment Incom	ne Percentage				
17 Investment income percentage for 201	6 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	9
18 Investment income percentage from 26	015 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2016. If the o			on line 14, and line	15 is more than	33 1/3%, and line 1	
more than 33 1/3%, check this box and	_		·		•	▶□
	=					and -
D 33 1/3% SUDDORT TESTS - 2015. II I'lle t	rganization die i	HOLCHECK a DOX ON	THIS 14 OF HIS 186			
b 33 1/3% support tests - 2015. If the colored line 18 is not more than 33 1/3%, check	_				· ·	⊾ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1_		
	2		
	<u>3a</u>		
	3b		
	<u>3c</u>		
	4a		
	4b		
	4c		
	<u>5a</u>		
	5b		
	<u>5c</u>		
	_		
	6		
ļ			
	7		
	8		
	<u>~</u>		
		:	
	9a		
	9b		
	9c		<u>_</u>
	10a		
	40-		
	10b	10-E71	

Schedule A	(Form 990 or	990-EZ) 2016

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Enter 85% of line 1

5_

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

1

3

<u>4</u> 5

•	•		_	
	dule A (Form 990 or 990-EZ) 2016 LEWMAR FOUNDA			20-3712316 Page 7
Par		(a)(3) Supporting Orga	anizations (continuea)	0
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	of purposes of supported		
	organizations, in excess of income from activity	as of supported arganization		
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	15	-
	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
5_	Other distributions (describe in Part VI). See instructions			
<u>6</u>	Total annual distributions. Add lines 1 through 6			
_ <u>7</u> 8	Distributions to attentive supported organizations to which ti	he organization is responsive		<u> </u>
0	(provide details in Part VI) See instructions	no organization to rooponom	•	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			-
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016.			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		1	
7	Excess distributions carryover to 2017. Add lines 3	†		
	and 4c			
8	Breakdown of line 7'			
<u>a</u>				
b	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014d Excess from 2015e Excess from 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C,
	line 1; Part IV. Section D. lines 2 and 3; Part IV. Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V.
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information.
	(See instructions)

Schedule A (Form 990 or 990-EZ) 2016 LEWMAR FOUNDATION

20-3712316 Page 8

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LEWMAR FOUNDATION 20-3712316 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

		FOUNDATION					<u> 20-37</u>			<u>age 2</u>
Par										
3 .	Using the organization's acquisition, accession	on, and other records	s, check any o	of the following that	t are a si	gnificant	use of its	collection	ıtem	IS
	(check all that apply).									
а	Public exhibition	d	Loan o	r exchange progra	ms					
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fur	ther the organization	on's exer	npt purp	ose in Par	XIII		
5	During the year, did the organization solicit or	r receive donations o	of art, historica	l treasures, or othe	er sımılar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organizatio	n's collection?				Yes		□ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organ	zation answered "	Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.		· <u>·</u> ·····						
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contril	outions or other as	sets not	ıncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						_	
	-							Amount		
c	Beginning balance					1c				
þ	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrov	or custodial acco	unt liabili	ty?		Yes		No
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has	been provided on	Part XIII]
Par						0				
		(a) Current year	(b) Prior ye	ar (c) Two year	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
ь	Contributions									
C	Net investment earnings, gains, and losses					_				
ď	Grants or scholarships									
e	Other expenditures for facilities									
_	and programs				1					
f	Administrative expenses			-						
g	End of year balance					_				
2	-	rent vear end balance	e (line 1a, colu	ımn (a)) held as.		_				
	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment									
b	Permanent endowment	%	 -							
	Temporarily restricted endowment	%								
Ū	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation that are I	neld and administe	red for th	ne organi	zation			
	by.							[Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedi	ile R?				3b		
4	Describe in Part XIII the intended uses of the							_ 00		<u> </u>
	t VI Land, Buildings, and Equipm		ion tando	· · · · · · · · · · · · · · · · · · ·						
	Complete if the organization answered). Part IV. line	11a See Form 990	. Part X	line 10.				
	Description of property	(a) Cost or of		Cost or other		cumulate	ed	(d) Book	براون	———
	Description of property	basis (investm	, , ,	pasis (other)	٠,	reciation	,	(4) 500	valu	•
4-	Land	5250 (111700111		499,077.				100	a n	77.
	Land		-	4 77,0110				<u> </u>	, <u>, </u>	11.
	Buildings							_		
	Leasehold improvements		- +							
	Equipment	<u> </u>			•					
e	Other	1 000 Dest	Y 22/1-77 (D)	(ma. 10a.)				100	<u> </u>	77

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 LEWMAR FOUNDATION		20-3712316 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	_2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	rt XIII Supplemental Information.		- <u>-</u>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,		o, Part V, line 4; Part X, line 2, Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide an	y additional information	

	We will be a second of the sec	· · ·	

Employer identification number Open to Public OMB No 1545-0047 Inspection Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. LEWMAR FOUNDATION General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part

2016

% X 20-3712316 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö ં Ö ା (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 000 670, 3,920 4 950 1,000 (c) IRC section (if applicable) (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MU AG ALUMNI ASSOCIATION MARION COUNTY R-2 SCHOOL or government CULVER STOCKTON COLLEGE PHILADELPHIA, MO 63463 2-64 AGRICULTURE BLDG HIGHLAND HIGH SCHOOL PALMYRA HIGH SCHOOL COLUMBIA MO 65211 21504 STATE HWY 6 PALMYRA, MO 63461 CANTON R-V SCHOOL CANTON MO 63435 200 SOUTH 4TH ST EWING MO 63440 1 COLLEGE HILL P O BOX 100 P O BOX 151 Part II

Schedule I (Form 990) (2016)

SCHOLARSHIPS

히

3,610

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

CANTON, MO 63435

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

2	
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2)
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Schedule I (Form 990) LEWMAR FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	UNDATION Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	edule I (Form 990), Pa		20-3712316 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGRICULTURE FUTURE OF AMERICA PO BOX 414838							
KANSAS CITY, MO 64141			5,000,	0			SCHOLARSHIPS
MONROE CITY R-1 SCHOOL DISTRICT 401 HWYS 24 & 36 EAST MONROE CITY, MO 63456			2,750,	0			SCHOLARSHIPS
ST PETERSBURG COLLEGE P O BOX 13849 ST PETERSBURG, FL 33733			1,000,	0			SCHOLARSHIPS
MARYVILLE UNIVERSITY 650 MARYVILLE UNIVERSITY DRIVE ST LOUIS, MO 63141			1,000,	0			SCHOLARSHIPS
EVANGEL UNIVERSITY 1111 N GLENSTONE AVE SPRINGFIELD, MO 65802			1,000	0			SCHOLARSHIPS
TWO RIVERS FARM BUREAU FOUNDATION PO BOX 6 PITTSFIELD IL 62363			500.	0			SCHOLARSHIPS
Լ 🗟 ՝ ա			1,500,	0			SCHOLARSHIPS
TRUMAN STATE UNIVERSITY 100 E NORMAL ST KIRKSVILLE, MO 63501			1,000,	0			SCHOLARSHIPS
BLESSING RIEMAN P O BOX 7005 QUINCY, IL 62305			1,000,	0			SCHOLARSHIPS
							Schedule I (Form 990)

Page 1	
20-3712316	
LEWMAR FOUNDATION	f Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

20-3712316 Page 1 •	•	(h) Purpose of grant or assistance	SCHOLARSHIPS					Schedule I (Form 990)
	(u	(g) Description of non-cash assistance	<u> </u>					
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)						
	nited States (Sch	(e) Amount of non-cash assistance	c					
	izations in the U	(d) Amount of cash grant		• none T				
	vernments and Organ	(c) IRC section if applicable						
UNDATION	Assistance to Gov	(b) EIN						
Schedule I (Form 990) LEWMAR FOUNDATION	n of ((a) Name and address of organization or government	MISSOURI WELDING INSTITUTE INC P O BOX 445	NEVADA, MO 64772				

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 20-3712316 (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant 28 (b) Number of recipients LEWMAR FOUNDATION (a) Type of grant or assistance Schedule I (Form 990) (2016) 832102 11-01-16 Part III

1

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

LEWMAR FOUNDATION 20-3/12316	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SPONSORS	
SFONSORS	
FORM 990, PART VI, SECTION B, LINE 11B:	
COPY OF RETURN PROVIDED TO THE GOVERNING BODY FOR REVIEW	
FORM 990, PART VI, SECTION C, LINE 19:	
THEODWARTON AVAILADLE ON DEOLEGE	
INFORMATION AVAILABLE ON REQUEST	