

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



Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052 .

For o	<u>alendar</u>	year 2009, or tax yea	ar beginning			, and e	nding			
G C	heck all	that apply:	Initial return		Initial return of a fo	•	harity	Name chang	Final retur	n
	the IRS	Name of foundation	Amended return		Address chan	ge		1	r identificatio	n number
	abel.									
	erwise,		ra FOUNDATIO					<u> </u>	<u> 1914392</u>	2
	print type.		O box number if mail is not del		· ·	4	Room/suite	B Telephon	ie number - 750 – 68	001
	Specific	City or town, state, a		<u>v </u>	SUITE 24	4				
Inst	uctions.	VANCOUVER								pending, check here
H C	heck typ		X Section 501(c)(3) exe	empt p	private foundation			2 Foreign	organizations m	neeting the 85% test, computation
	Sectio	n 4947(a)(1) nonexen			axable private found	ation		1		atus was terminated
I Fa	ır marke	t value of all assets at	end of year J Accountin	ig met	hod: X Cash	Accr	ual			1)(A), check here
		t II, col. (c), line 16)	- I		pecify)					60-month termination_
		47! nalysis of Revenue ar	7		must be on cash					1)(B), check here
Pa	(T	he total of amounts in colu ecessarily equal the amoun	ımns (b), (c), and (d) may not		a) Revenue and penses per books	(b) Net in			usted net come	(1) Disbursements for charitable purposes (cash basis only)
	1 Co	ntributions, gifts, gran	its, etc., received		800,000.			N,	/ <u>A</u>	
			on is not required to attach Sch. B							
		erest on savings and temps shinvestments	T T		526.		<u>526.</u>			STATEMENT
		vidends and interest fro	om securities		6,513.		6,513.			STATEMENT :
		OSS rents rental income or (loss)								
		gain or (loss) from sale of	assets not on line 10		<300.	>				
Revenue	⊾ Gro	oss sales price for all sets on line 6a	42,765.							
eve		pital gain net income (from					0.			
α	8 Ne	t short-term capital ga	DECENTED							
	9 Inc	come modifications css sales less returns	RECEIVED							
	iva and	allowances (ਨ)	11011	200				ļ ———		
		oss profit or (loss)	NOV 1 6 2010	Š			· · · · · · · · · · · · · · · · · · ·			
		ner income	the state of the s						-	
		tal. Add lines 1_through	AGDEN. TIT	-	806,739.		7,039.			
		mpensation of officers, dire	The second secon		0.		0.			(
	14 Oth	ner employee salaries :	and wages							
G		nsion plans, employee	benefits							
nses	16a Le		a		4 5 5			<u> </u>		
É	i	counting fees	STMT 3		157. 921.		0.			
ē		her professional fees erest	STMT 4		941.		921.			
Administrative Expe	18 Ta:		-							-
istr		preciation and depletic	on		****	_				
Ë		cupancy			7,677.		0.			
		avel, conferences, and	meetings							
and	22 Pri	nting and publications								<u> </u>
ing		ner expenses	STMT 5		1,784.		0.			<u> </u>
Operating		tal operating and adm			10 520		0.01			
ŏ		penses Add lines 13 t			10,539.	<u> </u>	921.			637.000
		ntributions, gifts, gran tal expenses and disb	· .		637,000.			 		637,000
		d lines 24 and 25) U+ 3 C C		647,539.		921.			637,000
		btract line 26 from line	e 12;	-	<u> </u>				-	33,730
		cess of revenue over exper			159,200.	<u> </u>				<u> </u>
		t investment income (6,118.			
	c Ad	justed net income (if n	negative, enter -0-)					N	/A	

91-1914392

Page 2

Form 990-PF (2009)

Form 990-RF (2009)

THE LEMATTA FOUNDATION

	be the kind(s) of property sold (e.g ehouse; or common stock, 200 sh			1 P -	ow acquir Purchase Donation	. I	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a US TRUST					P	1	VARIOUS	VARIOUS
b US TRUST				L	P		VARIOUS	VARIOUS
c CAPITAL GAINS D	DIVIDENDS			<u> </u>				
d				<u> </u>			-	
<u>e</u>				L.,				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			•	(h) Gain or (lo: (e) plus (f) minu	s (g)
a 545.			2,06	-				<1,522.
ь 41,091.			40,99	8.				93.
c 1,129.	··-							1,129.
d		ļ						
<u>e</u>								
Complete only for assets showing	gain in column (h) and owned by	Τ					Gains (Col. (h) ga	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis		cess of col. (I)	-		coi.	(k), but not less th Losses (from col	ian -0-) or . (h))
(,,	as of 12/31/69	over	col. (j), if any					
a .		<u> </u>						<1,522.
<u>b</u>		-		<u></u> -				93.
C								1,129.
d								
e		<u> </u>						
0	If gain, also enter of the loss) If (loss), enter of the loss)	r in Part I, line	7] [200
Capital gain net income or (net cap	•		7	<i>J</i> -	2			<300.
Net short-term capital gain or (loss		nd (6):						
If gain, also enter in Part I, line 8, c	olumn (c).			 	_ [37 /	3
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for	Poducod	LTay on Not	Inve	3	+ Ino	N/	A
Vas the foundation liable for the section "Yes," the foundation does not qualify Enter the appropriate amount in ea	y under section 4940(e). Do not co	omplete this pa	ırt.					Yes X No
(a)		uctions before	making any entire					(4)
Base period years	Adjusted qualifying dis	tributions	Net value of no	(c)	tahle-use	accetc	Dist	(d) ribution ratio
Calendar year (or tax year beginning	<i>y</i> ''''/							divided by col. (c))
2008		8,000. 2,339.			950,			.807686
2007		0,543.		1	915, 044,			1.073169 1.140216
2006 2005		4,968.		<u> </u>	340,			1.107566
		4,218.		<u> </u>	$\frac{340}{221}$,			.871579
2004	1,00	4,410			<u> 441,</u>	023	•	.0/15/9
? Total of line 1, column (d)								E 000216
, ,	waar baaa aaraad . duuda tha tatal .	on line 2 by E	or by the number	of woo			2	5.000216
Average distribution ratio for the 5- the foundation has been in existence		on line 2 by 5,	or by the number	oi yea	18			1.000043
the loundation has been in existent	oe ii iess tiidii 3 yedis						3	1.000043
Enter the net value of noncharitable	e-use assets for 2009 from Part X	line 5					4	285,505.
Emorale not value or nonellariable	, 400 4000to 101 2000 1101111 411 //,						-	203,303.
Multiply line 4 by line 3							5	285,517.
Watapiy iiile 4 by iiile b								203,311.
Enter 1% of net investment income	(1% of Part I line 27h)						6	61.
2or 170 of not invodution incoming	(or i art i, inio 2 / U)							01.
Add lines 5 and 6							7	285,578.
, ad inioo o diid y								403,310.
Enter qualifying distributions from l	Part XII, line 4						8	637,000.
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	tax rate.			

		19143			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see ın	stru	ctior	<u>1S)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	<u> </u>			<u>61.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>			0.
3	Add lines 1 and 2				61.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-				61.
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 882.				
b	Exempt foreign organizations - tax withheld at source				
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			8	82.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			8	21.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax				0.
	rt VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?	_	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				l
	Did the foundation file Form 1120-POL for this year?	i	1c	i	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-"		
٠	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$			ļ	1
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1		1
٠	managers. > \$0.		ł		ĺ
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
2	If "Yes," attach a detailed description of the activities.	H	-		^
2	·				
J	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		,		v
4.		-	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	r/3	4a		
		I/A	4b		v
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	5		X
	If "Yes," attach the statement required by General Instruction T				1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
	By language in the governing instrument, or		j		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
_	remain in the governing instrument?	F	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	Ļ	7	Х	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV				l
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				1
	WA				l
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				l
	of each state as required by General Instruction G? If "No," attach explanation	L	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		ļ		l
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		Х

Form **990-PF** (2009)

	1990-PF (2009) THE LEMATTA FOUNDATION 91-191	4392		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
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 acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	•		
14	The books are in care of ▶ THE LEMATTA FOUNDATION Telephone no. ▶ (360)	750	-03	00
	Located at ► 201 NE PARK PLAZA DRIVE, STE 244, VANCOUVER, WA ZIP+4 ►9			
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	N	/A	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		ļ	
	a disqualified person?	- [
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	ļ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ŀ		
	for the benefit or use of a disqualified person)?			
	(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.)		1	
,	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b		İ
	Organizations relying on a current notice regarding disaster assistance check here	10		
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	į		
١	before the first day of the tax year beginning in 2009?	1.	Ì	X
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		
	defined in section 4942(j)(3) or 4942(j)(5)):		•	
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2009? Let the end of tax year 2009, and the foundation have any undistributed income (lines of and be, Part XIII) for tax year(s) beginning Yes X No]
	If "Yes," list the years >			
		İ		
L	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	İ		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	١.,		
_	statement - see instructions.) N/A	2b		
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	o If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			}
	Form 4720, to determine if the foundation had excess business holdings in 2009) N/A	3ь		
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	o Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>		<u> </u>
	· · · · · · · · · · · · · · · · · · ·			

4b X Form **990-PF** (2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form 990-PF (2009) THE LEMATTA FOUNDATION			<u>91-19143</u>	92 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)	_ , ,
5a Durmg the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es 🗶 No 📗	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?	-	N/A	5Ь
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 fi		uned	_	
expenditure responsibility for the grant?			s No	1
If "Yes," attach the statement required by Regulations section 53.494		•/ •		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay premiums on		s X No	1
·	aranal hanafit anatrooti	T6	1	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	_
b If yes, did the foundation receive any proceeds or have any net income attribute				7b
Part VIII Information About Officers, Directors, Trustory Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	<i>(</i>	
1 List all officers, directors, trustees, foundation managers and their		(-) Componentian	(d) Contributions to	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
SEE STATEMENT 7		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NONE				
		 		
		ļ		
			-	
Total number of other employees paid over \$50,000			▶	0
			Form	990-PF (2009)

Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	idation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, et	nter "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 Part IX-A Summary of Direct Charitable Activities		<u>▶</u> (
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 N/A		

Form **990-PF** (2009)

▶

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations m	ust c	complete this pai	t. Foreign foui	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e. etc.	, purposes:			
а	Average monthly fair market value of securities	•	,		1a	195,667.
b	Average of monthly cash balances				1b	94,186.
C	Fair market value of all other assets				1c	0.
d	Total (add lines 1a, b, and c)				1d	289,853.
е	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)	1e		0.		
2	Acquisition indebtedness applicable to line 1 assets				2	0.
3	Subtract line 2 from line 1d				3	289,853.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see ir	nstructions)		4	4,348.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on		•		5	285,505.
6	Minimum investment return Enter 5% of line 5		•		6	14,275.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part.)	d (j)(5	5) private operating	foundations an	nd certain	
1	Minimum investment return from Part X, line 6				1	14,275.
2a	Tax on investment income for 2009 from Part VI, line 5	2a		61.		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b				
C	Add lines 2a and 2b				2c	61.
3	Distributable amount before adjustments. Subtract line 2c from line 1			İ	3	14,214.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4			i	5	14,214.
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 3	XIII, lı	ne 1	,	7	14,214.
P	art XII Qualifying Distributions (see instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses:				
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	637,000.
b	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	le, etc	., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:					
а	Suitability test (prior IRS approval required)				3a	
b	Cash distribution test (attach the required schedule)				3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and	d Parl	t XIII, line 4	j	4	637,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	tmen	t			
	income. Enter 1% of Part I, line 27b				5	61.
6	Adjusted qualifying distributions. Subtract line 5 from line 4				6	636,939.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years with	nen cs	alculating whather	the foundation o	malifies for the	

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				14,214.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		_		
5		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 1,006,439.				
b From 2005 c From 2006 1,141,390.				
dFrom 2007 936,893.				
e From 2008 721, 014.				
f Total of lines 3a through e	5,238,801.			
4 Qualifying distributions for 2009 from	3,230,002.			
Part XII, line 4: ►\$ 637,000.				
a Applied to 2008, 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 2009 distributable amount				14,214.
e Remaining amount distributed out of corpus	622,786.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,861,587.			
b Prior years' undistributed income. Subtract	- 7 7 7			
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 assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	-		
8 Excess distributions carryover from 2004	1 006 430			
not applied on line 5 or line 7	1,006,439.		 	
9 Excess distributions carryover to 2010	A OEE 140			
Subtract lines 7 and 8 from line 6a	4,855,148.			
10 Analysis of line 9: a Excess from 2005 1,433,065.				
b Excess from 2006 1,141,390.				
c Excess from 2007 936, 893.				
d Excess from 2008 721,014.				
e Excess from 2009 622, 786.				
				5 000 DE 1000

Part XIV Private Operating F	ATTA FOUNDA		A guestion (I)		114392 · Page A				
			-A, question 9)	N/A					
1 a If the foundation has received a ruling of			_						
foundation, and the ruling is effective for 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
		ig toundation described i		4942(j)(3) or4	942(J)(5) T				
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	_ (e) Total				
income from Part I or the minimum	(a) 2009	(0) 2000	(6) 2007	(0) 2000	(e) Total				
investment return from Part X for									
each year listed									
b 85% of line 2a									
c Qualifying distributions from Part XII,									
line 4 for each year listed									
d Amounts included in line 2c not									
used directly for active conduct of									
exempt activities									
e Qualifying distributions made directly									
for active conduct of exempt activities.									
Subtract line 2d from line 2c									
3 Complete 3a, b, or c for the									
alternative test relied upon: a "Assets" alternative test - enter:									
(1) Value of all assets									
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		-							
b "Endowment" alternative test - enter									
2/3 of minimum investment return shown in Part X, line 6 for each year listed									
c "Support" alternative test - enter:									
(1) Total support other than gross									
investment income (interest,									
dividends, rents, payments on									
securities loans (section									
512(a)(5)), or royalties)									
(2) Support from general public and 5 or more exempt									
organizations as provided in									
section 4942(j)(3)(B)(iii) (3) Largest amount of support from									
()									
an exempt organization	-								
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	 if the foundation	n had \$5 000 or m	ore in accete				
at any time during t	•		ii tile loundatio	ni nau \$5,000 or in	ore in assets				
		1130 0000113.7							
1 Information Regarding Foundatio	•								
a List any managers of the foundation who year (but only if they have contributed m			ributions received by t	he foundation before the clo	ose of any tax				
	1010 111411 40,000). (000 3	0011011 007 (0)(2).)							
NONE			, , ,						
b List any managers of the foundation who other entity) of which the foundation has			or an equally large po	rtion of the ownership of a p	partnership or				
NONE									
2 Information Regarding Contributi	on, Grant Gift Loan	Scholarship etc Pr	ograms'						
Check here ► ☐ If the foundation o				s not accept upsolicited ren	ugete for funde. If				
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numl									
NANCY LEMATTA, THE L									
201 NE PARK PLAZA DR		•		2.4					
· · · · · · · · · · · · · · · · · · ·) L					
b The form in which applications should be submitted and information and materials they should include: NO PRESCRIBED FORM. APPLICATIONS SHOULD STATE PURPOSE FOR USE OF FUNDS.									
c Any submission deadlines: NONE									
	s, such as by geographica	al areas, charitable fields.	kinds of institutions. c	or other factors:					
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: DONEE MUST PROVIDE PROOF OF IRS CLASSIFICATION FOR CHARITABLE STATUS.									

Recipient	fear or Approved for Future F		Durnage of areast or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		· · · · · · · · · · · · · · · · · · ·		
SEE STATEMENT 8			▶ 3a	637,000
b Approved for future payment			34	037,000
NONE				
	-			
	·····		▶ 3b	0

Part XVI-A	Anal	vsis of	Income	Producina	Activities
I WILLY I A	Allui	, 313 01		i rodacing	ACCITICS.

Tatas areas amounts unless atherwise indicated	Unrelated	business income	Exclude	d by section 512, 513, or 514	(4)
Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a b c					
d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities			14	526. 6,513.	
 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 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b c	1 1		14	<300.	>
d e 12 Subtotal. Add columns (b), (d), and (e)		0.		6,739.	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities					
Explain below how each activity for which inc the foundation's exempt purposes (other than			A contribut	ted importantly to the accom	plishment of

	HE LEMATTA FOUNDAT		91-191			ge 13
	ion Regarding Transfers To Organizations	and Transactions ar	nd Relationships With Noncha			
	y or indirectly engage in any of the followi				Yes	No
	on 501(c)(3) organizations) or in section 5		ations?			
•	ig foundation to a noncharitable exempt o	rganization of:		4.74		v
(1) Cash (2) Other assets				1a(1)		$\frac{x}{x}$
Other transactions:				1a(2)		
	incharitable exempt organization			15(1)		X
	om a noncharitable exempt organization			1b(2)		X
(3) Rental of facilities, equ	, ,			1b(3)		X
(4) Reimbursement arrang	jements			1b(4)		X
(5) Loans or loan guarante				15(5)		X
	es or membership or fundraising solicitati			1b(6)		<u>X</u>
	nent, mailing lists, other assets, or paid en			1c		_X_
			ays show the fair market value of the goods,		ets,	
	porting foundation, it the foundation received goods, other assets, or services received		in any transaction or sharing arrangement, s	now in		
Line no (b) Amount invol			(d) Description of transfers, transactions, and	sharing ar	rangeme	nte
(5)	N/A	io onompt or gameation	(a) Description of Building, Building, and	Silaing at	a igenie	
		· · ·				
				-		
					=	
-		·				
Is the foundation directly o	r indirectly affiliated with, or related to, on	e or more tax-exempt organiza	itions described			
in section 501(c) of the Co	de (other than section 501(c)(3)) or in sec	ction 527?		Yes	X] No
If "Yes," complete the follow						
	ne of organization	(b) Type of organization	(c) Description of relations	hip		
	N/A	 				
		 	· · · · · ·			
						
Under penalties of perjury, I decla	are that I have examined this return, including acc	1 companying schedules and statemer	nts, and to the best of my knowledge and belief, it is	true, corre	ect,	
and complete Declaration of prep	parer (other than taxpayer or fiduciary) is based or	n all information of which preparer ha	as any knowledge	مد ر		
1/an	Xamalla	- 1/1-10	secretaris	De	Qu	se
Signature of officer or ti		Date	Title			
Preparer's	e HII	Da	te Check if Prepare	er's identify	ying num	ber
Signature of officer or to be a company of the comp	WW. MA	, , , , , , , , , , , , , , , , , , , 	./08/10 employed ▶ □			
Page of Firm's name (or yours		MPANY, P.C.	EIN ▶			
if self-employed).	888 SW FIFTH AVE.,	SUITE 800				_
address, and ZIP code	PORTLAND, OR		Phone no. 503-			
			Fo	rm 990)-PF (2009)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

TH	E LEMATTA FOUNDATION	91-1914392
Organization type (check o	ne).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	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	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in melete Parts I and II	oney or property) from any one
Special Rules		
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri itions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III	
contributions for u If this box is check purpose Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not agreed, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because if e, etc., contributions of \$5,000 or more during the year	gregate to more than \$1,000. ly religious, charitable, etc ,
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

	٠	1	of Part In
age	of		of Part I'

Name of organization

Employer identification number

THE LEMATTA FOUNDATION

91-1914392

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NANCY LEMATTA 201 NE PARK PLAZA DRIVE, SUITE 244 VANCOUVER, WA 98684	_ \$800,000. _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
,,		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash Complete Part II if there is a noncash contribution)

Page of of Part if

Name of organization

Employer identification number

THE LEMATTA FOUNDATION

91-1914392

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(000 11102 20 1101)	
:			
,		\$	
(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
raiti			
		\$	
(a) No.	<i>(</i> 1)	(c)	4.0
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
3453 02-01-1		\$	 990, 990-EZ, or 990-PF) (2

Schedule B (For	m 990, 990-EZ, or 990-PF) (2009)		Page of of Part "
Name of orga	nization		Employer identification number
क्रा व्यक	MATTA FOUNDATION		01 1014202
Part III	Exclusively religious, charitable, etc., indi	olumns (a) through (e) and the s, chantable, etc , contributions	91-1914392 on 501(c)(7), (8), or (10) organizations aggregating ofollowing line entry For organizations completing s of
(a) No.		nation once. See instructions)	3
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and	·	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Tuesday of with	
	Transferee's name, address, and	(e) Transfer of giff	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
Ι΄			

FORM 990-PF INTEREST ON SAVI	NGS AND T	EMPORARY C	ASH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
BANK OF AMERICA				•	5	26.
TOTAL TO FORM 990-PF, PART I,	LINE 3,	COLUMN A		:	5	26.
FORM 990-PF DIVIDEND	S AND INT	EREST FROM	SECUE	RITIES	STATEMENT	2
SOURCE	GRC	SS AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
US TRUST COMPANY		7,642.	-	1,129.	6,5	13.
TOTAL TO FM 990-PF, PART I, L	N 4	7,642.		1,129.	6,5	13.
FORM 990-PF	ACCOUN	TING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOK		EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	15	7.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	15	7.	0.			0.
FORM 990-PF O	THER PROF	ESSIONAL F	EES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOK		EST-	(C) ADJUSTED NET INCOM		
INVESTMENT FEES-US TRUST	92	1.	921.			0.
TO FORM 990-PF, PG 1, LN 16C	92	1.	921.			0.

FORM 990-PF	OTHER E	EXPENSES	STATEMENT					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM				
TELEPHONE TAXES AND LICENSES	1,749.							0.
TO FORM 990-PF, PG 1, LN 23	1,784.		0.			0.		
FORM 990-PF	OTHER INV	ESTMENTS	<u> </u>		STATEMENT	6		
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKE' VALUE	т		
LISTED SECURITIES		COST		207,132.	222,0	72.		
TOTAL TO FORM 990-PF, PART I	I, LINE 13	•		207,132.	222,0			

		OF OFFICERS, D		STATI	EMENT 7
NAME AND ADDRESS		TITLE AND AVRG HRS/WK			EXPENSE
NANCY LEMATTA 201 NE PARK PLAZA DRIVE, SUITE 24 VANCOUVER, WA 98684		SECRETARY/TREA		0.	0.
MARCI ANN LEMATTA 201 NE PARK PLAZA DRIVE, SUITE 24 VANCOUVER, WA 98684			0.	0.	0.
BART LEMATTA 201 NE PARK PLAZA DRIVE, SUITE 24 VANCOUVER, WA 98684			0.	0.	0.
BETSY LEMATTA 201 NE PARK PLAZA DRIVE, SUITE 24 VANCOUVER, WA 98684	44	DIRECTOR 1.00	0.	0.	0.
GREG DAMICO 201 NE PARK PLAZA DRIVE, SUITE 24 VANCOUVER, WA 98684			0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	6,	PART VIII	0.	0.	0.

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 8		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
WSU FOUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	12,000.	
PROVIDENCE MEDICAL FOUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	500,000.	
PACIFIC LEGAL FOUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	5,000.	
NESKOWIN VALLEY SCHOOL	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	10,000.	
FINLANDIA UNIVERSITY FOUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	10,000.	
OREGON EPISCOPAL SCHOOL	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	10,000.	
WILLIAM TEMPLE HOUSE	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	25,000.	
OREGON EDUCATION CONSUMERS	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	20,000.	

THE LEMATTA FOUNDATION			91-1914392
EVERGREEN FOUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	20,000.
UNITED WAY OF COLUMBIA-WILLAMETTE	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	25,000.
TOTAL TO FORM 990-PF, PART XV,	LINE 3A		637,000.

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

EXPLANATION

THE ANNUAL ACCOUNTING DATA NECESSARY FOR THE COMPLETION OF AN ACCURATE TAX RETURN HAS NOT BEEN COMPLETED. THE PRESIDENT/DIRECTOR OF THE FOUNDATION PASSED AWAY IN DECEMBER 2009. THE TAXPAYER WILL MAKE EVERY EFFORT TO COMPLETE THE ACCOUNTING DATA AND FILE THE RETURN WITHIN THE EXTENSION PERIOD.

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545 1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 			ightharpoons
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2		,	
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous	ously filed F	orm 8868	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)	· ·		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box as	nd complet	e	. \square
Part I only			▶ []
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ to file income tax returns	iest an ext	ension of time	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic enoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electrowww irs gov/efile and click on e-file for Charities & Nonprofits.	ectronically or consoli	ıf (1) you wan dated Form 99	t the additional 90-T Instead,
Type or Name of Exempt Organization	Em	ployer identif	ication number
THE LEMATTA FOUNDATION		91-1914	392
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions		<u> </u>	
filing your return See 201 NE PARK PLAZA DRIVE, SUITE 244			
City, town or post office, state, and ZIP code. For a foreign address, see instructions VANCOUVER, WA 98684			
Check type of return to be filed (file a separate application for each return)			
Form 990-BL	orm 4720 orm 5227 orm 6069 orm 8870		
THE LEMATTA FOUNDATION • The books are in the care of ▶ 201 NE PARK PLAZA DRIVE, STE 244 - V Telephone No ▶ (360) 750-0300 FAX No ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs	If this is fo	or the whole g	roup, check this
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of tim AUGUST 15, 2010 , to file the exempt organization return for the organization name is for the organization's return for ▼ X calendar year 2009 or ▼ tax year beginning, and ending		The extensio	n
2 If this tax year is for less than 12 months, check reason Initial return Final return		Change in ac	counting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits See instructions	3a	\$	362.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	25		882.
tax payments made. Include any prior year overpayment allowed as a credit. c. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b	\$	004.
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)			
See instructions	3с	<u> </u>	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and I	orm 8879-	EO for payme	nt instructions

Film 8868 (Rev. 4-2009)			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	s box		▶ LXJ
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously f	filed Forn	n 8868	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (n	o copies	needed)	
Type or Name of Exempt Organization	Em	ployer identif	ication number
THE LEMATTA FOUNDATION		91-1914	392
Number, street, and room or suite no. If a PO box, see instructions due date for filing the filing the	For	IRS use only	
return See Instructions VANCOUVER, WA 98684			
Check type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	form 5227 form 6069	Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a prev	iously fil	ed Form 8868	3.
THE LEMATTA FOUNDATION The books are in the care of ▶ 201 NE PARK PLAZA DRIVE, STE 244 - VAI Telephone No ▶ (360) 750-0300 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of I request an additional 3-month extension of time until NOVEMBER 15, 2010 For calendar year 2009, or other tax year beginning and ending If this tax year is for less than 12 months, check reason initial return Final return State in detail why you need the extension SEE STATEMENT 3	this is fo	or the whole g	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	362.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	882.
c Balance Duer-Sybtract line 8b from line 8a Include your payment with this form, or, if required, deposit	- 1 55	"	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruction	ns 8c	\$	0.
Signature and Verification		·	
Under penalties of perjury, I declare that have examined this form, including accompanying schedules and statements, and to tis true, confect, and complete, and that I am authorized to prepare this form	the best o	of my knowledge	e and belief,
Signature CPA REPRESENTATIVE	Date	<u>▶7/28</u>	3/2010
		Form 8	868 (Rev 4-2009)