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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state rer

OMB No 1545-0052 2010

Check all that apply X Initial return						de able to use					rung requirements		21 10
Name of foundation Amended return Address change Name change											·····		31, 2010
A Employer Identification number A Employer Identification A Employer Id	G	Che	ck all that apply	X Initial retu	rn	Initia	al return	of a former p	ublic cha	rity	L	Final ref	urn
LEMAY FAMILY COLLECTION FOUNDATION Number and street (or P O box number of mails not delivered to street address) Room/suite				Amended	return		Addre	ss change		N	lame change		
Number and size(for P D box number (name is not delivered to street address) MARYMOUNT EVENT CENTER (253) 272-23 ZIV or town, state, and ZIP pode TACOMA, WA 98445 H. Check type of organization X. Section 501(c)(3) exempt private foundation 1. Fair market value of all assets at early 1. Foreign organizations, disch line 2. Foreign organization 2. Foreign organization 3. Foreign organization 4. Foreign organization 4. Foreign organization 4. Foreign organization 5. Foreign organizati	N	ame o	of foundation								A Employer identi	ification numb	er
Number and size(for P D box number (name is not delivered to street address) MARYMOUNT EVENT CENTER (253) 272-23 ZIV or town, state, and ZIP pode TACOMA, WA 98445 H. Check type of organization X. Section 501(c)(3) exempt private foundation 1. Fair market value of all assets at early 1. Foreign organizations, disch line 2. Foreign organization 2. Foreign organization 3. Foreign organization 4. Foreign organization 4. Foreign organization 4. Foreign organization 5. Foreign organizati													
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MARYMOUNT EVENT CENTER (253) 272-23 25 152ND STREET EAST City or fown, tate, and 2IP code TACONA, WA 98445 H Check type of organization Section 501(c)(3) exempt private foundation	N	ımhei	r and street (or P.O. bo	ox number if mail is r	not delivere	d to street address	s)		Room/su	ute	8 Telephone numbe	er (see page 10 of	the instructions)
Combines			•				-,		''''''		<u> </u>		,
Crity or town, state, and ZIP code TACOMA, WA 98 44 5 H. Check type of organization X Section 501(c)(3) exempt private foundation Section 497(a)(1) nonexempt charitable inust I Fair market value of all assets at end of year (from Part II, col (c), lime of year (12	531 272	-2336
TACOMA, WA 98445	_											-	
TACOMA, WA 98445 Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other texable private foundation Check type of organization X Section 501(c)(3) exempt private foundation Check type of organization X Section 501(c)(3) exempt private foundation Check type of organization X Section 501(c)(3) exempt private foundation Check type of organization Check type organ	C	ty or i	town, state, and ZIP C	oue							pending, check he	ere · · · ·	
Check type of organization X Section 501(c)(3) exempt private foundation	_	* 40	MD 57D 00445										
Check type of organization Section 501(pt)	_							_					
Farm market value of all assets at end of year (from Part II, col. (c), line Other (specify) Ot	H	Che	ck type of organiza	ition X Sect	ion 501(
Fair market value of all assets at end of year (from Part II, ci) (c), line of year (from Part II, ci) (c), line (ii)	\perp	s	ection 4947(a)(1) no	nexempt charitab							F If private foundat	ion status was ter	minated ——
16 ► \$ \$ \$ \$ \$ \$ \$ \$ \$	I	Fair	market value of all	assets at end					rual		_ ,		- I I
16 ► \$ \$ \$ \$ \$ \$ \$ \$ \$		of ye	ear (from Part II, coi	l (c), line	0	ther (specify)					F If the foundation	is in a 60-month	termination
total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions) 1 Contributions, afts, grants, exceewed databas, exceewed teaths schedule) 2 Check		16)	▶ \$	36,830.	(Part I,	column (d) m	ust be or	r cash basıs)			under section 507	(b)(1)(B), check h	ere . ▶
A contributions and contributions and column (a) (ase page 1) of the instructions) expenses per income income purpose (cash basis cash	E	art I	Analysis of Reve	nue and Expen	ses (The	(a) Davisani							
Contributions and step age 11 of the instructions Cash basis	_							, · · /		(•		
1 Contributions, gifts, grants, site, recovered (attach schedule) 2 Check								liicon	10		moone		
2 Check		1		-		4	3,750.			l		1,555,11	211
1			. if the f	foundation is not red	uired to		-			\vdash			
## Dividends and interest from securities ## Dividends and interest on line 8	,	_	attacii							 		 	
Sa Gross rents Sa Net rental income or (loss) Sa Net gain or (loss) from sale of assets not on line 10 Gross sales pince for all assets on line 8a Sa Net short-term capital gain Sa Net short-term capital)												
b Net rental income or (loss) 6 A Net garn or (loss) from sale of assets not on line 10 b Gross sales price from Part IV, line 2). 8 Net short-term capital gain 9 10 a Gross sales less returns 10 10 a Gross sales less returns 1 to 10 the rincome (attach schedule). 11 Other income (attach schedule). 12 Total. Add lines 1 through 11. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages. 15 Pension plans, employee benefits. 16 Legal fees (attach-schedule). 17 Cother professional fees (attach-schedule). 18 Taxes (attach schedule) (see page 14 of the instructory). 19 Depreciation (attach schedule) (see page 14 of the instructory). 19 Depreciation (attach-schedule). 20 Occupancy	1										·	 	
\$ Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a assets and line 2 assets and a	>	l											
## B Gross sales price for all assets on line 68	4)	l	•										
C Gross profit or (loss) (attach schedule) 38, 443 38, 443 38, 443 ATCH 2	ä				line 10								
C Gross profit or (loss) (attach schedule) 38, 443 38, 443 38, 443 ATCH 2	ē	"										1	
C Gross profit or (loss) (attach schedule) 38, 443 38, 443 38, 443 ATCH 2	<u></u>	7	Capital gain net inco	ome (from Part IV,	line 2) .					<u> </u>			
C Gross profit or (loss) (attach schedule) 38, 443 38, 443 38, 443 ATCH 2	ij												
C Gross profit or (loss) (attach schedule) 38, 443 38, 443 38, 443 ATCH 2	ş	9	Income modification	s						ļ			
C Gross profit or (loss) (attach schedule) 38, 443 38, 443 38, 443 ATCH 2	₹	10 a	Gross sales less returns and allowances • • •		1,001.					ļ		ATCH	1
C Gross profit or (loss) (attach schedule) 38, 443 38, 443 38, 443 ATCH 2	چ				26.						,		
12 Total. Add lines 1 through 11 83,168 39,418	9/)	С	Gross profit or (loss)	(attach schedule)									
12 Total. Add lines 1 through 11		t .				3	•	1	_				<u>: 2</u>
13 Compensation of officers, directors, trustees, etc. 19,074 15,295 14 Other employee salaries and wages 10,110 8,107 15 Pension plans, employee benefits 3,485 2,794 16a Legal fees (attach-schedule)		12				8	3,168				39,418	3.	
14 Other employee salaries and wages 10,110 8,107. 15 Pension plans, employee benefits 3,485 2,794. 16a Legal fees (attach-schedule) CO ther professional fees (attach-schedule). 17 Interest 17 Interest 18 Taxes (attach schedule) (see page 14 of the instruction of the professional fees (attach-schedule) (see page 14 of the instruction of the professional fees (attach-schedule) and depleting 67 coccupancy 19 Depreciation (attach-schedule) and depleting 67 coccupancy 10 Coc											-	•	3,779
Travel, conferences, and meetings Person of plans in employee benefits Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25		14				1	0,110				8,107	7.	2,003
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12	ës	15								İ			691
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12	ens	162	•										
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26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12	٥	21						 		-			
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12	ā	22					0 027				0.76		2 164
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12	ij	23				-	0,927	1		 	8,763) ·	2,164
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12	rat	24	Total operating and	d administrative e	xpenses.]							
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12	ď		Add lines 13 throug	h 23		4		1		<u> </u>	38,443	5.	9,498
27 Subtract line 26 from line 12	U	25	Contributions, gifts,	grants paid						<u> </u>			0
35 160		26	Total expenses and disbu	rsements. Add lines	24 and 25	4	8,008	•		<u> </u>	38,443	3.	9,498
a Excess of revenue over expenses and disbursements 35,160		27	Subtract line 26 from	m line 12									_
		a	Excess of revenue over ex	cpenses and disburser	nents	3	5 <u>,</u> 160	<u> </u>		<u></u>			
b Net investment income (if negative, enter -0-)		1		=					0				
c Adjusted net income (if negative, enter -0-) 975.		1									975	5.	

For Paperwork Reduction Act Notice, see page 30 of the instructions. 0E1410 1 000 6172CD K266 11/14/2011 1:52:31 PM V 10-8.2

*ATCH 3 JSA ** ATCH 4

Part _. II		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year	
Ц	الراا	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	0.	33,818.	33,818.	
		Savings and temporary cash investments		· · - ·		
		Accounts receivable				
		Less allowance for doubtful accounts ▶				
		Pledges receivable				
		Less allowance for doubtful accounts ▶				
		Grants receivable				
		Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the instructions)				
		Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶				
				209.	1,079.	
Assets	9	Inventories for sale or use				
188		Investments - U S and state government obligations (attach schedule).			-	
•		Investments - corporate stock (attach schedule)		 .		
		Investments - corporate bonds (attach schedule))			
	11	Investments - land, buildings,				
		and equipment basis Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	14	Investments - other (attach schedule) Land, buildings, and equipment basis			ATCH 6	
		Less accumulated depreciation 67. (attach schedule)		1,933.		
	15	Other assets (describe				
		Total assets (to be completed by all filers - see the				
		instructions Also, see page 1, item I)	0.	35,960.	36,830.	
		Accounts payable and accrued expenses				
		Grants payable	1			
ģ		Deferred revenue				
퍒		Loans from officers, directors, trustees, and other disqualified persons				
Liabilities		Mortgages and other notes payable (attach schedule)				
Ë		Other liabilities (describe ATCH 7)	0.	800.		
		/				
	23	Total liabilities (add lines 17 through 22)	0.	800.		
		Foundations that follow SFAS 117, check here ▶				
		and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted				
ä	25	Temporarily restricted				
뼔	26	Permanently restricted				
ᅙ		Foundations that do not follow SFAS 117,				
ᆵ		check here and complete lines 27 through 31. ► X				
5	27	Capital stock, trust principal, or current funds				
2	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	35,160.		
Ž		Total net assets or fund balances (see page 17 of the				
Š		instructions)	0.	35,160.		
_	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	0.	35,960.		
E	art il	Analysis of Changes in Net Assets or Fund	Balances	, , , , , , , , , , , , , , , , , , , ,		
_		net assets or fund balances at beginning of year - Part		must agree with		
-		of-year figure reported on prior year's return)			0.	
2	Ente	r amount from Dart I line 27a		_	35,160.	
				· · · · · · · · · - 	,	
		lines 1, 2, and 3			35,160.	
		eases not included in line 2 (itemize) >		5		
		net assets or fund balances at end of year (line 4 minus	line 5) - Part II. column (b		35,160.	
<u>~</u>		The state of the s	5 57 . S. C. C. COOM (O	,, 		

Part IV C	apital Gains	and Losses for Tax on Inv	estment Income			
	(a) List and	d describe the kind(s) of property sold	(e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse, or common stock, 200	shs MLC Co)	P-Purchase D-Donation	(mo , day, yr)	(mo, day, yr)
1a	_					
b	_					
c						
d						
e						
		(f) Depreciation allowed	(g) Cost or other basis	 	(h) Gain or (id	nee)
(e) Gross s	ales price	(or allowable)	plus expense of sale		(e) plus (f) min	•
<u>a</u>						
<u>b</u>			·-		-	
<u>c</u>				ļ		
<u>d</u>						
<u>e</u>			1			
Complete	only for assets	showing gain in column (h) and owner			Gains (Col (h) g	
(I) FMV as	of 12/31/69	(j) Adjusted basis	(k) Excess of col (ı)	Col	(k), but not less to Losses (from co	
		as of 12/31/69	over col (j), if any			, (11 <i>))</i>
<u>a</u>				<u> </u>		
<u>b</u>				<u> </u>	- <u>-</u> :	
С						
d						
е						
•		, , , , , , , , , , , , , , , , , , ,	gain, also enter in Part I, line 7			
2 Capital gain	net income or	(net canital loss)	f (loss), enter -0- in Part I, line 7	2		
3 Net short-ter	rm capital gain	ı or (loss) as defined ın sections 12	· · · · · · · · · · · · · · · · · · ·			
		line 8, column (c) (see pages 13				
_		line 8		3		
Part V Q	ualification l	Inder Section 4940(e) for Re	duced Tax on Net Investment I			
			e section 4940(a) tax on net invest		me \	
(. o. opoa. a.			is obtain to folia, tax of field intest			
If section 4940	(d)(2) annline	leave this part blank NO	r available for initial	YEAR	RETURNS	
11 30000011 4040	(d)(Z) applies,	icave this part blank				
Was the found:	ation liable for	the section 4942 tay on the distril	butable amount of any year in the b	ase nerio	12	ີ Yes □ No
		not qualify under section 4940(e)		asc perio		res [rao
		<u> </u>	r, see page 18 of the instructions b	ofore mak	ing any entrice	
(a					(d)	
Base pen	od years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r	
Calendar year (or ta		Adjusted qualifying distributions	THE VALUE OF HORIZINATIAN COSE ASSETS	<u> </u>	(col (b) divided by	y col (c))
200	+					
200				<u> </u>		
200						
200				1		
200	05			<u> </u>		
2 Total of line	1, column (d)			2		
3 Average dis	stribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the			
number of	years the found	dation has been in existence if les	s than 5 years	3		
·						
4 Enter the ne	et value of nor	charitable-use assets for 2010 fro	om Part X, line 5	4		
5 Multiply line	e 4 by line 3			5		
3 Waltiply III	e a by inte 5.	•••••	• • • • • • • • • • • • • • • • • • • •	•		
6 Entor 10/ -	f nat inicada = =	nt income (19/ of Death line 075)				
6 Enter 1% o	r net investme	nt income (1% of Part I, line 27b)		6	· -	
7 Add lines 5	and 6			7		
8 Enter qualif	ying distribution	ons from Part XII, line 4	ın Part VI, line 1b, and complete	8		
If line 8 is	equal to or gr	eater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the
Part VI instr	uctions on pag	je 18				

Fa	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ie ins	tructio	ons
1 a	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 ruling letter if necessary - see instructions)			•
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here ▶ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments .			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6b 0.			
	Exempt foreign organizations-tax withheld at source			
_	Tax paid with application for extension or time to the (1 of th occo)			
_ d	Backup withholding erroneously withheld			Ο.
7	Total credits and payments Add lines 6a through 6d			
8	The state of the s			0.
9				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2011 estimated tax 0 Refunded 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶\$(2) On foundation managers ▶\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			.,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	BIZA	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	.5		<u> </u>
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			•
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		x	
_	conflict with the state law remain in the governing instrument?	<u>6</u> 7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	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 year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? 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 ATTACHMENT 8	10	х	

Par	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 page 20 of the instructions)	11		<u>X</u>
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?		х	
14	The books are in care of ▶_TRUDY_COFCHIN Telephone no ▶253-2	2-23	36	
	Located at ▶325 152ND STREET EAST TACOMA, WA ZIP+4 ▶ 98445			ТТ
15	Section 4347 (a)(1) hollesempt chantable trasts ming from 550 11 in field of 1 of 11 11 10 10 10 10 10 10 10 10 10 10 10		• • •	
16	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	over a bank, securities, or other financial account in a foreign country?	16	```	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter		•	
	the name of the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)	-		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	-		
	the benefit or use of a disqualified person)?			
	(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)			
D	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	. 1ь		Х
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
•	were not corrected before the first day of the tax year beginning in 2010?	<u>1c</u>	N/A	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		"	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	ļ		
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2010? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	26	N/A	
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	.	,,	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ŀ		
22	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 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			l.
	foundation had excess business holdings in 2010)	. 3b	N,	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?.	. 4b) O DE	X

Form 990-PF (2010)			1300			aye u
Part VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)			
5a During the year did the foundation pay or incur any amou	nt to					
(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes X No	,	li	
(2) Influence the outcome of any specific public election	(see section 4955), o	r to carry on,				
directly or indirectly, any voter registration drive?			Yes X No	,		
(3) Provide a grant to an individual for travel, study, or other				,		
(4) Provide a grant to an organization other than a chart						
section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes X No	,		
(5) Provide for any purpose other than religious, charital						
purposes, or for the prevention of cruelty to children of			Yes X No	, [
b If any answer is "Yes" to 5a(1)-(5), did any of the trans						
Regulations section 53 4945 or in a current notice regard				5b	N/A	
Organizations relying on a current notice regarding disast	ter assistance check h	ere	▶ 🗌			
c If the answer is "Yes" to question 5a(4), does the foundation		from the tax				
because it maintained expenditure responsibility for the g		NI/A	Yes No	,		
If "Yes," attach the statement required by Regulations sec			. —			
6a Did the foundation, during the year, receive any funds, of		pay premiums				
on a personal benefit contract?			Yes X No	,		
b Did the foundation, during the year, pay premiums, direc				6b		_X
If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X No	· L		
b If "Yes," did the foundation receive any proceeds or have	e any net income attrib	outable to the transaction	n?	7b	N/A	
Part VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	yees,		
and Contractors List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instru	uctions).		
(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens		
(-,	devoted to position	-0- <u>)</u>	and deferred compensation	Other an	owances	
		10 074	0 170			•
ATTACHMENT 9		19,074.	2,178.			0
66 111 111 111 111		1d 1: 4	22 -f 4b- i4	4'\		
2 Compensation of five highest-paid employees (ot If none, enter "NONE."	ner than those inc	iudea on line 1 - se	e page 23 of the inst	rucuons).		
	(b) Title, and average	V	(d) Contributions to	(e) Expens	- accou	nt .
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	other all		
NONE	devoted to position		compensation			
NONE		0.	0.			0
			0.			
			-			
		<u> </u>				
		· -				
Total number of other employees paid over \$50,000			<u> </u>		NC	ONE
					_ ,	

27-3261388

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	<u> </u>
	0
	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
Summary of Direct Chamable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 OPERATE MUSEUM FOR CONSERVATION & DISPLAY OF VINTAGE	
AUTOMOBILES AND RELATED ANTIQUES AS WELL AS OTHER VINTAGE	
ARTIFACTS FOR THE EDUCATION OF THE GENERAL PUBLIC	35,646
2 EDUCATIONAL TOURS OF HISTORICAL MILITARY ACADEMY & CHAPEL	
AS WELL AS VARIOUS EVENTS HELD AT THE HISTORICAL BUILDINGS	
AND GROUNDS	12,295
3	
4	
*	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
	0
	0
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
	0
Total. Add lines 1 through 3	0

27-3261388

Pa	• Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u> </u>	
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	30,461.
C		1c	88.
d	Total (add lines 1a, b, and c)	1d	30,549.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	30,549.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		-
		4	458.
5	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	30,091.
6	Minimum investment return. Enter 5% of line 5	6	581.
Pá	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations foundations and certain foreign organizations check here ► x and do not complete this process.		
1	Minimum investment return from Part X, line 6	1	
2a	1 1		
b			
		2c	
3	Add lines 2a and 2b	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add loss O and A	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	· <u> </u>
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
-	line 1	7	
Pa	Irt XII Qualifying Distributions (see page 25 of the instructions)		
		т т	
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		0.400
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	9,498.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	1b	0.
2			
	purposes	2	2,000.
3	Amounts set aside for specific charitable projects that satisfy the	_	•
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	11,498.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	44 400
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,498.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculating whether t	he foundation

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				0.
2	Undistributed income, if any, as of the end of 2010				
_	Enter amount for 2009 only				
h	Total for pnor years 20 08 ,20 07 ,20 06				
3	Excess distributions carryover, if any, to 2010				
_	F				
- -					
•	From 2006				
ن	From 2007				
a	From 2008				
е	From 2009				
	Total of lines 3a through e		Mathews.		
4					
	line 4 ▶ \$0.				
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				1
	required - see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				
8	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				
•	indicated below:				:
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
	Prior years' undistributed income Subtract				
Ü	line 4b from line 2b				
С	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				
	· · · · · · · · · · · · · · · · · · ·				
đ	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
θ	Undistributed income for 2009 Subtract line			<u> </u>	
	4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1. This amount must be				0.
7	distributed in 2011	· · · · · · · · · · · · · · · · · · ·			0.
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
0	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2011.	^			
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9				
а	Excess from 2006				
b	Excess from 2007				
C	Excess from 2008				
d	Excess from 2009				
0	Excess from 2010 0 .				

Pá	rt XIV Private Oper	rating Foundations (see page 27 of th	e instructions and P	art VII-A, question 9)	
1 a						
	foundation, and the ruling	g is effective for 2010, er	nter the date of the rulin	g		
b	Check box to indicate wh	ether the foundation is a	private operating four	ndation described in section	on X 4942(J	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(0) 10
	I or the minimum investment return from Part X for each					
	year listed	581.			_	581.
b	85% of line 2a	494.				494.
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .	11,498.		<u></u>		11,498.
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
θ	Qualifying distributions made directly for active conduct of exempt activities Subtract line	11,498.				11,498.
3	2d from line 2c Complete 3a, b, or c for the	11,430.				11,490.
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets					_
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
Þ	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed	387.				387.
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)					0.
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					0.
	(3) Largest amount of sup-					
	port from an exempt organization					0.
	(4) Gross investment income					0.
Pa	rt XV Supplementa	ary Information (Co	omplete this par	t only if the found	dation had \$5,000	or more in assets
	at any time o	during the year - see	page 28 of the i	nstructions.)		
1	Information Regarding	g Foundation Manager	'S :			
а	List any managers of					
	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000) (See section 507(d)(2))	
	NANCY LEMAY	Y				
b	List any managers of	the foundation who d	wn 10% or more	of the stock of a cor	poration (or an equally	large portion of the
-	ownership of a partner					and person or the
_	NONE					
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholars	ship, etc., Programs:		
	Check here ▶ If t	he foundation only n	nakes contributions	to preselected cha	ritable organizations a	ind does not accept
	unsolicited requests f	or funds If the found	dation makes gifts,	grants, etc (see pag	ge 28 of the instruction	ons) to individuals or
	organizations under ot					
а	The name, address, a	nd telephone number o	of the person to who	om applications should	be addressed	
b	The form in which app	lications should be sub	mitted and information	tion and materials the	y should include	
	N/A					
_						
C	Any submission deadli	IIES				
_	N/A			andread access of		
a	Any restrictions or lifactors	mitations on awards,	such as by geog	rapnicai areas, charif	table fields, kinds of	institutions, or other
	N/A					

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual,								
	any foundation manager	status of recipient	contribution	Amount					
Name and address (home or business) a Paid during the year NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution NONE	Amount 0.					
Total			▶ 3a	0.					
Total		·		0.					

Part XVI-	A Analysis of Income-Produ	cing Activ	vities			
Enter gross	amounts unless otherwise indicated	Unrel	ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
-	ISSION REVENUE		,_			19,244.
. —						
e						
f			-			
	and contracts from government agencies					_
-	ship dues and assessments					4,880.
	n savings and temporary cash investments					
	s and interest from securities					
	al income or (loss) from real estate.					
a Debt-	financed property	<u> </u>				
	lebt-financed property					
	income or (loss) from personal property .	_				
7 Other in	vestment income					
	oss) from sales of assets other than inventory					
9 Net inco	me or (loss) from special events					2,024.
10 Gross pr	ofit or (loss) from sales of inventory			05	975.	
11 Other rev	venue a					
b						
c						
d						
θ					07.5	06 140
	Add columns (b), (d), and (e)				975.	27 122
	dd line 12, columns (b), (d), and (e)				13	27,123.
	Relationship of Activities			omnt Burr		
Part XVI-	•		•			
Line No.	Explain below how each activit accomplishment of the foundation					
▼	instructions)	on a exemp	or purposes (other than	by providin	g lulius for such purpose	23) (Oce page 23 of the
1A	DAILY FEES FOR ADMIS	SION IN	TO MUSEUM COLLEG	CTION AN	ND FOR	
	TOURS OF THE HISTORIC					
2	MEMBERSHIP FEES FOR	ADMISSI	ON INTO MUSEUM	COLLECT	ION	
9	NET INCOME FROM RENTA	AL OF H	ISTORIC CAMPUS	FOR SPEC	CIAL	· · · · · · · · · · · · · · · · · · ·
-	EVENTS					
ALL	OPERATING A MUSEUM CO	OLLECTI	ON OF VINTAGE A	UTOMOBII	LES AND	
	EDUCATIONAL TOURS AN	D SPECI	AL EVENTS AT TH	E HISTOR	RICAL	
	BUILDINGS AND GROUND	S ARE T	HE PRIMARY MEAN:	S BY WH	CH THE	
	ORGANIZATION ACCOMPL	ISHES I	TS EDUCATIONAL	PURPOSES	S.	
			······························			
			· · · · · · · · · · · · · · · · · · ·			
				_		
						<u>.</u>
		•				
			 · 			
						

Part	XVII	Information Exempt Orga		Transfers To and	d Transac	tions a	nd Relati	onships With	Nonch	arit	able
1	in sect organiza	ion 501(c) of the Cations?	ode (other than	engage in any of to section 501(c)(3) of	organizations)		-			Yes	No
				oncharitable exempt org					40(4)		х
									1		X
		ansactions						• • • • • • • • • • •	Jale		
	(1) Sale	es of assets to a nonch	naritable exempt	organization					16(1)		Х
				exempt organization .					1 1		X
((3) Rer	ital of facilities, equipm	ent, or other asse	ets					1b(3)		X
((4) Rei	mbursement arrangeme	ents						1b(4)		X
											X
				fundraising solicitations							X
				ther assets, or paid emp							
				"Yes," complete the vices given by the r							
				gement, show in co							
(a) Lin		(b) Amount involved		noncharitable exempt orga				ers, transactions, and sha			
		N/A				N/A					
											
	-					 -					
		•									
		•	-	ffiliated with, or relations			re tax-exem	pt organizations	Yes		
<u> </u>	If "Yes,	" complete the followin		(b) Turn of a				(a) Danamation of calculation	- la		
		(a) Name of organizatio	n	(b) Type of or	rganization			(c) Description of relation	snip		
							····				
					······································						
Sign	h = 1. = 4			examined this return, incl of preparer (other than tax							
Here	• • -	Day he			//	<u> </u>		Sec/Treas			
	▼ S	ignature of officer or truste	_ \	l n	Date		Γ Τι	tle	DT#:		
		Print/Type preparer's	name	Preparer's signatu	ıre		Date		PTIN		
Paid		NORMA J. OLIA	SON	Molias	en, Cx	oa I	DY 14	Checkif self-employed	PUU29	1551	19
Prep	arer	L		SON PLLC		•	<u> </u>	Firm's EIN > 27-4			
Use	Only		4 SECOND					I HILLS EIN P		<u> </u>	
	-		CATTLE, W.			981	19-3928	Phone no 206-2	85-72	242	
									QQ1		(2010)

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number Name of the organization LEMAY FAMILY COLLECTION FOUNDATION 27-3261388 Organization type (check one) Filers of: Section: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	TEMAY FAMILY COLLEGE ON FOUNDAM	TON:	Page or or Part
Name of or	ganization LEMAY FAMILY COLLECTION FOUNDAT	ION	Employer Identification number 27-3261388
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST	\$42,059.	Person X Payroll Noncash
(a)	(b)	(c)	(Complete Part II if there is a noncash contribution) (d)
No.	Name, address, and ZIP + 4	Aggregate contributions	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)

FORM	990-PF,	PART	Ι	_	GROSS	SALES	LESS	RETURNS	AND	ALLOWANCES
------	---------	------	---	---	-------	-------	------	---------	-----	------------

DESCRIPTION

AMOUNT

GIFT STORE SALES

1,001.

TOTAL

1,001.

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INCOME
OTHER
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PART
990PF,
FORM

IPTION	RSHIP REVENUE	SIONS REVENUE	AL EVENTS REVENUE
DESCRIPTION	MEMBERSHIP	ADMISSIONS	SPECIAL EV

REVENUE	AND	EXPENSES	PER BOOKS	4,880.	19,244.	14,319.	

38,443.

38,443.

TOTALS

ATTACHMENT 3

REVENUE	AND	SHSNHAXH	PER BOOKS	283.
			DESCRIPTION	PAYROLL PROCESSING FEES

	CHARITABLE	PURPOSES	56.	56.
ADJUSTED	NET	INCOME	227.	227.

283.

TOTALS

TAXES i FORM 990PF, PART I

EXPENSES PER BOOKS REVENUE AND

3,377.

ADJUSTED NET INCOME

CHARITABLE PURPOSES

2,708.

669.

2,708.

669.

TOTALS

PAYROLL TAXES

DESCRIPTION

3,377.

ATTACHMENT 4

	REVENUE		
	AND	ADJUSTED	
	EXPENSES	NET	CHARITABLE
DESCRIPTION	PER BOOKS	INCOME	PURPOSES
PROGRAMS EXPENSE	3,676.	2,948.	728
OFFICE SUPPLIES	3,373.	2,705.	. 899
COLLECTION PRESERVATION EXP	243.	195.	48.
REPAIRS & MAINTENANCE	85.	.89	17.
BANK/MERCHANT CHARGES	429.	344.	85.
ADVERTISING	1,200.	962.	238.
IT/COMPUTER SERVICES	1,759.	1,411.	348.
VOLUNTEER CULTIVATION EXP	162.	130.	32.
TOTALS	.5 10,927.	8,763.	2,164.

668. 668. 48. 17. 85. 348.

2,164.

2

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ATTACHMENT 6

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н	ENDING BALANCE	67.	
ACCUMULATED DEPRECIATION DETAIL	ADDITIONS DISPOSALS		
CUMULATED DEPR		67.	
AC	BEGINNING		
	ENDING	2,000.	2,000.
FIXED ASSET DETAIL	ADDITIONS DISPOSALS		
FIXED A	ADDITIONS	2,000.	
	BEGINNING		
	METHOD/ CLASS	SL	
	ASSET DESCRIPTION	РНОТО ВООТН	TOTALS

ATTACHMENT 6 PAGE 21

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6172CD K266 11/14/2011

LEMAY	FAMILY	COLLECTION	FOUNDATION

27-3261388

ATTACHMENT 7

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

SALES TAX PAYABLE CONSIGNMENT PAYABLE

138.

662.

TOTALS

800.

FOUNDATION		
LLECT TON		
FAMILY CO		
LMAX		

DIRECT PUBLIC SUPPORT - NEW SUBSTANTIAL CONTRIBUTORS 10 LINE PART VII-A, NAME AND ADDRESS FORM 990PF,

DATE 10/11/2010

42,059.

TOTAL CONTRIBUTION AMOUNTS

NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST 42,059.

PAGE 23

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PRESIDENT 4.00	.0	0.	.0
VICE PRESIDENT 2.00	.0	.0	.0
SECRETARY/TREASURER 16.00	.0	.0	
DIRECTOR 40.00	19,074.	2,178.	o
GRAND TOTALS	19,074.	2,178.	• 0

TACOMA, WA 98448

P.O. BOX 44667

NANCY LEMAY

NAME AND ADDRESS

TACOMA, WA 98448

P.O. BOX 44667

NORMAN LEMAY

TACOMA, WA 98448

P.O. BOX 44667

DOUGLAS LEMAY

P.O. BOX 44667 TACOMA, WA 98448

TRUDY COFCHIN

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No

Name(s) shown on return LEMAY FAMILY COLLECTION FOUNDATION

(99)

Identifying number 27-3261388

Busi	ness or activity to which this form relates								
G	ENERAL DEPRECIATION								
Pa	rt I Election To Expense Ce Note: If you have any list				vou co	mnle	te Part I		
1	Maximum amount (see instructions)		•					1	
2	Total cost of section 179 property pla							· · · 	
3	Threshold cost of section 179 property								
4	Reduction in limitation Subtract line								
- -	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter	0- If marned filing	<u> </u>			<u> </u>	5	
6	(a) Description	of property		(b) Cost (bu	siness use	e only)	(c) Elect	ed cost	ļ
									,
7	Listed property Enter the amount from	n line 29		_		7			,
8	Total elected cost of section 179 prop	perty Add amounts	n column (c).	ines 6 and	 7		1	8	
9	Tentative deduction Enter the smaller								
10	Carryover of disallowed deduction from	m line 13 of your 20						10	
11	Business income limitation Enter the								
12									
13	Carryover of disallowed deduction to					13		,	
Not	e: Do not use Part II or Part III below for	listed property Instea	ad, use Part V						
Pa	rt Special Depreciation A	llowance and Ot	her Depre	iation (D	o not in	clude	listed prope	rty) (See ı	nstructions)
14	-1								
	during the tax year (see instructions)								
	Property subject to section 168(f)(1)								67.
	Other depreciation (including ACRS)						<u></u>	16	67
Pa	rt MACRS Depreciation (D	o not include liste		tion A	uctions)			
18	If you are electing to group any a asset accounts, check here Section B - Assets	<u> </u>	<u></u>	<u></u>			▶		vstem
	Oction B - Assets	(b) Month and year	(c) Basis for		(d) Reco		oeneral bep		Jocom
_	(a) Classification of property	placed in service	(business/inv only - see in	estment use	period	- 1	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
t	5-year property								
	7-year property				<u> </u>	_		ļ <u> </u>	
	1 10-year property								
	15-year property			<u>-</u>					
	20-year property								
	25-year property				25 yrs			S/L	
ŀ	Residential rental				27 5 y		MM	S/L	
	property				27 5 y		MM	S/L	<u> </u>
I	Nonresidential real				39 yrs	* -	M M M M	S/L S/L	
	property Section C. Access D	laced in Comics F)im 2040	Tow Voca	llaina 4				<u> </u>
200	Section C - Assets P	laced in Service L	Juring 2010	Tax Tear	Using t	ne A	iternative De	S/L	System
	1 12-year	1			12 yrs	+		S/L	
_	: 40-year		 	<u> </u>	40 yrs		мм	S/L	
	rt IV Summary (See instruction	ons)	L		1 40 313		141 141	J 0/E	<u> </u>
21								21	T
	Total. Add amounts from line 12, lines			n column "	····	 ne 21	Fnter here	• • • •	
	and on the appropriate lines of your re							22	67
23	For assets shown above and placed	•	•			Ĺ	<u> </u>	· · · · · ·	
-	portion of the basis attributable to se		-			23			

Form 4562 (2010)

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Part V

		nns (a) through (c) o									or nasse	enger ar	ıtomoh	ıles)	ly 24a
24a	Do you have evidence						es	1	24b If "					Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage		(d) or other ba	Bas	(e) sis for de siness/in use or	orecation vestment	(f) Recovery period	Met	g) thod/ ention	(Depre	h) eciation uction	(i Elected	i) section cost
25	Special depreciation									<u> </u>					
20	year and used more the Property used more to				nstructio	ns)	• • • •	• • • •		• • • •	. 25	1		1	
26	Property used more t	lian 50% in a quaine	т———	%		<u> </u>				Γ					
			 	%						+		 		 	
				%					-	 				+	
27	Proporty used E09/ or	loca in a sublified by	<u> </u>	70		Щ.			<u> </u>	1		L			
27	Property used 50% or	less in a qualified bu	,	%					I	6/1				_	
_									ļ	S/L -				-	
		<u> </u>	_	%						S/L -		 		-	
			<u> </u>	%					<u> </u>	S/L -		₩-		-	
28	Add amounts in colu													 	
29	Add amounts in colur	nn (i), line 26 Enter	nere and on	line 7, p	age 1 .		<u></u>	<u></u>	<u></u>		· · · ·	<u></u>	. 29		
	nplete this section for ployees, first answer the	•	sole propriet	tor, part		ther "m	ore th	an 5% d	owner," or		•		provided	vehicles	to yo
	Total business/invo	estment miles o	driven nuting	(a) Icle 1	(b) icle 2	7	(c) ehide 3		d) licle 4	T (e) icle 5		f) icle 6
24	miles)	oe driven during the						_		 		 		+	
31		sonal (noncomm						+		1		 		 	
32	· ·	•													
22	miles driven							+				 		 	
33	Total miles driven														
	lines 30 through 32			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle use during off-duty ho			103	140	163	110	100	. 100	163	10	163	140	103	140
35	Was the vehicle			-	<u> </u>		-	+						 	
•	more than 5% ow		•						i						
36	Is another vehicle use?	available for pe	rsonal												
		Section C - Que		Employ	vers Wi	o Prov	ide V	hicles	for Use I	v Their	Emplo	VAAS	· · · · · · ·		
	swer these question re than 5% owners o	s to determine if	you meet	an exc						•	•	-	ployee	s who a	are no
	Do you maintain	a written policy s	statement th	nat pro		-					-	-	-	Yes	No
38	your employees? Do you maintain a second to protect the protections of	written policy state	ment that pr	rohibits	persona	l use o	f vehic	les, exc	ept comr	nuting,	by your	employe	es?		
39	See the instructions f	or verilides used by C	or horate nill	حدادی ماریوم≎	ECIUI 5, UI	1 /0 UI I	11016 01	WIIE12.			• • • •				
40	Do you treat all use of Do you provide in	nose than five ve	bucios to v	ai use ·					from v		nlovoce			<u> </u>	
40	• •		-		ipioyees,	Obtail	1 11110	illialion	nom y	our em	proyees	audut	tile		
	use of the vehicles, at													-	
41	Do you meet the re Note: If your answer to											• • • •			
Pa	rt VI Amortizat	ion													
	(a) Description o	of costs	(b) Date amon		An	(c) nortizable		t	(d) Code s		Amort	e) ization od or entage	Amortiz	(f) ation for ti	his year
		s that begins durin	10 your 2010	n tax v	ear (see	instruc	tions)				, p				
42	Amortization of cost	o mat bogins com	ig your zon	o tun y	1 (000	mstruc	10.107				7				
42	Amortization of cost		your zore	o tun y		mstruc									-
42	Amortization of costs Amortization of costs Total, Add amounts i	s that began before	your 2010 tax	year .								43			

2010

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27-3261388

LEMAY FAMILY COLLECTION FOUNDATION

. 19 67. 67. Current-year depreciation Current-year amortization Current-year 179 expense ACRS CRS class Life 5.000 Ę Beginning Ending Accumulated Medepreciation depreciation that Code 67. SL Accumulated Accumulated amortization 67. 67. Basis for depreciation 2,000. 2,000. 2,000. Basis Reduction 179 exp reduction in basis 2,000. 100.000 Bus. % Unadjusted Cost or basis 2,000. 2,000. Cost or basis Date placed in service 10/20/2010 Date placed in service Less Retired Assets Subtotals Asset description Description of Property Asset description GENERAL DEPRECIATION **AMORTIZATION** TOTALS. DEPRECIATION Less Retired Assets Subtotals Listed Property TOTALS. . . . **РНОТО ВООТН**

*Assets Retired JSA 0X9024 1 000

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4	• •				1				
Form 8868 (Re	ev 1-2011)		•		Page :				
	e filing for an Additional (Not Automatic) 3-M	onth Exter	sion complete only Part II and che	ck this box					
=	complete Part II if you have already been gra								
-	e filing for an Automatic 3-Month Extension,			moder, moder on modes					
Part II	Additional (Not Automatic) 3-Month E			copies needed)					
Type or									
print LEMAY FAMILY COLLECTION FOUNDATION 27-3261388									
File by the	Number, street, and room or suite no. If a P.O. bo		ctions	!					
extended	MARYMOUNT EVENT CNTR, 325 15	2ND ST	Ε.						
due date for filing your	City, town or post office, state, and ZIP code For			•					
return See Instructions TACOMA, WA 98445									
	eturn code for the return that this application	ıs for (file a	a separate application for each return)	04				
Application		Return	Application		Return				
ls For		Code	Is For		Code				
Form 990		01	1	,					
Form 990-B	Ĺ	02	Form 1041-A	-	08				
Form 990-E	Z	03	Form 4720		09				
Form 990-PI	F	04	Form 5227		10				
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11				
¹ Form 990-T	(trust other than above)	06	Form 8870		12				
	ot complete Part II if you were not already	granted ar	automatic 3-month extension on	a previously filed Forr	n 8868.				
	s are in the care of TRUDY COFCHIN		<u>.</u>						
Telephon	e No. ► 253 272-2336	'	FAX No ▶ 253 779-0919						
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	or a Group Return, enter the organization's foi				is is				
for the whole	e group, check this box ▶ 🔃 . If	fit is for pa	ert of the group, check this box	▶ 🔛 and atta	ach a				
	names and EINs of all members the extension		· · · · · · · · · · · · · · · · · · ·						
4 I reque	est an additional 3-month extension of time ur	ntil	11/15						
	lendar year, or other tax year beginni				20 <u>10</u>				
6 If the ta	ax year entered in line 5 is for less than 12 m	onths, chec	ck reason X Initial return	Final return					
	change in accounting period								
	n detail why you need the extension ADDIT			THE					
	RMATION NECESSARY TO PREPARE A		· · · · · · · · · · · · · · · · · · ·						
AN EX	TENSION OF TIME IN WHICH TO F	ILE IS	RESPECTFULLY REQUESTED.						
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	application is for Form 990-BL, 990-PF, 99	0-1, 4720	, or 6069, enter the tentative tax	*	•				
	undable credits See instructions			8a \$	0.				
	application is for Form 990-PF, 990-T,			1 1					
	ted tax payments made Include any pri	or year o	verpayment allowed as a credit	 	^				
	t paid previously with Form 8868.			8b \$	0.				
	e Due. Subtract line 8b from line 8a Include	-	ent with this form, if required, by us	· I I	0				
(Electro	onic Federal Tax Payment System). See ınstru		-1 \(I = \(\frac{1}{2} \) = - \(A \frac{1}{2} \) = -	8c \$	0.				
•	Sign sof perjury, I declare that I have examined this form, it, and complete, and that I am authorized to prepare this for	including acc	d Verification ompanying schedules and statements, and to	o the best of my knowledg	ge and belief,				
Signature ►	~ Olius	~	Title ▶ CPA	Date > 8/0	1/11				

Form 8868 (Rev 1-2011)