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Return of Private Foundation

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

	nt of the Treasury evenue Service	Note. The foundation ma	iy be able to use a copy of this		orting requirements.	2010
	ndar year 2010, or t			, and ending		
G Chec	k all that apply:	Initial return Amended return	Initial return of a f	ormer public charity	Final return Name change	
Name o	of foundation				A Employer identification	number
		ATTA FOUNDATI			91-1914392	
Number		umber if mail is not delivered to stre	•	Room/suite	B Telephone number 360-573-34	44
City or	town, state, and ZIP	code			C If exemption application is pe	ending, check here
H Chec	VANCOUV k type of organization		exempt private foundation		D 1. Foreign organizations 2. Foreign organizations med check here and attach cor	, check here
<u>□ s</u>	ection 4947(a)(1) no	nexempt charitable trust	Other taxable private found	ation	E if private foundation stat	
	narket value of all ass	· 1 —	nting method: X Cash	Accrual	under section 507(b)(1)	(A), check here
(#O## ▶ \$	Part II, col. (c), line		Other (specify) olumn (d) must be on cash	basis)	F If the foundation is in a 6 under section 507(b)(1)(
Part	(The total of amounts)	nue and Expenses in columns (b), (c), and (d) may not amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_ 1		, grants, etc., received			N/A	
2 2	Interest on savings and	oundation is not required to attach Sch. B. d temporary	1,413.	1,413.		STATEMENT 1
a 4	cash investments Dividends and inter	rest from securities	4,908.	4,908.		STATEMENT 2
⇒ 5 a	a Gross rents					
ا [Net rental income or (lo		<1,362.			
	Met gain or (loss) from Gross sales price for a assets on line 6a	sale of assets not on line 10 6 , 173 .	<1,302.	<u> </u>	RECEIV	/ED
Revenue 7	Capital gain net incom			0.		ာပ္က
SCAMMED NUV Revenue 8 8 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Net short-term cap	~			2 NOV 14	2011
	Income modification Gross sales less return and allowances	ins Is			L	<u> </u>
	Less Cost of goods so	old			OGDEN	, UT
	Gross profit or (los	s)				
11	Other income Total. Add lines 1 t	hrough 11	4,959.	6,321.		
13		ers, directors, trustees, etc	0.	0,321.		0.
14	Other employee sal	•				
ν ω 15	Pension plans, emp Legal fees	ployee benefits				
انخ	Accounting fees	STMT 3	4,503.	0.		0.
Ω d	Other professional	fees STMT 4	1,282.	1,282.		0.
18 g 18	Interest Taxes					
19	Depreciation and de	epletion				
[20	Occupancy		6,408.	0.		0.
¥ 21	Travel, conferences	-				
E 23	Printing and publication Other expenses	STMT 5	1,816.	0.		0.
it 24	Total operating and		170101	<u>.</u>		
Dec	expenses Add line		14,009.	1,282.		0.
25	Contributions, gifts, Total expenses and		674,500.			674,500.
20	Add lines 24 and 25		688,509.	1,282.		674,500.
27	Subtract line 26 fro					
		expenses and disbursements Ome (if negative, enter -0-)	<683,550.	> 5,039.		
c	Adjusted net incom			5,035.	N/A	
023501					·	

023511

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

_	2009	636,939.	285,505.		2.230921
_	2008	768,000.	950,864.		.807686
_	2007	982,339.	915,363.		1.073169
_	2006	1,190,543.	1,044,138.		1.140216
_	2005	1,484,968.	1,340,749.		1.107566
2	Total of line 1, column (d) Average distribution ratio for the 5-year ba	ise period - divide the total on line 2 by 5,	or by the number of years	2	6.359558
	the foundation has been in existence if les		,	3	1.271912
4	Enter the net value of noncharitable-use as	ssets for 2010 from Part X, line 5		4	461,900.
5	Multiply line 4 by line 3			5	587,496.
6	Enter 1% of net investment income (1% o	f Part I, line 27b)		6_	50.
7	Add lines 5 and 6			7	587,546.
8	Enter qualifying distributions from Part XII	, line 4		8	674,500.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

	990-PF (2010) THE LEMATTA FOUNDATION		<u> 19143</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see in:	stru	ction	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here \[\bigcup \] and enter "N/A" on line 1.	1	İ			
	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%	1	<u> </u>			<u>50.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1 _				^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
	Add lines 1 and 2	3				50.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			$\frac{0.}{50.}$
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 			<u> 50.</u>
6	Credits/Payments: 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 821					
		•				
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c	-				
	Backup withholding erroneously withheld 6d	┪	1			
	Total credits and payments. Add lines 6a through 6d	٦			Ω	21.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				<u>~</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			7	71.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11	 			0.
	rt VII-A Statements Regarding Activities	1 11				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?	•		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		F	1b		X
Ī	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities					
c	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	i/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<u> </u>	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.		ļ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.	te law	ŀ			l
	remain in the governing instrument?		_	6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?		_	7	X	
_	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	WA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
_	of each state as required by General Instruction G? If "No," attach explanation		-	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar				77
4.5	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		-	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

Gen namber of other employees paid over thousand			Form	990-	PF (2010)
otal number of other employees paid over \$50,000	<u> </u>	<u> </u>			0
				╄	
	-		,		
		<u> </u>		+	
NONE					
	devoted to position	ļ-	compensation	a	llowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred	acc	Expense count, other
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) (· · ·	\ F
				\perp	
		 - 		+	
	}				
		 		+-	
				· ·	
]			
SEE STATEMENT 8		0.	0	-↓	0.
		,			
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acc	count, other llowances
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(€	e) Expense count, other
List all officers, directors, trustees, foundation managers and their	compensation.				
Part VIII Information About Officers, Directors, Trustors Paid Employees, and Contractors	ees, Foundation Ma	magers, Highly	/		
b If Yes, did the foundation receive any proceeds or have any net income attribu			N/A	7b	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		
If "Yes" to 6b, file Form 8870					Ì
\boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6Ь	X
a personal benefit contract?		☐ Ye	es X No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d)		}		1
expenditure responsibility for the grant?		I/A □ Ye	s 🔲 No		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined	_		
Organizations relying on a current notice regarding disaster assistance check h	•		▶□		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	<u> </u>	N/A	5b	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i				Ì
the prevention of cruelty to children or animals?	or oraconomic purposed, or i		s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		IN LAST OF	\	}
509(a)(1), (2), or (3), or section 4940(d)(2)?	u aesounea iii Section	□ va	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'(4) Provide a grant to an organization other than a charitable, etc., organization		Ye لــا	s X No		
any voter registration drive?			s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
5a During the year did the foundation pay or incur any amount to:					
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
orm 990-PF (2010) THE LEMATTA FOUNDATION			<u>91-19143</u>	<u> </u>	Page 6

Form 990-PF (2010) THE LEMATTA FOUNDATION	91-1	914392 Page 7
Part VIII Information About Officers, Directors, Trustees, Fo Paid Employees, and Contractors (continued)	undation Managers, Highly	
	, enter "NONE."	
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) ive highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of services. NONE In number of others receiving over \$50,000 for professional services. In IX-A Summary of Direct Charitable Activities the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the other of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A In IX-B Summary of Program-Related Investments art IX-B Summary of Program-Related Investments crib the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan number of organizations and other beneficiaries served, conferences convened, research paper.	t statistical information such as the irs produced, etc.	Expenses
1 N/A		
		-
3		
4		
Part IX-B Summary of Program-Related Investments		
	vear on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	224,067.
b	Average of monthly cash balances	1b	244,867.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	468,934.
е			
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	468,934.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,034.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	461,900.
6	Minimum investment return. Enter 5% of line 5	6	23,095.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	23,095.
2a	_		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	50.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	23,045.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	23,045.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	23,045.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	674,500.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	674,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	50.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	674,450.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI	<u> </u>			
line 7	'			23,045.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 20	010:			
a From 2005 1,433,06	55.			
b From 2006 1,141,39				
c From 2007 936,89				
d From 2008 721,01				
e From 2009 622,78				
f Total of lines 3a through e	4,855,148.	;		
4 Qualifying distributions for 2010 from				-
Part XII, line 4: ► \$ 674,50	0.			
a Applied to 2009, 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 2010 distributable amount		-		23,045.
e Remaining amount distributed out of corpu	651,455.	-		
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amon must be shown in column (a))	unt			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,506,603.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions e Undistributed income for 2009. Subtract lin		0.		
4a from line 2a. Taxable amount - see instr.	[0.	
f Undistributed income for 2010. Subtract	•		<u> </u>	
lines 4d and 5 from line 1. This amount mu	et			
be distributed in 2011	Si			0.
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005		-		
not applied on line 5 or line 7	1,433,065.			
9 Excess distributions carryover to 2011.	1,433,003.			
Subtract lines 7 and 8 from line 6a	4,073,538.			
10 Analysis of line 9:	2,0,0,000	- 4		
a Excess from 2006 1,141,39	0.			
b Excess from 2007 936,89				
c Excess from 2008 721,01				
d Excess from 2009 622, 78				
<u>e Excess from 2010</u> 651,45				
				Form 900-PE (2010)

Form 990-PF (2010) THE LEM	ATTA FOUNDA	TION		91-19	14392 Page 1
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•	▶ ∟	,	
b Check box to indicate whether the foun		ng foundation described i		4942(j)(3) or 49	942(j)(5 <u>)</u>
2 a Enter the lesser of the adjusted net	Tax year	- ", 2000	Prior 3 years		ļ
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		<u></u>		_	
c Qualifying distributions from Part XII,	;				
line 4 for each year listed			<u>-</u>	<u> </u>	
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	-			<u> </u>	
(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		ļ			
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			if the foundation	had \$5,000 or mo	ore in assets
at any time during t	the year-see the	instructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh	o have contributed more	than 2% of the total conti	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(a)(2).)			
NONE					
 b List any managers of the foundation who other entity) of which the foundation ha 	o own 10% or more of th s a 10% or greater interes	e stock of a corporation (st.	or an equally large porti	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ▶ ☐ If the foundation of	only makes contributions	to preselected charitable	organizations and does i	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to who	n applications should be	addressed:		
NANCY LEMATTA, THE L	EMATTA FOUN	DATION, 360	-573-3444		
PMB 103, 800 TENNEY	RD #110, VA	NCOUVER, WA	98685		
b The form in which applications should b	e submitted and informati	tion and materials they sh	ould include;		
NO PRESCRIBED FORM.	APPLICATIO	NS SHOULD S	TATE PURPOS	SE FOR USE O	F FUNDS.
c Any submission deadlines:				<u> </u>	
NONE					
d Any restrictions or limitations on award			•		
DONEE MUST PROVIDE P	ROOF OF IRS	CLASSIFICA	TION FOR CH	HARITABLE ST	ATUS.

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3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
	or substantial contributor	recipient			
a Paid during the year	or substantial contributor	recipient			
SEE STATEMENT 9					
Total			▶ 3a	674,500.	
b Approved for future payment					
NONE					
Total			▶ 3b	0.	

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelate	o business incorne		ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c		<u> </u>			
d					· <u> </u>
e			1 1		
f			1 1		
g Fees and contracts from government agencies			1 1		
			+ +		
2 Membership dues and assessments	-		+		
3 Interest on savings and temporary cash			امما	4 44 2	
investments	-		14	1,413.	
4 Dividends and interest from securities			14	4,908.	<u> </u>
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			+		
• •			1 1 1	11 262	
than inventory			14	<1,362.	<u> </u>
9 Net income or (loss) from special events			+ +		
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		4,959.	0.
3 Total. Add line 12, columns (b), (d), and (e)			- 1 1	13	
See worksheet in line 13 instructions to verify calculations.)					2,,,,,,
Part XVI-B Relationship of Activities Line No Explain below how each activity for which incomplete the foundation's exempt purposes (other than	ome is reported i	n column (e) of Part XVI-			plishment of
					
				<u>.</u>	
					=
•					

Part >		egarding Transfers To		d Relationships With Noncha			ge 13
T dit 7	Exempt Organ		and transactions an	id helationships with Noncha	ııılabie		
1 Did		rectly engage in any of the follow	ving with any other organization	described in section 501(c) of	T	Yes	No
)(3) organizations) or in section					
		ation to a noncharitable exempt					
	Cash	•			1a(1)		X
(2)	Other assets			•	1a(2)		X
	er transactions:						
(1)	Sales of assets to a noncharital	ble exempt organization			16(1)		X
(2)	Purchases of assets from a no	ncharitable exempt organization			1b(2)		X
(3)	Rental of facilities, equipment,	or other assets			1b(3)		_X
(4)	Reimbursement arrangements	1			1b(4)		X
(5)	Loans or loan guarantees				1b(5)		X
• •		embership or fundraising solicita			1b(6)		X
		uling lists, other assets, or paid ϵ			1c		<u>X</u>
				lys show the fair market value of the goods,		ets,	
				in any transaction or sharing arrangement,	show in		
	-,	other assets, or services receive		1			
(a) Line no	(b) Amount involved		ble exempt organization	(d) Description of transfers, transactions, and	sharing arr	an geme	nts
_		N/A	<u> </u>				
-		 					
		<u> </u>	_				
	 						
	 -						
	 					_	
	 						
						_	
	 						
	 					_	
	 						
							
2a Is th	e foundation directly or indirect	tly affiliated with, or related to, o	ne or more tax-exempt organiza	itions described			
		r than section 501(c)(3)) or in se	· · · · · · · · · · · · · · · · · · ·	[Yes	X	No
	es, complete the following scho						
	(a) Name of org		(b) Type of organization	(c) Description of relations	ship		
	N/A						
		e that I have examined this return, incl wer (other than taxpayer, or fiduciary) is		statements, and to the best of my knowledge and be	elief, it is tru	e, corre	ct,
Sign	and condition of preda	The table to table to the table to table to the table to	s daged of all information of which pre	spare has any knownedge			
Here	1 Carry	Sernal	14				
	Signature of officer of tru		Date	Title			
	Print/Type preparer's na	ame Preparer's	s signature [Date Check If PTIN			
		<i>N</i> `.		self- employed			
Paid	RICHARD L.			1/04/11			
Prepa		FEN, MESHER &	CO., P.C.	Firm's EIN ►			
Use C		O 011 Fm					
		8 SW 5TH AVE.,			001		_
	IPO	RTLAND, OR 972	04	Phone no. 503-	221-	<u> </u>	<u>1</u>

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

10

EXPLANATION

THE ANNUAL ACCOUNTING DATA NECESSARY FOR THE COMPLETION OF AN ACCURATE TAX RETURN HAS NOT BEEN COMPLETED. THE TAXPAYER WILL MAKE EVERY EFFORT TO COMPLETE THE ACCOUNTING DATA AND FILE THE RETURN WITHIN THE EXTENSION PERIOD.

FORM 990-PF INTEREST ON SAVIN	NGS AND TEM	PORARY CAS	H INV	ESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
BANK OF AMERICA				-	1,4	13.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		:	1,4	13.
FORM 990-PF DIVIDENDS	S AND INTER	EST FROM S	ECURI	TIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		AL GAINS IDENDS	COLUMN (A AMOUNT)
US TRUST COMPANY		5,051.		143.	4,9	08.
TOTAL TO FM 990-PF, PART I, LN	1 4	5,051.		143.	4,9	08.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	4,503.		0.			0.
TO FORM 990-PF, PG 1, LN 16B	4,503.		0.			0.
FORM 990-PF OT	HER PROFES	SIONAL FEE	S		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
INVESTMENT FEES-US TRUST	1,282.	1,2	82.			0.
TO FORM 990-PF, PG 1, LN 16C	1,282.		82.			0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM			
TELEPHONE TAXES AND LICENSES	1,781. 0. 35. 0.				0.		
TO FORM 990-PF, PG 1, LN 23	1,816.		0.		(
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6	
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE	T	
LISTED SECURITIES		COST		199,762.	245,5	55.	
TOTAL TO FORM 990-PF, PART II, LINE 13				199,762.	245,5	55.	

500,000.

FORM 990-PF	LOANS	PAYABLE	TO OFF	CICER'S,	DIREC	TOR'S, ETC	. STATEMEI	NT 7
LENDER'S NAME	E AND TIT	LE						
NANCY LEMATTA	A, SECRETA	 ARY/TREAS	SURER/D	IRECTOR				
	TURITY II DATE	NTEREST RATE	TERMS	OF REP	AYMENT	ı		
12/31/10		.00%	FEBRU	JARY 201	1	-		
SECURITY PROV	JIDED BY I	BORROWER		PURPOS	E OF L	OAN		
NONE		·		TEMPOR	ARY -	TO COVER G	RANT PAID	
DESCRIPTION (OF CONSIDE	ERATION	CC	FMV OF NSIDERA		ORIGINA LOAN AMOU		DUE
NONE	<u> </u>			-	0.	500,0	00. 500	0,000.

TOTAL TO FORM 990-PF, PART II, LINE 20, COLUMN B

FORM 990-PF				OF OFFICERS, FOUNDATION MAN		STATI	EMENT 8
NAME AND ADDRESS					COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
NANCY LEMATTA PMB 103, 800 TENNI VANCOUVER, WA 986		#110		SECRETARY/TRE	AS/DIRECTOR 0.	0.	0.
MARCI ANN LEMATTA PMB 103, 800 TENNI VANCOUVER, WA 986		#110		DIRECTOR 1.00	0.	0.	0.
BART LEMATTA PMB 103, 800 TENNI VANCOUVER, WA 986		#110		DIRECTOR 1.00	0.	0.	0.
BETSY LEMATTA PMB 103, 800 TENNI VANCOUVER, WA 986		#110		DIRECTOR 1.00	0.	0.	0.
GREG DAMICO PMB 103, 800 TENNI VANCOUVER, WA 9868		#110		DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED OF	1 990-1	PF, PAC	GE 6,	PART VIII	0.	0.	0.

	AND CONTRIBUTIONS DURING THE YEAR	STAT	STATEMENT 9		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT		
YMCA OF CLARK COUNTY	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	10,000.		
PROVIDENCE MEDICAL FUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	450,000.		
PROVIDENCE FESTIVAL OF TREES	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	20,000.		
OREGON EDUCATION CONSUMERS	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	25,000.		
OREGON EPISCOPAL SCHOOL	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	15,000.		
UNITED WAY OF COLUMBIA-WILLAMETTE	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	25,000.		
NESKOWIN VALLEY SCHOOL	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	15,000.		
DOERNBECHER CHILDREN'S HOSPITAL FOUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	25,000.		

THE LEMATTA FOUNDATION			91-1914392
EVERGRÈEN FOUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	20,000.
SUSAN G KOMEN FOR THE CURE	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	1,500.
FINLANDIA UNIVERSITY	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	10,000.
EUGENE HIGH SCHOOL	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	1,500.
PACIFIC LEGAL FOUNDATION	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	10,000.
THE DOUGY CENTER	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	2,500.
CASEY EYE CLINIC	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	2,500.
PEARSON AIR MUSEUM	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	10,000.
HOUSECALL PROVIDERS, INC.	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	1,500.
TEMPORATE FOREST PRODUCTS	NONE DAY TO DAY OPERATIONS	PUBLIC CHARITY	5,000.

THE LEMATTA FOUNDATION		91-1914392
CLARK COUNTY FOOD BANK	NONE DAY TO DAY OPERATIONS	PUBLIC 25,000. CHARITY
TOTAL TO FORM 990-PF, PART XV, L	INE 3A	674,500.

Form **8868**

(Rev. January 2011)

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

Form 8868 (Rev. 1-2011)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
If you	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)		
	complete Part II unless you have already been granted a					
	nic filing (e-file). You can electronically file Form 8868 if y					
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	tension
	to file any of the forms listed in Part I or Part II with the exc					
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on the	ne elec	tronic filing of this fo	orm,
	w.irs gov/efile and click on e-file for Chanties & Nonprofits					
Part						
	pration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		
Partio					•	
	r corporations (including 1120-C filers), partnerships, REM Icome tax returns	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type o	Name of exempt organization			Emp	loyer identification	number
print	THE LEWITTH FOUNDAMION			١	1-1914392	
File by the				_ 9	1-1314332	
due date	•		tions.			
return Se			Irono, and matriotions			
in su detto	VANCOUVER, WA 98685	oreign add	ress, see instructions			
	VANCOUVER, WA 30003					
Enter th	ne Return code for the return that this application is for (file	a conara	to application for each return)			0 4
Linterti	te return code for the return that this application is for (like	a separa	te application for each return)			0 1 2
Applica	ation	Return	Application			Return
Is For	11011	Code	Is For			Code
Form 9	90	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A	_		08
Form 9		03	Form 4720	-	••	09
Form 9		03	Form 5227			10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
1 01111 0	THE LEMATTA FO		<u> </u>			12
• The	books are in the care of PMB 103, 800 TI			W	A 98685	
	phone No ► (360) 573-3444	2212122	FAX No. ▶	, ,,		
	e organization does not have an office or place of business	s in the Lin		-		
	s is for a Group Return, enter the organization's four digit			s is foi	r the whole aroun c	heck this
box 🕨			ch a list with the names and EINs of all			
	request an automatic 3-month (6 months for a corporation				era trie exterialorria	101.
•			tion return for the organization named a		The extension	
- IS	for the organization's return for.	· organiza	tion total the organization named a		THO OXIONOION	
	X calendar year 2010 or					
	tax year beginning	an	d ending			
_					_	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return Fina	l retur	n	
	Change in accounting period			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
	Onango in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	nter the tentative tax less any			
	onrefundable credits. See instructions	J. 0000, 6	into the tomative tax, 1635 any	3a	\$	378.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	Ja		3,0.
	stimated tax payments made Include any prior year overp	- ·		3b	\$	821.
	alance due. Subtract line 3b from line 3a Include your pa			75	Ψ	<u> </u>
	y using EFTPS (Electronic Federal Tax Payment System)	=		3c	\$	0.
	n. If you are going to make an electronic fund withdrawal v				EO for payment insti	

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev `1-2011)					Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this b	ОХ	🕨	X			
Note. Only complete Part II if you have already been granted an				868				
 If you are filing for an Automatic 3-Month Extension, comple 								
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no o	copies n	eeded)				
Type or Name of exempt organization	Emple	Employer identification number						
print THE LEMATTA FOUNDATION	9:	1-1914392						
Number, street, and room or suite no. If a P.O. box, see instructions								
due date for PMB 103, 800 TENNEY RD #110								
return See City, town or post office, state, and ZIP code. For a f	oreign add	lress, see instructions.						
vancouver, wa 98685								
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4			
Application	Return	Application		•	Return			
ls For	Code	Is For			Code			
Form 990	01							
Form 990-BL	02	Form 1041-A			08			
Form 990-EZ	03	Form 4720			09			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not already granted			usly filed	d Form 8868.				
THE LEMATTA FO								
• The books are in the care of \triangleright PMB 103, 800 T	ENNEY		R, WA	<u> 4 98685</u>				
Telephone No ► (360) 573-3444		FAX No. >						
If the organization does not have an office or place of busines				1 10 1 1 1				
 If this is for a Group Return, enter the organization's four digit box ►	7							
		ich a list with the names and EINs of all BER 15, 2011.	ı membe	ers the extension is	tor			
I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning	MOA PM							
6 If the tax year entered in line 5 is for less than 12 months, or	shock rose	on Initial return	Final re		-			
Change in accounting period	IIIECK IEGS] Filialie	itum				
7 State in detail why you need the extension SEE ST	АТЕМЕІ	NT 10						
Total in dolair wity you need the extension	MI DIADI	<u> </u>						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any						
nonrefundable credits. See instructions		,	8a	\$	378.			
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 al	_							
previously with Form 8868		, .	8b	\$	821.			
c Balance due. Subtract line 8b from line 8a Include your pa	ayment wit	h this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System) See instr	-		8c	\$	0.			
Signa	ature an	d Verification						
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fo	ling accomp orm.	panying schedules and statements, and to th	e best of	my knowledge and b	elief,			
Signature ▶ Title ▶	CPA RI	EPRESENTATIVE	Date	•				
THE STATE OF THE S			Dato	Form 8868 (Re	v 1.2011)			