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Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2011

For calendar year 2011 or tax year beginning						, 2011, and ending ,					, 20		
		e of foundation								A Employer identif	cation number		
	LEM	AY FAMILY COLLEC	TION FOUN	DATIC	N						27-326138	38	
_	Num	ber and street (or P O box nu	delivered	rered to street address) Room/su			uite	8 Telephone numb	er (see instructions)				
	MAR	YMOUNT EVENT CEN	TER								(25	33) 272-2336	
	325	152ND STREET EA	ST										
_	City	or town, state, and ZIP code							·				
											C If exemption application pending, check here	ation is	
	TAC	OMA, WA 98445									pending, check here	,	
G	Che	ck all that apply	Initial return		T^-	Initial re	turn	of a former p	oublic cha	arity	D 1 Foreign organiza	tions check here	
			Final return			Amend		-		•	2 Foreign organiza		
			Address char	ge	ļ	Name o	hang	е			85% test, check I computation		
Н	Che	ck type of organization	X Section	501(c)(3) ex	empt pri	vate 1	foundation			, i		
	\neg	Section 4947(a)(1) nonexem			_			ivate foundat	tion		E If private foundation under section 507(b	n)(1)(A), check here .	
ī		market value of all asset			ing r	nethod	ХC	ash Acc	crual			ın a 60-month termination	
	of y	ear (from Part II, col. (c), I	line	Othe	r (sp	ecify))(1)(B), check here . >	
	_	▶ \$ 124,6					be or	cash basis)					
	art	Analysis of Revenue a			(a) B	evenue an	.d	# N N = 1		Π,		(d) Disbursements	
		total of amounts in columns may not necessarily equal		"		enses per		(b) Net inve		'	c) Adjusted net income	for charitable purposes	
		_ column (a) (see instruction			•	books						(cash basis only)	
	1	Contributions, gifts, grants etc., reci	eived (attach schedu	le) .		192,	844.						
	2		ion is not require							<u>.</u>			
	3	Interest on savings and tempor		4									
	4	Dividends and interest from	n securities	🗀						L			
	5 a	Gross rents								<u> </u>			
	b	Net rental income or (loss)										<u> </u>	
ē		Net gain or (loss) from sale of				-7,	180.			<u> </u>	·		
Revenue	Ь	Gross sales price for all assets on line 6a	89,7	50.				RECE	VED				
ě	7	Capital gain net income (fro	om Part IV, line	2)			Ì		V L_ L	-0			
Œ	8	Net short-term capital gain		_					. 2012	Š			
	9	Income modifications · · ·	<u></u>	:: _		·	10	JUL 2;	3 2012	80			
	10 a	Gross sales less returns and allowances	19,7	01.			1			100		ATCH 1	
	l .	• • —	19,0					OGDE	V, UT		660		
	С	Gross profit or (loss) (attach					62			-	662.		
	11	Other income (attach sched				206,8					206,837.		
	12	Total. Add lines 1 through				393,1				<u> </u>	207,499.		
	13	Compensation of officers, direct	ctors, trustees, etc	⊢		70,8		-			52,585.		
Ś	14	Other employee salaries an	•			37,5					27,873.		
nse	15	Pension plans, employee be		• •		19,9				 	14,776. 928.	5,131 322	
ē		Legal fees (attach schedule				1,2				├	15,887.	5,517	
μΩ	1	Accounting fees (attach sci		<u>.</u> ⋅ ├─		21,4				ļ		6,629	
Administratīve Expenses	1	Other professional fees (att		" • ├─		25,7	20.			 	19,091.	0,029	
tra	17	Interest		· ;		11,8	323			 	8,776.	3,047	
Ë	18	Taxes (attach schedule) (see inst					378.	-			0,770.	3,047	
Ξ	19	Depreciation (attach sched					,,,,,	····		ļ		 	
A	20	Occupancy					90.				735.	255	
5	21	Travel, conferences, and m		1			, 50.						
Ġ,	22	Printing and publications				91,2	76				66,186.	25,090	
Operating and	23	Other expenses (attach sch	•			91,2	. , 0 .				00,100.	23,090	
e Z	24	Total operating and admir	•	- 1		281,6	544			ł	206,837.	73,929	
ဝီ		Add lines 13 through 23 .				24,1					200,037.	24,179	
	25	Contributions, gifts, grants				305,8		<u> </u>	0		206,837.	98,108	
_	26	Total expenses and disbursements		0 25		303,0	, _ , .				200,037.	30,100	
	27	Subtract line 26 from line 1				87,3	340						
		Excess of revenue over expenses a		· · —		0/13	, 40.		0				
	i	Net investment income (if Adjusted net income (if ne	•	·						 	662.		
		Autusteu net income til ne	wanve, enter -U-								006.	1	

*ATCH 5 JSA ** ATCH 6

	Attached schedules and amounts in the	Beginning of year	End o	f year
art li	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	33,818.	101,407.	101,40
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts ▶			
8	Inventories for sale or use	209.	16,369.	16,36
9	Prepaid expenses and deferred charges			
10 a	Investments - U S and state government obligations (attach schedule)			
l	Investments - corporate stock (attach schedule)			
l	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
12	to control of the con			
14	Investments - other (attach schedule) Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 945.			ATCH 8
	equipment basis Less accumulated depreciation 945. (attach schedule)	1,933.	5,539.	5,53
15	Other assets (describe ATCH 9)		1,323.	1,32
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item l)	35,960.	124,638.	124,63
17	Accounts payable and accrued expenses			
1	Grants payable			
19	Deferred revenue			
	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ATCH 10)	800.	2,138.	
23	Total liabilities (add lines 17 through 22)	800.	2,138.	
	Foundations that follow SFAS 117, check here ▶			
	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117,			
	check here and complete lines 27 through 31. $\blacktriangleright X$			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	Retained earnings, accumulated income, endowment, or other funds	35,160.	122,500.	
	Total net assets or fund balances (see instructions)	35,160.	122,500.	
	Total liabilities and net assets/fund balances (see		<u>.</u>	
	instructions)	35,960.	124,638.	

	Analysis of Changes in Net Assets of Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	35,160.
2	Enter amount from Part I, line 27a	2	87,340.
	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	122,500.
	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	122,500.

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	and Losses for Tax on Inv		(b) How	(c) Date	(d) Date sold
	d describe the kind(s) of property sold prick warehouse, or common stock, 200	• •	P-Purchase D-Donation	àcquired (mo , day, yr)	(d) Date sold (mo, day, yr)
la	war an adda, or common stood, 200	one mee co,	D-Danalion	,,,,	
b					
<u>c</u>					
d					
<u>e</u>			ļ	<u> </u>	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
<u>a</u>					
<u>b</u>			 		
<u>c</u> d			 		
e			†		
	showing gain in column (h) and owne	ed by the foundation on 12/31/69	1 //	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less Losses (from co	than -0-) or
a					
<u>b</u>					
c					
d					
<u>e</u>			ļ		
Capital gain net income or	· (not canital loce)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
Net short-term capital gair	n or (loss) as defined in sections 12				
~	rt 1, line 8, column (c) (see inst				
Part I, line 8	 	<u> </u>	3		
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net Investment i	ncome		
	the section 4942 tax on the distrib	• •	ase period	17	Yes X No
	not qualify under section 4940(e)				
1 Enter the appropriate am (a)	ount in each column for each year		g any entri	es (d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	ł	Distribution ra (col (b) divided by	
2010	11,498.	30,091.	<u> </u>	(00. (0) 0	0.382108
2009			<u> </u>		
2008					
2007			ļ		· <u>-</u>
2006			ļ		
Total of line 1, column (d)			2		0.382108
	for the 5-year base period - divide dation has been in existence if less		3		0.191054
Enter the net value of nor	ncharitable-use assets for 2011 fro	m Part X, line 5	4		50,214.
Multiply line 4 by line 3			5		9,594.
Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
Add lines 5 and 6			7		9,594.
Enter qualifying distribution	ons from Part XII, line 4	n Part VI, line 1b, and complete	8 l	using a 1% tax	102,592.

	999-PF (2011) · LEMAY FAMILY COLLECTION FOUNDATION 27-326			age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	<u>ıstru</u>	ctions	<u>) </u>
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 letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here ► X and enter 1% of Part I, line 27b			
С	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-)			
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			0
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a			
	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
ď	Backup withholding erroneously withheld			•
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities		г	· · ·
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No_X
	or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			х
	Instructions for definition)?	1 b		
	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	1c		x
c d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	· · ·		
4	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
Ū	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a	Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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			
	conflict with the state law remain in the governing instrument?	6	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	7		
8 a	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	8ь	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 calendar year 2011 or the taxable year beginning in 2011 (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		v	
	and addresses ATTACHMENT 11	10	X	
	F	om 99	90-PF ((2011)

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	VII-A Statements Regarding Activities (continued)		
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	X
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х
	TRUDY COECUIN 253-2	72-233	6
	Located at >325 132ND SIREET EAST TACOMA, WA ZIP+4 > 96443		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	/A	▶∐
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	,	Yes No
•	over a bank, secunties, or other financial account in a foreign country?	16	X
:	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of		
	the foreign country		
	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
	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	1 1	1
((2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		
	and distance person		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No (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		ļ
,	foundation agreed to make a grant to or to employ the official for a period after		i
	termination of government service, if terminating within 90 days) Yes		
b í	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 1b	X
	Organizations relying on a current notice regarding disaster assistance check here		
c l	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 1	NIZA
,	were not corrected before the first day of the tax year beginning in 2011?	. 1c	N/A
	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))		
а /	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and		
•	Se, Part XIII) for tax year(s) beginning before 2011? Yes X No		
I	If "Yes," list the years		
	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		NA
	all years listed, answer "No" and attach statement - see instructions)	. 2b	
c I	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
2 - [Oid the foundation hold more than a 2% direct or indirect interest in any business enterprise	1 1	- 1
			1
	at any time during the year?		
	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	1	
	he 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		
	oundation had excess business holdings in 2011)	. Зь	N/A
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	1 1	Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		
			X

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Farm 000 PF (2011)	Page 7
Form 990-PF (2011) , Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp	
and Contractors (continued)	10,000,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
*	
Total number of others receiving over \$50,000 for professional services	<u> </u>
Part IX-A Summary of Direct Charitable Activities	
Last the foundation of the standard about the standard described and the standard reference and as the surpher	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number 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	226,231
2 EDUCATIONAL TOURS OF HISTORICAL MILITARY ACADEMY & CHAPEL	
AS WELL AS VARIOUS EVENTS HELD AT THE HISTORICAL BUILDINGS	_
AND GROUNDS	54,539
3	_
	-
4	-
	-
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
	-
2	
	_
All other program-related investments. See instructions	
3 NONE	-
	- }

orr	n 990-PF (2011)		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundati	ons,
ī	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	a	
b	Average of monthly cash balances	1b	44,427.
С	Fair market value of all other assets (see instructions)	1c	6,552.
d	Total (add lines 1a, b, and c)	1 d	50,979.
е	Total (add lines 1a, b, and c) 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	
3	Subtract line 2 from line 1d	3	50,979.
1	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
		4	765.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	50,214.
3	Minimum investment return. Enter 5% of line 5	6	2,511.
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► X and do not complete this process.	part)	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
1	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
3	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Pa	rt XII. Qualifying Distributions (see instructions)		
ī	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	98,108.
b		1b	
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	4,484.
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)	3 b	
1	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	102,592.
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 instructions)	5	0
3	Adjusted qualifying distributions. Subtract line 5 from line 4	6	102,592.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating wh	ether the foundation

For	Form 990-PF (2011) Page 9							
Pa	art XIII Undistributed Income (see instru	ictions)						
_	Distributed and the Deat VI	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011			
1	Distributable amount for 2011 from Part XI,	Ooipus	, , , , , , , , , , , , , , , , , , ,	2010	2011			
_	line 7							
2	Undistributed income, if any, as of the end of 2011		İ					
	Enter amount for 2010 only							
3	Excess distributions carryover, if any, to 2011							
	From 2007							
Ч	From 2008							
-	F 2010							
	Total of lines 3a through e							
	Qualifying distributions for 2011 from Part XII,							
·	line 4. > \$							
а	Applied to 2010, but not more than line 2a							
b	Applied to undistributed income of prior years (Election required - see instructions)							
С	Treated as distributions out of corpus (Election required - see instructions)							
d	Applied to 2011 distributable amount							
	Remaining amount distributed out of corpus							
5	Excess distributions carryover applied to 2011							
	(If an amount appears in column (d), the same amount must be shown in column (a))							
6	Enter the net total of each column as indicated below:							
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5							
b	Prior years' undistributed income Subtract line 4b from line 2b							
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							
d	Subtract line 6c from line 6b Taxable							
_	amount - see instructions	·		·				
е	Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see							
	instructions							
f	Undistributed income for 2011 Subtract lines							
	4d and 5 from line 1 This amount must be							
	distributed in 2012			-	<u> </u>			
7	Amounts treated as distributions out of corpus							
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)							
_	· · · · · ·							
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)							
9	Excess distributions carryover to 2012.	0						
10	Subtract lines 7 and 8 from line 6a							
	Analysis of line 9 Excess from 2007							
	Excess from 2008							
	Excess from 2009							
	Excess from 2010							
_								

Page	1	O
Page		

	If the foundation has r				···· / -				
	foundation, and the ruling				>				
b	Check box to indicate who		•		on X 4942	2(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) 2011	(b) 2010	(c) 2009	(d) 2008	(6) 10141			
	I or the minimum investment return from Part X for each					1			
	year listed	662.	581.	 		1,243			
b	85% of line 2a	563.	494.			1,057			
С	Qualifying distributions from Part	102,592.	11,498.			114,090			
d	XII, line 4 for each year listed . Amounts included in line 2c not	102,332.	11,450.			114,000			
_	used directly for active conduct of exempt activities	24,179.				24,179			
е	Qualifying distributions made directly for active conduct of								
	exempt activities Subtract line	78,413.	11,498.			89,911			
3	2d from line 2c Complete 3a, b, or c for the	70,413.	11,450.			05,511			
_	afternative test relied upon								
а	"Assets" alternative test - enter								
	(1) Value of all assets (2) Value of assets qualifying			· · · · · · · · · · · · · · · · · · ·					
	under section 4942(j)(3)(B)(i)								
b	"Endowment" alternative test-								
	enter 2/3 of minimum invest- ment return shown in Part X,								
	line 6 for each year listed	1,674.	387.			2,061			
С	"Support" alternative test - enter								
	(1) Total support other than gross investment income								
	(interest, dividends, rents, payments on securities								
	loans (section 512(a)(5)),								
	or royalties) (2) Support from general					-			
	public and 5 or more exempt organizations as								
	provided in section 4942								
	(j)(3)(B)(ii)								
	port from an exempt organization					1			
	(4) Gross investment income.								
Pa		ry Information (Cor uring the year - see i		nly if the found	dation had \$5,000	or more in assets			
1	Information Regarding	<u></u>							
-	List any managers of the	he foundation who hav	e contributed more t	han 2% of the tot	al contributions recei	ived by the foundation			
	before the close of any	tax year (but only if they	y have contributed mo	re than \$5,000) (\$	See section 507(d)(2))			
	NANCY LEMAY	, NORMAN LEMAY,	DOUGLAS LEMAY						
b						ly large portion of the			
	ownership of a partners	ship or other entity) of w	thich the foundation h	as a 10% or greate	er interest				
	NONE								
2	NONE Information Regarding	Contribution Grant C	lift Loan Scholarchin	etc Programs:					
_	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:								
	Check here $\triangleright X$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under								
	other conditions, complete items 2a, b, c, and d								
a	The name, address, an	d telephone number of	the person to whom a	pplications should	be addressed				
b	The form in which applie	cations should be subm	utted and information	and materials they	y should include				
	Any submission deadling	es							
·	y submission deadille								
d	Any restrictions or lim	nitations on awards s	uch as by geograph	ical areas, charit	able fields, kinds of	institutions, or other			
	factors			. ,	• == ••	,			

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for I	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager	recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	<u> </u>		
a raid dailing the year	ì	ľ		
ATTACHMENT 13				
ATTACHMENT 13				1
		ļ	1	
		ļ		
			İ	
				Į.
			}	
			1	
			1	
			İ	i
				1
				24 170
Total				24,179.
b Approved for future payment				
NONE				
		i		
	}	}	{	}
			İ	
	L <u> </u>		<u> </u>	
Total	<u> </u>	<u> </u>		L

Page 12

Part XV	I-A Analysis of Income-Produ	icing Activ	vities				
Enter gross	s amounts unless otherwise indicated	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e)	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income	
	m service revenue MISSION REVENUE	Dasiness code	741104111	Exclusion code	7,111021K	(See instructions) 128,896.	
						120,090.	
				·			
	······						
				-			
f							
-	and contracts from government agencies			 		17,052.	
	rship dues and assessments					17,032.	
	on savings and temporary cash investments						
	ds and interest from securities						
	tal income or (loss) from real estate						
	t-financed property						
b Not	debt-financed property						
	al income or (loss) from personal property .						
7 Other in	nvestment income			10	7 100		
	(loss) from sales of assets other than inventory			18	-7,180.		
9 Net inco	ome or (loss) from special events					60,889.	
10 Gross p	profit or (loss) from sales of inventory	453220	110.			552.	
11 Other re	evenue a						
b						··	
с							
d							
е							
12 Subtota	I Add columns (b), (d), and (e)		110.		-7,180.	207,389.	
13 Total. A	dd line 12, columns (b), (d), and (e)			<i>.</i>	13	200,319.	
	heet in line 13 instructions to verify calcu						
Part XVI	B Relationship of Activities	to the Ac	complishment of Exe	empt Purp	oses		
Line No.	Explain below how each activity	v for which	n income is reported in	column (e	e) of Part XVI-A contribu	ted importantly to the	
▼	accomplishment of the foundation						
1 -					n 70n	·	
1A	DAILY FEES FOR ADMISS				D FOR	- 	
	TOURS OF THE HISTORIC					_ 	
2	MEMBERSHIP FEES FOR A						
9	NET INCOME FROM RENTA	AL OF H	ISTORIC CAMPUS F	OR SPEC	IAL		
	EVENTS						
10	ITEMS SOLD IN GIFT ST						
	PROGRAMS WHICH INCRE	ASE AWAR	RENESS AND APPRE	CIATION	FOR THE		
	FOUNDATION'S MUSEUM						
ALL	OPERATING A MUSEUM CO						
	EDUCATIONAL TOURS AND						
	BUILDINGS AND GROUNDS	<u>`</u>					
	ORGANIZATION ACCOMPLI	SHES IT	rs EDUCATIONAL P	URPOSES	·		
·							
					···		
					·		
				7			
					· · · · · · · · · · · · · · · · · · ·		
							
						-,	

JSA 1E1492 1 000

1	Did th	ne organization direct	ly or indirectly	engage in any	of the following	ng with	any other orga	anızatıon	described		Yes	No
	ın sec	ction 501(c) of the Co	de (other than	section 501(c)(3) organizatio	ns) or in	section 527,	relating t	o political			
	organ	izations?										
а	Trans	fers from the reportin	g foundation to	o a noncharitab	ole exempt orga	ınızatıon	of					
	(1) Ca	ash		. .						1a(1)		X
	(2) Ot	ther assets		. .						1a(2)		X
b	Other	transactions										
	(1) Sa	ales of assets to a no	ncharitable exe	empt organizatio	on					1b(1)		X
	(2) Pu	urchases of assets fro	om a noncharit	able exempt org	ganization					1b(2)		X
	(3) Re	ental of facilities, equi	pment, or othe	r assets						16(3)		X
	(4) Re	eimbursement arrange	ements							1b(4)		X
		ans or loan guarantee								1b(5)		X
		erformance of service								1b(6)		X
С	Sharır	ng of facilities, equipm	nent, mailing li	sts, other asset	s, or paid emplo	yees		<i></i>		1c_		X
d	If the	answer to any of th	e above is "Y	es," complete	the following s	chedule	Column (b)	should al	ways show	the f	faır m	arket
		of the goods, other										
	value	in any transaction or	sharing arran	gement, show	ın column (d)	the value	e of the good	s, other a	ssets, or so	ervices	s rece	eived
(a) Li	ne no	(b) Amount involved	(c) Name of	nonchantable exem	npt organization	(d) D	escription of trans	fers, transac	tions, and shar	ing arra	ngeme	nts
		N/A				N/A						
									· · · · · · · · · · · · · · · · · · ·			
						<u> </u>						
]											
2a	Is the	foundation directly of	or indirectly a	ffiliated with, o	r related to, or	ne or mo	ore tax-exemp	t organiz	ations			_
	descri	bed in section 501(c)	of the Code (c	other than secti	on 501(c)(3)) o	r ın secti	on 527?		[Yє	es X	No
b	If "Yes	s," complete the follow	wing schedule									
		(a) Name of organization	1	(b) Ty	pe of organization			(c) Descript	on of relations	hip		
		 	. .									
											<u></u>	
	Unde	er penalties of penury, I declared and complete Declaration of	re that I have exam	ined this return, incl	uding accompanying	schedules ar	nd statements, and	to the best of	f my knowledg	e and b	ellef it	is true,
Sign	Cone	cand complete Decraration of	preparer (other than									
Here		des LM		17 7	18.12	150	ec/1/29,	r <u>.</u>	May the IRS with the pre			
	1	nature of officer or trustee (5	Date		Title			(see instructions	s)? X	Yes	No
									L	_=		
––– Paid		Print/Type preparer's	name	Preparer's	signature		JUNIEZ Z	2012 Che	eck of F	PTIN		
		NORMA J. OLIA	SON	7 201	uson,	CPV	×7	self	-employed I			9
_	arer	Firm's name ► KI	NG & OLIA	SON PLLC	t	•	-	Firm's Elf	v ▶ 27-42	2385	73	
Jse	Only	Firm's address ▶ 51	4 SECOND A	AVE. WEST								
		1	ATTLE, W	_		9	8119-3928	Phone no	206-28	35-7	242	
												

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization		Employer identification number
LEMAY FAMILY COLLE	CCTION FOUNDATION	27-3261388
Organization type (check o	ne)	27 0201000
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	rate foundation
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General F	Rule and a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the yea y one contributor. Complete Parts I and II	ar, \$5,000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % (e)(3) and 170(b)(1)(A)(vi) and received from any one contributor \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, and II	r, during the year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receptal contributions of more than \$1,000 for use exclusively for religion rposes, or the prevention of cruelty to children or animals. Complete	ous, charitable, scientific, literary,
during the year, c not total to more year for an <i>exclusi</i> applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive ontributions for use exclusively for religious, charitable, etc., purpose than \$1,000. If this box is checked, enter here the total contribution tively religious, charitable, etc., purpose. Do not complete any of the ganization because it received nonexclusively religious, charitable, ear.	ses, but these contributions did ns that were received during the e parts unless the General Rule etc, contributions of \$5,000 or
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does tust answer "No" on Part IV, line 2, of its Form 990, or check the b 0-PF, to certify that it does not meet the filing requirements of Sche	ox on line H of its Form 990-EZ or on
For Paperwork Reduction Act No	tice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number 27-3261388

Part I	Contributors ((see instructions)	Use duplicate copies of	f Part I if additional space is nee	ded

		· · · · · · · · · · · · · · · · · · ·	Ţ -
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 -	NORMAN LEMAY AVAILABLE UPON REQUEST	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	DOUGLAS LEMAY ADDRESS AVAILABLE UPON REQUEST	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _	DEBBIE LEMAY ADDRESS AVAILABLE UPON REQUEST	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST	\$10,924.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	DIXIE LEMAY ADDRESS AVAILABLE UPON REQUEST	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number 27-3261388

Part I	Contributors (see instructions) Use duplicate copies of	Part I if additional space is need	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -	NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST	\$89,750.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	GUNNAR HENRIKSSON AVAILABLE UPON REQUEST	\$\$11,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

		\$	(Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

(c)

Total contributions

(d)

Type of contribution

Person Payroll

(a)

No.

(b)

Name, address, and ZIP + 4

Employer identification number 27-3261388

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

		ueu
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
DISPLAY ITEMS		08/27/2011
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
AUTOS		
	\$\$	08/01/2011
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
	DESCRIPTION OF NONCASH PROPERTY GIVEN (b) Description of noncash property given AUTOS (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) (b) Description of noncash property given	DISPLAY ITEMS (b) Description of noncash property given (c) FMV (or estimate) (see instructions) AUTOS (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions)

Employer identification number

27-3261388 Part | Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry

that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry
For organizations completing Part III, enter the total of exclusively religious, charitable, etc,
contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶\$

	duplicate copies of Part III if additional spi	ace is needed	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
) No.			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4	<u> </u>	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP + 4	(e) Transfer of gift	Relationship of transferor to transferee
	Hansieree's Hame, address, and Zir + 4		Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
-		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

<u>DESCRIPTION</u> <u>AMOUNT</u>

GIFT STORE SALES 19,701.

TOTAL 19,701.

- OTHER INCOME PART I FORM 990PF,

206,837.

TOTALS

NET INCOME 17,052. 128,896. 60,889.	206,837.	
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ADJUSTED

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FEES	
LEGAL	
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PART	
990PF,	
FORM	

CHARITABLE	322.	322.
ADJUSTED NET INCOME	928.	928.
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	1,250.	1,250.
		TOTALS
DESCRIPTION	LEGAL FEES	

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	5,517.	5,517.
ADJUSTED NET INCOME	15,887.	15,887.
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	21,404.	21,404.
DESCRIPTION	ACCOUNTING & TAX SERVICES	TOTALS

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	2,706. 1,263. 536. 2,124. 6,629.
ADJUSTED NET INCOME	7,794. 3,637. 1,544. 6,116.
REVENUE AND EXPENSES PER BOOKS	10,500. 4,900. 2,080. 8,240. 25,720.
DESCRIPTION	CONSULTING FEES IT & COMPUTER SERVICES SECURITY SERVICES BUS TRANSPORTATION TOTALS

ATTACHMENT 6 PAGE 26

ATTACHMENT 6		ADJUSTED NET NET INCOME S,589. 8,588. 2,981. 124. 124. 96. 34.
	FORM 990PF, PART I - TAXES	DESCRIPTION PAYROLL TAXES STATE TAXES STATE LICENSE FEES REVENUE AND EXPENSES FOR STATE 11, 569. 124.

3,047.

8,776.

TOTALS

OTHER EXPENSES ı PART I FORM 990PF,

		CHARITABLE	PURPOSES	7,742.	1,573.	1,112.	348.	.99	3,116.		\mathbf{S}	30	970.		64.	792.	\vdash	398.	7	\sim	5	14.	25,090.
	ADJUSTED	NET	INCOME	16,224.	4,529.	, 20	1,002.	192.	8,972.	412.	10,513.	u,	2,794.	(1	185.	_	914.	マ	4	367.	455.	41.	66,186.
REVENUE	AND	EXPENSES	PER BOOKS	96'	6,102.	, 31		258.	12,088.	2	4,16	80	3,764.	, 62	249.	3,071.	, 23	1,545.	3,023.	495.	613.		91,276.
			DESCRIPTION	SPECIAL EVENTS EXPENSE	OFFICE SUPPLIES	COLLECTION PRESERVATION EXP	REPAIRS & MAINTENANCE	BANK/MERCHANT CHARGES	ADVERTISING	STAFF MEETINGS	VOLUNTEER CULTIVATION EXP	MEALS & ENTERTAINMENT	COPY MACHINE EXPENSES	PAYROLL PROCESSING FEES	PROFESSIONAL DEVELOPMENT	TELEPHONE & INTERNET	GARBAGE	JANITORIAL SERVICE	MERCHANT CREDIT CARD CHARGES	OFF SITE EVENTS	POSTAGE	MISC	TOTALS

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

13	ENDING	BALANCE	467.	316.	.98	15.	61.	945.
ECIATION DETAI		DISPOSALS						
ACCUMULATED DEPRECIATION DETAIL		ADDITIONS	400.	316.	86.	15.	61.	
ACC	BEGINNING	BALANCE	67.					67.
	ENDING	BALANCE	2,000.	2,951.	570.	437.	526.	6,484.
FIXED ASSET DETAIL		DISPOSALS						
FIXED A		ADDITIONS		2,951.	570.	437.	526.	
	BEGINNING	BALANCE	2,000.					2,000.
	METHOD/	CLASS	78	SI	SL	SL	SL	
		ASSET DESCRIPTION	РНОТО ВООТН	TABLE	CARTS	FREEZER	LAPTOP	TOTALS

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

EMPLOYEE ADVANCES

ENDING BOOK VALUE

ENDING FMV

1,323.

TOTALS

1,323.

1,323.

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

SALES TAX PAYABLE

2,138.

TOTALS

2,138.

LEMAY FAMILY COLLECTION FOUNDATION

- NEW SUBSTANTIAL CONTRIBUTORS 10 LINE PART VII-A, FORM 990PF,

27-3261388

ATTACHMENT

NAME AND ADDRESS NORMAN LEMAY AVAILABLE UPON REQUEST	DATE 09/27/2011	DIRECT PUBLIC SUPPORT 5,000.
LEMAY AVAILABLE UPON REQUEST	09/24/2011	5,000.
DEBBIE LEMAY ADDRESS AVAILABLE UPON REQUEST	07/28/2011	5,000.
DIXIE LEMAY ADDRESS AVAILABLE UPON REQUEST	05/17/2011	5,000.
GUNNAR HENRIKSSON AVAILABLE UPON REQUEST	09/30/2011	11,000.

TOTAL CONTRIBUTION AMOUNTS

·	0	0	0	0	1011
EXPENSE ACCT AND OTHER ALLOWANCES	_	-			
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	11,058.	11,058.
COMPENSATION	0	0	0	70,844.	70,844.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 4.00	VICE PRESIDENT 2.00	SECRETARY/TREASURER 16.00	OPERATIONS DIRECTOR 40.00	GRAND TOTALS
NAME AND ADDRESS	NANCY LEMAY P.O. BOX 44667 TACOMA, WA 98448	NORMAN LEMAY P.O. BOX 44667 TACOMA, WA 98448	DOUGLAS LEMAY P.O. BOX 44667 TACOMA, WA 98448	TRUDY COFCHIN P.O. BOX 44667 TACOMA, WA 98448	

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 13

ADDRESS AVAILABLE UPON REQUEST RECIPIENT NAME AND ADDRESS HAROLD E. LEMAY MUSEUM

PUBLIC CHARITY N/A

GENERAL SUPPORT

24,179.

TOTAL CONTRIBUTIONS PAID

24,179.

PAGE 33 ATTACHMENT 13

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'SCHEDULE D (Form 1041)

Department of the Treasury Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for

OMB No 1545-0092

Name of estate or trust

LEMAY FAMILY COLLECTION FOUNDATION

Employer identification number

27-3261388

Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis the entire year (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (see instructions) Subtract (e) from (d) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b -7,180. 1b Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2010 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, -7,180. Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (e) Cost or other basis (d) Sales price the entire year (mo, day, yr) (mo, day, yr) (see instructions) Subtract (e) from (d) 6a 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824

Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts

Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2010 Capital Loss

Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,

Gain from Form 4797, Part I

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2011

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11

10

• Scho	dule D (Form 1041) 2011					Page 7
		(4) Ba		(2) Fate		Page 2
<u>r</u> a	rt Summary of Parts I and II Caution: Read the instructions before completing this part	1 ' '	neficiaries' e instr)	(2) Esta or trus		(3) Total
13		1 (30	C 111311 /			-7,180.
14	• • • • • • • • • • • • • • • • • • • •					7,100.
	Net long-term gain or (loss):		1			
a h	Total for year					
				-		
	28% rate gain	 				-7,180.
	If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For	m 000-T	Part I line 4a) If lines 14		
gains	s, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complet	e Part IV a	nd the Capital	Loss Carryon	ver Works	heet, as necessary
_	rt-IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, I	ne 4c. if a	trust) the sm	aller of		
				1	16 (3,000)
Note	The loss on line 15, column (3) or b \$3,000	e 22 (or F	orm 990-T, lin	ie 34), is a lo	ss, comp	lete the Capital Loss
	rover Worksheet in the instructions to figure your capital loss carryover					
	Tax Computation Using Maximum Capital Gains Rates n 1041 filers. Complete this part only if both lines 14a and 15 in column (2)					sar Badu d
there Cau E B Forr of F	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than tion: Skip this part and complete the Schedule D Tax Worksheet in the instruction of the second (2) or line 14c, col (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero on 990-T trusts. Complete this part only if both lines 14a and 15 are gain orm 990-T, and Form 990-T, line 34, is more than zero.	n zero ctions if ns, or qua	alified divide	nds are inc	cluded in	n income in Part I
ıt eit ——	her line 14b, col (2) or line 14c, col (2) is more than zero		,			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17				
18	Enter the smaller of line 14a or 15 in column (2)			j	ł	
	but not less than zero				l	
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified			İ		
	dividends included in income in Part I of Form 990-T)	_				
20	Add lines 18 and 19			İ		
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20 If zero or less, enter -0	22				
23	Subtract line 22 from line 17 If zero or less, enter -0-	23			ļ	
				Ì	İ	
24	Enter the smaller of the amount on line 17 or \$2,300	24				
25	Is the amount on line 23 equal to or more than the amount on line 24?					
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					
• •	No. Enter the amount from line 23		<u> </u>			
26	Subtract line 25 from line 24	26				
27	Are the amounts on lines 22 and 26 the same?	0.7		1		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28				
29	Subtract line 28 from line 27	29				
30	Multiply line 29 by 15% (15)		L		30	
31	Figure the tax on the amount on line 23 Use the 2011 Tax Rate Sch					
-	(see the Schedule Ginstructions in the instructions for Form 1041)				31	
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17 Use the 2011 Tax Rate Sch	 edule for	Estates and			

Schedule D (Form 1041) 2011

33

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34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

► See instructions for Schedule D (Form 1041).

Department of the Treasury Internal Revenue Service

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Name of estate or trust Employer identification number LEMAY FAMILY COLLECTION FOUNDATION 27-3261388

Part I Short-Term Capital Gains an		ts Held One Year	r or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a SALE OF 20 VEHICLES	08/01/2011	08/01/2011	89,750.	96,930.	-7,180.
					<u> </u>
			<u> </u>		<u> </u>
					<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D-1 (Form 1041) 2011

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

LEMAY FAMILY COLLECTION FOUNDATION

► Attach to your tax return

Identifying number 27-3261388

Busi	ness or activity to which this form relates							
G	ENERAL DEPRECIATION	V						
Pa	Relection To Expense Co Note: If you have any list				you comp	lete Part I		
1	Maximum amount (see instructions)		·				1	
2	Total cost of section 179 property pla							-
3	Threshold cost of section 179 proper							
4 5	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 from separately see instructions	3 from line 2 If zero o	or less, enter -0)_			4	
6	(a) Description			I -	usiness use only			<u> </u>
_	(a) Description	or property		(b) Cost (b)	2311033 030 011	(6) 2.00		
								-
7	Listed property. Enter the amount fro	m line 20		L	7			-
8	Listed property Enter the amount from Total elected cost of section 179 pro	norty Add amounts			· · · · <u> </u>		8	=
9								
10	Tentative deduction Enter the smalle Carryover of disallowed deduction from	om line 3 of vour 20					10	
	Business income limitation Enter the							·
	Section 179 expense deduction Add							
	Carryover of disallowed deduction to				· · · · · · · · · · · · · · · · · · ·		12	·
	e: Do not use Part II or Part III below for				113			
	rt II Special Depreciation A				o not includ	le listed prope	rtv) (See	instructions)
	Special depreciation allowance fo	· 	·					
' -	during the tax year (see instructions)		•				- 1	,
15	Property subject to section 168(f)(1)							
	Other depreciation (including ACRS)							0.70
	rt MACRS Depreciation (D	o not include liste	d property)	(See insti	ructions)			·
	•	·····		tion A			-	
17	MACRS deductions for assets placed	In service in tax yea	irs beginning b	efore 2011			17	
	If you are electing to group any a							
	asset accounts, check here		_				\neg	
	Section B - Assets						reciation	System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for c (business/inve only - see in:	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	1						
С	7-year property	1						
d	10-year property	1						
е	15-year property	1						
f	20-year property]						
g	25-year property	l			25 yrs		S/L	
h	Residential rental				27 5 yrs	M M	S/L	
	property				27 5 yrs	M M	S/L	
i	Nonresidential real				39 yrs	M M	S/L	
	property				<u> </u>	<u>M M</u>	S/L	
	Section C - Assets P	laced in Service D	uring 2011	Tax Year	Using the A	Alternative De	preciatio	n System
20a	Class life						S/L	
	12-year	ļ <u></u> .			12 yrs		S/L	
	40-year	<u></u>		_	40 yrs	ММ	S/L	<u> </u>
Pa	rt IV Summary (See instruction	ins)						
21	Listed property Enter amount from lin	e 28					21	
	Total Add amounts from line 12, lin and on the appropriate lines of your re						I	878
	For assets shown above and place					<u> </u>	· · · · · · - ~	
	portion of the basis attributable to sec	_	,	,	23			

Form 415	6 2 *(2011)	•													Page 2
Part V	Listed Proj	perty (Include nt, recreation, c			certain	oth	er veh	cles,	certain	com	outers,	and	prope	rty us	
		y vehicle for wh (a) through (c) of								ducting	lease	expens	e, comp	olete or	ıly 24a
		Depreciation and								mits foi	passe	nger au	tomobile	∍s)	
24a Do	you have evidence	to support the bus	iness/investr	nent use	claimed	2	Yes	No	246 If "Y	es," is t	he evide	nce writ	ten?	Yes	No
	(a) of property (list	(b) Date placed in service	(c) Business/ investment u	se Cost	(d) or other t		(e) Basis for dep business/inv	estment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Elected	(i) d section cost
			percentage	ــــــــــــــــــــــــــــــــــــــ			use onl		L'		1			ļ	
•	ecial depreciation a ir and used more that	•			•			_			. 25				
	perty used more th			`	IIISH GCII	0115) .	<u>· · · · · · · · · · · · · · · · · · · </u>	• • •	· · · · ·	· · · ·	. 25	.l		<u>. </u>	
	perty used more in	an 50 % in a quante	d business u.	%		$\neg \top$			· · · · · ·	Γ'					
				%								 		 	
			-	%					-			 			
27 Pro	perty used 50% or I	less in a qualified bi	ISINESS USE						1	l		<u> </u>			
	porty dood do // or t			%					Ι''''	S/L -		T		Ţ <u></u>	
				%						S/L -		 		†	
				%					 	S/L -		1		1	
Add	I amounts in colum	n (h) lines 25 thro	·		and on lin	 ne 21 -r	nage 1				28	<u> </u>		1	
	f amounts in colum										•	<u> </u>	. 29	 	
		(1)1					on Use			<u></u>	· · · · ·	· · · ·	. 20	L	
Complete	e this section for v	ehicles used by a	• • • • • • • • • • • • • • • • • • • •					•		related	nerson	If you	nrovided	vehicles	to vou
	es, first answer the												provided	*00.00	, 10 ,00
					a)	·	(b)	Τ,	(c)		d)		(e)	1	f)
. T.	-1 - 1				iicle 1	Ve	ehicle 2	V	ehide 3		icle 4		iicle 5	,	ıcle 6
	al business/invest year (do not include											}		ļ	
						 		 							
	al commuting miles					 		+							
	al other person	•	ng) miles												
	en		Add lines			\vdash		 				 			
	al miles driven d	-	Add lines												
	through 32			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	s the vehicle a	•	sonai use	163	140	163	1 10	103	110		-110	103	"	163	1.0
	ing off-duty hours? s the vehicle us				 	 		 				 	 		
			a more												
	n 5% owner or relate another vehicle				 	 	_	 				 	-		
use?	2		•		•										
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	these questions				eption t	o com	ipleting :	Sectio	n B for v	enicies	usea b	y empi	ioyees v	vno are	not
	an 5% owners or		·			_								Vac	No
	you maintain a								f vehicles	, ınclu	ding co	ommutir	ıg, by	Yes	No
you.	r employees? you maintain a w	ritton policy state	· · · · · ·	orobibit			of veb	···	· · · · ·		 by yo		lovoor2	<u> </u>	
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	the instructions for you treat all use of														
	you provide mo					e ob	 Man info	· · ·	n from	 Vour e	 molovec	 s ahou	t the		-
	of the vehicles, and				inployed	33, 00	nam min	Jimanic	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	your e	проусс	s abou	at the		
	you meet the requ					monet	 ration use	 2 (Sec							
	e: If your answer to												• • • •		
	Amortization		77 13 103, 0		mpicto (0010.0	40,110,00						
I GIL V	Amortizatio)II	I		1 -						(e	,			
	(a)		(b) Date amort	ization		(0	;)		(d)		Amorti	zation		(f)	
	Description of o	costs	begin		An	nortizab	le amount		Code sec	ction	perio		Amortiza	ation for th	ns year
2 Am	ortization of costs	that hegue during	U VOUE 2011	l fav w	par (see	instru	ctions)	———			percer	nage			
	CHIZATION OF CUSIS	mac ocymis durilli	your zor	i ax ye	1 (356			<u>F</u>			-				
											_				
2 ^~	activation of social	hat boone before ::	2011 401		<u> </u>						<u> </u>	1 42			
	ortization of costs to			•			<i>.</i>					43			
→ 10ta	al Add amounts in	column (1) See the	e instructions	TOT WITE	re to rep	ort .		<u> </u>	· · · · · ·		<u> </u>	44		4501	
SA													For	m 4562	2 (20

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LEMAY FAMILY COLLECTION FOUNDATION

27-3261388

							;							201026-12
Description of Property GENERAL DEPRECIATION														
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis	Basis for	Accumulated Accumulated depreciation	Ending Accumulated	Me-	<u>a</u>	ACRS C	MA Current-year CRS 179		Current-year
РНОТО ВООТН	10/20/2010	2,000.	0			2,000.	19	467. SL	3	15		<u> </u>	⊨	400.
TABLE	03/23/2011	2,951.	100.000			2,951.		316. SL	٠	7.000				316
CARTS	03/23/2011	570.	100.000			570.		18 . 8E. SI	נ	5.000				86.
FREEZER	10/30/2011	437.	000.000			437.		15. SL	Ľ	5.000				15
LAPTOP	05/24/2011	526.	100.000			526.		61. SL	ا ا	5.000				61.
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Story O Property									_			_	_	
Subtotals		6.484				6.484	7.9	200					-	97.0
Listed Property												-		
									_					
									-					
Less Retired Assets				;					-			_		
Subtotals													-	
TOTALS		6,484.	•			6,484	67.	945.						878
AMORTIZATION														
Asset description	Date placed in service	Cost or basis					Accumulated Accumulated amortization		Code Life	.Φ				Current-year amortization
									-					
									+	<u> </u>				
										Ţ.				
			· · · ·											
TOTALS				:								i		
*Assets Retired														
1X9024														

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(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

Internal Revenue	e Service Title a	separate ap	opilication for each return.					
•	filing for an Automatic 3-Month Extension, o		-			▶ X		
	filing for an Additional (Not Automatic) 3-Mo					,		
•	<i>lete Part II unless</i> you have already been gra							
a corporation 8868 to req Return for T instructions)	ling (e-file). You can electronically file Form on required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the	nal (not aut forms liste Il Benefit (nis form, vis	tomatic) 3-month extened in Part I or Part II wi Contracts, which must sit www.irs.gov/efile.and	ision of time. You can earth the exception of Fo t be sent to the IRS d click on e-file for Char	electronicali irm 8870, I in paper f	ly file Form Information ormat (see		
	tomatic 3-Month Extension of Time. On							
	n required to file Form 990-T and requesting			 check this box and con 	nplete			
Part I only			Co. and founds must use [ovtoneron o	f time		
	porations (including 1120-C filers), partnersh	ips, REIVIIC	s, and trusts must use r	Enter filer's identifyin				
to file income	Name of exempt organization or other filer, see in	structions		Employer identifica				
Type or	- Compression and the comp					(/ -		
print	LEMAY FAMILY COLLECTION FOUN	DATION		X 27-326138	8			
File by the due date for due date for								
due date for filing your MARYMOUNT EVENT CENTER								
City, town or post office, state, and ZIP code For a foreign address, see instructions								
	TACOMA, WA 98445							
Enter the Re	turn code for the return that this application	is for (file a	separate application fo	or each return)		. 0 4		
			1			Return		
The state of the s								
Is For Code Is For Cod Form 990 0.1 Form 990-T (corporation) 0.7								
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09								
Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10								
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11								
	(trust other than above)	06	Form 8870			12		
	s are in the care of ► TRUDY COFCHIN No ► 253 272-2336		FAX No ▶ 253 779	9-0919				
	inization does not have an office or place of t	 business in	the United States, ched	ck this box		▶ 🔲		
	or a Group Return, enter the organization's foi				If th	IS IS		
	e group, check this box ▶ 💹 🛚 If			his box ▶ [and att	ach		
	names and EINs of all members the extensi							
until for the	st an automatic 3-month (6 months for a cor $08/15$, 20 12 , to file the corganization's return for calendar year $20\frac{11}{1}$ or tax year beginning	exempt org	ganization return for the	e organization named at		xtension is		
2 If the ta	ix year entered in line 1 is for less than 12 m hange in accounting period		_					
3a If this a	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any				
	indable credits. See instructions				3a \$	0		
	application is for Form 990-PF, 990-T,				25 6	0		
	ed tax payments made Include any prior yea				3b \$			
	e due. Subtract line 3b from line 3a Include	-	ent with this form, if fer	quired, by using EF1PS	3c \$	0		
	onic Federal Tax Payment System) See instruou are going to make an electronic fund v		with this Form 8868	see Form 8453-FO at				
payment inst		,awai	(113 / 01111 0000),	555 F 5111 0400 EO di				
	ct and Paperwork Reduction Act Notice, see Instr	uctions.			Form 8868	(Rev 1-2012)		