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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury

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

		r tax year beginning		, 2012,	and ending		, 20
	ne of foundation					A Employer identifi	
		LECTION FOUNDAT				27-326138	
	•	x number if mail is not delivere	d to street address)		Room/suite	B Telephone numb	,
	RYMOUNT EVENT					(25	3) 272-2336
	5 152ND STREET						·
City	or town, state, and ZIP cod-	e				C If exemption applica	tion is
m v	OOMB 113 00445					pending, check here	· · · · · · · · • L
	COMA, WA 98445	1			11	_	. —
G Cr	neck all that apply	Initial return	Initial return	•	ublic charity	D i i orcigii organizat	
		Final return				2 Foreign organization 85% test, check h	
U C	and type of organizati	Address change tion X Section 501	Name chang			computation .	▶ □
	• • •	nexempt charitable trust	Other taxable pr		ion	E If private foundation	L 1
	ur market value of all		unting method X C)(1)(A), check here .
	year (from Part II, col		ther (specify)			F If the foundation is under section 507(b)	in a 60-month termination (1)(B), check here
		06,484. (Part I,	column (d) must be on	cash basis)		-	(1)(5), 0.1558 11515
		nue and Expenses (The		,		<u> </u>	(d) Disbursements
فلنجي	total of amounts in co	olumns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
	may not necessarily column (a) (see instri	equal the amounts in uctions))	books	ıncom	-	income	purposes (cash basis only)
1		etc , received (attach schedule) .	6,044,751.				
2	if the fo	oundation is not required to Sch B					
3		temporary cash investments					
4	=	st from securities					
5	a Gross rents						
	b Net rental income or (los	ss)					
و 6	a Net gain or (loss) from s	sale of assets not on line 10	-2,379.				· · · · · · · · · · · · · · · · · · ·
eui	b Gross sales price for all assets on line 6a	27,869.					
Revenue	Capital gain net inco	me (from Part IV, line 2) .					
8 ^۳		ıl gaın					
10	Income modifications a Gross sales less returns	21 013					AMCII 1
i	and allowances · · · ·	6 916					ATCH 1
- 1	b Less Cost of goods sold		14,897.			14,897.	
1		(attach schedule)	336,633.			336,633.	
11		schedule) ATCH 2	6,393,902.			351,530.	
12		ough 11	72,942.			66,368.	6,57
y 14		s, directors, trustees, etc	47,218.			42,962.	4,256
S9S 15	Pension plans, emplo		17,862.	<u>-</u>		16,252.	1,610
5 16	a Legal fees (attach sch	•	9,066.			8,249.	817
<u>Т</u>	b Accounting fees (atta		23,237.			21,143.	2,094
<u>8</u>		es (attach schedule).*.	19,764.			17,983.	1,783
E 17	Interest						
Administrative Expenses 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Taxes (attach schedule)	(see instructions)ATCH 6	20,392.	_		18,554.	1,838
Ē 19	Depreciation (attach	schedule and depletion.	3,519.				
P 20	Occupancy . C.	schedule and depletion					
[21	Travel, conferences,	and meetings					
E 22	Printing and publicate	ignsg . 4.9	150 504	<u> </u>		145 100	4.4 000
Operating and	Other expenses talta		159,501.			145,123.	14,378
24	Total operating and	administrative expenses	272 501			226 624	22 244
- 1	Add lines 13 through		373,501. 39,547.			336,634.	33,348
25	Contributions, grits		39,547. 413,048.		0	336,634.	39,547 72,895
26		sements Add lines 24 and 25	413,048.			330,034.	12,895
27	Subtract line 26 from		5,980,854.				
	a Excess of revenue over exp		3, 300, 034.		0		***************************************
	b Net investment income	me (if negative, enter -0-)				14,896.	
1 1	i: Aniiistan nat incoma	o o necialive enter allat			1	1	

Fo	rm 990	-PF (2012) LEMAY FAM	ILLY COLLECT	rion	FOUNDATION	AMENDED	27	7-3261388	Page 2
F	art I	Balance Sheets Attached schedules and description column show	amounts in the	В	eginning of year		End o	of year	
L	art II	amounts only (See instru	uctions)		(a) Book Value	(b) Book Value	"	(c) Fair Marke	
	1	Cash - non-interest-bearing			101,407.	61,	641.		61,641
	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, tru							
		disqualified persons (attach schedule) (see inst	tructions)						
	7	Other notes and loans receivable (attach sched	dule) ▶						
		Less allowance for doubtful accounts ▶							
ţ	8	Inventories for sale or use			16,369.	22,	908.		22,908
ssets	9	Prepaid expenses and deferred charges							
Ä		Investments - U S and state government obligations (
	J	Investments - corporate stock (attach schedule	,						
	c	Investments - corporate bonds (attach schedule							
	11								
							,		
	12	(=11=111 ==11=)	i						
	13	Investments - other (attach schedule)							
	14	Land, buildings, and	26,399.					ATCH 8	
		Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	4,464.				935.		21,935.
	15	Other assets (describe	CH 9)		1,323.	6,000,	000.	6,0	00,000
	16	Total assets (to be completed by all f	filers - see the						
		instructions Also, see page 1, item I)			124,638.	6,106,	484.	6,1	06,484
	17	Accounts payable and accrued expenses				1,	784.		
	18	Grants payable							
S	l	Deferred revenue	l l						
itie	20	Loans from officers, directors, trustees, and other disc							
Liabilities	21	Mortgages and other notes payable (attach sch	· · · · · · · · · · · · · · · · · · ·						
:≝	22	Other liabilities (describe	ATCH 10		2,138.	1,	346.		
	23	Total liabilities (add lines 17 through 22)			2,138.	3,	130.		
		Foundations that follow SFAS 117, chec							
s		and complete lines 24 through 26 and I							
Se	24	Unrestricted							
Ē	25	Temporarily restricted	1						
ä	26	Permanently restricted							
핕		Foundations that do not follow SFAS 11	· ·						
or Fund Balances		check here and complete lines 27 throu	igh 31. ▶ X						
		Capital stock, trust principal, or current funds							
ets	28	Paid-in or capital surplus, or land, bldg, and equipmer	1						
Assets	29	Retained earnings, accumulated income, endowment			122,500.	6,103,	354.		
Net /	30	Total net assets or fund balances (see instruc	· · · · · · · · · · · · · · · · · · ·	_	122,500.	6,103,	354.	1	
Ž	31	Total liabilities and net assets/fund	,					1	
		instructions)			124,638.	6,106,	484.	1	
E	art	Analysis of Changes in Net Ass		Balar	nces				
		net assets or fund balances at beginning				(must agree with			
		of-year figure reported on prior year's retur					1	12	22,500.
2		r amount from Part I, line 27a					2		80,854.
3	Othe	r increases not included in line 2 (itemize)	>				3		
		lines 1, 2, and 3					4	6,10	03,354.
		eases not included in line 2 (itemize) ▶					5		
6	Tota	net assets or fund balances at end of ye	ar (line 4 minus l	ne 5)	- Part II, column (b	o), line 30	6	6,10	03,354.

(a) List and 2-story br	(b) How acquired P - Purchase D - Donation	(d) Date sold (mo , day, yr)				
1a			D - Bonation			
b						
С						
<u>d</u>						
е						
(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) mini		
<u>a</u>			 			
<u>b</u>			 			
<u>c</u>						
d						
e		d by the foundation on 42/24/00	-			
Complete only for assets	showing gain in column (h) and owned		(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or			
(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	Losses (from col (h))			
_a						
b			 			
<u>C</u>						
d			 			
<u>e</u>	. 15	com also enter in Bort Line 7				
2 Capital gain net income or	(not conital loca)	gain, also enter in Part I, line 7 }	2			
3. Not short term capital gain	or (loss) as defined in sections 12	•	-			
	t I, line 8, column (c) (see instr		1			
-		1	2			
Part V Qualification U	Inder Section 4940(e) for Rec	luced Tax on Net Investment I	ncome			
	leave this part blank the section 4942 tax on the distrib not qualify under section 4940(e)		ase period	d?	Yes X No	
	ount in each column for each year,		anv entr	es		
(a)	(b)	(c)		(d)	 	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by		
2011	102,592.	50,214.			2.043096	
2010	11,498.	30,091.			0.382108	
2009						
2008						
2007						
2 Total of line 1, column (d)			2		2.425204	
3 Average distribution ratio	for the 5-year base period - divide					
number of years the found	lation has been in existence if less	than 5 years	3		1.212602	
4 Enter the net value of non-	charitable-use assets for 2012 fro	m Part X, line 5	4		90,420.	
		·····				
5 Multiply line 4 by line 3 .			5		109,643.	
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6			
7 Add lines 5 and 6			7		109,643.	
	ns from Part XII, line 4		8	92,810.		
Part VI instructions	eater than line 7, check the box ii	n Part VI, line 1b, and complete t	nat part	using a 1% tax	rate See the	

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctions	3)					
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								
	here ▶ 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-) 2								
3	Add lines 1 and 2			C					
4									
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0								
6	Credits/Payments								
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a								
þ	Exempt foreign organizations - tax withheld at source								
C	Tax paid with application for extension of time to file (Form 8868) 6c								
d	Backup withholding erroneously withheld			0					
7	Total credits and payments Add lines 6a through 6d								
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			0					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed								
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 2013 estimated tax ▶ Refunded ▶ 11 t VII-A Statements Regarding Activities								
				T					
18	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? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	1a							
U		4.5		x					
	definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1b		 ''					
	distributed by the foundation in connection with the activities			}					
_	,	1c		X					
4	c Did the foundation file Form 1120-POL for this year?								
•	(1) On the foundation \$								
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on								
	foundation managers ▶ \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	Х						
	If "Yes," attach a detailed description of the activities SEE FOOTNOTE ATTACHMENT								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			1					
	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?	4a	X						
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X						
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			İ					
	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	<u> X</u>	<u> </u>					
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	X						
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	<u> </u>	ļ					
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete								
	Part XIV	_9	<u>X</u>	 					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses SEE ATTACHMENT 14		v						
	addresses SEE ATTACHMENT 14	10	X	L					

Pai	rt VII-A	Statements Regarding Activities (continued)			
11	At any	time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning	g of section 512(b)(13)? If "Yes," attach schedule (see instructions	11		Х
12		e foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person h	nad advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the	foundation comply with the public inspection requirements for its annual returns and exemption application? address WWW.LEMAYMARYMOUNT.ORG		_X	l
14	The boo	ks are in care of ► TRUDY COFCHIN Telephone no ► 253-272	2-23	36	
	Located	ks are in care of ► TRUDY COFCHIN Telephone no ► 253-272 at ►325 152ND STREET EAST TACOMA, WA ZIP+4 ► 98445			
15	Section	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	. N /	A >	•
16		time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
		ank, secunties, or other financial account in a foreign country?	16		X
		e instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of	1	·	
		ign country >			İ
Pai	rt VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Fo	rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During t	he year did the foundation (either directly or indirectly)			
	(1) Eng	age in the sale or exchange, or leasing of property with a disqualified person? Yes X No)	
	(2) Borr	ow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	dısq	ualified person?			
	(3) Furn	nish 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?			
	(5) Tran	sfer any income or assets to a disqualified person (or make any of either available for			
	the l	benefit or use of a disqualified person)?			
	(6) Agre	ee to pay money or property to a government official? (Exception. Check "No" if the			
		idation agreed to make a grant to or to employ the official for a period after			
	term	ination of government service, if terminating within 90 days)			
þ	•	nswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			.,
		53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
		ations relying on a current notice regarding disaster assistance check here			
С		foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		N	Α
_		corrected before the first day of the tax year beginning in 2012?	1c		
2		n failure to distribute income (section 4942) (does not apply for years the foundation was a private			
		g foundation defined in section 4942(j)(3) or 4942(j)(5))			
а		and of tax year 2012, did the foundation have any undistributed income (lines 6d and XIII) for tax year(s) beginning before 2012?			
		XIII) for tax year(s) beginning before 2012?			
h		re any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
		listed, answer "No" and attach statement - see instructions)	2b	N	Ά
С		ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			•
_					
3 a		oundation hold more than a 2% direct or indirect interest in any business enterprise		İ	
	at any tir	me during the year?		1	
b		did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or			
		ied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commiss	sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-	, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation	on had excess business holdings in 2012)	36	N	Ά
4a		oundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the	foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitabl	e purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		<u>X</u>
		F	om 99	0-PF ((2012)

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)					
5a	During the year did the foundation pay or incur any amou	int to							
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	1 4945(e))?	. Yes X No	,	1			
	(2) Influence the outcome of any specific public ele	ction (see section	4955), or to carry or	n,					
	directly or indirectly, any voter registration drive?			Yes X No	,				
	(3) Provide a grant to an individual for travel, study, or ot			·		1			
	(4) Provide a grant to an organization other than a								
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (,				
	(5) Provide for any purpose other than religious, ch				^				
	purposes, or for the prevention of cruelty to children of	*	• •] [
h	If any answer is "Yes" to 5a(1)-(5), did any of the			•	I				
	Regulations section 53 4945 or in a current notice regard		-	•		N/A			
					5b	11/1			
	Organizations relying on a current notice regarding disas				\Box				
С	If the answer is "Yes" to question 5a(4), does the		•						
	because it maintained expenditure responsibility for the g		· · · · · · · · · · • • • • • • • • • •	. Yes No)				
	If "Yes," attach the statement required by Regulations sec	• •							
6a	Did the foundation, during the year, receive any fund	•	• • • •						
	on a personal benefit contract?			. Yes X No	•				
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contrac	ส [?]	<u>6b</u>	X			
	If "Yes" to 6b, file Form 8870			[] []	-				
7 a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No								
b	If "Yes," did the foundation receive any proceeds or have				7b	N/A			
Par	t VIII Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,				
1	List all officers, directors, trustees, foundation n	nanagers and their	r compensation (see	instructions).					
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens	se account,			
	(a) Name and address	devoted to position	enter -0-)	and deferred compensation	other all	owances			
						_			
ATC	н 11		72,942.	10,121.		0			
									
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see instruction	ons). If n	one, enter			
	"NONE."	T		(d) Contributions to					
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expens				
		devoted to position		compensation	Other an				
	NONE		0	0		0			
		1							
									
]					
				-					
	number of other employees paid over \$50,000 .					0			
	The second of th	<u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Form 990)-PF (2012)			

0

Total. Add lines 1 through 3.

Pa	Minimum Investment Return (All domestic foundations must complete this part Fosee instructions)	oreign foundation	S,
1	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	1a	
b	Average of monthly cash balances	_ 1b	66,901.
С	Fair market value of all other assets (see instructions)	[1c]	24,896.
d	Total (add lines 1a, b, and c)	1d	91,797.
е			
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	91,797.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		4	1,377.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	90,420.
6	Minimum investment return. Enter 5% of line 5	6	4,521.
Pa	art 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 the foundations are the foundations.	his part)	
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
С		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions		-
5	Add lines 3 and 4		
6	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	art XII Qualifying Distributions (see instructions)		 -
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
·		1a	72,895.
b			
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc		
~			19,915.
3	purposes	• • • • • • • • • • • • • • • • • • • •	
а		3a	
b		3p	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	• •	92,810.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom-		>-,
•	Enter 1% of Part I, line 27b (see instructions)		0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	92,810.
U	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when		·
	qualifies for the section 4940(e) reduction of tax in those years	Januarang Wileti	.c. the foundation

Forn	n 990-PF (2012)				Page 9
Pa	rt XIII Undistributed Income (see instruc	tions)			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
·	line 7				
2	Undistributed income, if any, as of the end of 2012				
	Enter amount for 2011 only		į		
b	Total for pnor years 20 10 ,20 09 ,20 08				
3	Excess distributions carryover, if any, to 2012				
а	From 2007				
	From 2008				
c	From 2009				
d	From 2010				
е	From 2011				
	Total of lines 3a through e				
	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2011, but not more than line 2a			· · · · · · · · · · · · · · · · · · ·	
þ	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
_	required - see instructions)				
a	Applied to 2012 distributable amount				
5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2012				
•	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed	-			
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions				-
•	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2012 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2013				
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 2007 not				
Ŭ	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.				
-	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2008				
b	Excess from 2009				
	Excess from 2010				
	Excess from 2011				
e	Excess from 2012				<u> </u>

Pa	ri XIV Private Oper	ating Foundations (see instructions and I	Part VII-A, question 9	3)			
1 a	If the foundation has i	eceived a ruling or de	etermination letter that	it is a private operation	ng			
	foundation, and the ruling	is effective for 2012, er	nter the date of the ruling		>			
þ	Check box to indicate wh	ether the foundation is a	private operating foundat	ion described in section	X 4942(J)(3) or 4942(J)(5)		
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(a) Tatal		
٠.۵	justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total		
	I or the minimum investment							
	return from Part X for each year listed	4,521.	662.	581.		5,764.		
		3,843.	563.	494.		4,900.		
b	85% of line 2a							
С	Qualifying distributions from Part	92,810.	102,592.	11,498.		206,900.		
ч	XII, line 4 for each year listed . Amounts included in line 2c not	33,0201			·			
u	used directly for active conduct	39,547.	24,179.			63,726.		
	of exempt activities	33,347.	27,173.			03,720.		
е	Qualifying distributions made directly for active conduct of							
	exempt activities Subtract line	52.062	70 412	11 400		142 174		
_	2d from line 2c	53,263.	78,413.	11,498.		143,174.		
3	Complete 3a, b, or c for the alternative 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-			j]		
	enter 2/3 of minimum invest-							
	ment return shown in Part X, line 6 for each year listed	3,014.	1,674.	387.		5,075.		
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)					 		
	public and 5 or more							
	exempt organizations as provided in section 4942							
	(J)(3)(B)(III)							
	(3) Largest amount of sup- port from an exempt							
	organization							
	(4) Gross investment income	1 (2			b-d &E 000			
Pa			omplete this part o	nly if the foundati	on nad \$5,000	or more in assets		
		luring the year - see						
1	Information Regarding					and but the face of them.		
а	List any managers of the before the close of any	the foundation who ha	ave contributed more i	than 2% of the total core than \$5 000) (See	section 507(d)(2))	ed by the foundation		
	•	-		70 man 40,000) (000	000000000000000000000000000000000000000			
		, NORMAN LEMAY,						
þ	List any managers of					large portion of the		
	ownership of a partner	snip or other entity) of	which the foundation h	ias a 10% or greater in	terest			
	NONE							
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarship	, etc., Programs:				
	Check here ► X If the	ne foundation only m	nakes contributions to	preselected charitab	le organizations a	nd does not accept		
	unsolicited requests for			s, etc (see instruction	is) to individuals or	organizations under		
	other conditions, complete items 2a, b, c, and d							
a	The name, address, ar	nd telephone number o	or e-mail of the person	to whom applications sl	hould be addressed			
b	The form in which appl	ications should be sub	mitted and information	and materials they sh	ould include			
	Any submission deadli	nes						
d	Any restrictions or lin	nitations on awards,	such as by geograpi	hical areas, charitable	fields, kinds of i	nstitutions, or other		
	factors							

Form **990-PF** (2012) PAGE 12

Part XV Supplementary Information	(continued)			rage 1
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ing the Year or App	roved for I	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	,
a Paid during the year				
ATCH 12				
AICH 12				
		i		
	İ			
				,
Total			▶ 3a	39,547.
b Approved for future payment				
NONE				
NONE				
		'		
	İ			
Total	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	▶ 3b	
				

Part XVI-A Analysis of Income-Producing Activities

Page **12**

•	nter gross amounts unless otherwise indicated Program service revenue		(a) (b) (c) (d) Business code Amount Exclusion code Amount			Related or exempt function income (See instructions)				
a ADM	ISSION REVENUE					137,449.				
_										
f										
	and contracts from government agencies									
-	ship dues and assessments					17,167.				
3 Interest on savings and temporary cash investments4 Dividends and interest from securities										
	al income or (loss) from real estate									
	financed property				-					
				 						
	lebt-financed property	<u> </u>		f						
	Income or (loss) from personal property			 						
	vestment income			18	-2,379.					
•	oss) from sales of assets other than inventory			10	2,319.	1,719.				
	me or (loss) from special events	453220	3,495.			11,402.				
•	rofit or (loss) from sales of inventory	453220	3,493.			11,402.				
11 Other rev	venue a			ļ	131 000					
ь <u>А</u>	TCH 13				131,880.					
c										
d			<u> </u>							
е										
	Add columns (b), (d), and (e)		3,495.		129,501.	167,737.				
13 Total. Ad	dd line 12, columns (b), (d), and (e)		,		13	300,733.				
	neet in line 13 instructions to verify calc									
Part XVI-	B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses					
Line No.	Explain below how each activit	v for which	n income is reported in	n column (e	e) of Part XVI-A contribu	ted importantly to the				
_		ion's exempt purposes (other than by providing funds for such purposes) (See instructions)								
▼	accomplishment of the roundation									
1A	DAILY FEES FOR ADMIS	SION INT	O MUSEUM COLLEC	TION AND	O FOR					
	TOURS OF THE HISTORIC	C MILITA	ARY ACADEMY AND	CHAPEL						
2	MEMBERSHIP FEES FOR A	ADMISSI	ON INTO MUSEUM C	OLLECTIO	ON					
9	NET INCOME FROM RENTA	AL OF HI	STORIC CAMPUS F	OR SPEC	IAL					
	EVENTS									
10	ITEMS SOLD IN GIFT S'	TORE REI	ATED DIRECTLY T	O FOUNDA	ATION'S					
	PROGRAMS WHICH INCREA	ASE AWAR	RENESS AND APPRE	CIATION	FOR THE					
	FOUNDATION'S MUSEUM	-								
11B	FUNDRAISING EVENTS HI	ELD TO F	RAISE FUNDS TO S	UPPLEMEN	NT INCOME					
	FOR THE FOUNDATION'S	PROGRAM	IS							
ALL	OPERATING A MUSEUM CO	OLLECTIO	N OF VINTAGE AU	TOMOBILE	ES AND					
	EDUCATIONAL TOURS AND	SPECIA	L EVENTS AT THE	HISTOR	ICAL					
	BUILDINGS AND GROUNDS	ARE TH	E PRIMARY MEANS	BY WHIC	CH THE					
	ORGANIZATION ACCOMPL									
		<u> </u>								
										
										
										
				_						
										
						- 000				
						Form 990-PF (2012)				

Par	t XVII	Information R Exempt Organ		sfers To and Tr	ansacti	ons and	Relationships	With None	chari	table	;
1		organization direction 501(c) of the Co								Yes	No
		zations?	(01.10) 1.101. 00		,	, , ,		, to pointion.			
a	Transfe	ers from the reportin	ng foundation to a	noncharitable exer	npt organi	zation of					
	(1) Cas	sh							1a(1)		X
		ner assets							1a(2)		Х
b		transactions									37
	(1) Sal	les of assets to a no	ncharitable exemp	ot organization					1b(1)	_	X
	(2) Pur	rchases of assets fro	om a noncharitabl	le exempt organization	on	• • • • •	• • • • • • • • •		1b(2)		X
	(4) Re	ntal of facilities, equ imbursement arrang	ipment, or other as	ssets		• • • • •	• • • • • • • • •		1b(3) 1b(4)		$\frac{x}{x}$
		ans or loan guarantee							1b(5)		X
		rformance of service							1b(6)		Х
С		g of facilities, equipr							1c		X
		answer to any of th							the	fair m	arket
		of the goods, other									
	value ı	n any transaction oi				e value of	the goods, other	<u>assets, or se</u>	ervice	s rece	ived
_(a) Li	ne no	(b) Amount involved	(c) Name of nor	ncharitable exempt organi	zation		ption of transfers, trans	sactions, and shar	ing arra	ngemer	ıts
		N/A	 			N/A					
											
			 								
			 			 -					
			 		-						
								<u>-</u>			
			ļ							···	
			 		 -						
											—
			 								—
	describ	foundation directly ped in section 501(c) " complete the follo) of the Code (oth							es X] No
		(a) Name of organizatio	n	(b) Type of orga	anization		(c) Descr	iption of relations	hip		
											
					·						
	Under	penalties of penury, I declar	are that I have examined	this return, including acco	ompanying sch	nedules and sta	atements, and to the bes	st of my knowledg	e and b	elief, it	is true,
Sigr		and complete Declaration o	f preparer (other than taxp	eayer) is based on all informat	lion of which p	reparer has any	knowledge				
Her	1	Day Le /	nen	<u>ス</u> ′ <u>ス</u> 5	-14	5 ec	/tres		parer	7 –	below No
		- -		I Biographic		 /	D-4-	——————————————————————————————————————	TIN!		
Paid	l	Print/Type preparer's		Proparer's signature	\mathcal{L}	1CPa	$\Omega / \Omega \times I \times I$,,,ecv	PTIN	0.005	0
	arer	COLLEEN C. LO		Colleen C	· vai	gran	, , = , . , º	elf-employed I			ਲ
-	Only	Firm's name ► KI Firm's address ► 51	ING & OLIASO		()	<u>'</u>	Firm's	EIN ▶ 27-42	2385	13	
-96	Jiny	· ·	EATTLE, WA	u. HUU1	•	9811	9-3928 Phone	no 206-28	35-7	242	

Schedule B

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

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number LEMAY FAMILY COLLECTION FOUNDATION AMENDED 27-3261388 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (11) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

JSA

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization LEMAY FAMILY COLLECTION FOUNDATION AMENDED

Employer identification number 27-3261388

Part I	Contributors ((see instructions)	Use duplicat	e conies of Pai	rt Lif additional s	nace is needed
· arti	Odining (, osc auplicat	c copics of f al	t i ii aaaillonai s	pace is necucu.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1-	NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST	\$2,000.	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 -	NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST	\$26,750.	Person X Payroll X 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_	NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST	\$800.	Person X Payroll X 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	
No.	Name, address, and ZIP + 4 NANCY LEMAY	Total contributions	Person X Payroll X Noncash (Complete Part II if there is	
No. 4 4 (a)	Name, address, and ZIP + 4 NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST (b)	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
No. 4	Name, address, and ZIP + 4 NANCY LEMAY ADDRESS AVAILABLE UPON REQUEST (b) Name, address, and ZIP + 4 BRAD SHAIN	\$1,429.	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is	

Name of organization LEMAY FAMILY COLLECTION FOUNDATION AMENDED

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-	EVAN MCMULLEN ADDRESS AVAILABLE UPON REQUEST	\$ <u>1,500,000.</u>	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 _	PETER GLEESON ADDRESS AVAILABLE UPON REQUEST	\$ 150,000.	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)
(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)
(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)
(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)

Name of organization LEMAY FAMILY COLLECTION FOUNDATION AMENDED

Employer identification number 27-3261388

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

· are ii	itolicaetti topotty (occimentaetto) occi aupitotto copies otti		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2_	AUTOS	\$26,750.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	MISCELLANEOUS AUTO ACCESSORIES	\$800.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	SUPPLIES	\$1,429.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	50% UNDIVIDED INTEREST IN AUGUSTE RODIN SCULPTURE	\$3,000,000.	12/23/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6_	22.5% UNDIVIDED INTEREST IN AUGUSTE RODIN SCULPTURE	\$1,350,000.	12/23/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7_	25% UNDIVIDED INTEREST IN AUGUSTE RODIN SCULPTURE	\$1,500,000.	12/23/2012

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization LEMAY FAMILY COLLECTION FOUNDATION AMENDED

Employer identification number 27-3261388

Part II No	ncash Property	(see instructions)	Use duplicate copies of	f Part II if additional space is needed	t
------------	----------------	--------------------	-------------------------	---	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	2.5% UNDIVIDED INTEREST IN AUGUSTE RODIN SCULPTURE	-	
		- \$150,000.	12/23/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	~
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	~
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	~
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		- - -	

Name of organization LEMAY FAMILY COLLECTION, FOUNDATION AMENDED

Employer identification number 27-3261388

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the y	individual contribuear. Complete colur	itions to section 5 mns (a) through (e	01(c)(7), (8), or (10) organizations) and the following line entry			
	For organizations completing Part III, econtributions of \$1,000 or less for the	e year (Enter this inf	formation once Se	haritable, etc , e instructions) \$			
	Use duplicate copies of Part III if addition	onal space is neede	<u>d</u>	· · · · · · · · · · · · · · · · · · ·			
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
-							
		(e) Transf	er of gift	<u></u>			
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
				_ 			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	· · · · · · ·						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	Relationship of transferor to transferee			
			-				
(a) No							
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee				
	Transferee 5 name, address, an						
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		, . 	in a of a life				
		(e) Transf	er or gin				
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee			
	114113131313 3 713113, 223133, 27			- , I all all all all all all all all all a			
							

SCHEDULE D (Form 1041)

Capital Gains and Losses

➤ Attach to Form 1041, Form 5227, or Form 990-T.

Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

Department of the Treasury Internal Revenue Service Name of estate or trust

LEMAY FAMILY COLLECTION FOUNDATION AMENDED

Employer identification number

OMB No 1545-0092

27-3261388

2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824		: Form 5227 filers need to complete only Pa		Hold One Ve	ar or loss		
b Enter the short-term gain or (loss) from Forms 4684, 6252, 6781, and 8824. 3 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 2011 Capital Loss Carryover Worksheet. 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 5 Not short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 6 Long-Term Capital Gains and Losses - Assets Held More Than One Year (A) Description of property (County lines) of the short (loss) of the short (loss). 6 Long-term gain or (loss), if any, from Schedule D-1, line 6b. 7 Long-term gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8524. 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 8 Ocapital gain distributions. 9 Gain from Form 4797, Part I 10 Cang-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet. 11 () Jessey workships (loss) (loss) from partnerships, S corporations, and other estates or trusts. 11 () Jessey workships (loss) (loss) from partnerships, S corporations, and other estates or trusts. 12 Net long-term gain or (loss), Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (g) on the back.	Lea	(a) Description of property	(b) Date acquired	(c) Date sold			the entire year
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	1 a						Cubitact (c) floir (d)
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				·			
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				-			
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 5 -2, 379. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of property (Example 100 shares 7% preferred of 72° Co) (b) Date scoured (no. day, yr) (mo. day, yr) (mo. day, yr) (d) Sales price (e) Cost or other basis (see instructions) (see instructions) (succentrative to the long-term gain or (loss)) from Forms 2439, 4684, 6252, 6781, and 8824 7 Long-term capital gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions 9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Not long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back 11 ()	b	Enter the short-term gain or (loss), if any, t	rom Schedule D	-1, line 1b		1b	-2,379.
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 5 -2, 379. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of property (Example 100 shares 7% preferred of 72° Co) (b) Date scoured (no. day, yr) (mo. day, yr) (mo. day, yr) (d) Sales price (e) Cost or other basis (see instructions) (see instructions) (succentrative to the long-term gain or (loss)) from Forms 2439, 4684, 6252, 6781, and 8824 7 Long-term capital gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions 9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Not long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back 11 ()	2	Short-term capital gain or (loss) from Forn	ns 4684, 6252,	6781, and 882	4	2	
4 Short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (Example 100 shares 7% preferred of "Z" Co) (D) Date accurated (mo, day, yr) (E) Date scale (e) Cost or other basis (see instructions) (E) Cost or other basis (see instructions) (E) Cost or other basis (see instructions) (E) Cost or other basis (see instructions) (E) Cast or other basis (see i	_						
Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of property (Example 100 shares 7% preferred of 7Z°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) for the entire year subtract (c) from (d) b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Capital gain distributions 9 10 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back,	_	Net short-term gain or (loss) from partners Short-term capital loss carryover. Enter	ships, S corpora the amount i	tions, and other f_anvfrom_li	estates or trusts ne 9 of the 2011	Capital Loss	
Net long-term gain or (loss), Combine lines 1 at hrough 4 in column (f) Enter here and on line 13, column (3) on the back. S	•	Carryover Worksheet				4_	()
(a) Description of property (Example 100 shares 7% preferred of "2" Co) (b) Date acquired (mo. day, yr) (d) Sales price (e) Cost or other basis (see instructions) (s		Net short-term gain or (loss). Combine	lines 1a throug	gh 4 in colum	n (t) Enter here an	d on line 13,	-2,379.
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b Long-term capital gain or (loss) from partnerships, S corporations, and other estates or trusts Subtract (e) from (d) b Enter the long-term 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 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.	Pai		t i		han One Year		(f) Gain or (loss) for
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions 9 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.		(a) Description of property (Example 100 shares 7% preferred of "Z" Co)			(d) Sales price		
Tong-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 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.	6a						
Tong-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 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.						-	
Tong-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 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.						 	
Tong-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 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.							
Tong-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 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.							
Tong-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 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.						 	
Tong-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 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.							
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.	b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b		6b	
9 Capital gain distributions 10 Gain from Form 4797, Part I 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.	7	Long-term capital gain or (loss) from Form	ns 2439, 4684, 6	6252, 6781, an	nd 8824		
10 Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back 12	8	Net long-term gain or (loss) from partners	hips, S corporati	ons, and other	estates or trusts	8	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back 12	9	Capital gain distributions				<u>g</u>	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back 12	10	Gain from Form 4797, Part I				10	
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (t) Enter here and on line 14a, column (3) on the back	11	Long-term capital loss carryover Enter	the amount, if	any, from lin	e 14 of the 2011	Capital Loss	,
column (3) on the back	12	Net long-term gain or (loss). Combine li	nes 6a through	 11 ın columr)
		column (3) on the back	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		▶ 12	

chedule D (Form 1041) 2012				Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this p	art.	(see instr)	or trust's	
3 Net short-term gain or (loss)	13			-2,379.
4 Net long-term gain or (loss):				
	14a	<u> </u>		_
b Unrecaptured section 1250 gain (see line 18 of the wrksht)				
c 28% rate gain	14c			2 270
5 Total net gain or (loss). Combine lines 13 and 14a ▶ Lote: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (15	rm 000 T. Port I kno ((a) If lines 14s on	-2,379.
ains, go to Part V, and do not complete Part IV If line 15, column (3), is a ne	t loss	;, complete Part IV an	d the Capital Loss	Carryover Worksheet, as
ecessary				·
Part IV Capital Loss Limitation				
6 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa			1 4 6 1	2,3794
a The loss on line 15, column (3) or b \$3,000	age 1		0-T, line 34), is a l	oss. complete the Capital
oss Carryover Worksheet in the instructions to figure your capital loss carryover				
Part V Tax Computation Using Maximum Capital Gains Rates				
form 1041 filers. Complete this part only if both lines 14a and 15 in colu			mount is entered	in Part I or Part II and
nere is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more				
Saution: Skip this part and complete the Schedule D Tax Worksheet in the in	struc	tions if		
Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
form 990-T trusts. Complete this part only if both lines 14a and 15 are	e dai	ns or qualified divid	dends are include	ed in income in Part I
f Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part a				
either line 14b, col (2) or line 14c, col (2) is more than zero		•		
7 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34		17		
8 Enter the smaller of line 14a or 15 in column (2)		• • • • • • • • • • • • • • • • • • • •		
but not less than zero			[[
9 Enter the estate's or trust's qualified dividends				
from Form 1041, line 2b(2) (or enter the qualified				
dividends included in income in Part I of Form 990-T) 19				
0 Add lines 18 and 19		-		
1 If the estate or trust is filing Form 4952, enter the				
amount from line 4g, otherwise, enter -0 21				
2 Subtract line 21 from line 20 If zero or less, enter -0		22		
3 Subtract line 22 from line 17 If zero or less, enter -0		23		
4 Enter the smaller of the amount on line 17 or \$2,400		24		
Is the amount on line 23 equal to or more than the amount on line 247	•			
Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
No. Enter the amount from line 23		25		
6 Subtract line 25 from line 24		26		
7 Are the amounts on lines 22 and 26 the same?				
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	22	27		
			 	
8 Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
9 Subtract line 28 from line 27		29		
0 Multiply line 29 by 15% (15)			30	
1 Figure the tax on the amount on line 23 Use the 2012 Tax Rate				
(see the Schedule Ginstructions in the instructions for Form 1041)			31	
2 Add lines 30 and 31	<u>.</u>		32	
3 Figure the tax on the amount on line 17 Use the 2012 Tax Rate				
(see the Schedule Ginstructions in the instructions for Form 1041)				
4 Tax on all taxable income. Enter the smaller of line 32 or line 33 he	ere a	nu on Form 1041, S	ochequie	

Schedule D (Form 1041) 2012

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041

Name of estate or trust				Employer identification	n number
LEMAY FAMILY COLLECTION F				27-3261388	
Part I Short-Term Capital Gains a			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 9 VEHICLES AND					
ASSORTED PARTS	12/18/2012	12/18/2012	27,869.	30,248.	-2,379.
	 			 	
					
				!	
				<u> </u>	
					,
				<u> </u>	
					
	- 				
	1				
	1				

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2012

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LEMAY FAMILY COLLECTION FOUNDATION AMENDED 27-3261388

ATTACHMENT 1

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

DESCRIPTION

AMOUNT

GIFT STORE SALES

21,813.

TOTAL

21,813.

N	REVENUE	REVENUE	ENTS REVENUE	3 REVENUE
DESCRIPTION	MEMBERSHIP REVEN	ADMISSIONS REVENUE	SPECIAL EVENTS F	FUNDRAISING REVE

REVENUE	AND	EXPENSES	PER BOOKS	17,167.	137,449.	45,849.	136,168.
RE		EXE	PEF				

17,167. 137,449. 45,849. 136,168.

ADJUSTED NET INCOME

336,633.

336,633.

TOTALS

CHARITABLE PURPOSES	817.	817.
ADJUSTED NET INCOME	8,249.	8,249.
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	9,066.	9,066.
		TOTALS
DESCRIPTION	LEGAL FEES	

- ACCOUNTING FEES FORM 990PF, PART I

	REVENUE	
	AND	N
	EXPENSES	INVEST
DESCRIPTION	PER BOOKS	INCO

	H		
AND	EXPENSES	PER BOOKS	

21,143.

2,094.

ACCOUNTING & TAX SERVICES

23,237.

PROFESSIONAL FEES	
OTHER	
I H	
PART	
990PF,	
FORM	

CHARITABLE	321. 281. 414. 765.
ADJUSTED NET INCOME	3,240. 2,842. 4,178. 7,723.
REVENUE AND EXPENSES PER BOOKS	3,561. 3,123. 4,592. 8,488.
DESCRIPTION	CONSULTING FEES IT & COMPUTER SERVICES SECURITY SERVICES BUS TRANSPORTATION TOTALS

FORM 990PF, PART I - TAXES

CHARITABLE	1,090. 667. 81.	1,838.
ADJUSTED NET INCOME	11,007. 6,728. 819.	18,554.
REVENUE AND EXPENSES PER BOOKS	12,097. 7,395. 900.	20,392.
		TOTALS
DESCRIPTION	PAYROLL TAXES STATE TAXES STATE LICENSE FEES	

FORM 990PF, PART I - OTHER EXPENSES

	CHARITABLE	PURPOSES	739.	4		33.	21.	1,724.	5	2,591.	14.	374.	151.	1,347.	244.	362.		5,436.	14,378.
ADJUSTED	LEN	INCOME	7,459.	4,467.	21		209.	17,401.	588.	26,155.	137.	3,777.		13,600.	45	65	2,269.	54,873.	145,123.
REVENUE AND	EXPENSES	PER BOOKS	8, 198.	4,910.	6,829.	371.	$^{\circ}$	19,125.	646.	28,746.	151.	4,151.	1,673.	14,947.		4,018.	2,494.	.309.	159,501.
		DESCRIPTION	SPECIAL EVENTS EXPENSE	OFFICE SUPPLIES	COLLECTION PRESERVATION EXP	REPAIRS & MAINTENANCE	BANK/MERCHANT CHARGES	ADVERTISING	MISCELLANEOUS	VOLUNTEER CULTIVATION EXP	MEALS & ENTERTAINMENT	COPY MACHINE EXPENSES	PAYROLL PROCESSING FEES	UTILITIES	JANITORIAL SERVICE	MERCHANT CREDIT CARD CHARGES	STAFF TRAVEL	FUNDRAISING EXPENSES	TOTALS

INVESTMENT
FOR
HELD
NOT
EQUI PMENT
BUILDINGS,
LAND,

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL ENDING BEGINNING ENDING	IS DISPOSALS BALANCE BALANCE ADDITIONS DISPOSALS BALANCE	2,000. 467. 400. 867.	2,951. 316 422. 738.	570 86 114. 200.	437. 15. 87. 102	526. 61 105. 166.	10,000. 1,667 1,667	226. 226. 226.	5. 209. 209. 209	75. 75.	1, 674. 100. 100.	114. 2,277.	26,399 945
BEG]	BAI												
	1	2,000.	2,951.	570	437.	526.	10,000.	2,708	2,506	750.	1,674.	2,277.	26,399
FIXED ASS	ADDITIONS						10,000.	2,708.	2,506.	750	1,674.	2,277.	
BEGINNING	BALANCE	2,000.	2,951.	570.	437.	526.							6,484
METHOD/	CLASS	SL	ST	SF	SI	SI	SL	SL	SL	SI	SL	SL	
	ASSET DESCRIPTION	рного воотн	ТАВLЕ	CARTS	FREEZER	LAPTOP	AUTOCARSCENE APP	COMP EQUIP/SFTWAREC	DESK	EVENT TENTS	RESTROOM FIXTURES	COMPUTER	TOTALS

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

EMPLOYEE ADVANCES ARTWORK - SCULPTURE

ENDING BOOK VALUE

ENDING FMV

NONE 6,000,000.

NONE 6,000,000.

6,000,000.

6,000,000.

TOTALS

7896GD K266 2/6/2014 7:53:48 PM V 12-7.12

ATTACHMENT 9 PAGE 30 LEMAY FAMILY COLLECTION FOUNDATION AMENDED 27-3261388

ATTACHMENT 10

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

SALES TAX PAYABLE

1,346.

TOTALS

1,346.

AND TRUSTEES	
DIRECTORS,	
IST OF OFFICERS,	
/III - LI	
, PART	
FORM 990PF	

LATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT AMOUNT AMOUNT	GENERAL SUPPORT 800	BLIC CHARITY	A GENERAL SUPPORT 33,993.	BLIC CHARITY	A GENERAL SUPPORT 4,754.	
RELATIONSHIP TO SUBSTANTII AND FOUNDATION STATUS OF 1	N/A	PUBLIC CHARITY	N/A	PUBLIC CHARITY	N/A	
RECIPIENT NAME AND ADDRESS	WASHINGTON TECH UNIVERSITY	ADDRESS AVAILABLE UPON REQUEST	SEATTLE CHILDREN'S HOSPITAL FOUNDATION	ADDRESS AVAILABLE UPON REQUEST	MARY BRIDGE CHILDREN'S FOUNDATION	

TOTAL CONTRIBUTIONS PAID 39,547

;

. . . .

.....

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

RELATED OR EXEMPT FUNCTION INCOME		
AMOUNT	131,880.	131,880.
EXCLUSION	0.1	
AMOUNT		
BUSINESS		
DESCRIPTION	FUNDRAISING REVENUE	TOTALS

FORM 990-PF, PART VII-A, QUESTION 10 - SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 14

NAME	ADDRESS
BRAD SHAIN	AVAILABLE UPON REQUEST
EVAN MCMULLEN	AVAILABLE UPON REQUEST
RANDY SIMON	AVAILABLE UPON REQUEST
PETER GLEESON	AVAILABLE UPON REQUEST

FEDERAL FOOTNOTES

FORM 990PF, PART VII-A - STATEMENTS REGARDING ACTIVITIES, QUESTION 2:

PART OF THE LEMAY FAMILY COLLECTION FOUNDATION'S CHARITABLE ACTIVITY IS TO REACH A WIDE BREADTH OF AUDIENCES BY WORKING WITH VARIOUS ART PROGRAMS TO RECOGNIZE THE IMPORTANCE OF ART IN ITS COLLECTIONS. TO FURTHER THIS GOAL, THE FOUNDATION HAS BEGUN A PROCESS OF EXPANDING ITS COLLECTION BY PLANNING FOR AN OUTDOOR SCULPTURE GARDEN ON ITS GROUNDS. IN 2012 THE FOUNDATION ACCEPTED THE DONATION OF AN IMPRESSIVE SCULPTURE BY AUGUSTE RODIN, "THE THINKER". WHILE THIS ACTIVITY DOES NOT REPRESENT A NEW ACTIVITY PER SE, IT IS AN EXPANSION OF THE ARTS IN THE FOUNDATION'S PUBLIC DISPLAYS.

Form **4562**

Depreciation and Amortization

► See separate instructions.

LEMAY FAMILY COLLECTION FOUNDATION AMENDED

(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

► Attach to your tax return.

Identifying number 27-3261388

5431	noor or activity to mineral time forth folding						
G	ENERAL DEPRECIATION	N					
Pa	rt I Election To Expense Co	ertain Property U	Inder Section 179)			
	Note: If you have any lis	ted property, con	nplete Part V befo	re you com	olete Part I		
1	Maximum amount (see instructions)						
2	Total cost of section 179 property pi						
3	Threshold cost of section 179 prope	rty before reduction i	n limitation (see instru	ctions)		3	
4	Reduction in limitation Subtract line					4	
	Dollar limitation for tax year Subtract line 4 from separately see instructions	π line 1 If zero or less, enter	-0- If marned filing	<u></u>	<u></u>	5	
6	(a) Description	of property	(b) Cos	(business use o	nly) (c) Elect	ed cost	
]
7	Listed property Enter the amount fro	om line 29			7		
8	Total elected cost of section 179 pro					8	7
9	Tentative deduction Enter the smaller						
10	Carryover of disallowed deduction fr	om line 13 of your 20	11 Form 4562			10	
11	Business income limitation Enter th						
12	Section 179 expense deduction Add						
13	Carryover of disallowed deduction to	2013 Add lines 9 ar	nd 10, less line 12	▶ 1	3		
Not	e Do not use Part II or Part III below for	r listed property Instea	ad, use Part V				
Pa	rt Special Depreciation A	Allowance and Ot	ther Depreciation	(Do not inclu	ude listed prope	rty)(See i	nstructions)
14	Special depreciation allowance for	or qualified propert	y (other than liste	d property) i	placed in service	ce	
	during the tax year (see instructions)						
15	Property subject to section 168(f)(1)						
16	Other depreciation (including ACRS)						3,519
Pa	rt III MACRS Depreciation (Do not include liste	d property) (See ii	structions)		- 	
	**************************************		Section A				
17	MACRS deductions for assets place	ed in service in tax vea		112		17	
18	If you are electing to group any					· · · · —	
	asset accounts, check here	•	•	=	- (
	Section B - Assets					reciation S	vstem
		(b) Month and year	(c) Basis for depreciat	on (d) Recover	v		
	(a) Classification of property	placed in service	(business/investment i	ise nariod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property			<i>'</i>			
b	5-year property	7		-	-		
	7-year property	1					
	I 10-year property	-		-			
	15-year property	-				 	
	20-year property	┪					
	25-year property	-		25 yrs		S/L	
			-	27 5 yrs	мм	S/L	-
n	Residential rental property			27 5 yrs	MM	S/L	
		 		39 yrs	MM	S/L	
J	Nonresidential real		 	00 913	MM	S/L	
	property	Neard in Coming D	1	ar Haina tha			Cuntama
	Section C - Assets F	laced in Service L	Juring 2012 Tax Te	ar Using the	Alternative De		System
	Class life	4		12	<u> </u>	S/L	
	12-year		 	12 yrs	 	S/L	
_	40-year	000	L.,	40 yrs	MM	S/L	L
	rt IV Summary (See instruction		·- <u></u>			 1-	1
	Listed property Enter amount from li					21	
22	Total. Add amounts from line 12, li						2 512
	and on the appropriate lines of your r					22	3,519
23							
	portion of the basis attributable to se	ction 263A costs	<u> </u>	2	3		<u> </u>

	4500 (0040)											27	-3261	.388	_ ^
	n 4562 (2012)	perty (Include	automobile	20 00	artain	other	vehic	rles	Certain	comp	utore	and	prope	rty us	Page 2
<u> </u>		ent, recreation, o			sitani	Other	verno	,,,,,	Certain	comp	uicis,	anu	prope	rty us	30 10
	Note: For a	ny vehicle for wh	ich you are	using	the st	andard	mileag	je rat	e or dec	lucting	lease (expense	, comp	olete or	i ly 24a
		s (a) through (c) of Depreciation and								mits for	naccor	nger auf	tomobile	\c \	
4a	Do you have evidence					$\overline{}$	- $ -$		24b If "Y					Yes	No
	(a)	(b)	(c)				(e)		(f)	(g	_	T	h)	(1	
	Type of property (list	Date placed	Business/	Cost or	(d) other ba		is for depre		Recovery	Meth		1	eciation		section
	vehicles first)	in service	investment use percentage	0050	0.1101 00	1010	siness/inve use only		period	Conve	ntion	dedu	uction	179	cost
5	Special depreciation	•	•					-			1				
_	year and used more t			(see in	struction	ns)	· · · ·	· · ·	<u> </u>	<u> </u>	25	L			
6	Property used more t	than 50% in a qualified				₁									
			%									-			
												 			
7	Property used 50% o	r less in a qualified bu							<u></u>	L					
	Topony accessor to	1	%							S/L -		Γ		<u> </u>	
			%					•		S/L -				1	
			%							S/L -				1	
8	Add amounts in colu	mn (h), lines 25 thro	ugh 27 Enter	here an	d on line	21, pa	ge 1				28				
9	Add amounts in colu	mn (ı), line 26 Enter	here and on lin	ne 7, pag	ge 1		<u></u>	<u>.</u>	<u></u>	<u> </u>		<u> </u>	. 29		
			Section												
Con	nplete this section for	vehicles used by a	sole proprietor	r, partn	er, or o	ther "m	ore than	5% (owner," or	related	person	If you p	provided	vehicles	to you
mp	oloyees, first answer the	e questions in Section	n C to see if yo					ting tr				Τ .		1	
				(a) Vehic			b) icle 2	V.	(c) ehicle 3	(d Vehi	•		e) iicle 5	(1 Vehi	f) cle 6
0	Total business/inve		- 1		1							Ì		i	
	the year (do not inclu		 									 			—
	Total commuting mil	ies ariven during the onal (noncommutir		·						_					
, 2	•	•	•		İ									•	
33	Total miles driven		I .												
	30 through 32	•													
34	Was the vehicle		1	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	· ?	[
35	Was the vehicle	used primarily by	a more				}								
	than 5% owner or rel	ated person?					<u> </u>						 		
36	ls another vehic	de available for	personal											j l	
	use?							<u> </u>		<u> </u>		L	<u> </u>	l	<u> </u>
		ction C - Questic	•	•						-		•		t	
	swer these question re than 5% owners o	· ·	- ′		tion to	comp	leting S	ectio	u B tot A	enicies	usea c	y empi	oyees v	vno are	not
					la da da	all age	annal .		f vob olos	ın alıı				Yes	No
) /	Do you maintain your employees?	a written policy													
8	Do you maintain a	written policy state	ement that pr	ohibits	person	al use	of vehic	cles, e	except cor	nmuting,	by yo	ur empl	oyees?		
	See the instructions f	or vehicles used by c	orporate officei	rs, direc	ctors, or	1% or r	nore owr	ners .							
	Do you treat all use of														
10	Do you provide i			our em	nployee	s, obta	un info	rmatic	n from	your er	nployee	es abou	it the	ļ	
	use of the vehicles, a													<u> </u>	
11	Do you meet the re	•	-							ons)					
D -	Note If your answer t		11 is Yes, do	not con	ipiete S	ection	or the	covere	u venicies		_			<u> </u>	
Ρē	rt VI Amortizat	ion									(e	<u>, </u>			
	(a)		(b) Date amortiza	ation		(c)			(d)		Amorti	zation		(f)	
	Description of	of costs	begins		Am	ortizable	amount		Code se	ction	perio		Amortiza	ation for th	ııs year
12	Amortization of cost	ts that begins during	g your 2012	tax yea	ır (see	ınstruct	ions)								
	Amortization of costs					.						43			
14	Total Add amounts i	in column (f) See the	e instructions for	or where	e to repo	ort	<u></u>	<u></u>	. <u></u>	<u></u>		44		450	

27-3261388

LEMAY FAMILY COLLECTION FOUNDATION AMENDED Description of Property

GENERAL DEPRECIATION			ļ								
DEPRECIATION	- 1							}	} - - - -		
Asset description	Date placed in service	Unadjusted Cost or basis	Bus	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated Me- depreciation thod	Conv Life	MA Current-year ACRS CRS 179 class class expense	Current-year depreciation
рното воотн	10/20/2010	2,000.	100.000			2,000.	. 794	. 1867.	5.000		400.
TABLE	03/23/2011	2,951.	100.000			2,951.	316.	738. SL	7.000		422.
CARTS	03/23/2011	570	100.000			570.	98	200 SL	5.000		114.
FREEZER	10/30/2011	437.	100.000			437	15.	102. SL	5.000		87.
LAPTOP	05/24/2011	526.	100.000			526.	61.	166 SL	5 000		105.
AUTOCARSCENE APP	02/28/2012	10,000	100.000			10,000.		1,667. SL	5.000		1,667.
COMP EQUIP/SFTWARE	08/04/2012	2,708.	100.000			2,708		226 SL	5 000		226
DESK	05/17/2012	2,506	100.000			2,506.		209 SL	7.000		209.
EVENT TENTS	06/21/2012	750	100.000			750.		75 SL	5.000		75.
RESTROOM FIXTURES	08/10/2012	1,674.	100.000			1,674.		100. SL	7.000		100.
COMPUTER	09/18/2012	2,277.	100.000			2,277		114. SL	5 000		114.
											•
											•
			-								
Less Retired Assets											
Subtotals		26, 399.				26,399.	945.	4,464.			3,519.
Listed Property									· [
Less Retired Assets										Į	
Subtotals											
TOTALS		26,399.				26,399	945.	4,464.			3,519.
AMORTIZATION								-			
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization Code	Life		Current-year amortization
										 1	
										_ •	
											
TOTALS											
*Assets Retired											

*Assets Retired JSA 2X9024 1 000

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue		► File a	separate ap	plication for each return				
		Automatic 3-Month Extension, c	omplete o	nly Part I and check th	is box			▶ X
		Additional (Not Automatic) 3-Mo						,
-	_	inless you have already been gran					•	868
a corporation 8868 to req Return for instructions)	n required to uest an ext Transfers A For more o	You can electronically file Form 8 to file Form 990-T), or an addition tension of time to file any of the associated With Certain Personal details on the electronic filing of the	al (not aut forms liste l Benefit (is form, vis	omatic) 3-month exten d in Part I or Part II w Contracts, which must at www.irs.gov/efile.an	sion of time You can ith the exception of Fo be sent to the IRS d click on e-file for Chai	elec orm in i	tronic 8870 pape	cally file Form 0, Information r format (see
		Month Extension of Time. On						
A corporation	n required t	o file Form 990-T and requesting	an automa	atic 6-month extension	 check this box and coi 	mple	te	
Part I only .								▶ 🔲
All other cor	porations (i	including 1120-C filers), partnershi	ıps, REMIC	s, and trusts must use f	Form 7004 to request an	ı ext	ensio	n of time
to file incomi					Enter filer's identify:	ng nı	ımber,	, see instructions
Type or	Name of ex	empt organization or other filer, see in	structions		Employer identification n	umbe	er (EII	V) or
print	LEMAY	FAMILY COLLECTION FOUND	DATION A	AMENDED	27-326138	38		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SS							
due date for filing your								
return See	City, town	or post office, state, and ZIP code For	a foreign add	dress, see instructions				
instructions	I	, WA 98445	· J					
Enter the Re		or the return that this application i	s for (file a	separate application fo	r each return)			. 0 4
A = 11 = 41 = =			Datum	Application				Return
Application			Return	Application Is For				
ls For			Code		\			Code
Form 990 or		EZ	01	Form 990-T (corporat	ion)			07
Form 990-Bl			02	Form 1041-A				08
Form 4720-	·		03	Form 4720				09
Form 990-Pf			04	Form 5227				10
Form 990-T	(sec_401(a	a) or 408(a) trust)	05	Form 6069	·			11
Form 990-T	(trust other	than above)	06	Form 8870	<u></u>			12
Telephone If the orga If this is for the whole a list with the I reque until for the X	e No panization do pr a Group Re group, che names ar est an auton organization calendar ye	TRUDY COFCHIN 253 272-2336 les not have an office or place of the second have an office or place of the second have an office or place of the second have an office or place of the second have an office or place of the second have an office or place of the second have an office or second have a second have	ousiness in ur digit Gro it is for pa on is for poration re exempt org	oup Exemption Number (art of the group, check to equired to file Form 990 ganization return for the	Ck this box GEN) his box -T) extension of time e organization named a	ibov	If and e The	
		ered in line 1 is for less than 12 m accounting period	onths, chec	ck reason Initial r	eturn Final retui	'n		
		is for Form 990-BL, 990-PF, 99 edits See instructions	0-T, 4720	, or 6069, enter the	tentative tax, less any	/ 3a	\$	0
		n is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and		T	
		ments made Include any prior yea				3b	\$	0
		tract line 3b from line 3a Include						
(Electr	onic Federa	l Tax Payment System) See instru	ctions			3c		0
Caution. If yo	u are going t	o make an electronic fund withdrawal	with this Fo	orm 8868, see Form 8453	-EO and Form 8879-EO fo	or pa	ymen	tinstructions
For Privacy A	ct and Pape	erwork Reduction Act Notice, see Instr	uctions			For	m 88	68 (Rev 1-2013)