Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf

For	alen	dar year 2016 or tax year beginning			, and e	nding		
					A Employer identification	number		
LEMAY FAMILY COLLECTION FOUNDATION						27-3261388		
Number and street (or P 0 box number if mail is not delivered to street address) Room/suite						Room/suite	B Telephone number	
32	25 1	52ND STREET EAST					(253) 272-2336	
-		own, state or province, country, and ZIP or foreing, way 98445	oq ng	stal code			C If exemption application is pe	ending, check here
				Initial return of a f	ormor public o	charity	D 1. Foreign organizations	chack hare
u	HEUK	all that apply: Initial return		Amended return	ormer public (unanty	1. Foreign organizations	, check here
		Address change		Name change			Foreign organizations med check here and attach cor	eting the 85% test,
ш (hock		l) eye	mpt private foundation				
<u> </u>	_	ction 4947(a)(1) nonexempt charitable trust		ither taxable private found	ation		E If private foundation stat under section 507(b)(1)	. —
I Fa				method: X Cash	Accr	rual	F If the foundation is in a 6	
		Part II, col (c), line 16)	٦ .	er (specify)			under section 507(b)(1)	. []
•	\$		_	nn (d) must be on cash b	oasis)			(-),
	irt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net in	ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	·		-	299 090.	1 2 *			(cash basis only)
	2	Contributions, gifts, grants, etc., received Check (if the foundation is not required to attach Sch. f	, 		, v ,	•		788-8 85%
	2	Interest on savings and temporary	` 	('5, 4) WARREN W			14 X44. 453/ 5 87 296/29	
	١	Dividends and interest from securities	_					
	" 5a	Gross rents	l					
		Net rental income or (loss)		Mark Street	1.78.7			
	-	Net gain or (loss) from sale of assets not on line 10	Ť	mos emis 8.	1993			N./2 (2.66)
ne		Gross sales price for all assets on line 6a	100	& G 1	4.5 A A A	- 14	778	548 484 6
evenu	7	Capital gain net income (from Part IV, line 2)				0.	· * · · · · · · · · · · · · · · · · · ·	
å	8	Net short-term capital gain	ſ	- 43498		k, * ; /	0.	
	9	Income modifications						
	10a	Gross sales less returns and allowances 29, 4:	3 .		al de la companya de La companya de la co	,,,,		STATEMENT 1
	b	Less Cost of goods sold	4.		1.4			1 3 188 188.62
	С	Gross profit or (loss)	74	11,209.	\$6 (8 X 2		11,209.	
	11	Other income	14	341,643.		0.	341,643.	STATEMENT 2
	12	Total. Add lines Librough it 1 2 2017		651,942.		0.	352,852.	()
	13	Compensation of officers, directors trustees, etc		80,449.		0.	51,318.	29,131.
	14	Other employee salaries and wages	[<u> </u>	144,751.		0.	92,337.	52,414.
	ĺ	Pension plans, employee benefits		100		0 .	115	
Ses		Legal fees STMT 3	⊦	180. 19.182.		0.	115. 12.236.	65.
pens		Accounting 1665	┢	7,564.		0.	4,825.	2,739.
Ä	l .	Cities protocolonal rocc	⊢	7,304.		<u> </u>	4,023.	2,733.
Į.	ı	Interest Tayes STMT 6	ŀ	31,170.		0.	19,884.	11,286.
itra	18 19	Taxes STMT 6 Depreciation and depletion	⊢	6,000.		0.		
Ë	20	Occupancy						√ 35,28±4,5,x
þ	21	Travel, conferences, and meetings	ŀ					
9	ı	Printing and publications -	l					
ā	23	Other expenses STMT 7	r	252,819.		0.	160,928.	91,898.
tine	i	Total operating and administrative	f				, , ,	
era		expenses. Add lines 13 through 23		542,115.		0.	341,643.	194,479.
Oper	25	Contributions, gifts, grants paid	Ī	0.	7. P. 1. P.		2 (1/8X/1/2)	0.
		Total expenses and disbursements.	Ī				_	
	•	Add lines 24 and 25	_	542,115.	<u> </u>	0.	341,643.	194,479.
	27	Subtract line 26 from line 12:				77		3. R. 2. 6 未得
		Excess of revenue over expenses and disbursements		109,827.	, (4°)	<u> </u>		
) (1)	b	Net investment income (if negative, enter -0-)	144			0.		
.,-	ء ا	Adjusted net income (if pegative enter of-)	1	A 1861	373 5	1.0	11 209.	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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 1	6,305,626.
2	Enter amount from Part I, line 27a	2	109,827.
3	Other increases not included in line 2 (itemize)	3	0.
	Add lines 1, 2, and 3	4	6,415,453.
5	Decreases not included in line 2 (itemize)	5	0.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,415,453.

,		u goli panton form	(D) WI ON					22612	0.0	Da 0
		y collection foun		Income	_		_	27-32613		Page 3
(a) List and desc	ribe the ki	nd(s) of property sold (e.gor common stock, 200 sh	J., real estate,		`P-Pu	acquired irchase onation	(c) Date : (mo , d	acquired ay, yr)	(d) Dat (mo., d	
			,	-						
b NON	E									
С										
d										
е					L					
(e) Gross sales price	(f) (Depreciation allowed (or allowable)		st or other basis expense of sale			, ,	ain or (loss) s (f) minus (
a										
b										
С										
<u>d</u>										
e .			the foundation	an 10/01/00			0 (0			<u> </u>
Complete only for assets showing								iol. (h) gaın not less thar		
(i) F.M.V. as of 12/31/69		j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				(from col. (I		
a								<u> </u>		
b			ļ							
<u>c</u>										
d			 							
e			l		$\overline{}$	T				
2 Capital gain net income or (net ca	ıpıtal loss)	{ If gain, also ente If (loss), enter -(r in Part I, line)- in Part I, line	7 7) 2					
Net short-term capital gain or (los	ss) as defi	ned in sections 1222(5) ar	nd (6);							
If gain, also enter in Part I, line 8,	•		- (-/-		λl					
If (loss), enter -0- in Part I, line 8		11 4040/ \	b	*************************************	3					
() 80)		ection 4940(e) for				nent inco	me			
For optional use by domestic private	e foundatio	ns subject to the section	4940(a) tax on	net investment in	come.)					
f section 4940(d)(2) applies, leave t	his part bla	ınk.								
Was the foundation liable for the sec	tion 4942	tax on the distributable an	nount of any ye	ar in the base per	iod?				Yes	X No
f "Yes," the foundation does not qual	lify under s	section 4940(e). Do not co	mplete this pai	rt						
Enter the appropriate amount in	each colur	nn for each year; see the i	nstructions bef	ore making any er	ntries.					
(a) Base period years		(b)			(c)			Distrib	(d) oution ratio	
Calendar year (or tax year beginni	ng in)	Adjusted qualifying dis	stributions	Net value of no	ncharitab	le-use assets		(col. (b) div		(c))
2015			151,221.			97,608			1	.549269
2014			119,706.			140,794				.850221
2013			101,960.			105,097				.970151
2012			92,810.			90,420	-			.026432
2011			102,592.			50,214	-		2	.043096
									_	
2 Total of line 1, column (d)					_		2			.439169
3 Average distribution ratio for the			on line 2 by 5,	or by the number	of years				1	207074
the foundation has been in existe	nce if less	than 5 years					3			.287834
4- Enter the net value of noncharitat	ole-use ass	ets for 2016 from Part X,	line 5				4	<u>-</u>	1	00,896.
5 Multiply line 4 by line 3							5		1	29,937.
5 Enter 1% of net investment incon	ne (1% of	Part I line 27h)					6			0.
	10 (170 01	arti, mio zruj								
7 Add lines 5 and 6							7		1	.29,937.

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197,309.

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

8 Enter qualifying distributions from Part XII, line 4

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Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 -	see instruc	tions	3)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			, '	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1%	_1_			0.
	of Part I, line 27b		ľ		\neg
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1	· ·	,	1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	1		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6	Credits/Payments:	20.30	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Ster B	2Š
	2016 estimated tax payments and 2015 overpayment credited to 2016		· * * . * *	1.	
	Exempt foreign organizations - tax withheld at source 6b	∃ ₹₹	,	,	770
		┨ ,	1 多种毒病	112	. i
		1.21		1	
_	Backup withholding erroneously withheld Tatal and the and payments. Add lines So through Sd.	-		7.7	
7	Total credits and payments. Add lines 6a through 6d	7	 		<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10_	 		
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11	<u> </u>		
	Statements Regarding Activities			<u> </u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervel	ne in		Yes	No
	any political campaign?		1a	L	Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	on)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	shed or			
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			100	
	(1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$		\$ Z 1	1375	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		2 4	()	1
	managers. ► \$ 0.		· ·		
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		37.7		10.23
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
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	х	
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	х	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		x
v	If "Yes," attach the statement required by General Instruction T			\$2X	
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. 	sto lovu			
		ne iaw	اشكا	X	5.273
-	remain in the governing instrument?		6	 	
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 X	(V	7	X	
_					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		[~ <u>}</u>	
	WA		, , ,	1.	,
- 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)		<u> </u>	4- 41	
	of each state as required by General Instruction G? If "No," attach explanation		_8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for call	lendar	/ <u>å</u>	1	أئنا
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	х	
10	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their names and addresses		10		х
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had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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Part VII-B Statements Regarding Activities for Which Fe	orm 4720 May Be Re	equired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	,
(2) Influence the outcome of any specific public election (see section 4955), or	to carry on, directly or indirec	ctly,		
any voter registration drive?		Ye	s X No	- ,
(3) Provide a grant to an individual for travel, study, or other similar purposes?	,		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				.
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo	· · · · · · · · · · · · · · · · · · ·		
the prevention of cruelty to children or animals?	or oddounonal parpocos, or re		s 🗓 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described in			
section 53.4945 or in a current notice regarding disaster assistance (see instruc		Trogulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check he				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		har		
* ***	N		s 🗌 No 🍣	
expenditure responsibility for the grant?	•	·	.5 140	" 22
If "Yes," attach the statement required by Regulations section 53 4945-			1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		v.	
a personal benefit contract?		Y6	es 🗓 No 🚉	6h X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax st		[] Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribut	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Man	agers, Hignly		
List all officers, directors, trustees, foundation managers and their c		(c) Compensation	(d) Contributions to	(=) Evnance
(a) Name and address	(b) Title, and average hours per week devoted		employee benefit plans	(e) Expense account, other
	to position	(If not paid, enter -0-)	compensation	allowances
	PRESIDENT			
MARYMOUNT EVENT CENTER 325 152ND ST E				
FACOMA, WA 98445	4.00	0.	0.	0.
NORMAN LEMAY	VICE PRESIDENT			
MARYMOUNT EVENT CENTER 325 152ND ST E				
TACOMA, WA 98445	2.00	0.	0.	0.
DOUGLAS LEMAY	SECRETARY/TREASURER			ĺ
MARYMOUNT EVENT CENTER 325 152ND ST E				
TACOMA, WA 98445	20.00	0.	0.	0.
FRUDY COFCHIN	OPERATIONS DIRECTOR			
MARYMOUNT EVENT CENTER 325 152ND ST E				
TACOMA, WA 98445	40.00	80,449.	0.	0.
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, e	nter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	ourotou to pounter		oompensensy	
			1	
			 -	
				-
				
75.000		l		
Total number of other employees paid over \$50,000				990-PF (2016)
			Form	220-LL (5019)

Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, Highly	i ugo i
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	•	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	- - - · · · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 for professional services		> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	lation such as the	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		439,668.
2 EDUCATIONAL TOURS OF HISTORICAL MILITARY ACADEMY & CHAPEL		
AS WELL AS VARIOUS EVENTS HELD AT THE HISTORICAL BUILDINGS		05 000
AND GROUNDS		95,898.
3		
4		
		· ·
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12	Amount
1 NONE	2	Amount
TONE		
		0.
2		
All other program-related investments. See instructions.		
3 NONE	- · · · · · · · · · · · · · · · · · · ·	
		0.
Tetal Add lines 1 through 3		0.

4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

_			·
P	And the state of t	undations, see in	structions)
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	0.
ь	Average of monthly cash balances	1b	73,900.
C	Fair market value of all other assets	1c	28,532.
d	Total (add lines 1a, b, and c)	16	102,432.
e	Reduction claimed for blockage or other factors reported on lines 1a and	537	
	- · · · · · · · · · · · · · · · · · · ·). ***	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	102,432.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,536.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	100,896.
6	Minimum investment return. Enter 5% of line 5	6	5,045.
ĮΡ	art XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	
	foreign organizations check here 🕨 🗓 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5		
ь	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3_	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
P	art XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	194,479.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	2,830.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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197,309.

4

6

income. Enter 1% of Part I, line 27b

6 Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (s	see instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI, line 7		11-11-11-11	, /3	
2 Undistributed income if any, as of the end of 2016		, 1	<u> </u>	
a Enter amount for 2015 only			, , , , , , , , , , , , , , , , , , ,	
b Total for prior years:	,			
3 Excess distributions carryover, if any, to 2016:	123			
a From 2011				
b From 2012				
c From 2013				1 1 1 2 1
d From 2014				
e From 2015				
f Total of lines 3a through e	CO Yanni (dum to		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)			/: \%\	
c Treated as distributions out of corpus				
(Election required - see instructions)	884 - 185 - 288 - NY			**378.38287.86
d Applied to 2016 distributable amount			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 . '@@@@a/ ``
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2016 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	9 (8 Satisfication)	48.85		2 2 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 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	. \$5.200			
amount - see instructions	<u> </u>	W. A. 200 V. A.		
e Undistributed income for 2015. Subtract line		No. of the state o		
4a from line 2a. Taxable amount - see instr.			64 MM - 35 M	78 S 58 S S S S S S S S S S S S S S S S S
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2017				
7 Amounts treated as distributions out of	* '%' * '%'		21828	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
- may be required - see instructions)				
8 Excess distributions carryover from 2011		771 67 8	/ //	3 4
not applied on line 5 or line 7				
9 Excess distributions carryover to 2017.			34882 7 . 1913	
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:	,, ,4,,4	\$*3 ¢.	48232	Desk F
a Excess from 2012				
b Excess from 2013		1.0		
c Excess from 2014		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
d Excess from 2015				
e Excess from 2016				
	-			- 000 DE

orm 990-PF (2	,	LY COLLECTION FOU			27-3261	388 Page 10
Part XIV	Private Operating Fo	oundations (see ins	structions and Part VII-	A, question 9)		
1 a If the four	ndation has received a ruling o	r determination letter that	it is a private operating			
foundation	n, and the ruling is effective fo	r 2016, enter the date of t	he ruling	▶		
b Check box	k to indicate whether the found	ation is a private operatin	g foundation described in		4942(j)(3) or 494	2(j)(5)
2 a Enter the	lesser of the adjusted net	Tax year		Prior 3 years		
income fr	om Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
ınvestmer	nt return from Part X for					
each year	listed	5,045.	4,880.	7,040.	5,108.	22,073.
b 85% of lin	ie 2a	4,288.	4,148.	5,984.	4,342.	18,762.
c Qualifying	distributions from Part XII,					
line 4 for	each year listed	197,309.	151,221.	119,706.	101,960.	570,196.
d Amounts	ıncluded ın line 2c not					<u>-</u>
used direc	ctly for active conduct of					
exempt ac	ctivities	0.	4,000.	22,667.	2,000.	28,667.
e Qualifying	distributions made directly					
	conduct of exempt activities.					
	ine 2d from line 2c	197,309.	147,221.	97,039.	99,960.	541,529.
	3a, b, or c for the					
	test relied upon:					
	Iternative test - enter; of all assets					0.
• •						
	of assets qualifying r section 4942(j)(3)(B)(i)					0.
	ent" alternative test - enter					
2/3 of mir	nimum investment return					
shown in . listed	Part X, line 6 for each year	3,363.	3,253.	4,693.	3,405.	14,714.
	alternative test - enter:	-,	-,	-,	-,	
• •	support other than gross					
	tment income (interest,					
divide	ends, rents, payments on					
	ities loans (section					0.
•	a)(5)), or royalties)					<u> </u>
	ort from general public or more exempt					
organ	izations as provided in					0
	on 4942(j)(3)(B)(iii)					0.
• • •	st amount of support from			1		0
	empt organization					0.
Part XV	s investment income Supplementary Infoi	mation (Complet	o this part only if	the foundation b	ad \$5,000 or more	0.
	at any time during th			the foundation h	au \$5,000 or more	: III assets
			10113.)			
	ion Regarding Foundation	-				
	nanagers of the foundation who only if they have contributed m			outions received by the fo	undation before the close	of any tax
, ,		iore man 40,000). (Oce se	(u)(2).)			
SEE STATEM						
	ianagers of the foundation who y) of which the foundation has			r an equally large portion	of the ownership of a part	nership or
	y) of willout the foundation has	a 10 % of greater filterest	.			
ONE						
	ion Regarding Contribution					
	e X if the foundation o					
	ation makes gifts, grants, etc. (
a The name	, address, and telephone numb	er or e-mail address of th	e person to whom applica	itions should be addresse	ed.	
						··
b The form	n which applications should be	e submitted and informati	on and materials they sho	uld include:		
			<u> </u>			
c Any subm	ission deadlines:					
d Any restri	ctions or limitations on awards	, such as by geographical	l areas, charitable fields, k	ınds of ınstitutions, or otl	ner factors:	

Page 11

on the state of th				
3 Grants and Contributions Paid During the Y Recipient	If recipient is an individual		r · · · · · · · · · · · · · · ·	<u></u>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
2. Day dumantha year	Of Substantial Contributor	roopidit		
a Paid during the year				
NONE				
				<u> </u>
Total	L		▶ 3a	0.
b Approved for future payment			1	
, pp. c. co ici co paymon				
NONE				
				· · · · -
	_			
		1		
		1		
Total		<u> </u>	▶ 3b	0
LUIAI			► 30 1	·

Part XVI-A	Analysis o	of Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a ADMISSION REVENUE					87,841.
b					
С					
d					
e					
f	_	-			
g Fees and contracts from government agencies					
2 Membership dues and assessments					13,861.
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	2.54.1	X	ž 3		19:23 X : 0.28 (6 %)
a Debt-financed property					_
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					73,324.
10 Gross profit or (loss) from sales of inventory	453220	4,224.			6,985.
11 Other revenue:					
a FUNDRAISING REVENUE			01	121,275.	
b	- 				· · · · · · · · · · · · · · · · · · ·
c					
e					
12 Subtotal. Add columns (b), (d), and (e)		4,224.		121,275.	182,011.
13 Total. Add line 12, columns (b), (d), and (e)				13	307,510.

Part XVI-B: Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1A	DAILY FEES FOR ADMISSION INTO MUSEUM COLLECTION AND FOR TOURS OF THE
	HISTORIC MILITARY ACADEMY AND CHAPEL.
2	MEMBERSHIP FEES FOR ADMISSION INTO MUSEUM COLLECTION.
9	NET INCOME FROM RENTAL OF HISTORIC CAMPUS FOR SPECIAL EVENTS.
10	ITEMS SOLD IN GIFT STORE RELATED DIRECTLY TO FOUNDATION'S PROGRAMS
	WHICH INCREASE AWARENESS AND APPRECIATION FOR THE FOUNDATION'S MUSEUM.
11A	FUNDRAISING EVENTS HELD TO RAISE FUNDS TO SUPPLEMENT INCOME FOR THE
	FOUNDATION'S PROGRAMS.
ĀLL _	OPERATING A MUSEUM COLLECTION OF VINTAGE AUTOMOBILES AND EDUCATIONAL
	TOURS AND SPECIAL EVENTS AT THE HISTORICAL BUILINGS AND GROUNDS ARE
	THE PRIMARY MEANS BY WHICH THE ORGANIZATION ACCOMPLISHES ITS
	EDUCATIONAL PURPOSES.

Port VVII		AMILY COLLECTION FOUND.		27-320		Page 13
Part XVII	information Re Exempt Organ		and Transactions an	d Relationships With Nonch	aritable	
4 Dudaha as				described in cestion 501/o) of		es No
		rectly engage in any of the following			<u> </u>	es 140
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:					
(1) Cash	• -	ation to a noncharitable exempt of	ganization of.		1a(1)	х
(2) Other					1a(2)	- x
b Other tran					18(2)	
	of assets to a noncharita	hie exempt organization			1b(1)	x
• •		ncharitable exempt organization			1b(2)	x
• •	al of facilities, equipment,	· •			1b(3)	x
	bursement arrangements				1b(4)	x
. ,	s or loan guarantees				1b(5)	х
	*	embership or fundraising solicitation	ons		1b(6)	х
• •		uling lists, other assets, or paid em			10	х
_			-	ays show the fair market value of the good	s, other assets	
				in any transaction or sharing arrangement		
column (d	i) the value of the goods,	other assets, or services received.				
(a) Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers, transactions, a	nd sharing arrang	ements
		N/A				
				<u> </u>		
				<u> </u>		
				<u></u>		
		<u> </u>				
	·					
	-			<u> </u>		
						
			 	 		
	 					
			<u>. </u>			
						
				<u> </u>		
						
	•	tly affiliated with, or related to, one r than section 501(c)(3)) or in sect		ntions described	Yes	X No
	omplete the following sch					
	(a) Name of org		(b) Type of organization	(c) Description of relation	nship	
	N/A					
						
Linder	penalties of persury I declare the	that I have examined this return, including	accompanying schedules and state	ements and to the hest of my knowledge		
		plete Declaration of preparer (other than			May the IRS disc return with the pr	eparer
Here	12m /	M	1 5-31-17	Sec ITIES	shown below (se	\Box
	nature of office) or trustee	* 	Date -	Title	X Yes	U No
	Print/Type preparer's na	{_		Date Check If PT		_=
		$\bigcap_{n \in \mathbb{N}} n = 1$	1019	solf amplayed		
Paid	COLLEEN C LOUGH	IRAN / He	- (Lougha	3/64/17	00286018	
Preparer	Firm's name ► KING			Firm's EIN ▶ 27-	4238573	
Use Only						
	Firm's address ► 514	SECOND AVE, WEST				
	SEA	TTLE, WA 98119-3928		Phone no. 206-28	5-7242	
					Form 990-	P F (2016)

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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 ·

OMB No 1545-0047

2016

Name of the organization Employer identification		Employer identification number			
LEN	27-3261388				
Organization type (check o	ne)				
Filers of:	Section:				
Form 990 or 990-EZ	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 private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e See instructions			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1 Complete Parts I and II	or 16b, and that received from			
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a strons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III	•			
year, contributions is checked, enter h purpose Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled matere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,			
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F. Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

LHA 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) (2016)

Name of organization

Employer identification number

LEMAY FAMILY COLLECTION FOUNDATION

27-3261388

Part II	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NANCY LEMAY 325 152ND STREET EAST TACOMA, WA 98445	\$140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DENNIS LAINE 8337 AYER STREET OLYMPIA, WA 98501	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAWRENCE SMITH 2524 OLYMPIC DR OAK HARBOR, WA 98277	\$15,000.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN LINDSAY 2818 17TH ST ANACORTES, WA 98221	\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PIERCE ISAACS 114 LIBBY CT PORT LUDLOW, WA 98365	\$ 6,200.	Person Payroll Noncash (Complete Part II for _ noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ESTATE OF EDWARD FURIA 8586 HUNTS POINT LANE HUNTS POINT, WA 98004	\$	Person Payroll Noncash X (Complete Part II for noncash contributions)

Name of organization

Employer identification number

LEMAY	FAMILY.	COLLECTION	FOUNDATION

LEMAY FA	AMILY COLLECTION FOUNDATION		7-3261388
Partil	Contributors (See instructions). Use duplicate copies of Part I if additional contributors.	tional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALTRUSA 509 142ND STREET SOUTH TACOMA, WA 98444	\$12,343.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PICTURE PERFECT ASSETS LLC 14642 NE 13TH BELLEVUE, WA 98007	\$ 53,161.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Noncash Payroll Noncash Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-11	D. 16	Schedule B (Form	Person Payroll Occupation (Complete Part II for noncash contributions)

Name of organization

Employer identification number

LEMAY FAMILY COLLECTION FOUNDATION

27-3261388

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	1984 CHEVROLET SEDAN DELIVERY		
2			
		\$30,000	11/21/16
(a)		4-2	
No.	(b)	(c) FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions)	Date received
Part I	1984 LINCOLN CUSTOM CAR		
3	Divide distribution of the second of the sec		
			
		\$15,000	07/06/16
			<u> </u>
(a)		(c)	,
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	bescription of noncesh property given	(See instructions)	Date (Gootives
	1925 MODEL T IT 1 TON TRUCK		
4			
		5,000	08/13/16
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I	1072 POND 2 LINDER ID		
5	1973 BOND 3-WHEELER #10 CUSHMAN GOLF CART		
<u> </u>			
İ		\$6,200	12/28/16
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
	1952 MONK FLUSH DECK HAIDA BOAT		
6			
_			
1		\$ \$	12/30/16
(2)			
(a) No.	(b)	(c)	(d)
from	اما) Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions)	
		<u> </u>	
ł		1	1

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Employer identification number Name of organization 27-3261388 LEMAY FAMILY COLLECTION FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	INCOME AND COST OF GOODS S INCLUDED ON PART I, LINE				
INCOME					
1. GROSS RECEIPTS. 2. RETURNS AND ALLOW 3. LINE 1 LESS LINE	ANCES	29,413 29,411			
	DD (LINE 15)	18,204			
6. OTHER INCOME					
7. GROSS INCOME (ADD	LINES 5 AND 6)	11,209			
COST OF GOODS SOLD					
8. INVENTORY AT BEGI 9. MERCHANDISE PURCH 10. COST OF LABOR 11. MATERIALS AND SUP 12. OTHER COSTS 13. ADD LINES 8 THROU	PLIES	29,625 18,236 47,863			
14. INVENTORY AT END		29,657			

FORM 990-PF	OTHER	INCOME	S	TATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SPECIAL EVENTS REVENUE	_	118,666.	0.	118,666
ADMISSION REVENUE		87,841.	0.	87,841
FUNDRAISING REVENUE MEMBERSHIP DUES AND ASSESSMEN	ime	121,275. 13,861.	0. 0.	121,275 13,861
MEMBERSHIF DOES AND ASSESSMEN	-			
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	341,643.	0.	341,643.
FORM 990-PF	LEGA	L FEES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL FEES	18	0. 0	. 115.	65.
TO FM 990-PF, PG 1, LN 16A	18	0. 0	. 115.	65.
FORM 990-PF	ACCOUNT	ING FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING & TAX SERVICES	19,18	2. 0	. 12,236.	6,946
TO FORM 990-PF, PG 1, LN 16B	19,18	2. 0	12,236.	6,946,
70DW 000 DE	MANER PROFIE	GGTONNI PERG	·	ma movement
FORM 990-PF C	THER PROFE	SSIONAL FEES		TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
IT & COMPUTER SERVICES	7,56	4. 0	4,825.	2,739
- HODY 000 DE DG 1 IN 160	7,56	4		·
TO FORM 990-PF, PG 1, LN 16C	1,30	4. U	4,825.	2,739

FORM 990-PF	TAX	ES		TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	26,921.	0.	17,173.	9,748
STATE TAXES	4,199.		2,679.	1,520
STATE LICENSE FEES	50.		32.	18
TO FORM 990-PF, PG 1, LN 18 =	31,170.	0.	19,884.	11,286
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SPECIAL EVENTS EXPENSE	23,709.	0.	15,124.	8,585.
OFFICE SUPPLIES	9,530.		6,079.	3,451.
COLLECTION PRESERVATION EXP	56,138.		35,817.	20,328
REPAIRS & MAINTENANCE	756.	0.	482.	274
BANK/MERCHANT CHARGES	194.	0.	124.	70
ADVERTISING	24,497.	0.	15,276.	9,221
VOLUNTEER CULTIVATION EXP	25,665.	0.	16,372.	9,293
COPY MACHINE EXPENSES	4,537.	0.	2,894.	1,643
PAYROLL PROCESSING FEES	2,631.	0.	1,678.	953
UTILITIES	24,984.	0.	15,937.	9,047
JANITORIAL SERVICES	6,104.	0.	3,894.	2,210
MERCHANT CREDIT CARD CHARGES	4,544.	0.	2,898.	1,646
STAFF TRAVEL	2,429.	0.	1,549.	880
FUNDRAISING EXPENSES STAFF MEETING AND	50,688.	0.	32,334.	18,354
MEMBERSHIPS	334.	0.	213.	121
PEST CONTROL	1,024.	•	653.	371
LANDSCAPING EXPENSE	15,055.		9,604.	5,451
TO FORM 990-PF, PG 1, LN 23	252,819.	0.	160,928.	91,898.

FORM 990-PF	DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 8
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PHOTO BOOTH		2,000.	2,000.	0
TABLE		2,951.	2,426.	525
CARTS		570.	570.	0
FREEZER		437.	437.	0
LAPTOP		526.	526.	0
AUTOCARSCENE	APP	10,000.	9,667.	333
COMP EQUIP/SE	FTWARE	2,708.	2,394.	314
DESK		2,506.	1,641.	865
EVENT TENTS		750.	675.	75
RESTROOM FIXT	rures	1,674.	1,056.	618
COMPUTER		2,277.	1,934.	343
COMPUTER		608.	386.	222
TABLES AND CH		2,685.	1,216.	1,469
ANTIQUE PHOTO	DBOOTH	4,360.	2,834.	1,526
			200	200
PROJECTOR		602.	300.	
PROJECTOR PAGING SYSTEM	4	2,830.	189.	
PAGING SYSTEM	M 990-PF, PART II, LN 1	2,830.		9,233
PAGING SYSTEM		2,830.	189.	2,641
PAGING SYSTEM TOTAL TO FM 9		2,830.	189.	9,233
PAGING SYSTEM TOTAL TO FM 9 FORM 990-PF DESCRIPTION	990-PF, PART II, LN 1	2,830. 4 37,484. OTHER ASSETS BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	2,641 9,233 STATEMENT 9 FAIR MARKET VALUE
PAGING SYSTEM TOTAL TO FM S FORM 990-PF DESCRIPTION ARTWORK - SCU	990-PF, PART II, LN 1	2,830. 4 37,484. OTHER ASSETS BEGINNING OF YR BOOK VALUE 6,000,000.	28,251. END OF YEAR BOOK VALUE 6,000,000.	2,641 9,233 STATEMENT 9 FAIR MARKET VALUE
PAGING SYSTEM TOTAL TO FM 9	990-PF, PART II, LN 1	2,830. 4 37,484. OTHER ASSETS BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	2,641 9,233 STATEMENT 9 FAIR MARKET VALUE

FORM 990-PF	PART XV - LINE 1A	STATEMENT 10
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

NANCY LEMAY NORMAN LEMAY DOUGLAS LEMAY

2016 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	2,000.	2,426.	570.	437.	526.	1,641.	675.	1,056.	1,934.	386.	1,216.	2,834.	300.	16,001.	799 6	•	. GO Zone
	Current Year Deduction A	.0	422.	28.	74.	45.	358,	. 150.	239.	455.	122.	384.	872.	120.	3,269.	0000	• 1	·ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense			70.											en manuscooling	- Control of the cont	***	ercial Revitaliz
	Beginning Accumulated Depreciation	2,000	2,004.	542.	363.	481.	1,283.	525	817.	1,479	264.	832.	1,962.	180.	12,732.	7 667	- 13,32 8-	3onus, Comm
	Basis For Depreciation	2,000.	2,951.	570.	437.	526.	2,506.	750.	1,674.	2,277.	608.	2,685.	4,360.	602.	21,946.	10 000	7	ITC, Salvage, E
	Reduction In Basis	by see greater the man, of see					e facebouries and even management of the best of the second					, ,			Secretary sections		A Committee of the comm	•
Ē.	Section 179 Expense												S. S				Marian Marian	
990-PF	Bus % Excl			\$ 7					######################################				a marine			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pasoc
	Unadjusted Cost Or Basis	2,000.	2,951.	570.	437.	526.	2,506.	750	1,674.	2,277.	608.	2,685.	4,360.	602.	21,946.	10 000.		(D) - Asset disposed
	C Line No No	1.6	16	1.6	16	16	16	16	16	16	16	16	16	16		16	100	
	Lıfe	2.00	7.00	5.00	5.00	5.00	7.00	00	7.00	5.00	5.00	7.00	5.00	5.00	\$ 1.5	5.00	5.00	
990-PF PAGE 1	Method	īs	SL	SL	SL	SL	SL	SL	SL	ЛS	SL	TS	SL	29-2006-7-8	RES	SL	2.5	
	Date Acquired	10/20/10	03/23/11	03/23/11	10/30/11	05/24/11	05/17/12	06/21//12	08/10/12	09/18/12	11/01/13	11/04/13	09/20/13	06/27/14 SE	E & FIXTU	02/28/12	08/04/12	
	Description	FURNITURE & PIXTURES PHOTO BOOTH	TABLE	CARTS		LAPTOP	DESK	EVENT TENTS	IURES	COMPUTER	COMPUTER	TABLES AND CHAIRS	ANTIQUE PHOTOBOOTH	PROJECTOR	* 990-PF PG 1 TOTAL FURNITURE & FIXTU	**************************************	RE	-01-16
FORM 9	Asset	** *** 1	2	3	4	5.***	8	6	10	11	12	13	14	15		9	7 7	

2016 DEPRECIATION AND AMORTIZATION REPORT

	990-PF PAGE 1						990-PF							
	Description	Date Acquired	Method	Lıfe	Λοε> S	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
PAGING	G SYSTEM	08/26/16	SI	5.00	16	2,830				2,830.			189.	189.
066.*	**990-PF-PG-11 TOTAL MACHINERY & BQUIRMENT	Y & EQUIE	MENT	((, %cook.		15,538,				15,538	9.519.		2,731.	12,250.
* GR	* GRAND TOTAL 990-PF. PG 1 DEPR	PR		_	_	37,484.				37,484.	22,251.		6,000.	28,251.
					315				was verme menus manus ma	And the state of t				
CURR	CURRENT YEAR ACTIVITY BEGINNING BALANCE				3.4 3.42	34,654	l. Sějí		0	34 654.	22,251.		,	28,062.
ACQ	ULSITIONS STORY					2,830.	and the second of the second o		0.	2,830.	0.	6° c - 2 c -		189.
	ENDING BALANCE ENDING ACCUM DEPR				* :	37,484.			0	37,484.	22,251.	,		28,251.
EN	ENDING BOOK VALUE			* 1							9,233.		2.	4
*			,				Marketon con con						C. C	
		, , , , , , , , , , , , , , , , , , ,									×			
628111 04-01-16	-					(D) - Asset disposed	pesods		·	· ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revital	lization Deduct	ion, GO Zone

Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name:	LEMAY FAMILY COLLECTION FOUNDATION
Taxpayer Address.	
Taxpayer ID Number.	27-3261388
Year-End:	12/31/2016

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.