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44

Form **990-PF**

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 Internal Revenue Service

ΠΔΔ

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

2009

			and ending		 1	_	
G C	heck all		eturn of a former public o dress change		change	Final return	
مول	the IRS	T.,	ureas change	i i ivante		oyer identification num	ber
	abel.		-		02	-0539569	
	erwise.	ELIZABETH MCGEACHIN MCKEE	FOUNDATIO		B Telep	hone number (see page 10	of the instructions)
	rint	Number and street (or P O box number if mail is not delivere	d to street address)	Room/suite	74	0-448-6424	
or	type.	13423 HOWARD ROAD			C If exe	mption application is pendi	ng, check here 🕨 🔃
See S	Specific	City or town, state, and ZIP code			D 1. Fo	reign organizations, check	here 🕨
nstr	uctions	· MILLFIELD OH	45671		2. Fo	reign organizations meetin	g the
<u>н</u> с	heck typ	pe of organization X Section 501(c)(3) exempt private	e foundation		85	% test, check here and att	ach computation 🕨 📘
S	Section 4	1947(a)(1) nonexempt charitable trust Other taxal	ole private foundation			ate foundation status was	
I Fa	ır marke	et value of all assets at end J Accounting method	X Cash Acc	rual	section	on 507(b)(1)(A), check here	▶ _
of	year (fro	om Part II, col (c), Uther (specify)			1	foundation is in a 60-mont	
line	e 16) 🕨		be on cash basis)		unde	section 507(b)(1)(B), chec	k here
Pa	rt I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see page 11 of the instructions))					(cash basis only)
	1 (Contributions, gifts, grants, etc , received (attach schedule)	790,500				
Ì	2 (Check ► I if the foundation is not required to attach Sch. B					
	3 1	nterest on savings and temporary cash investments	11,862		11,862	11,862	
	4 1	Dividends and interest from securities	640		640	640	
	5a (Gross rents					
9	ь	Net rental income or (loss)					
n l	6a :	Net gain or (loss) from sale of assets not on line 10					
Revenue	ь	Gross sales price for all assets on line 6a					
Re	7 (Capital gain net income (from Part IV, line 2)			0		
	8 1	Net short-term capital gain				0	
	9	ncome modifications					
	10a (Gross sales less returns & allowances					
	ь	Less Cost of goods sold					
	c (Gross profit or (loss) (attach schedule)					
	11 (Other income (attach schedule)					-
	12	Total. Add lines 1 through 11	803,002		12,502	12,502	
,	13 (Compensation of officers, directors, trustees, etc					
Se	14 (Other employee salaries and wages					
penses	15	Pension plans, employee benefits					
_	16a	Legal fees (attach schedule)		<u> </u>			
Ш	Ь	Accounting fees (attach schedule)			RE	N. 10 10	
ا ڏِ.	С (Other professional fees (attach schedule)		 	115	CEIVED	
Administrative Ex		nterest		18	f	70	
ist		Faxes (attach schedule) (see page 14 of the instructions) ${ m STMT}$	10	18	APR	3 0 2010 05	
ᆵ	19	Depreciation (attach schedule) and depletion					
φ	20	Occupancy			OGD	18	
	21 ⁻	Travel, conferences, and meetings		<u> </u>		EN. UT	
and	22	Printing and publications		ļ			
ğ	23	Other expenses (att sch.) STMT 2	7,111				
tir	24	Total operating and administrative expenses.					
Operating	'	Add lines 13 through 23	7,121		0		0
ď		Contributions, gifts, grants paid	157,000				<u>157,000</u>
_		Total expenses and disbursements. Add lines 24 and 25	164,121		0	0	157,000
		Subtract line 26 from line 12					
	1 1 /	Excess of revenue over expenses and disbursements	638,881				
1	/b 1	Vet investment income (if negative, enter -0-)			12,502		
∥ a		Adjusted net income (if negative, enter -0-)	-	-		12,502	

		Palance Cheete Attached schedules and amounts in the description column	Beginning of year	Ena	or year
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	ļ		
	2	Savings and temporary cash investments	8,796	647,677	647,677
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶		 	
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			1
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
jts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ä	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments—mortgage loans			_
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
_		instructions. Also, see page 1, item I)	8,796	647,677	647,677
	17	Accounts payable and accrued expenses			4
Ś	18	Grants payable			4
Liabilities	19	Deferred revenue			4
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			4
ä	21	Mortgages and other notes payable (attach schedule)			1
_	22	Other liabilities (describe ▶)			-
_	23	Total liabilities (add lines 17 through 22)	0	C	4
		Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26 and lines 30 and 31.			
Ē	24	Unrestricted			4
<u>a</u>	25	Temporarily restricted			4
8	26	Permanently restricted			-
ĭ		Foundations that do not follow SFAS 117, check here ▶ X			
屲		and complete lines 27 through 31.			
Net Assets or Fund Balar	27	Capital stock, trust principal, or current funds			4
šts	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.706		
ŠŠ	29	Retained earnings, accumulated income, endowment, or other funds	8,796	647,677	
ğ	30	Total net assets or fund balances (see page 17 of the		6.0 600	
<u>f</u>		instructions)	8,796	647,677	
_	31	Total liabilities and net assets/fund balances (see page 17		6.17 677	
_		of the instructions)	8,796	647,677	<u></u>
	Part I				
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	t agree with		
		of-year figure reported on prior year's return)		1	8,796
2		r amount from Part I, line 27a		2	638,881
3		r increases not included in line 2 (itemize)		3	642.655
4		ines 1, 2, and 3		4	647,677
5		eases not included in line 2 (itemize)		5	643 633
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b)), line 30	6	647,677

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income				
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)
1a N/A						
b						
С						
_d						
θ						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale			or (loss)) minus (g)
a						
_b						
С						
_d						
e	and a selection (b) and around by the form	deties en 12/21/60	<u> </u>			
Complete only for assets snowing	gain in column (h) and owned by the four					(h) gain minus less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	ess of col (i) col (j), if any			om col (h))
<u>a</u>						
С					_	
_d						
Capital gain net income or (net ca	If gain, also enter in If (loss), enter -0- in			2		
2 Not short term capital gain or (los	s) as defined in sections 1222(5) and (6)	raiti, iiile /				
	column (c) (see pages 13 and 17 of the ir	estructions)				
If (loss), enter -0- in Part I, line 8	column (c) (see pages 15 and 17 of the ii	istructions)		3		
	nder Section 4940(e) for Reduc	ed Tax on Net	Investment Incor			
	foundations subject to the section 4940(a					
		,	,			
If section 4940(d)(2) applies, leave this	s part blank					
	ion 4942 tax on the distributable amount o		ase period? Ye	es X No		
	fy under section 4940(e) Do not complete					
1 Enter the appropriate amount in e	each column for each year, see page 18 o	f the instructions be	efore making any entries	s		
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution		(c) ue of noncharitable-use ass			(d) ribution ratio livided by col (c))
2008		500	8,	796		0.056844
2007		500		094		0.054981
2006		500		172		0.054514
2005		500		543		0.052394
2004		500	10,	001		0.049995
2 Total of line 1, column (d)				2		0.268728
3 Average distribution ratio for the 5	5-year base penod—divide the total on line	e 2 by 5, or by the				_
number of years the foundation ha	as been in existence if less than 5 years			3		0.053746
4 Enter the net value of nonchantab	ole-use assets for 2009 from Part X, line 5	i		4	<u> </u>	757,473
5 Multiply line 4 by line 3				5		40,711
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6_		125
7 Add lines 5 and 6				7		40,836
8 Enter qualifying distributions from	Part XII, line 4			8_		157,000
If line 8 is equal to or greater than Part VI instructions on page 18	line 7, check the box in Part VI, line 1b, a	and complete that p	eart using a 1% tax rate	See the		

Form	990-PF (2009) ELIZABETH MCGEACHIN MCKEE FOUNDATIO 02-0539569			<u>F</u>	<u>'age 4</u>
_Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the ins	tructions)			
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	1			<u> 125</u>
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)	İ			
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			125
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			125
6	Credits/Payments	ł			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations—tax withheld at source 6b	1			
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7			
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			<u> 125</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
<u>11</u>	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶	11			
_Pa	rt VII-A Statements Regarding Activities	. – .			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1 <u>a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		}		
	published or distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation > \$ (2) On foundation managers > \$	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2_		<u>X</u>
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				İ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		_ 7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) ► IL]
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				j
	27)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				ĺ
	names and addresses		10	L	<u>X</u>
		Fo	m 99	0-PF	(2009)

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	art 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					١
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			11_		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					.,
	August 17, 2008?			12	37	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	cation?		_13	<u>X</u>	l
	Website address ► N/A	T.1				
14	The books are in care of ► JAN GRIESINGER 13423 HOWARD ROAD	Telephone no 🕨				
		71D+4 •	45761			
15	Located at ► MILLFIELD, OH Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	ZIP+4 ▶	43701	-		Г
15	and enter the amount of tax-exempt interest received or accrued during the year	⊾ 1	15			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Require		10	•		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u></u>			Yes	No
1a	Dunng the year did the foundation (either directly or indirectly)					110
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		<u></u>			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for					
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula	ations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		_			
	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2009?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to)				
	all years listed, answer "No" and attach statement—see page 20 of the instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			ł		
	at any time during the year?	Yes	X No			
þ	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			Ì		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	f				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		/-			
	foundation had excess business holdings in 2009)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose			4a_		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it					
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	2009?		4b		<u>X</u>
			Fo	rm 99	U-PF	(2009)

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Form 990-PF (20	09) ELIZABETH MCGEACHIN MCKEE FOUNDATIO	02-0539569	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation	Managers, Highly Paid Em	
	and Contractors (continued)	·	
3 Five highe	est-paid independent contractors for professional services (see page 23 of the		
	(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		
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical informat diother beneficiaries served, conferences convened, research papers produced, etc.	tion such as the number of	Expenses
1 N/A			
2			
3			
J			
4			
Part IX-B	Summary of Program-Related Investments (see page 24 of	the instructions)	
	largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-	-related investments. See page 24 of the instructions		
3	, •		
Total. Add lines 1	1 through 3	<u> </u>	

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 4940(e) reduction of tax in those years

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_ <u>Pa</u>	art XIII Undistributed Income (see page 26 of t	ne instructions)			
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				<u>3</u> 7,749
· 2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for pnor years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
a	From 2004				
b	From 2005	İ			
С	From 2006				
d	From 2007				
0	From 2008 62				
f	Total of lines 3a through e	62	ĺ		
4	Qualifying distributions for 2009 from Part XII,				
-	line 4 ▶ \$157,000				
а	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				.
~	(Election required—see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				
·	· ·	ļ			
	required—see page 26 of the instructions)				37,749
	Applied to 2009 distributable amount	110 051			31,149
	Remaining amount distributed out of corpus	119,251	<u> </u>		
5	Excess distributions carryover applied to 2009		·		
	(If an amount appears in column (d), the same		ļ		
	amount must be shown in column (a))	Ì	Ì		
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	119,313			
þ	Pnor years' undistributed income Subtract	}	į		
	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 page 27 of the instructions				
е	Undistributed income for 2008 Subtract line			-	
	4a from line 2a Taxable amount—see page	ł	1		
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be		[
	distributed in 2010		}		0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	ļ			
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	Instructions)				
8	Excess distributions carryover from 2004 not				• • • • • • • • • • • • • • • • • • • •
•	applied on line 5 or line 7 (see page 27 of the				
	Instructions)				
9	Excess distributions carryover to 2010.				
•	Subtract lines 7 and 8 from line 6a	119,313	ì		
10	Analysis of line 9				
	Excess from 2005				
a h					
þ	Excess from 2006	ļ	j		
c C	Excess from 2007				
ď	Excess from 2008 62		1		
е	Excess from 2009 119, 251				5 000 DE

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or status of Amount contribution recipient Name and address (home or business) Paid during the year SEE STATEMENT 4 157,000 157,000 Total ▶ 3a Approved for future payment N/A

▶ 3b

Total

	Analysis of Income-Producing Action ounts unless otherwise indicated	-	business income	Excluded	1 by section 512, 513, or 514	(e)
inter gross am	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income (See page 28 of
1 Program se	ervice revenue			code		the instructions)
a		-				
b		_				
		-		-		<u> </u>
		-			······································	<u>-</u>
	-	-				· · · · · · · · · · · · · · · · · · ·
f	nd contracts from government agencies	-				
	p dues and assessments	-				
	savings and temporary cash investments			14	11,862	
	and interest from securities			14	640	
	ncome or (loss) from real estate					
a Debt-fir	nanced property					
b Not del	ot-financed property					
6 Net rental II	ncome or (loss) from personal property	ļ	· · · · · · · · · · · · · · · · · · ·			
7 Other invest		ļ		 		
	s) from sales of assets other than inventory					
	or (loss) from special events			 		
	t or (loss) from sales of inventory				- "	
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Pa	ırt XVII	Information Rega Exempt Organiza	•	insfers To a	ind Transacti	ons an	d Relationsh	ips With No	onchari	itable		
1	Did the c	rganization directly or indir		in any of the fo	llowing with any o	ther orga	inization described				Yes	No
		n 501(c) of the Code (other		-	-	-						
	organiza											
а	Transfer	s from the reporting founda	ition to a non	charitable exen	npt organization o	f						
	(1) Casi	า								<u>1a(1)</u>		Χ_
	(2) Othe	er assets								1a(2)		X
b	Other tra	insactions										
	(1) Sale	s of assets to a nonchanta	ble exempt o	rganization						1b(1)		X
	. ,	hases of assets from a nor			tion					1b(2)		X
		tal of facilities, equipment, of	or other asse	ets						1b(3)		X
	• •	nbursement arrangements								1b(4)		X
		ns or loan guarantees								1b(5)		X
	• •	ormance of services or me	-	_						1b(6) 1c		X
	_	of facilities, equipment, ma	=				sould always show	the for marks		_ 16_		
a		swer to any of the above is the goods, other assets, or										
		any transaction or sharing										
(a) Line no	(b) Amount involved			exempt organization	ine good	(d) Description of to			sharing arrange	ments	
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	describe	undation directly or indirectly or indirectly directly of the Country of the Coun	ode (other th			•	organizations			Ye	es X	No No
<u> </u>	ii res,"	complete the following sch (a) Name of organization	edule	(h) Type	of organization	<u> </u>		(c) Description o	f relations	nin		
-	N/A	(a) Name of organization		(5) 1900	or organization			(o) Decomplian o	1 1010201101	···P		
	11/21					_		 .				
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	Under per	nalties of perjury, I declare that true correct and complete D	I have examine	ed this return, incli	uding accompanying	schedules	s and statements, an	id to the best of n	ny knowled	lge and		
	Deller, It is	title correct/and complete D	daration pi	eparer (other than	I taxpayer or ilducial	-	u on an information o	_		lowledge		
		: Julia 1	M. NOW	<u> </u>	14-0	<u>-+-10</u>	_);	Treasu(<u> </u>			
H	▼ Signa	ature of officer or trustee		\	Date		T	i ide	Г	Preparer's identif	fvino	
		.					Date	Check if		number (see Sig	nature o	on
ngio	-is s	Preparer's signature	TORRIGO	o on or) 7\		03/04/1/	self-employed	▶ ∐	page 30 of the in P 0 0 1 3 9		
<u>ה</u>	Paid 9 Or	U V D I ROI		O, SR, CE ITERPRIS			03/04/10	<u> </u>		FUUTS	000	<u>, </u>
- [Paid Preparer's Use Only	Firm's name (or yours if self-employed), address,			OD COURT	CIIT	TE 230	1	EIN ▶	56-194	651	Δ
	_	and ZIP code	RALEI		27604	, 501	.11 230			919-87		
_			. 4. 14. 14. 1	. Jany MO	2,001			1	, none no	Form 99		

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, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

02-0539569 ELIZABETH MCGEACHIN MCKEE FOUNDATIO Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and П For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year 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 in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

of 1

of Part I

Employer identification number

Name of organization 02-0539569 ELIZABETH MCGEACHIN MCKEE FOUNDATIO Part I Contributors (see instructions) (d) (c) (a) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 1 ESTATE OF ELIZABETH MCGEACHIN MCKEE Person 13423 HOWARD ROAD Payroll 790,500 Noncash MILLFIELD OH 45761 (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Aggregate contributions** Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Name, address, and ZIP + 4 No. **Aggregate contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (d) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 Aggregate_contributions No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution)

Page 1 3/4/2010 12:33 PM 1-2 Charitable Purpose Charitable Purpose Adjusted Net Adjusted Net Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 1 - Form 990-PF, Part I, Line 18 - Taxes Net Investment Net Investment MCKEEFOUND ELIZABETH MCGEACHIN MCKEE FOUNDATIO
02-0539569

Federal Statements S 7,111 7,111 Total Total ŝ Description Description FYE: 12/31/2009 BANK FEES TOTAL TOTAL EXPENSES TAXES

MCKEEFOUND ELIZABETH MCGEACH	IN MCKEE I
02-0539569	Federal Statements
FYE: 12/31/2009	

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Name and Address	Title	Average Hours Co	Compensation	Benefits	Expenses
JANET M. GRIESINGER 13423 HOWARD RD. MILLFIELD OH 45671	PRESIDENT	0.00	0	0	0
WILLIAM A. MCKEE 2411 FOSSIL TRACE DR. GOLDEN CO 80401	SECRETARY	00.0	0	0	0
BARBARA M. BAYS 11601 PACESFERRY DR. RALEIGH NC 27614	TREASURER	0.00	0	0	0
CAROLYN MCKEE 2411 FOSSIL TRACE DR. GOLDEN CO 80401	DIRECTOR	0.00	0	0	0
ROBERT BAYS 10601 PACESFERRY DR. RALEIGH NC 27614	DIRECTOR	00.0	0	0	0

ACKEEFOUND ELIZABETH MCGEACHIN MCKEE FOUNDATIO	Federal Statements	
MCKEEFOUND ELIZABETH N	02-0539569	FYE: 12/31/2009

3/4/2010 12:33 PM Page 3

Statement 4 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Name	Address			
CHILDREN'S HOSPITAL DURHAMN NC 27710 PAUL UCC BARRINGTONI LE 6010 - AAKE COUNTY ALELEH NC 27603 INTERFAITH HOSPITALI 900 METHOD LANE BARLEIGH NC 27606 BANE SALEIGH NC 27609 STER WISDOM PO BOX 352 STER WISDOM PO BOX 352 STER WISDOM PO BOX 352 STER WISDOM PO BOX 352 STER WISDOM PO BOX 352 STER WISDOM PO BOX 352 STER WISDOM PO BOX 352 STER WISDOM PO BOX 352 STER WISDOM PO BOX 352 STER WISDOM PALLEIGH NC 27609 SONERVILLE NO 276	Address	Relationship	Status	Purpose	Amount
### PAUL UCC BARRINGTON IL 60010 ### ARKE COUNTY #### COUNTY #### COUNTY #### COUNTY #### COUNTY #### COUNTY #### COUNTY ####################################	OUKE CHILDREN'S HOSPITAL DURHAM NC 27710	2301 ERWIN ROAD			2,000
PARL OCC - MARE COUNTY - MARE COUNTY RALEIGH NC 27604 BARKEICH NC 27606 BARKEICH NC 27606 SABON TO 27606 SALEIGH NC 27609 STERN WISDOM BERKELEY CA 94703 STECH CC FOUNDATION RALEIGH NC 27603 BERKELEY CA 94703 STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION RALEIGH NC 27603 SAMEN OF THE STECH COUNDATION RALEIGH NC 27603 STECH CC FOUNDATION STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION RALEIGH NC 27603 STECH CC FOUNDATION RALEIGH NC 27603 RADO WATERSHED ASSEMB 29163 STINGLEY GULCH RD. RANG FUND RALEIND RALEIGH NC 27603 RADO WATERSHED ASSEMB 29163 STINGLEY GULCH RD. RANG FUND RALEIGH NC 27603 RADO WATERSHED ASSEMB PO BOX 674					40,000
### COUNTY #### ###############################					6,000
THUREMALITH HOSELITALL 900 METHOD LANE RALEIGH NC 27606 BANK OF NC RALEIGH NC 27609 RALEIGH NC 27609 RALEIGH NC 27609 RALEIGH NC 27609 BERKELEY CA 94703 TECH CC FOUNDATION PO BOX 352 BERKELEY CA 94703 TECH CC FOUNDATION PO BOX 352 RALEIGH NC 27603 2626 HERITAGE PARK DRIVE VIRGINIA BEACH VA 23456 E PUBLISHING SY SOMERVILLE MA 02144 SOMERVILLE MA 02144 SOMERVILLE NA 02144 SOMERVILLE POR BOX 5030 HAGERSTOWN MD 21741 ITUTE FOR ENVIR SOLUT 761 NEWPORT ST. DENVER CO 80220 HAGENSTERSHED ASSEMB 29163 STINGLEY GULCH RD. HOTCHKISS CO 81419 PO BOX 674 NORTHAMPTON MA 01060	- WAKE COUN RALEIGH NC				5,000
STER WISDOM STER WISDOM STER WISDOM BERKELEY CA 94703 TECH CC FOUNDATION TECH CC FOUNDATION TECH CC FOUNDATION SEALEGH NC 27603 LALDS VIRGINIA BEACH VA 23456 E PUBLISHING STELICH NC 27609 SOMERVILLE MA 02144 SOMERVILLE MA 02144 SOMERVILLE MA 02144 RALEGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN MD 21741 DENVER CO 80220 RADO WATERSHED ASSEMB 29163 STINGLEY GULCH RD. ROBENVER CO 80220 RADO WATERSHED ASSEMB 29163 STINGLEY GULCH RD. MORTHAMPTON MA 01060	INTERFALTH RALEIGH NC	900 METHOD LANE			2,000
STER WISDOM BERKELEY CA 94703 BERKELEY CA 94703 BERKELEY CA 94703 BERKELEY CA 94703 FRALEIGH NC 27603 VIRGINIA BEACH VA 23456 E PUBLISHING SY SY SYMENVILLE MA 02144 NGLE RADIO READING SV 211 E. SIX FORKS ROAD RALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BORDERS PO BOX 5030 FRALEIGH NC 27609 ORS WITHOUT BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE BOX 5030 FRANCE		3808 TAKHEEL DKIVE			10,000
9101 FAYETTEVILLE ROAD 2626 HERITAGE PARK DRIVE 56 259 ELM ST. 211 E. SIX FORKS ROAD PO BOX 5030 761 NEWPORT ST. 29163 STINGLEY GULCH RD. PO BOX 674		; (20,000
9101 FAYETTEVILLE KOAD 2626 HERITAGE PARK DRIVE 56 259 ELM ST. 211 E. SIX FORKS ROAD PO BOX 5030 761 NEWPORT ST. 29163 STINGLEY GULCH RD. PO BOX 674	BERKELEY CA 94703	BUX 332			5,000
2626 HERITAGE PARK DRIVE 56 259 ELM ST. 211 E. SIX FORKS ROAD PO BOX 5030 761 NEWPORT ST. 29163 STINGLEY GULCH RD. PO BOX 674	PAKE TECH CC FOUNDATION RALEIGH NC 27603	9101 FAYETTEVILLE KOAD	ļ		10,000
259 ELM ST. 211 E. SIX FORKS ROAD PO BOX 5030 761 NEWPORT ST. 29163 STINGLEY GULCH RD. PO BOX 674	QUI-KIDS VIRGINIA BEACH VA 234	970	:Д >>		4,000
259 ELM ST. 211 E. SIX FORKS ROAD PO BOX 5030 761 NEWPORT ST. 29163 STINGLEY GULCH RD. PO BOX 674	LOBLISHING POSTS				3,000
211 E. SIX FORKS ROAD PO BOX 5030 761 NEWPORT ST. 29163 STINGLEY GULCH RD. PO BOX 674	ESIST SOMERVILLE MA 02144	ELM ST.			2,000
PO BOX 5030 761 NEWPORT ST. 29163 STINGLEY GULCH RD. PO BOX 674	RIANGLE RADIO READING SV RALEIGH NC 27609	E. SIX FORKS			1,000
761 NEWPORT ST. 29163 STINGLEY GULCH RD. PO BOX 674	OCTORS WITHOUT BORDERS HAGERSTOWN MD 21741				1,000
29163 STINGLEY GULCH RD. PO BOX 674	NSTITUTE FOR ENVIR SOLUT DENVER CO 80220	WPORT ST.			2,000
PO BOX 674 TON MA 01060	OLOKADO WATEKSHED ASSEMB HOTCHKISS CO 81419	STINGLEY GU			30,000
	RTEMIS FUND NORTHAMPTON MA 01060	PO BOX 674			2,000

Page 4 3/4/2010 12:33 PM 157,000 Amount Statement 4 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose MCKEEFOUND ELIZABETH MCGEACHIN MCKEE FOUNDATIO
02-0539569

Federal Statements Status Relationship Address Address Name FYE: 12/31/2009 02-0539569 TOTAL