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990-PF

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

2009

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

For	calenda	ar year 2009, or tax year beginning , a	and ending				
G	Check a		turn of a former public		. 1	Final return	
			lress change	Name	change	loyer identification num	<u> </u>
	the IRS abel.	Name of foundation 1 - 1 - 1 - 1 - 1	-			-225 <b>1</b> 657	iber
	iabei. Ierwise	LEE FAMILY FOUNDATION				phone number (see page 1	0 of the instructions)
	print	Number and street (or P O box number if mail is not delivere	d to street address)	Room/suite	1		· · · · · · · · · · · · · · · · · · ·
10	type.	715 BAKEWELL STREET			C If exe	mption application is pend	ling, check here
	Specifi	only or town, state, and zir code			D 1. Fo	oreign organizations, checl	k here
	ructions	T COATROLON KI	41011		2. Fo	oreign organizations meeti	ng the
		pe of organization 🗵 Section 501(c)(3) exempt private			85	i% test, check here and at	tach computation 🕨 📘
			le private foundation			rate foundation status was on 507(b)(1)(A), check her	
		tet value of all assets at end J Accounting method	X Cash	rual			<u> </u>
	year (ii • 16) ▶	rom Part II, col (c), Uther (specify) \$ 19,106 (Part I, column (d) must	he on cash hasis )			foundation is in a 60-moni r section 507(b)(1)(B), che	
	art I	Analysis of Revenue and Expenses (The	(a) Revenue and			(-)(-)(-),	(d) Disbursements
•	4.4.	total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in		(c) Adjusted net	for chantable
		the amounts in column (a) (see page 11 of the instructions) )	books	inco	ome	income	purposes (cash basis only)
 	1	Contributions, gifts, grants, etc , received (attach schedule)					
2010	2	Check ►  if the foundation is <b>not</b> required to attach Sch B					
. ~	3	Interest on savings and temporary cash investments					
∋	4	Dividends and interest from securities	567		567	567	
¥.	1	Gross rents	***************************************			· · · · · · · · · · · · · · · · · · ·	
₽ E	ì	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10 Stmt 1	1 207				
جي ا	1 .		-1,207				
	1	Gross sales price for all assets on line 6a 24,974  Capital gain net income (from Part IV, line 2)			34		
		Net short-term capital gain			J-1	0	
SCANNED AFR U		Income modifications					
Ñ	10a	Gross sales less returns & allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
		Other income (attach schedule)					
		Total. Add lines 1 through 11	-640	· · · · · · · · · · · · · · · · · · ·	601	567	
es		Compensation of officers, directors, trustees, etc					
enses		Other employee salaries and wages Pension plans, employee benefits					
			1,636				
ŵ	RE(	Accounting fees (attach schedule) Other professional fees (attach schedule) Stmt 3	2,030	-	····		
4≱ٍ≻	С	Other professional fees (attach schedule) Stmt 3	2,467		167		
<b>∷</b> ह	MAR	Internation (0)					
遵	18	Taxes (attach schedule) (386 page 14 of the instructions)					
E	195	Depreciation (attach schedule) and depletion					
Operating and Administrative Ex		occupancy.					<del></del>
ď		Travel, conferences, and meetings				-	
a	1	Printing and publications	-				
ing	l	Other expenses (att sch)  Total operating and administrative expenses.					
rat		Add lines 13 through 23	4,103		167		n
be	l .	Contributions, gifts, grants paid	19,213				19,213
0		Total expenses and disbursements. Add lines 24 and 25	23,316		167	0	19,213
	1	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-23,956				
		Net investment income (if negative, enter -0-)			434		
	С	Adjusted net income (if negative, enter -0-)				567	

2 Enter amount from Part I, line 27a
3 Other increases not included in line 2 (itemize) ▶
4 Add lines 1, 2, and 3
5 Decreases not included in line 2 (itemize) ▶
5

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

Form **990-PF** (2009)

6

518,419

Form 990-PF (2009) LEE FAMILY FOUNDATION 26-2251657 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (d) Date sold -Purchase (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co ) (mo, day, yr) D—Donation CHARLES SCHWAB 1a b C d е (a) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) plus expense of sale (or allowable) 34 34 а b C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (i) F M V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any 34 а b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 34 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? | | Yes | X | No If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries (d)
Distribution ratio
(col (b) divided by col (c)) (a) Base period years (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 534,572 7,699 0.014402 2008 2007 2006 2005 2004 0.014402 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 0.014402 3 number of years the foundation has been in existence if less than 5 years 523,081 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 7,533 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7,537 7 7 Add lines 5 and 6 19,213 8 Enter qualifying distributions from Part XII, line 4 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 on page 18

Pom	990-PF (2009) LEE FAMILY FOUNDATION 26-2251657		F	age 4
P	art 🌿 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	s)		
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			4
	here ▶ X and enter 1% of Part I, line 27b			
C	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-).			0
3	Add lines 1 and 2			4
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			4
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	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			
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			4
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 2010 estimated tax ▶ Refunded ▶ 11			
Pa	art 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?	1a		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		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.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
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		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	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?	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			
	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	L
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) ▶ None			
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			
	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			
	names and addresses	10		X

Form	990-PF (2009) LEE FAMILY FOUNDATION 26	-2251657		F	age 5
	art VII-A Statements Regarding Activities (continued)			· · · ·	<del>-30 +</del>
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	re			
	August 17, 2008?		12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exe	emption application?	13	X	<u></u>
	Website address ► N/A				
14	The books are in care of ▶ BIENVENIDO LEE	Telephone no 🕨		-	
	9125 MEADOW GROVE LANE		_		
	Located at ► CINCINNATI, OH	ZIP+4 ► 4524	13		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check	k here			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May B	e Required	<del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No Yes X No Yes 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	Yes X No			
	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	Yes X No			
L	termination of government service, if terminating within 90 days)  If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions descri				
b		/-	. 1ь	1	İ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the insorganizations relying on a current notice regarding disaster assistance check here	Structions).	<u> </u>	<del> </del>	<del>                                     </del>
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted	d acts that			
C	were not corrected before the first day of the tax year beginning in 2009?	N/A	1c		ĺ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation wa			1	
-	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	n 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section				
	all years listed, answer "No" and attach statement—see page 20 of the instructions.)	N/A	2b	1	<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the y	years here.			
	<b>▶</b> 20 , 20 , 20 , 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any time during the year?	Yes X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the four	ndation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period app				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (				
	the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine it				
	foundation had excess business holdings in 2009)	N/A			<b></b>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chair	· '	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that coul	• •			•
	charitable number that had not been removed from jeanardy before the first day of the tay year	healphing in 20002	1 1/4	1	ιX

Form **990-PF** (2009)

Forn	990-PF (2009) LEE FAMILY FOUNDATION		2251657			<u> </u>	age <b>6</b>
Pa	art VII-B Statements Regarding Activities for Which Form	n 4720 May Be R	Required (conf	tinued)			
5a	During the year did the foundation pay or incur any amount to	<del></del> -					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	\	Yes 🔀 No			
	(2) Influence the outcome of any specific public election (see section 4955), of						
	directly or indirectly, any voter registration drive?		□ \( \square \)	Yes 🗓 No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes	?		Yes 🛛 No			
	(4) Provide a grant to an organization other than a chantable, etc., organization			_			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page_22 of the in		□	YesX No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary,		_	<del></del>			
	purposes, or for the prevention of cruelty to children or animals?			res X No			
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions d	escribed in				
_	Regulations section 53 4945 or in a current notice regarding disaster assistan			N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check		,	▶ □			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption						
•	because it maintained expenditure responsibility for the grant?		N/A 🗍	res No			
	If "Yes," attach the statement required by Regulations section 53.4945-5(d)		. ب			1	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremijims					
ua	on a personal benefit contract?	pay premiums		Yes X No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a	nomanal hanafit cont	_	163 [25] 110	6b		x
D	If "Yes" to 6b, file Form 8870	personal benefit cont	iact.		05		<del></del>
7-	·	chalter transaction?	П	Yes X No			
7a	At any time during the tax year, was the foundation a party to a prohibited tax			N/A	7b		H
D	If yes, did the foundation receive any proceeds or have any net income attributed VIII Information About Officers, Directors, Trustees, F			<u> </u>			
F-6		oundation Man	agers, riigiliy	r ald Employ	563,		
_	and Contractors  List all officers, directors, trustees, foundation managers and their compen	estion (see page 22	of the instruction				
	list all officers, directors, trustees, foundation managers and their compen	Sation (See page 22	or the instruction		Г		
	434	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) E	opense a	ccount,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		er allowa	
				compensation	┼		
Se	e Statement 6						
	***				├─		
				1			
					—		
			ļ		<del> </del>		
				<u> </u>	<u> </u>		
2	Compensation of five highest-paid employees (other than those included	on line 1—see page	23 of the instruc	tions).			
	If none, enter "NONE."						
		(b) Title, and average		(d) Contributions to	/-> 5.		
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		cpense a er allowa	
		devoted to position	L	compensation			
NC	NE						
			1				
		<del>~   </del>			<u> </u>		
			1	1			
			<del>                                     </del>				
Tota	I number of other employees paid over \$50,000		<u> </u>	L		T	
TOLA	i number of other employees paid over \$50,000	• • • •	<del></del>			O-PF	(2009)
				For	シジ	0-1-1-	(ZUU9)

Form 990-PF (20	009) LEE FAMILY FOUNDATION	26-2251657	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid Er	nployees,
3 Five highe	est-paid independent contractors for professional services (see pag	e 23 of the instructions). If none, enter "NC	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	·		
Tetal number of	others recovered over \$50,000 for professional consecs		
Part IX-A	others receiving over \$50,000 for professional services  Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year. Include relevant station of the text of the te		Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see pa	ge 24 of the instructions)	
	largest program-related investments made by the foundation during the tax year or		Amount
1 N/A			
2			
All other program	n-related investments See page 24 of the instructions		
Total. Add lines	1 through 3		

orn	990-PF (2009) LEE FAMILY FOUNDATION	26-2251657		Page <b>8</b>
_	art X Minimum Investment Return (All domestic foundations	must complete this part. Fo	reign found	
	see page 24 of the instructions.)		Ü	•
1	Fair market value of assets not used (or held for use) directly in carrying out chant	able, etc ,		
	purposes			
а	Average monthly fair market value of securities		1a	29,370
b	Average of monthly cash balances		1b	1,677
С	Fair market value of all other assets (see page 24 of the instructions)		1c	500,000
. <b>d</b> _	Total (add lines 1a, b, and c)	·	_1d	531.,047
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1e	0	
2	Acquisition indebtedness applicable to line 1 assets	<del>.</del>	2	0
3	Subtract line 2 from line 1d		3	531,047
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount	nt, see page 25 of		
	the instructions)		4	7,966
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and	d on Part V, line 4	5	523,081
6	Minimum investment return. Enter 5% of line 5		6	26,154
Pa	THE XI Distributable Amount (see page 25 of the instructions)	(Section 4942(j)(3) and (j)(5) private	operating	
	· · · · · · · · · · · · · · · · · · ·	lo not complete this part )	_	
1	Minimum investment return from Part X, line 6		1	26,154
2a	Tax on investment income for 2009 from Part VI, line 5	2a	4	
b	Income tax for 2009 (This does not include the tax from Part VI)	2b		
С	Add lines 2a and 2b		2c	4
3	Distributable amount before adjustments Subtract line 2c from line 1		3	26,150
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	26,150
6	Deduction from distributable amount (see page 25 of the instructions)		6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on F	Part XIII,		
	line 1		7	26,150
P	## XII Qualifying Distributions (see page 25 of the instruction	ons)		
			<del></del>	<u>-</u>
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., p Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	uiposes	1a	19,213
a b	Program-related investments—total from Part IX-B		1b	15,215
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chari	table etc	10	
_		lable, etc.,	2	
3	purposes  Amounts set godd for appealing charitable projects that satisfy the			···· · · · · · · · · · · · · · · · · ·
	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)		20	
a L	•		3a   3b	
b ₄	Cash distribution test (attach the required schedule)  Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8	R and Part YIII line 4	4	19,213
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in		-	
J	Enter 1% of Part I, line 27b (see page 26 of the instructions)	ivesument income	5	A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	19,209
J	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether the found	· · · · · · · · · · · · · · · · · · ·	
	qualifies for the section 4940(e) reduction of tax in those years	when calculating whether the lound	Jaion	
	quanties for the section 4340(e) reduction of tax in those years			

P	irt XIII Undistributed Income (see page 26 of	the instructions)			- <b>-</b> ,
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				26,150
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			19,017	
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009.	د			
а	From 2004				
b	From 2005				
С	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
•	line 4 ▶ \$19,213				
9	Applied to 2008, but not more than line 2a			19,017	
	Applied to undistributed income of prior years				
D	(Election required—see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				
C	·				
_	required—see page 26 of the instructions)				196
	Applied to 2009 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				· -, ···
	(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:				
	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 page 27 of the instructions				
е	Undistributed income for 2008. Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2010				25,954
7	Amounts treated as distributions out of corpus				<del></del>
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not				······································
0	applied on line 5 or line 7 (see page 27 of the				
_	Instructions)				
9	Excess distributions carryover to 2010.				
4.6	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a	Excess from 2005	-		1	
b	Excess from 2006				
С	Excess from 2007	1			
d	Excess from 2008	1			
е	Excess from 2009				

Pe	nt XIV Private Operating Fou	undations (see pa	age 27 of the inst	ructions and Part	VII-A, question 9	)
1a	If the foundation has received a ruling or				•••	
	foundation, and the ruling is effective for			•		
b	Check box to indicate whether the foundation			bed in section 1 49	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for		` <u>`</u>			
	each year listed					
b	85% of line 2a	· · · · · · · · · · · · · · · · · · ·				
C	Qualifying distributions from Part XII,					
·	line 4 for each year listed					
	Amounts included in line 2c not used directly					-
d	for active conduct of exempt activities					
_	'					-
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:		•			
а	"Assets" alternative test—enter					
	(1) Value of all assets		· · · · · · · · · · · · · · · · · · ·			<del></del>
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	secunties loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					!
	section 4942(j)(3)(B)(iii)					· · · · · · · · · · · · · · · · · · ·
	(3) Largest amount of support from					
	an exempt organization					<del></del>
	(4) Gross investment income		41.1	41 - 6	- d &5 000	
Pä	Supplementary Informany time during the years				ad \$5,000 or more	e in assets at
_	Information Regarding Foundation Mai		or the mstruction	1115./		
1	List any managers of the foundation who	~	a than 20% of the total	contributions received	by the foundation	
а	before the close of any tax year (but only				-	
	N/A	ii dicy nave contribut	ca more than φοισσοή	(000 0000011 007(0)(2)	, ,	
	List any managers of the foundation who	own 10% or more of t	the stock of a corporat	ion (or an equally large	portion of the	
-	ownership of a partnership or other entity				, person er mie	
	N/A	, or milor the roundar	.o u .o,,, o. g. o			
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	olarship, etc., Program	ns:		
_				ole organizations and o	loes not accept	
	unsolicited requests for funds. If the found					
	organizations under other conditions, cor					
	The name, address, and telephone number			ld be addressed	· · · · · · · · · · · · · · · · · · ·	
-	N/A					
	The form in which applications about the	outenited and info	ation and materials 45	ov should updy do		
	The form in which applications should be N/A	submitted and morm	adon and materials the	ey should include		
С	Any submission deadlines N/A					
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fi	elds, kinds of institution	ns, or other factors	
	N/A					

Grants and Contributions Paid During t  Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year		<del></del>		
See Statement 7				
				19,21
			-	
			-	
				10 21
Total  b Approved for future payment			▶ 3a	19,21
N/A				
Total			▶ 3b	000 DE

Part XVI-	A Analysis of Income-Producing A	ctivities				
Enter gross a	mounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
4. December 1		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See page 28 of the instructions)
-	service revenue.				<u></u>	and modulons /
		<del>-                                    </del>				
				_		-
				_		
f						
g Fees	and contracts from government agencies					
-	hip dues and assessments					
3 Interest of	n savings and temporary cash investments					
4 Dividends	and interest from securities			14	567	
5 Net rental	income or (loss) from real estate.					
a Debt-	financed property					
<b>b</b> Not de	ebt-financed property					
6 Net rental	income or (loss) from personal property					
7 Other inve	estment income					
8 Gain or (lo	oss) from sales of assets other than inventory					-1,207
9 Net incom	ne or (loss) from special events					
	fit or (loss) from sales of inventory					
11 Other rev	enue: a	_				
b		_			_	
d		_			• • • • • • • • • • • • • • • • • • • •	<del></del> -
е					F.CD	1 007
	Add columns (b), (d), and (e)			0	567	
	d line 12, columns (b), (d), and (e)				13	-640
	et in line 13 instructions on page 28 to verify calcula			<u></u>		·
Part XVI-			*			
Line No. ▼	Explain below how each activity for which incor accomplishment of the foundation's exempt pulnstructions.)					
N/A	med dedono.)					
		<del></del>	**		·	-
				···	··	
•						
						·
					<del></del>	
		<del></del>				
	I					

on	n 990-PF (	(2009) <b>LEF</b>	FAMI	LY FO	UNDATION				26-22	51657		Pa	age <b>13</b>
	art XVII					and Tra	nsactio	ns a	nd Relation	ships With	Noncharitable		<del></del>
			Organiza										
1	Did the	organization d	irectly or ind	lirectly eng	gage in any of the	e following	with any o	other o	rganization de	scribed		Yes	No
	ın sectio	n 501(c) of the	e Code (othe	er than sec	ction 501(c)(3) or	ganizations	s) or in se	ection 5	527, relating to	political			
	organiza	itions?											
а	Transfer	s from the rep	orting found	lation to a	nonchantable ex	empt orga	nization o	f					
	(1) Cas	h									<u>1a</u>	(1)	X
	(2) Othe	er assets			-				-		<u>1a</u>	(2)	_ X_
b	Other tra	ansactions											
	(1) Sale	s of assets to	a noncharit	able exem	pt organization						<u>16</u>	(1)	X
	(2) Purc	chases of asse	ets from a no	oncharitab	le exempt organı	zation					<u>16</u>	(2)	X
	(3) Ren	tal of facilities	, equipment	, or other a	assets						<u>16</u>	(3)	X
	(4) Rein	nbursement a	rrangements	S							<u>16</u>	(4)	X
	( <b>5</b> ) Loar	ns or loan gua	rantees								<u>16</u>	(5)	X
	(6) Perf	ormance of se	ervices or m	embership	or fundraising se	olicitations					<u>16</u>	(6)	X
C	Sharing	of facilities, ed	quipment, m	ailing lists	, other assets, or	paid empl	loyees				<u> 1</u>	С	X
d	I If the an	swer to any of	f the above i	s "Yes," c	omplete the follow	wing sched	Jule Colu	mn <b>(b)</b>	should alway	s show the fair n	narket		
	value of	the goods, otl	her assets, o	or services	given by the rep	orting four	ndation. If	the for	undation recei	ved less than fa	ır market		
	value ın	any transaction	on or sharing	arrangen	nent, show in coli	umn (d) the	e value of	the go	ods, other as	sets, or services	received		
	(a) Line no	(b) Amou	unt involved	(c) Nan	ne of nonchantable	exempt orga	ınızatıon		(d) Description	of transfers, transa	ctions, and sharing arr	angement	is
1/	A							L			-		
				ļ				L					
				<u> </u>				<u> </u>					
											·····		
								]					
										·			
<b>2</b> a	Is the fo	undation direc	tly or indired	ctly affiliate	ed with, or related	to, one or	r more tax	-exem	pt organizatio	ns			-
					er than section 5							Yes 2	K No
b	If "Yes,"	complete the	following so	hedule							<del></del>		_
		(a) Name of or			(b) Type	of organizat	tion			(c) Description	of relationship		
	N/A									•			
	•												
										-			
	Under per	nalties of periury	. I declare tha	t I have exa	mined this return, in	ncluding accr	ompanying	schedu	les and stateme	nts, and to the bes	t of my knowledge and		
	belief, it/is	true, correct, a	nd complete	Declaration	of preparer (other th	nan taxpayer	or fiduciary	y) is bas	ed on all inform	ation of which prep	arer has any knowledg	е	
	N 197	Dull	wold	Lea.	m. Or	1	3/14/	lu) -		Touste	<del>u</del>		
ש	Signa	ature of officer o	r trustee	· · · · · · · · · · · · · · · · · · ·			Date		_ ,	Title			
9			•						Date		Preparer's a		
=	s _	Preparer's			.)					Check if	number (see		
ııgıı	Paid Preparer's Use Only	signature	Il Ine	Y K.	M				03/09/	10 self-employe	M F      ' *	KSIU	-,
מ	Paje Paje e O		17-7-W	Keith	Assoc	ciates	s, LLC		,,	<del></del>	1 200	<u> </u>	
	P <sub>re</sub> Us	Firm's name ( self-employed			Bakewell		,				EIN ▶ 35-2	3497	74
		and ZIP code			ington, F		011				Phone no 859-2		

41011

Covington, KY

Phone no 859-261-6800

262251657 I EF FAMILY FOLINDATION	TAGNIC	NC								3/0/2	3/0/2010 1·E7 DM	$\Gamma$
26-2251657 FYE: 12/31/2009		2	Ľ.	Federal Statements	tatem	ents				) ) ) )		<u> </u>
		Statement 1 - For	t 1 - Foi	rm 990-PF, Part I, Line 6a - Sale of Assets	art I, Lir	ne 6a - Sa	e of Asse	ets				
Description	iption			How Received						<del></del>		
Whom Sold	Date Acquired	Date Sold		Sale Price		Cost	Expense	nse	Depreciation	<u>.</u>	Net Gain / Loss	
CHARLES SCHWAB  Ve	Various	Various	v.	Purchase 12,470 \$ Purchase		,178	w.		v.	'	-708	
ve	various	various	φ.	24,940 \$		26,181	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	w-	'&"   0   -	-533 -1,241	
		Statement 2		- Form 990-PF, Part I,		Line 16a - Legal Fees	egal Fee	Ñ				
			Total		<u>=</u>	Net Investment	ı	Adju	Adjusted Net		Charitable Purpose	· -
KEITH \$ ASSOCIATES Total		w w		1,636	w w		ა. ა   O	(0)	0	ώ. ν.	0	
	Sta	tement 3 - F	orm 99(	Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees	line 16c	- Other P	rofession	nal Fees				
Description			Total	<del>a</del>	Ċ	Net Investment		Adju N	Adjusted Net	 2	Charitable Purpose	
MANAGEMENT FEE TAX FEE Total		w   w		167 2,300 2,467	w w	167	. v . v			w w		
		- <sup>II</sup>			-							
											<u>, , , , , , , , , , , , , , , , , , , </u>	
										-		٦

262251657 LEE FAMILY FOUNDATION

Federal Statements

26-22<del>5</del>1657 FYE: 12/31/2009 3/9/2010 1:57 PM

## Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

	Description						
			Beginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
MUTUAL FUNDS							
		\$_	38,880	\$ 13,955	Cost	\$_	14,642
Total		\$	38,880	\$ 13,955		\$	14,642

## Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments

Descrip	tion						
	_	Beginning of Year	_	End of Year	Basis of Valuation		Fair Market Value
INSURANCE	Ś	500,000	ŝ	500,000	Cost	Ś	
Total	\$_	500,000	_	500,000		\$_	0

262251657 LEE FAMILY FOUNDATION 26-2251657 FYE: 12/31/2009		Federal Statements	ments	3/9/2010 1:57 PM -
Stateme	Statement 7 - Form 990-PF, Part XV,	Line 3a - Gra	XV, Line 3a - Grants and Contributions Paid During the Year	
Name	Address	ļ		
Address	Relationship	Status	Purpose	Amount
Andrew's Church CINCINNATI OH 45229	3401 READING ROAD		GENERAL	4,614
ם כ	6939 MONIGOMERI KOAD		GENERAL	130
CINCINNATI OH 45212	3440 MOELLER AVE		GENERAL	1,000
CINCINNATI OH 45239	100 FAST FICHT SHEFT		GENERAL	1,000
202			GENERAL	288
607	7 I		GENERAL	8
AAVIEK UNIVEKSIII CINCINNATI OH 45207 MEDCY FOUNDATION	3800 VICIORI PARKWAI		GENERAL	500
H 45242	MCAOLE1		GENERAL	950
NOKIHEASIEKN OHIO UNIVEKS ROOTSTOWN OH 44272	F.O. BOX 33		GENERAL	2,200
			GENERAL	200
			GENERAL	200
SCHOLASILCA			GENERAL	120
			GENERAL	300
FOOR STATES OF FOOR STATES OF FOOR			GENERAL	1,000
MOBIN HORE FOUNDAMENTON			GENERAL	009
WOKED HOVE FOUNDALION			GENERAL	33
SAKDINIA CHOKCH OF NAZAKE			GENERAL	100
FREEJORE FOOD BANK			GENERAL	200
				2

2,000 300 115 375 100 250 500 105 3/9/2010 1:57 PM 200 100 100 100 100 250 251 500 52 Amount Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose GENERAL **Federal Statements** Status Relationship Address 262251657 LEE FAMILY FOUNDATION RETIRMNT FUND FOR RELIGIO FRANCISCAN MISSION ASSOC. CATHOLIC MINISTRIES FUND NEOMCOM BLUE FUND FOUNDA CHACHAPAI CENTER COUNTY DAY SCHOOL OPEN IN SPIRIT TO GOD AMERICAN HEART ASSOC. Address ST. VINCENT DE PAUL Name DROP INN CENTER CITY DOME HOUSE COVENANT HOUSE SALVATION ARMY FYE: 12/31/2009 ST. JUDE HOME GRANDD (SPCA) SMILE TRAIN HOTTO FUND ASOCI**MAN I** 26-2251657

262251657 LEE FAMILY FOUNDATION 26-2251657		Federal Statements	3/9/2010 1:57 PM
FYE: 12/31/2009			-
			-
Statemer	nt 7 - Form 990-PF, Part X	Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	- -
Name	Address		
Address	Relationship	Status Purpose	Amount
Total			19,213

262251657 LEE FAMILY FOUNDATION 26-2251657 FYE: 12/31/2009	Federal S	eral Statements		ε <u>.</u>	3/9/2010 1:57 PM
Statement 6 - Form 990-PF,	Part V	1 - List of Office	III, Line 1 - List of Officers, Directors, Trustees, Etc.	ees, Etc.	,
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BIENVENIDO LEE 9125 MEADOW GROVE LANE CINCINNATI OH 45243	TRUSTEE		0	0	0
MARY LEE 9125 MEADOW GROVE LANE CINCINNATI OH 45243	TRUSTEE	1.00	0	0	0
MARIE CATHERINE LEE 9125 MEADOW GROVE LANE CINCINNATI OH 45243	TRUSTEE	1.00	0	0	0
MARY ELIZABETH LEE 9125 MEADOW GROVE LANE CINCINNATI OH 45243	TRUSTEE	1.00	0	0	
MARIE ABIGAIL LEE 9125 MEADOW GROCE LANE CINCINNATI OH 45243	TRUSTEE	1.00	0	0	O ဖွ