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Form 990-PF

Department of the Treasury Internal Revenue Service **Return of Private Foundation**

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

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning			, and ending								
G	Che	eck all that apply	☐ Initial	return	Initial return of a for	mer public cha	rity	Final re	turn		
			Amer	nded return	Address change	☐ Na	me c	hange			
Na	me c	f foundation					AE	Employer identification nu	mber		
		DUNDATION						72-1452245			
Νι	ımbeı	r and street (or P O box numb	er if mail is not	delivered to street ad	dress)	Room/suite	B Telephone number (see page 10 of the instruction				
_		LUEBONNET BLVD		.,	· · · · · · · · · · · · · · · · · · ·			(225) 769-	3122		
Cı	ty or t	own, state, and ZIP code					C If	exemption application is pe	ending, check here 🕨 🗌		
		N ROUGE			LA	70810	D 1	. Foreign organizations, chi	eck here		
ᄲ		eck type of organizatior ction 4947(a)(1) nonexi			mpt private foundation		2	. Foreign organizations me			
느			· · · · · · · · · · · · · · · · · · ·				E If	check here and attach cor private foundation status w			
1		r market value of all ass		J Accounting i		n X Accrual		nder section 507(b)(1)(A), o			
		rear (from Part II, col (d ±16) ▶\$	<i>i),</i> - 1 504 467	Other (sp. (Part I. column (c	d) must be on cash bas	us)		the foundation is in a 60-m nder section 507(b)(1)(B), o			
Pa	irt l					<u> </u>		1	(d) Disbursements		
		amounts in columns (b), (c	-	· ·	(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for charitable		
		the amounts in column (a)			books	income		ıncome	purposes (cash basis only)		
	1	Contributions, gifts, grants,	etc . received (attach schedule)	189,000				(cash basis only)		
	2	Check ▶☐ If the founda		•				 			
	3	Interest on savings and			0		0				
	4	Dividends and interest	from securitie	s	16,548	16	5,548				
	5	a Gross rents					0		4		
<u>a</u>		b Net rental income or (lo	· —	0	· · · · ·						
Revenue	6	a Net gain or (loss) from			-34,667						
Š	_	b Gross sales price for all as	sets on line 6a	89,959							
Ř	8	Capital gain het income		Q l			0				
	1 -	Net short-term capital g Income modifications	ı	SS				0			
	10	a Gross sales less returns ar	A ZON	0							
		b Less: Cost of goods so		oci o							
		c Gross profit (GSS)		e)	0						
	11	Other income (attach so			0		0	0			
	12	Total. Add lines 1 throi	ugh 11	_	170,881	16	5,548	0	 .		
S	13	Compensation of office		rustees, etc	0						
us(14	Other employee salarie	_								
þe	15	Pension plans, employe					_				
<u>γe</u> ,Expenses	916 D	a Legal fees (attach sche			0		0	0	0		
6 ≤.	É	b Accounting fees (attach		الماداد	0 100		0		0		
ati	17	 Other professional fees Interest 	(attach sched	uie)	6,102		,102	6,102	0		
Str	18	Taxes (attach schedule) (se	e nage 14 of the	instructions)	1,924		,924	0	0		
Ē	19	Depreciation (attach sci			1,524		, <u>527</u> 0				
g d	20	Occupancy	.,			<u> </u>			-		
*	21	Travel, conferences, an	d meetings								
3 €	22	Printing and publication	S			_					
8	23	Other expenses (attach	schedule)		0		Ō	0	0		
	24	Total operating and ad		expenses.	, <u> </u>						
Operaling and Administrat		Add lines 13 through 23			8,026	8	,026	6,102	0		
Č	25	Contributions, gifts, grai	•		70,000				70,000		
_		Total expenses and disbur		ines 24 and 25	78,026	8	,026	6,102	70,000		
	27	Subtract line 26 from lin		.							
		a Excess of revenue over ex	-		92,855						
		b Net investment incom c Adjusted net income (· · · · · ·			,522				
		o walaaren ner mcome (ıı negative, er	ııcı -∪-)				l ol			

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year,
T 6	44	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	529,597	546,529	<u>546,529</u>
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 189,000			
		Less allowance for doubtful accounts	130,000	189,000	189,000
	4	Pledges receivable 0			
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			0
	7	instructions)	0	0	
	7	Other notes and loans receivable (attach schedule)	₋		J
Assets		Less allowance for doubtful accounts	0	0	0
SS	8	Inventories for sale or use			
⋖	9	Prepaid expenses and deferred charges	97.026	119 200	97.026
		a Investments—U.S. and state government obligations (attach schedule)	87,026	118,399	87,026
	1	b Investments—corporate stock (attach schedule)	696,363	632,392	632,392
		c Investments—corporate bonds (attach schedule)	- 0	0	<u> </u>
	11	Investments—land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	0	0	
	42	dodamalate depresation (dimen constant)	- 4	0	0
	12	Investments—mortgage loans	0	40.520	49,520
	13	Investments—other (attach schedule) Land buildings, and equipment basis	<u> </u>	49,520	49,520
	14				
	4.5		0	0	0
	15	Other assets (describe			0
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1 442 006	1 525 040	1 504 467
	17		1,442,986	1,535,840	1,504,467
	18	Accounts payable and accrued expenses Grants payable			
es	19	Deferred revenue			,
Liabilities	20		0	0	
ğ	21	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Ë	22	Mortgages and other notes payable (attach schedule)	0	. 0	
	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0	0	
	123		0		
w		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			
an	24	Unrestricted			
3al	25	Temporarily restricted			
9	26	Permanently restricted		· · · · · · · · · · · · · · · · · · ·	
Š		Foundations that do not follow SFAS 117, check here And complete lines 27 through 31.			
or Fund B	27			0	
ō	27	Capital stock, trust principal, or current funds		0	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	1 442 006	1 525 940	
SS	29 30	Retained earnings, accumulated income, endowment, or other funds	1,442,986	1,535,840	
¥	30	Total net assets or fund balances (see page 17 of the instructions)	1 442 006	1 525 040	
Net Assets	31	Total liabilities and net assets/fund balances (see page 17	1,442,986	1,535,840	
_	31	of the instructions)	1 442 006	1 525 940	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	1,442,986	1,535,840	L
_		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
•		of-year figure reported on prior year's return)	oo (mast agree with	1	1,442,986
2		amount from Part I, line 27a	2	92,855	
3			3	92,833	
		ines 1, 2, and 3		4	1,535,841
5		eases not included in line 2 (itemize) ROUNDING		5	1,000,041
_		net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumo (b) line 30		4 505 0 10
	, otal	The coopers of further benefits of actions of your fille 4 million line of Fact II, C	olatini (b), into oo		1,535,840

Form 990-PF (2010) FF FO	JNDATION				72	-1452245 Page 3
	nd Losses for Tax on Inv	estment Inco	me			-1402240 rage 0
(a) List and describe	the kind(s) of property sold (e.g., real es	state,	(b) How acquired P—Purchase		ate acquired , day, yr)	(d) Date sold (mo , day, yr)
1a See Attached Statement			D-Donation	,		· · · · · · · · · · · · · · · · · · ·
b			 	 		
<u> </u>			 			
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale			n or (loss) f) minus (g)
_a	o c		0			0
b			0			0
	<u> </u>)	0			0
d	o c		0			0
	<u>ol</u> c	1	0			0
Complete only for assets sho	wing gain in column (h) and owne	ed by the foundat	ion on 12/31/69		(I) Gains (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any			less than -0-) or rom col (h))
a	0		0			0
	o c)	0			0
			0			0
	<u> </u>	 	0	-		0
e	0 0	1	0	l ,		0
	If (loss) or (loss) as defined in section , line 8, column (c) (see pages		art I, line 7	2		-34,667 1,522
	der Section 4940(e) for R	educed Tay	on Net Investme	ent Inc	ome	1,522
	private foundations subject to	****				
If section 4940(d)(2) applies,		Tine Section 49	40(a) tax on het ii	ivesune	int income)	
	the section 4942 tax on the dis	stributable ama	unt of any year in	tha haa	o noriod?	□ Vos. □ No
	not qualify under section 4940		• •	uie bas	e period?	∐ Yes ∐ No
 Enter the appropriate an 	nount in each column for each	year, see page	e 18 of the instruct	ions be	fore making	any entries
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ons Net value	(c) Net value of nonchantable-use assets			(d) ribution ratio fivided by col (c))
2009		5,000	1,407	7,646		0 046176
2008				·		0 000000
2007						0 000000
2006						0 000000
2005			=- <u>-</u>			0 000000
2 Total of line 1, column (d)					2	0 046176
the number of years the fo	for the 5-year base period—di oundation has been in existend	vide the total of ce if less than 5	n line 2 by 5, or by years	′ <u> </u>	3	0 046176
4 Enter the net value of non	charitable-use assets for 2010) from Part X, Iı	ne 5		4	0
5 Multiply line 4 by line 3					5	0
6 Enter 1% of net investmen	nt income (1% of Part I, line 27	7b)			6	0

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

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

the Part VI instructions on page 18

0

0

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	ge 18	of the	inst	ucțio	ons)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				Ţ			
. •	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)							
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			170			
	here ▶ ☐ 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-)	2		0				
3	Add lines 1 and 2 .	3			170			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			170			
6	Credits/Payments.							
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0							
	Exempt foreign organizations—tax withheld at source 6b							
	Tax paid with application for extension of time to file (Form 8868) 6c 2,000	1						
_	Backup withholding erroneously withheld							
7	Total credits and payments Add lines 6a through 6d	7		2	,000			
8	Enter any penalty for underpayment of estimated tax. Check here	8	-		0			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0			
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2011 estimated tax Refunded	10			,830			
	· · · · · · · · · · · · · · · · · · ·	''		1	,830			
Fa	t VII-A Statements Regarding Activities		-		V			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Ļ		Yes	No		
	participate or intervene in any political campaign?		-	1a		Х		
k	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							
_				1c				
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-	IC.				
•	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$							
-	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers \$\Bigs\\$\$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		\overline{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		ľ	3		Χ		
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Ī	4a		Х		
t	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х		
	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	Х			
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	nd Par	tXV	7	Х			
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the							
	instructions) ► LA	·						
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			01-				
c	General (or designate) 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 calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)) /				V		
10	If "Yes," complete Part XIV			9_		_ X_		
IŲ	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			40		U		
	their names and addresses			10		X		

1 011	12-12	152245	_ P	age 🧿
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	_^_
	Website address N/A			
14	The books are in care of ► THOMAS H LEE Telephone no ► (225) 769-	3122		
• •	Located at ► 9300 BLUEBONNET BLVD BATON ROUGE LA ZIP+4 ► 70810	y.,zz.		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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? (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			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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 Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	:
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 2010?	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?			
	If "Yes," list the years 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 22 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 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 Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
4-	if the foundation had excess business holdings in 2010)	3b	N/A	
4a h	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable	4h		Y

Form 990-PF (2010) LEE FOUNDATION				72-145224	Page o		
Part VII-B Statements Regarding Activiti	es for Which Forn	1 4720 May Be R	equired (continued)	,			
5a During the year did the foundation pay or incur any					, ,		
(1) Carry on propaganda, or otherwise attempt t	o influence legislation (section 4945(e))?	Yes	X No			
(2) Influence the outcome of any specific public				_			
on, directly or indirectly, any voter registration	n drive?		Yes	X No			
(3) Provide a grant to an individual for travel, stu	dv or other similar pur	noses?	Yes	X No			
(4) Provide a grant to an organization other than	•				!		
• • • • • • • • • • • • • • • • • • • •	in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)						
,, ,	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?						
b If any answer is "Yes" to 5a(1)-(5), did any of the t	ransactions fail to quali	ify under the exception	ns described in				
Regulations section 53 4945 or in a current notice	of the instructions)?	<u>5b</u>	N/A				
Organizations relying on a current notice regarding	disaster assistance ch	eck here .	▶L				
c If the answer is "Yes" to question 5a(4), does the f	oundation claim exemp	tion from the		_			
tax because it maintained expenditure responsibility	ty for the grant?		Yes	No			
If "Yes," attach the statement required by Regulation	ons section 53 4945–5 ₍	(d)					
6a Did the foundation, during the year, receive any fur	nds, directly or indirectl	y, to pay		_			
premiums on a personal benefit contract?				X No	_		
b Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870	, directly or indirectly, o	n a personal benefit o	contract?	6b			
7a At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transaction	on? Yes	X No			
b If "Yes," did the foundation receive any proceeds of							
Part VIII Information About Officers,				aid Emplo	vees,		
and Contractors	•	•	0 , 0 ,	•	•		
4 List all affice or allocations towards as found	ation managers and	l their compensat	ion (oos nage 22 of the	o inetructio	na\		
1 List all officers, directors, trustees, found	auvii illallayers alic	i ilieli compensat	ion (see page 22 or the	e manucuo	115).		
1 List all officers, directors, trustees, found	(b) Title, and average	(c) Compensation	(d) Contributions to	T			
(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expe	ins). Inse account, allowances		
(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expe	nse account,		
	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expe	nse account,		
(a) Name and address WINIFRED LEE	(b) Title, and average hours per week devoted to position SEC/PRES/DIR	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Expe	ense account, allowances		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78	(b) Title, and average hours per week devoted to position SEC/PRES/DIR	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Expe	ense account, allowances		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Expe	ense account, allowances		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Expe	ense account, allowances		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Experiments	onse account, allowances 0 0		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation	(e) Experiments	onse account, allowances 0 0 0		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation	(e) Experiments	onse account, allowances 0 0 0		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 yees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 obse included on li	(d) Contributions to employee benefit plans and deferred compensation the following state of the following state o	(e) Experiments	onse account, allowances 0 0 0		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 yees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 osse included on line	(d) Contributions to employee benefit plans and deferred compensation to the complex compensation to the compensat	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 yees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on line	(d) Contributions to employee benefit plans and deferred compensation to the second se	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 00 (b) Title, and average hours per week devoted to position 00 00 00 00 00 00 00 00 00 00 00 00 00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on line	(d) Contributions to employee benefit plans and deferred compensation to the see page 23 of the contributions to employee benefit plans and deferred	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 00 (b) Title, and average hours per week devoted to position 00 00 00 00 00 00 00 00 00 00 00 00 00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on line	(d) Contributions to employee benefit plans and deferred compensation to the see page 23 of the contributions to employee benefit plans and deferred	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 00 (b) Title, and average hours per week devoted to position 00 00 00 00 00 00 00 00 00 00 00 00 00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on line	(d) Contributions to employee benefit plans and deferred compensation to the see page 23 of the contributions to employee benefit plans and deferred	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 00 (b) Title, and average hours per week devoted to position 00 00 00 00 00 00 00 00 00 00 00 00 00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on line	(d) Contributions to employee benefit plans and deferred compensation to the see page 23 of the contributions to employee benefit plans and deferred	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ If none, enter "NONE." (a) Name and address of each employee paid more than \$50.	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 00 (b) Title, and average hours per week devoted to position 00 00 00 00 00 00 00 00 00 00 00 00 00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on line	(d) Contributions to employee benefit plans and deferred compensation to the see page 23 of the contributions to employee benefit plans and deferred	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ If none, enter "NONE." (a) Name and address of each employee paid more than \$50.	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 00 (b) Title, and average hours per week devoted to position 00 00 00 00 00 00 00 00 00 00 00 00 00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on line	(d) Contributions to employee benefit plans and deferred compensation to the see page 23 of the contributions to employee benefit plans and deferred	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		
(a) Name and address WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78 THOMAS H LEE 9300 BLUEBONNET BLVD BATON ROUGE LA 2 Compensation of five highest-paid employ If none, enter "NONE." (a) Name and address of each employee paid more than \$50.	(b) Title, and average hours per week devoted to position SEC/PRES/DIR 00 PRES/DIR 2 00 00 00 (b) Title, and average hours per week devoted to position 00 00 00 00 00 00 00 00 00 00 00 00 00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on line	(d) Contributions to employee benefit plans and deferred compensation to the see page 23 of the contributions to employee benefit plans and deferred	(e) Experimental (e) Ex	onse account, allowances 0 0 0 ions).		

Total number of other employees paid over \$50,000

	72-1452245 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid	l Employees,
and Contractors (continued)	<u> </u>
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter	r "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	0
	0
	0
	0
	0
Total number of others receiving over \$50,000 for professional services ▶	
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 such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
	-
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions	
3	
	^
Total. Add lines 1 through 3	0

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundati	ions,
	see page 24 of the instructions)		
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	596,618
b	Average of monthly cash balances	1b	547,444
С	Fair market value of all other assets (see page 25 of the instructions)	1c	238,520
d	Total (add lines 1a, b, and c)	1d	1,382,582
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . Le		
2	Acquisition indebtedness applicable to line 1 assets	2	- · · · · · · · · · · · · · · · · ·
3	Subtract line 2 from line 1d	3	1,382,582
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions) .	4	20,739
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,361,843
6	Minimum investment return. Enter 5% of line 5	6	68,092
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here 🌗 🔲 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	68,092
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	170
3	Distributable amount before adjustments Subtract line 2c from line 1	3	67,922
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	67,922
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 Part XIII,		
	line 1	7	67,922
Par	XII Qualifying Distributions (see page 25 of the instructions)		
L en	Qualifying distributions (see page 25 of the 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	70,000
b	Program-related investments—total from Part IX-B	1b	C
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	C
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	70,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	70,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun qualifies for the section 4940(e) reduction of tax in those years	dation	

Pa	rt	XIII Undistributed Incor	me (see page 26 of t	he instructions)			
1	1	Distributable amount for 2010 fi		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
_		_					67,922
2	_	Undistributed income, if any, as	s of the end of 2010				
		Enter amount for 2009 only				0	
	b	Total for prior years 20,			0		
3		Excess distributions carryover,	1 -				
	a	From 2005	6,614				
1	b	From 2006	14,742		}		
1	С	From 2007	0				
1	d	From 2008	0				
(9	From 2009	0	~ - · · · · · · · · · · · · · · · · · · ·			
1	f	Total of lines 3a through e		21,356			
4		Qualifying distributions for 2010) from Part				
		XII, line 4 ► \$	70,000				
;	а	Applied to 2009, but not more ti	han line 2a			0	
ı	b	Applied to undistributed income	of prior years				
		(Election required—see page 2	6 of the instructions)		0		
•	¢	Treated as distributions out of o	corpus (Election				
		required-see page 26 of the in	nstructions)	0			
	d	Applied to 2010 distributable an	nount				67,922
(е	Remaining amount distributed of	out of corpus	2,078			
5		Excess distributions carryover a	applied to 2010	0			Ö
		(If an amount appears in column same amount must be shown in	, , ,				
6		Enter the net total of each colindicated below:	lumn as				
;	а	Corpus Add lines 3f, 4c, and 4e	e Subtract line 5	23,434			
		Prior years' undistributed incom					
		line 4b from line 2b			ol	i	
(С	Enter the amount of prior years'	' undistributed		_		
		income for which a notice of de-	ficiency has				
		been issued, or on which the se	•		i		
		tax has been previously assess	` '				
	d	Subtract line 6c from line 6b Ta					
		amount—see page 27 of the ins			o		
(е	Undistributed income for 2009					
		4a from line 2a Taxable amoun	- · · · · · · · · · · · · · · · · · · ·				
		instructions	ooo pago ar or allo			o	
1	F	Undistributed income for 2010	Subtract			<u></u>	·
		lines 4d and 5 from line 1. This					
		be distributed in 2011					0
7		Amounts treated as distributions	s out of				
		corpus to satisfy requirements in					
		section 170(b)(1)(F) or 4942(g)(
		the instructions)	(o) (occ page 27 of				
8		Excess distributions carryover fi	rom 2005				
		not applied on line 5 or line 7 (s					
		instructions)	cc page 27 of the	6,614		İ	
9		Excess distributions carryove	er to 2011	0,014			
-		Subtract lines 7 and 8 from line		16,820			
10		Analysis of line 9	∪a .	10,020			
10		Excess from 2006	44.740				
			14,742				
-		Excess from 2007	<u> </u>				
		Excess from 2008	0				
		Excess from 2009	0				
€	•	Excess from 2010	2,078				

	1 990-PF (2010) LEE FOUNDATION				72-1452	245 Page 10
Pa	t XIV Private Operating Foundations (s	ee page 27 of the	ne instructions ai	nd Part VII-A, qu	iestion 9)	
1 a	If the foundation has received a ruling or determination, and the ruling is effective for 2010, ent			•		
b	Check box to indicate whether the foundation is a	4942(J)(3) or	4942(J)(5)			
2 a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for each year listed	0	0	· · · ·		
h	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII, line 4 for each year listed	0	0			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	.0			0
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co	mplete this part	only if the fou	ndation had \$5	,000 or more in	_
	assets at any time during the ye					
1	Information Regarding Foundation Manag	jers:				
а	List any managers of the foundation who have cor before the close of any tax year (but only if they have			•	the foundation	
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
2	Information Regarding Contribution, Gran	t. Gift. Loan. Sch	nolarship. etc Pi	rograms:		
-	Check here $\blacktriangleright X$ if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, and	contributions to pre akes gifts, grants, et	selected charitable	organizations and d		ions
a	The name, address, and telephone number of the	person to whom ap	plications should be	addressed		
t	The form in which applications should be submitted	d and information a	nd materials they sh	ould include		
c	Any submission deadlines					
	Any restrictions or limitations on awards, such as factors	by geographical are	as, charitable fields,	kınds of institutions,	or other	

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment								
If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount					
or substantial contributor	recipient	CONTRIBUTION						
	PUBLIC	GENERAL FUND	40,000					
	PUBLIC	GENERAL FUND	20,000					
	PUBLIC	GENERAL FUND	10,000					
		▶ 32	70,000					
			70,000					
:								
		<u>▶</u> 3h	0					
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient PUBLIC PUBLIC	If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution					

		PF (20							72-1452	245	Pag	e 13
Par	1 XV	/ 	nformation Rega Exempt Organiza	rding Tran tions	sfers To and Tran	sactions	and Re	lationships W	ith Noncharit	able		
	ın se		501(c) of the Code		ingage in any of the fo section 501(c)(3) orga						Yes	No
		nsfers Cash		oundation to	a noncharitable exen	npt organ	zation of			4 2 (4)		
	(2)	Other	assets							1a(1) 1a(2)		X
			nsactions of assets to a nonc	haritable exe	empt organization					1b(1)		X
	(2)	Purch	nases of assets from	a noncharit	able exempt organiza	tion				1b(2)		X
			al of facilities, equipr bursement arrangen		r assets					1b(3)		X
			s or loan guarantees							1b(4) 1b(5)	 	x
					nip or fundraising solic					1b(6)		Χ
				_	its, other assets, or pa	•	•	a Obstational all		1c		<u> </u>
	valu	e of ti	he goods, other asse	ets, or servic	complete the following es given by the report ement, show in colum	tına found	dation If the	ne foundation re	ceived less than	fair m	arket	t
(a) l	ine no	•	(b) Amount involved	(c) Name	of noncharitable exempt org	anization	(d) De	scription of transfers	transactions, and sh	nanng ai	Tangen	nents
_		+	0 0			•.			.			
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			0	_								
		+	0				-	**				
			0									
			0									
	desc	cribed es," c	in section 501(c) of omplete the following	the Code (o	ated with, or related to ther than section 501	(c)(3)) or	nore tax-e	exempt organiza 527?		′es 🔀] No	
			(a) Name of organization		(b) Type of o	rganization		(c)	Description of relatio	nship		
					-							
						•						
									_			
	I⊦	Under p	penalties of penjury, I declar	are that I have e	xamined this return, including n of preparer (other than tax	ng accompar	nying schedu	les and statements,	and to the best of my	knowle	dge an	d
Sig	ויינ			picie Deciaratio	in or preparer (other than tax	kpayer or no	uciary) is bas	sed off all information			nowieu	ge
He	re)=	1000		<u>a</u>	1	8/13	///	OIRECT	ar		
		' Sigr	Print/Type preparer's nai	me	Preparer's signature		Date	Tr Date	de .	PTIN		
Pai					Pamela Grant				Check I If	_	0 01	-781
	par	٠.	Pamela Grant Firm's name ► Trai	nswest Equit				8/15/2011	self-employed Firm's EIN ▶7,2	116	7	9(0)
US	O e	nıy			et Blvd, Baton Rouge,	LA 7081	0			769-	3122	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization			Employer identification number
LEE FOUNDATION			72-1452245
Organization type (chec	k one)		172-1402240
Filers of:	Section:		
There or.			
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1)	nonexempt charitable trust not treated as a	a private foundation
	527 politica	al organization	
Form 990-PF	X 501(c)(3) e	exempt private foundation	
	4947(a)(1)	nonexempt charitable trust treated as a priv	vate foundation
	501(c)(3) ta	axable private foundation	
Instructions General Rule X For an organizati	on filing Form 990, 99	anization can check boxes for both the Gen	
property) from ar	ny one contributor. Co	omplete Parts I and II	
Special Rules			
sections 509(a)(1	I) and 170(b)(1)(A)(vi	ing Form 990 or 990-EZ that met the 33 1/3), and received from any one contributor, du on (i) Form 990, Part VIII, line 1h or (ii) Form	uring the year, a contribution of the greater
the year, aggregation	ate contributions of m	ganization filing Form 990 or 990-EZ that rec lore than \$1,000 for use <i>exclusively</i> for relig on of cruelty to children or animals Complete	gious, charitable, scientific, literary, or
the year, contributing aggregate to more year for an exclu	utions for use <i>exclusion</i> re than \$1,000 If this <i>sively</i> religious, chari	ganization filing Form 990 or 990-EZ that receively for religious, charitable, etc., purposes, box is checked, enter here the total contributable, etc., purpose. Do not complete any of received nonexclusively religious, charitable	but these contributions did not utions that were received during the fithe parts unless the General Rule
990-EZ, or 990-PF), but i	t must answer "No" o	by the General Rule and/or the Special Rules on Part IV, line 2 of its Form 990, or check the	s does not file Schedule B (Form 990, he box on line H of its Form 990-EZ,

Schedule B (Form 990)	990-EZ, or 990-PF) (2010)

	ganization IDATION		Employer identification number 72-1452245
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TRANSWEST EQUITIES, INC 9300 BLUEBONNET BLVD BATON ROUGE LA 70810 Foreign State or Province Foreign Country	\$ 120,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	SOUTHWEST FINANCIAL MANAGEMENT 9300 BLUEBONNET BLVD BATON ROUGE LA 70810 Foreign State or Province Foreign Country	\$ 30,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	WINIFRED LEE 1608 WEST END PLACE ROUND ROCK TX 78686 Foreign State or Province Foreign Country	\$ 39,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroll Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province	\$0	Person Payroll Noncash Complete Part II if there is

Foreign Country

(Complete Part II if there is a noncash contribution)

Name of organization LEE FOUNDATION

Page 1 of 1 of Part II
Employer identification number

72-1452245

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 0	

		(e) Transfer of	f gift
		(e) Transfer of	f gift
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee
	Transfered S flame, address, and E		Teladolising of dalisters to dalistere
	•••••		
	For Prov.		
(a) No.	For Prov Country		
from Part I	(b) Purpose of gift	(c) Use of g	ift (d) Description of how gift is held
- 1 4111			
		(e) Transfer of	f gift
		, ,	
	Transferee's name, address, and Z	<u>IP + 4</u>	Relationship of transferor to transferee
	For Prov Country		
(a) No.			
	(b) Purpose of gift	(c) Use of g	ift (d) Description of how gift is held
from Part I			
Part I			
		(e) Transfer of	f gift
	Transferee's name, address, and Z		f gift Relationship of transferor to transferee

For Prov

Country

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Other.	
Asset	
<u>و</u>	
from Sale of	
from	
Gain/Loss	
_	
(990-PF)	
ø	
Line	

						Totals	Gross	SS	Cost, Other	Other	Net Gain	Sain
	Amount						Sales	se	Basis and Expenses	Expenses	or Loss	SSC
Long Term CG Distributions						Securities		89,959		124,626		-34,667
Short Term CG Distributions						Other sales		0		0		0
			Check "X" ıf							Expense of Sale and		
			Purchaser							Cost of		
			ısa	Date	Acquisition	Date	Gross Sales	Cost or	Valuation	Improve-		Net Garn
Description	CUSIP#	Purchaser	Business	Acquired	Method	Sold	Price	Other Basis	Method	ments	Depreciation	or Loss
MANNING & NAPIER WORLD	EXWAX		×	9/15/2008	Ь	5/20/2010	28,310	32,500				4,190
MANNING & NAPIER WORLD	EXWAX		×	12/15/2008	Ь	5/20/2010	119	94				25
MANNING & NAPIER WORLD	EXWAX		×	9/15/2009	۵	5/20/2010	129	142				-13
MANNING & NAPIER WORLD	EXWAX		×	12/31/2009	Д.	5/20/2010	82	90				-8
	ORCL		×	10/10/2008	<u>a</u>	7/12/2010	9,311	6,721				2,590
TORONTO DOMINION BANK	P		×	4/2/2008	۵	7/27/2010	17,795	15,215				2,580
	MYL		×	2/12/2010	۵	9/9/2010	6,014	6,198				-184
	BGP		×	12/4/2006	Ь	9/14/2010	858	18,721				-17,863
	BGP		×	2/29/2008	۵	9/14/2010	1,287	12,972				-11,685
WASHINGTON POST	WPO		×	4/11/2006	Д	10/14/2010	7,890	14,961				-7,071
WASHINGTON POST	WPO		×	9/11/2009	٩	10/14/2010	3,945	4,587				-642
	BA		×	4/9/2008	Ь	11/22/2010	6,375	7.808				-1,433
GENERAL ELECTRIC	GE		×	11/25/2008	Ъ	11/23/2010	4,719	4.617				102
LOOMIS SAYLES INVEST GRA	rsiix		×	1/29/2010	d.	12/31/2010	543					543
HIGH YEILD MUTUAL FUND	PHYTX		×	1/29/2010	۵	12/31/2010	173					173
TCW TOTAL RETURN BOND F	TGLMX		×	1/29/2010	Ъ	12/31/2010	1,011					1,011
LOOMIS SAYLES INVEST GRA	LSIIX		×	2/23/2009	۵	12/31/2010	209					607
HIGH YEILD MUTUAL FUND	PHYTX		×	9/16/2008	Ъ	12/31/2010	637					637
TCW TOTAL RETURN BOND F	TGLMX		×	2/23/2009	Ь	12/31/2010	154					25
												0
												0
												٥
												0
												٥
												0

Line 16c (990-PF) - Other Fees

		6,102	6,102	6.102	0
					Disbursements
		Kevenue and			tor Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
	Person Providing Service	BOOKS	Income	Income	(Cash Basis Only)
-	Fees & commissions	193	193	193	
2	Management fees	5,909	5,909	5,909	
က					
4					
2					
9					
7					
8					
တ					
10					

Line 18 (990-PF) - Taxes

Revenue Revenue Net Investment per Books Adjusted per Books Oisbursements for Charitable purposes 1 FEDERAL EXCISE TAX 1,847 Net Income Purposes 2 TAXES - OTHER 66 66 Horboses 3 TAXES - DENALTIES 11 11 Horboses 4 11 11 Horboses 6 66 66 Horboses 6 6 Horboses Horboses 7 Horboses Horboses Horboses 7 Horboses Horboses Horboses 8 Horboses Horboses Horboses 9 Horboses Horboses Horboses 10 Horboses Horboses Horboses 1 Horboses Horboses Horboses 2 Horboses Horboses Horboses 3 Horboses Horboses Horboses 4 Horboses Horboses Horboses 5 Horboses			1,924	1,924	0	
Description			Revenue			Disbursements
Description per Books Income Net Income FEDERAL EXCISE TAX 1,847 1,847 TAXES - OTHER 66 66 TAXES - PENALTIES 11 11			and Expenses	Net Investment	Adjusted	for Charitable
FEDERAL EXCISE TAX		Description	per Books	Income	Net Income	Purposes
TAXES - OTHER TAXES - PENALTIES 11	-	FEDERAL EXCISE TAX	1,847	1,847		
3 TAXES - PENALTIES 11 11 4	7	TAXES - OTHER	99			
5 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	က	TAXES - PENALTIES	11	11		
5 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	4					
5 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2					
8 9 9 10	9					
9 9 10	7					
10	8					
10	6					
	10					

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

	/				S C C C	2	
		87,026	87,026 118,399 87,026 87,026	87,026	87,026		
		Book Value	Book Value Book Value	FMV	FMV	FMV FMV Check "X" if Federal Check "X" if State/	Check "X" if State/
	Description	Beg of Year	End of Year	Beg of Year	End of Year	Beg of Year End of Year Beg of Year End of Year Obligation	Local Obligation
1	Schwab Gov't Fund	87,026	118,399	87,026	87,026	×	×
2							
3							
4							
5							
9							
7							
8							
6							
10							

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			696,363	632,392	696,363	632,392
		Num Shares/	Book Value	Book Value	FMV	FM<
	Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
Wal-M	Val-Mart Store		14,493	14,493	14,493	14,493
Varion	/arious Stocks		533,969	490,251	533,969	490,251
Mutua	Autual Funds		147,901	127,648	147,901	127,648
	:					

			0		1
		Basis of	Book Value	Book Value	- NM-
	Item or Category	Valuation	Beg of Year	End of Year	End of Year
IRAGI	IRAQI DINARS			49,520	49,520
				_	

<u>P</u>	art III (990-PF) - Changes in Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·
	Line 5 - Decreases not included in Part III, Line 2		,
1	ROUNDING	1	1_
2	Total .	2	1

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	•	Amount											
	Long Term CG Distributions	0											•
	Short Term CG Distributions	0			Totals	89,959	0	124,626	-34,667	0	0	0	-34,667
						Gross		Cost or Other		FMV	Adjusted Basis		Gains Minus Excess
			How	Date	Date	Sales	Depreciation	Basis Plus	Gain or	as of	as of	Excess of FMV	of FMV Over Adjusted
	Kind(s) of Property Sold	SIP#	Acquired	Acquired	Sold	Price	Allowed	Expense of Sale	Loss	12/31/69	12/31/69	Over Adj Basis	Basis or Losses
-	MANNING & NAPIER WORLD OPP FUNDEXWAX		Ь	9/15/2008	5/20/2010	28,310	0	Ь.	4,190			0	4,190
7	MANNING & NAPIER WORLD OPP FUNDEXWAX	EXWAX P	_	12/15/2008	5/20/2010	119	0	94	25			0	25
3	MANNING & NAPIER WORLD OPP FUNDEXWAX	EXWAX P	_	9/15/2009	5/20/2010	129	0		-13			0	-13
4	MANNING & NAPIER WORLD OPP FUNDEXWAX	EXWAX P	_	12/31/2009	5/20/2010	82	0		89			0	8-
9	ORACLE	ORCL		10/10/2008	7/12/2010	9,311	0	6,721	2,590			0	2,590
9	ITO DOMINION BANK	TD OT		4/2/2008	7/27/2010	17,795	0		2,580			0	2,580
7		MYL		2/12/2010	9/9/2010	6,014	0	6,198	-184			ō	-184
&		BGP	•	12/4/2006	9/14/2010	858	0	18,721	-17,863			0	-17,863
6		BGP P		2/29/2008	9/14/2010	1,287	0		-11,685			0	-11,685
9		WPO		4/11/2006	10/14/2010	7,890	0	14,961	17,071			0	-7,071
÷	GTON POST	WPO	,	9/11/2009	10/14/2010	3,945	0	4,587	-642			0	-642
12		BA		4/9/2008	11/22/2010	6,375	0	7,808	-1,433			0	-1,433
13	GENERAL ELECTRIC	GE		11/25/2008	11/23/2010	4,719	0	4,617	102			0	102
4	LOOMIS SAYLES INVEST GRADE BOND	SIIX	,	1/29/2010	12/31/2010	543	0	0	543			0	543
12	HIGH YEILD MUTUAL FUND	PHYTX	_	1/29/2010	12/31/2010	173	0	0	173			O	173
16	TCW TOTAL RETURN BOND FUND	TGLMX P		1/29/2010	12/31/2010	1,011	o	0	1,011			0	1,011
11	RADE BOND	SIIX		2/23/2009	12/31/2010	209	0	0	209			0	607
9		PHYTX P	-	9/16/2008	12/31/2010	637	o	0	637			0	637
19	TCW TOTAL RETURN BOND FUND	TGLMX P		2/23/2009	12/31/2010	154	0	0	154			0	154
ឧ						0	0	0	0			0	0
2						0	0	0	0			0	0
22						0	0	0	0			0	0
23						0	0	0	0			0	0
77						0	0	0	0			0	0
55						0	0	0	0			0	0

Section 511 Tax	0	ı
Please provide a computati	on of tax that would have been imposed on unrelated business income under	Sec 511
	Description	Amount
	Second to the se	
		···
		
Part VII-A I ines 1a	and 1b (990-PF) - Political Participation	
	the foundation attempt to influence any national, state, or local legislation	
	tervene in any political campaign?	Yes X No
1b Did it spend more than (see page 19 of the inst	\$100 during the year (either directly or indirectly) for political purposes	Yes X No
(see page 13 of the ins	ructions for definition;	
If "Yes" to 1a or 1b, please	describe the activities	
······		
_ -	<u> </u>	
Part VII-A, Line 2 (9	90-PF) - Activities Not Previously Reported	
Has the organization engag	ed in any activities that have not previously been reported to the IRS?	Yes X No
If "Yes", please describe the	e activities	
· · · · · · · · · · · · · · · · · · ·		
		-
<u> </u>		

Amount Total: Explanation Recipient's Country Recipient's Zip Code State Yes X No Recipient's City Was there a liquidation, termination, dissolution, or substantial contraction during the year? Recipient's Street Address Part VII-A, Line 5 (990-PF) - Dissolution Statement Check "X" if Business Recipient's Name 9

Part VII-A, Line 5 (990-PF) - Liquidation Explanation

Part VII-A, Line 8b (990-PF) - Copy of Form 990-PF to Attor	ney Gener	ral		
Did the foundation furnish a copy of Form 990-PF to the State Attorney General?	X Yes	No	•	
If "No", please provide an explanation				

Part VII-B, Line 2b (990-PF) - Explanation Regarding the Incorrect Valuatio	n of Assets	
Are there any years listed in line 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?	N/A Yes	No
If "Yes", please provide an explanation		
		
		

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

اد		7	_	_	_	_	_	i	_			_
		Compensation										;
	Average	Hours	0	2								
	- CIPI	I ITTE	SEC/PRES/DI	PRES/DIR								
	Foreign											
	7.5	ZID Code	78681	LA 70810								
	0,000	State	ĭ	Γ								
		- 1		BATON ROUGE								
	**************************************	Street	1608 WEST END PLACE	9300 BLUEBONNET BLVD								
	Check "X"	It Business										
	4	Name	WINIFRED LEE	THOMAS H LEE								
			-	2	3	4	2	9	7	8	6	10

Part X, Line 1e (990-PF) - Explanation	of Reduction Claimed for Blockage or Other Factors
	for Entering Amount Larger than 1 1/2% FMV of Assets
Cash deemed held for charitable activities Please provide an explanation for entering a cash am	for Entering Amount Larger than 1 1/2% FMV of Assets
Cash deemed held for charitable activities Please provide an explanation for entering a cash am	20,739 oount larger than 1 1/2% of the fair market value of all assets
Cash deemed held for charitable activities Please provide an explanation for entering a cash am	20,739 oount larger than 1 1/2% of the fair market value of all assets
Cash deemed held for charitable activities Please provide an explanation for entering a cash am	20,739 oount larger than 1 1/2% of the fair market value of all assets
Cash deemed held for charitable activities Please provide an explanation for entering a cash am	20,739 oount larger than 1 1/2% of the fair market value of all assets
Cash deemed held for charitable activities Please provide an explanation for entering a cash am	20,739 oount larger than 1 1/2% of the fair market value of all assets