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Form **990-PF**

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

Form **990-PF** (2011)

	i Rev	of the Treasury enue Service			ndation may l				return to sa	itisfy state rep	orting red	uiremeni			
For d	alen	dar year 2011 or ta	x year b	eginning	JUN	1 28,	, 201	.1	, and	ending	DEC	31,	2011		
Nam	ne of	foundation									A Emp	loyer ide	ntification	ı number	
T	HE	MICK AND	SA	NDY L	EE FAM	ILLY	FOUN	DATI	ON		4	5-368	85879)	
		nd street (or PO box n							_	Room/suite		phone nu			
1	900	MAJOR D	RIV	E NOR	TH						9	<u>52-5</u> 2	12-55	18	
•		wn, state, and ZIP of DEN VALLE		MIN 5	5422						C If exe	mption app	olication is p	pending, check here	e 🕨
		all that apply:	_	Initial returi			Initial ret	urn of a fo	ormer public	charity	D 1.F	oreign org	ganizations	s, check here	Þ
				Fınal return			Amende		•	•			-		•
				Address ch	ange		Name ch	ange			2. Fo	oreign orga neck here a	nizations me nd attach co	eeting the 85% test omputation	t,
H_C	-	type of organization			n 501(c) <u>(3) e</u> x									itus was termina	
		tion 4947(a)(1) no						ate founda Cash			•)(A), check here	
		rket value of all ass Part II, col. (c), line		io oi year	ļ ~~~	ther (spe		_ Cash	L AC	ccrual				60-month termi)(B), check here	
>		art II, coi. (c), iirie	10)	0.	1			on cash t	basis.)		und.	51 36611011	1 307 (0)(1)(D), GIIGGK HOIG	, ,
		Analysis of Reve	nue and	Expenses		(a) Revenue	and	(b) Net	investment	(() Adjuste	d net	(d) Disburs	semen
		Analysis of Revel (The total of amounts necessarily equal the	amounts	ins (0), (c), and in column (a))	exp	énses per	books		ncome		incom	e 	for charitable (cash bas	
		Contributions, gifts	. •			CERTIFIED TO	Market - A.A.	german com	U.S. ZANG		d Hair	N/A	ii dia		day.
	_	Check X if the interest on savings an) attach Sch B		A	政人では				entrace:	TOTAL SEE		
	3 4	cash investments Dividends and inte		-	;						+				### ST
		Gross rents			•										
	b	Net rental income or (I	oss)			5:2 5		MY T				Marit.		** 38 *******	Sec
<u>e</u>	6a	Net gain or (loss) from Gross sales price for a	sale of a	ssets not on	ine 10	No.	i Joseph Same and All	GSG-477-VLDL							
Revenue	b	assets on line 6a				MARKET STATE		数次で選	13 11 11 11 11 11 11 11 11 11 11 11 11 11		A PARTY				
Re	7 8	Capital gain net incom Net short-term cap								0	• 1413-44 #	SECTOMES	-16:900 16	######################################	
	9	Income modification	-	•							<u> </u>				
		Gross sales less retur and allowances					ita an								abi.
	_	Less Cost of goods s	old			學面		₩5.3							
		Gross profit or (los	s)						W. All	世"基础	3				
	11	Other income	thraL	. 11				0.		0	+-				
	12 13	Total. Add lines 1 Compensation of office			s. etc	-		0.		0				Water Cont Branch	***/* <u>*</u>
		Other employee sa			.,										
		Pension plans, em		_											
Administrative Expenses		Legal fees									+		_,	<u> </u>	
кре		Accounting fees	CF		_	<u> </u>					+-		<u> </u>	 	
ē Ē	С 17	Other professional	SET.	VED							+				
ativ	18	Taxes NOV	0 ~		79/						+			†	
nistr	19	Depreciation and o	lepletion	2012	્રું									學的影響	B b/
dmi	20	Occupancy	EAT		&										
ďĄ	21	Travel, contenence	-	neetings	7						+			-	
and	22	Printing and public	ations	1999	J	<u> </u>					+-			 	
ıtinç	23 24	Other expenses Total operating as	nd admi	nistrative							+			+	
Operating		expenses. Add lin						0.		0					
ō	25	Contributions, gift						0.	26520		其种			3	
	26	Total expenses a		ırsements.		1		_		_					
	-	Add lines 24 and 2		10.		30000		0.	The shall state the	0	. #0:##			0 (15) (15) (15)	0 95 40
	27	Subtract line 26 fr						0.							
		Net investment in	-			3333	## ######		SH NAMES OF STREET	0					o rota
	"					1,500			Fig.			N/A	- nes wegged along		
	C	Adjusted net inco	ille (ii ne	gative, enter	-0-)		Charles and water to	MARKET AND LINES.	A Second Comments						

_		0-PF (2011) THE MICK AND SANDY LEE	FAMILY FOUNDA	TION 45-	3685879 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		f year
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
		Less: allowance for doubtful accounts		Law Law Very Control of the Control	
	4	Pledges receivable ►	er de Carana	A CONTRACTOR OF THE PARTY OF TH	
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	File Carrie Carrie		
		Less: allowance for doubtful accounts			
şţ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers)	0.	0.	0.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
8	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
	22	Other liabilities (describe >)			
	:				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
or Fund Balances	25	Temporarily restricted			
8	26	Permanently restricted			A CONTRACTOR
ဋ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Š	30	Total net assets or fund balances	0.	0.	
	31	Total liabilities and net assets/fund balances	0.	0.	
₹p	ant	Analysis of Changes in Net Assets or Fund E	Balances		
2 4	ant;	<u> </u>			
1	Tota	l net assets or fund balances at beginning of year - Part II, column (a), line	30		
	-	st agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	r amount from Part I, line 27a		2	0.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	0.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	0.
-					Form 990-PF (2011)

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		AND SANDY			IND	ATI	ON	4	<u>5-368</u>	<u> 5879</u>	Page 3
V., *			· - · · · ·	tincome	(b)	How a	coured	(.) D-4-		(D D-4-	
) of property sold (e.g. ommon stock, 200 shs			1,2	- Purc	cquired hase ation	(c) Date a (mo., da	acquired ay, yr.)	(d) Date (mo., da	
		· · · · · · · · · · · · · · · · · · ·			1	- 0011	ation				
b NO	NE	· 			1			-			
С	-										
d											
e					<u>L</u>						
(e) Gross sales price		eciation allowed allowable)		st or other basis expense of sale					ain or (loss) (f) minus (
a											
b											
C											
d											
Complete only for assets showin	a gain in colu	mn (h) and owned by t	the foundation	n on 12/31/69			- a	Gains (C	ol. (h) gaın ı	minite	
(i) F.M.V. as of 12/31/69	(j) A	djusted basis of 12/31/69	(k) E:	xcess of col. (i)				(k), but n	ot less than (from col. (f	-0-) or	
a											
<u>b</u>											
C		-					•				
d											
е							T				
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 : 7	}	2					
3 Net short-term capital gain or (los	s) as defined	ın sections 1222(5) an	d (6):		,						
If gain, also enter in Part I, line 8,	column (c).					_					
If (loss), enter -0- in Part I, line 8 Part.V Qualification U	nder Sec	tion 4940(a) for	Reducer	l Tay on Net	· inv	3 Astr	nent Inc	ome			
(For optional use by domestic private							ione ino			N/A	
(For optional use by domestic private	TOUTIUATIONS	Subject to the Section 4	1940(a) iax ui	i net mvezunent i	ICOIII	s.)				IV/A	
If section 4940(d)(2) applies, leave the	ıs part blank.										
Was the foundation liable for the sect	ion 4942 tax	on the distributable am	ount of any y	ear in the base pe	rıod?					Yes	□ No
If "Yes," the foundation does not qual	ıfy under sect	ion 4940(e). Do not co	mplete this pa	art.							
1 Enter the appropriate amount in 6	ach column f	or each year; see instri	uctions before	making any entri	es.						
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) oncha		-use assets		Distrib (col. (b) divi	(d) ution ratio ded by col.	(c))
2010		··									
2009		· · · · · · · · · · · · · · · · · · ·									
2008		· · · · · · · · · · · · · · · · · · ·									
2007										····	
2006				<u> </u>				1			
2 Total of line 1, column (d)								2			
3 Average distribution ratio for the	5-year base p	eriod - divide the total o	on line 2 by 5,	or by the number	of ye	ars					
the foundation has been in exister				•				3			
4 Enter the net value of noncharitab	le-use assets	for 2011 from Part X, I	line 5					4	<u></u>		
5 Multiply line 4 by line 3								5			
6 Enter 1% of net investment incom	ne (1% of Par	I, line 27b)						6_			
7 Add lines 5 and 6								7			
8 Enter qualifying distributions fron	n Part VII lico	A						8			
If line 8 is equal to or greater than See the Part VI instructions.			1b, and comp	plete that part usir	ng a 1	% tax	rate.	<u> </u>			
123521 12-02-11				·			-		Fr	rm 990-F	F (2011)

	990-PF (2011) THE MICK AND SANDY LEE FAMILY FOUNDATION rt VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		36858' - see ins		Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			Sign of	71,004
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1			0.
	of Part I, line 27b	**************************************			
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		···	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	ļ		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6	Credits/Payments:				
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a				* A T
b	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d	變變	经验证	21.33	
	Total credits and payments. Add lines 6a through 6d	7			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11	<u> </u>		
1 052	rt-VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	<u></u>	≶ Yes	No
	any political campaign?		<u>1</u>	la	<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1	lb	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or	400		
	distributed by the foundation in connection with the activities.		奎		
	Did the foundation file Form 1120-POL for this year?		1	1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Ŕ		
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .		3		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			量至量	
•	managers. > \$ 0.		- Tub		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		<u> </u>	2	<u>X</u>
_	If "Yes," attach a detailed description of the activities.		14.7		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of bully as other similar instruments? If IVan II attach a conformed and of the above as)r	[-48	THE WELL	
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	$\frac{x}{x}$
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	N	 -	ta	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14	I/A 4	4b	X
J	If "Yes," attach the statement required by General Instruction T.		42	30 30 30	<u>자</u> 전화:젊
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		*** ***	法基理	
Ü	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?	144	33	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X
•	If "Yes," complete Part II, col. (c), and Part XV.		25	· 数 数 级	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
- Ou	MN				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				AT AN
	of each state as required by General Instruction G? If "No," attach explanation	N	[/A 8	Bb	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale				450
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? 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		<u> </u>	10	X
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orm 990-PF (2011) THE MICK AND SANDY LEE F	AMILY FOUNDAY	ION	<u>45-36858</u>	<u>79 Page 6</u>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:			18	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es X No 🐉	
'(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,	(S)	學的學科學
any voter registration drive?		☐ Ye	es 🔀 No 🧏	學得完學
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es 🗶 No 🖄	
(4) Provide a grant to an organization other than a charitable, etc., organization			12	
509(a)(1), (2), or (3), or section 4940(d)(2)?		□ γ _ε	es 🗶 No 🧗	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or t		4.	
the prevention of cruelty to children or animals?	or concentrate purposes, or i		es 🗶 No 💈	建
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	dar the eventions described :		יאונאן פּי	
		in negulations	NT/N	228 2.28
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	b ke ke ke ran ran
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?		I/A L Ye	es 🔲 No 🏻 🔯	
If "Yes," attach the statement required by Regulations section 53 4945			ا به ا در در د	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u> </u>		
a personal benefit contract?		Ye	es 🗓 No 🕍	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	Sb X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	L Ye	_	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				'b
Part VIII	ees, Foundation Ma	nagers, Highly	y	
raid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		1	1 (8 2	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Continuations to employee benefit plans and deterred compensation	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
LLOYD T. LEE	PRESIDENT & T	REASURER		
1900 MAJOR DRIVE NORTH				
GOLDEN VALLEY, MN 55422	1.00	0.	0.	0.
SANDRA LEE	SECRETARY			
1900 MAJOR DRIVE NORTH				
GOLDEN VALLEY, MN 55422	1.00	0.	0.	0.
SUSAN SCHNEIDER	VICE PRESIDEN	r		
1900 MAJOR DRIVE NORTH		İ		
GOLDEN VALLEY, MN 55422	1.00	0.	0.	0.
) - II				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	l l	
	(b) Title, and average	1	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	devoted to position		compensation	allowallocs
HOME				
				
			-	
		1		
4.44	<u> </u>	L	l	-
Total number of other employees paid over \$50,000			>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX: A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 INITIAL RETURN, FOUNDATION UNFUNDED.	
2	0.
3	
4	
Part IX:B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	Amount
2	
	· · · · · · · · · · · · · · · · · · ·
All other program-related investments. See instructions. 3	
·	
Total Add lines 1 through 3	0

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P	art X 🛒 Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	<u> </u>
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	0.
_	Reduction claimed for blockage or other factors reported on lines 1a and	18 (3); (F	<u> </u>
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	· · · · · · · · · · · · · · · · · · ·	0.
6	Minimum investment return. Enter 5% of line 5	5 6	0.
	Distributed Assessed	<u> </u>	<u> </u>
P	foreign organizations check here and do not complete this part.)	ilu certairi	
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Ŗ	art-XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1,120,20	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	$\frac{0}{0}$.
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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
_	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011	•	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
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c Excess from 2009 d Excess from 2010 e Excess from 2011					
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	e Excess from 2011		化於於於於於於於於於於於	Y VANEA TO THE	Form 990-PF (2011)

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Part XIV Private Operating F	oundations (see in	Structions and Part V	<u>r FOUNDATIO.</u> II-A. auestion 9)	N/A	858/9 Page 10
1 a If the foundation has received a ruling of			7, question of	N/A	
'foundation, and the ruling is effective fo					
b Check box to indicate whether the found		=	In section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	3 4342(J)(3) OI4.	1
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for	(-)	(4)	(0)	(-,	(0) 10.01
each year listed					
b 85% of line 2a			 		
c Qualifying distributions from Part XII,	 		 		
line 4 for each year listed					
d Amounts included in line 2c not			 		
used directly for active conduct of					
exempt activities					
e 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:					
a "Assets" alternative test - enter: (1) Value of all assets					
•					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return	}			1	
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		· · · · · · · · · · · · · · · · · · ·			
(1) Total support other than gross	Ì				
investment income (interest,					
dividends, rents, payments on		į			
securities loans (section 512(a)(5)), or royalties)	1				
(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					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or me	ore in assets
at any time during t	he year-see inst	ructions.)	N/A	•	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)			
b List any managers of the foundation wh	io own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	SI.			
		···-			
2 Information Regarding Contribut					
Check here ► ☐ If the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	iests for funds. If
the foundation makes gifts, grants, etc.	<u> </u>			complete items 2a, b, c, and	1 d.
a The name, address, and telephone num	ber of the person to who	m applications should be	e addressed:		
				· · · · · · · · · · · · · · · · · · ·	
b The form in which applications should t	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
A American and the second seco		-1	landa et e e e		
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable fields	, KINOS OT INSTITUTIONS, OF	other factors:	
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3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				•
NONE				
110112				
_,,,,,				
	-			
			7,12	
Total	<u> </u>	1		
b Approved for future payment		<u> </u>	<u>▶ 3a</u>	0.
2 / pp.orda idi ididia paymoni				
NONE				
		-		
				**
Total			<u>▶ 3b</u>	0.
			Fo	orm 990-PF (2011)

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Part XVI-A Analysis of Income-Producing Activities

	(a) Business	d business income (b)	(c) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b	_	·			
C	1				
d	_		<u> </u>		ļ
e			ļ		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ		<u> </u>		
3 Interest on savings and temporary cash					
investments 4 Dividends and interest from securities	 				
Net rental income or (loss) from real estate:	\$44 36 46.20	STATE OF THE STATE	3226		
_ , , , , ,	* 50 45 75 A. C. C. C.	<u>終入に、、ハーカに、ディスペ記録は</u>	12 E 21	12 14 14	2 34 h - 1 / 1 6 - 1 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 a Debt-financed property b Not debt-financed property 			 		
6 Net rental income or (loss) from personal		· · · · · · · · · · · · · · · · · ·	† —		
property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·			
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:					
a			ĺ		
b					
c					
d					
е					
			Z.	0	
12 Subtotal. Add columns (b), (d), and (e)	建筑市的基金	0.	1860		•}U•
	通知等的表 别	0.	action		
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	0.	neolitie		
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation	S.)			13 _	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities	s.) es to the Acco	omplishment of Ex	kemp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities	es to the Acco	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	0.
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie Line No. Explain below how each activity for which	es to the Acco	omplishment of Exincolumn (e) of Part XVI-A	kemp	t Purposes	0.
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THE MICK AND SANDY LEE FAMILY FOUNDATION 45-3685879 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 1 • Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 16(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in

column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship mined this return, including accompanying schedules and statements, and to the best of my knowledge eturn with the preparer Sign shown below (see instr)? Here X Yes PRESIDENT Signature of officer or truster Date Title Preparer's signature Check [Print/Type preparer's name Ŋate self- employed PHILLIP J KRONLAGE, Paid PHILLIP J P00058731 Preparer Firm's name ► BLANSKI PETER KRONLAGE & ZOCH, Firm's EIN $\triangleright 41-1735076$ **Use Only** Firm's address ► 7500 OLSON MEMORIAL HWY, MINNEAPOLIS, MN 55427 (763)546-6211 Phone no. Form **990-PF** (2011)

■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ■ If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 1). Part II	Form 8868 (Rev. 1-2012)					Page 2		
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter file* identifying number, see instructions	··· · · · · · · · · · · · · · · · · ·	tension, d	complete only Part II and check this	box				
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form 8	3868.			
Enter filer's identifying number, see instructions print Files by me print Files by								
Name of exempt organization or other filer, see instructions	Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed	d).		
THE MICK AND SANDY LEE FAMILY FOUNDATION The Mick and the second of			Enter filer's	identifyin	g number, see i	instructions		
THE MICK AND SANDY LEE FAMILY POUNDATION Number, street, and room or suite no If a P.O. box, se instructions 1900 MAJOR DRIVE NORTH City, town or post office, state, and ZIP code. For a foreign address, see instructions. GOLDEN VALLEY, MN 55422	Type or Name of exempt organization or other filer, see instruc	ctions		Employer	identification nu	ımber (EIN) or		
The control of the properties	print							
The books are in the care of ► 1900 MAJOR DRIVE NORTH 100 1	File by the THE MICK AND SANDY LEE FAMII	Y FO	UNDATION	X	45-3685	879		
Enter the Return code for the return that this application is for (file a separate application for each return) City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Return Application Section								
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Enter the Return code for the return that this application is for (file a separate application for each return) Return Code Separate Sepa	City, town or post office, state, and ZIP code. For a fo	reign add	lress, see instructions.					
Application Is For Code Form 990 O1 Form 990-BL O2 Form 1041-A O8 Form 990-BL O4 Form 590-BL O5 Form 990-BL O6 Form 990-BL O6 Form 990-BL O6 Form 990-BL O7 Form 990-BL O8 Form 990-BL O9 BD O8 Form 990-BL O8 Form 990-BL O8 Form 990-BL O9 BD O8 BD O9 BB O9 BD O9 BD O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BB O9 BD O9 BB O9 BD O9 BD O9 BB O9 BD O9 BB O9 BD O9 BB O9 BD	GOLDEN VALLEY, MN 55422							
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Is For Code Is Forn 990-BL 0.02 Form 1041-A 0.8 Form 990-BL 0.02 Form 1041-A 0.8 Form 990-BL 0.03 Form 990-BL 0.04 Form 5227 0.05 Form 6069 0.05 Form 990-BL 0.05 Form 6069 0.05 Form 990-BL 0.05 Form 6069 0.05 Form 8070		,						
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Form 990-EZ O1 Form 4720 O9 Form 990-FF O4 Form 5227 O1 Form 6069 O5 Form 8870 O5 Form 8870 O6 Form 8870 O7 The books are in the care of ▶ 1900 MAJOR DRIVE NORTH - GOLDEN VALLEY, MN 55422 Telephone No. ▶ 952-512-5518 FAX No. ▶ If this or a Group Return, enter the organization's four dipit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four dipit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for a Group Return, enter the organization's four dipit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for a Group Return, enter the organization's four dipit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for a Group Return, enter the organization's four dipit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for a Group Return, enter the organization's four dipit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If the tax year entered in line 5 is for less than 12 months, check reason: INOVEMBER 15, 2012 The call of the tax year entered in line 5 is for less than 12 months, check reason: If the tax year entered in line 5 is for less than 12 months, check reason: If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid Base C Balance due. Subtract line 8b from line 8a Include your pay	Form 990	01	12 12 12 12 12 12 12 12 12 12 12 12 12 1	尼等外,是				
Form 990-PF	Form 990-BL	02	Form 1041-A			08		
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. LLOYD LEE The books are in the care of P 1900 MAJOR DRIVE NORTH - GOLDEN VALLEY, MN 55422 Telephone No. P 952-512-5518 FAX No.	Form 990-EZ	01	Form 4720			09		
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. LLOYD LEE The books are in the care of ▶ 1900 MAJOR DRIVE NORTH − GOLDEN VALLEY, MN 55422 Telephone No.▶ 952−512−5518 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for If the calendar year, or other tax year beginning	Form 990-PF	04	Form 5227			10		
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. LLOYD LEE The books are in the care of ▶ 1900 MAJOR DRIVE NORTH ─ GOLDEN VALLEY, MN 55422 Telephone No. ▶ 952−5112−5518 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069					
TLOYD LEE The books are in the care of ▶ 1900 MAJOR DRIVE NORTH - GOLDEN VALLEY, MN 55422 Telephone No. ▶ 952-512-5518 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for I request an additional 3-month extension of time until	Form 990-T (trust other than above)	06	Form 8870			12		
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