

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

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

OMB No 1545-0052

Department	of the Treasury	Note. The foundation may	be able to use a copy of thi			rting requirements	2010
	lar year 2010, or ta			, and endi			
	all that apply	Initial return	Initial return of a	former public cha	rity	Final return	
		Amended return	Address cha	nge		Name change	
Name of 1	foundation					A Employer identification	number
						20 7124000	
		FAMILY FOUNDAT		T _D .		20-7124990	
Number an	•	mber if mail is not delivered to street		l Ro	oom/suite	B Telephone number 207-372-80	g 3
Crt. or to		HALL POINT ROA	D, BOX 203			C If exemption application is pe	
City or to	wn, state, and ZIP co PORT CL:					D 1. Foreign organizations	
H Check i	type of organization					2. Foreign organizations mer check here and attach col	eting the 85% test,
			Other taxable private found	dation		E If private foundation stat	
		ts at end of year J Account		Accrual		under section 507(b)(1)	
(from P	art II, col. (c), line		ther (specify)			F If the foundation is in a 6	60-month termination_
▶\$		901,906. (Part I, colu	mn (d) must be on cash	basis.)		under section 507(b)(1)	
Part I	Analysis of Revent	ue and Expenses n columns (b), (c), and (d) may not amounts in column (a))	(a) Revenue and	(b) Net inves		(c) Adjusted net	(0) Disbursements for chantable purposes
			expenses per books	incom		Income	(cash basis only)
		grants, etc., received undation is not required to attach Sch. B	_ 420	•			
-	Interest on savings and		7		7.	7.	STATEMENT I
	cash investments Dividends and intere	est from securities	36,792	36	,792.		STATEMENT :
	Gross rents	300 110111 3000111103	, , , , , , , , , , , , , , , , , , , ,		<u>• </u>		***
1 -	Net rental income or (io:	ss)					
ω 6a	Net gain or (loss) from s	ale of assets not on line 10	-15,317	•			
ğ b	Gross sales price for all assets on line 6a	<u> 187,937.</u>	••••••••••••••••••••••••••••••••••••••				
Revenue 2	Capital gain net income	(from Part IV, line 2)			0.		
_ B	Net short-term capit	•	*** *** ***			0.	· · · · · · · · · · · · · · · · · · ·
	Income modification Gross sales less returns			-	·····		·
	and allowances						·,, ···· ···· ·· · ,,,,,,,,,,,,,,,,,,,,
- 1	Less Cost of goods so Gross profit or (loss						
11	Other income		-1,783	1	,783.	-1,783.	STATEMENT
12	Total. Add lines	27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20,119		,016.	35,016.	
13	Compensation of office	rs directors, trustees, etc	الما	•	0.	0.	(
14	Other employee sala	aries and wages loyee benefits EN, UT	<u> </u>				
15 م		loyee denefits EIV, UI					
မ္ဟု 16a	Legal fees	CMMM 4	7,250	- }	0.	0.	7,25
<u></u> 1	Accounting fees	STMT 4 ees STMT 5	7,356		,180.	7,180.	1,23
	Other professional f Interest	ees SIMI S	77330	•	,100.	77200	
'S	Taxes	STMT 6	1,127	. 1	,057.	1,057.	
19	Depreciation and de				<u></u>		
<u>E</u> 20	Occupancy						
폴 21	Travel, conferences	, and meetings					
E 22	Printing and publica						
E 23	Other expenses	STMT 7	29,696	• 1	,200.	1,200.	28,48
E 24	Total operating and		45 420		127	9,437.	35,73
اق	expenses. Add line		45,429		,437.	9,437.	33,73
25	Contributions, gifts	-		•		<u> </u>	
26	Total expenses and Add lines 24 and 25		45,429	. 9	,437.	9,437.	35,73
27	Subtract line 26 fro		1		·· •		
		r expenses and disbursements	-25,310	•			
1		OME (if negative, enter -0-)		25	,579.		
c	Adjusted net incom	18 (if negative, enter -0-)				25,579.	

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	Column Should be for the or year amounts only		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		-1.	-1.
	2	Savings and temporary cash investments	95,088.	162,140.	162,140.
		Accounts receivable			
		Less allowance for doubtful accounts	Ì	i	
					
	4	Pledges receivable	f	1	
	_	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			
		Less allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä		Investments - U S and state government obligations STMT 8	370,851.	299,174.	312,831.
		Investments - corporate stock STMT 9	1,230,256.	1,180,996.	190,952.
	_	Investments - corporate bonds		· · · · · · · · · · · · · · · · · · ·	
	1 -				- 111 - 111
		Investments - land, buildings, and equipment basis		1	
		Less accumulated depreciation			
	l .	Investments - mortgage loans	102 027	212 412	235,984.
	l	Investments - other STMT 10	183,837.	212,413.	233,904.
	14	Land, buildings, and equipment basis	1		
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	1,880,032.	1,854,722.	901,906.
		Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë:		Other liabilities (describe			
	22	Other liabilities (describe			
	20	Total linkilities (add lines 17 through 20)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)	- 0.		
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ည္တ	24	Unrestricted			
Ē	25	Temporarily restricted			
Ä	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Ö	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.	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,880,032.	1,854,722.	
e	30	Total net assets or fund balances	1,880,032.	1,854,722.	
~					
	31	Total liabilities and net assets/fund balances	1,880,032.	1,854,722.	
_					
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	1,880,032. -25,310.
2	Ente	r amount from Part I, line 27a		2	-25,310.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	1,854,722.
5		reases not included in line 2 (itemize)		5	0.
6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,854,722.
_					Form 990-PF (2010)

	<u> </u>	K2 FAMILY FOUNDA					20	7124	990	Page
Р		d Losses for Tax on Invented the kind(s) of property sold (e.g., re		Income	(b) I	How acquired	(c) Date a	coured	(d) Dat	e sold
		iouse, or common stock, 200 shs. N			I P	- Purchase - Donation	(mo , da		(mo , da	
<u>1a</u>	OFF AMMAGUED	707 007 007 00 00 00 00 00 00 00 00 00 0			<u> </u>					
_ <u>b</u>		STATEMENT			-					
<u>c</u>		·- 	· ·		-					
e					_			- -		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				in or (loss) (f) minus (g)	
a					_					
<u>b</u>										
ď										
e	187,937.			202,95	5.				- 15	, 317
	Complete only for assets showing g	ain in column (h) and owned by the	foundation	оп 12/31/69				l (h) gain n		
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any		COI		ot less than from col (h		
<u>a</u>					_					
<u>b</u>					-					
<u>c</u>				· 						
ë				 					-15	, 317
	Capital gain net income or (net capital	If gain, also enter in if (loss), enter -0- in	Part I, line	7 7	}	2				, 317
	Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, col	as defined in sections 1222(5) and (٦					
	If (loss), enter -0- in Part I, line 8				ال	3				0
	art V Qualification Unc					* **.	ome			
If s	r optional use by domestic private for ection 4940(d)(2) applies, leave this p s the foundation liable for the section	part blank				•		[Yes	X No
	es," the foundation does not qualify									
1_	===tot the appropriate amount in each	h column for each year, see instructi	ions before	making any entrie	es					
	(a) Base period years	(b) Adjusted qualifying distrib	uitions	Net value of no	(C) nchai	ritable-use assets	,	Distribiì	d) tion ratio	(a))
'	Calendar year (or tax year beginning i 2009		,445.	1101 10100 01110		792,011		col (b) divid	ed by cor	7000!
_	2008		,301.		1	,738,757	-			4158
_	2007		,655.			,091,410		-		29002
	2006		0.			487,002	•		.00	0000
	2005						 			
2	Total of line 1, column (d)						2		.1	4058 <u>9</u>
	Average distribution ratio for the 5-ye the foundation has been in existence	•	line 2 by 5,	or by the number	of ye	ars	3		.0	3514
4	Enter the net value of noncharitable-	use assets for 2010 from Part X, line	5				4		852	,405
5	Multiply line 4 by line 3						5		29	,959
	Enter 1% of net investment income (1% of Part I. line 27b)					6			256
	Add lines 5 and 6	· · · · · · · · · · · · · · · · · · ·					7		30	,215
	Enter qualifying distributions from Pa	art Yil line 4					8		_	,734
	If line 8 is equal to or greater than lin See the Part VI instructions	•	, and comp	lete that part usin	g a 1	% tax rate	<u></u>			, , , , , 4

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

10

Pa	rt 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			ı
		2(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the fou	ndation acquire a direct or indirect interest in any applicable insurance contract before	İ	, ,	ı
	August 17,		12		X_
13	•	ndation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website ad	dress ► N/A			
14	The books	are in care of ► ROBERT T. KELLEY Telephone no. ►207-37	2-8	083	
	Located at	▶88 MARSHALL POINT ROAD, BOX 285, PORT CLYDE, ME ZIP+4 ▶04	855		
15	Section 49	47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
		ne amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time	during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	=	or other financial account in a foreign country?	16		X
		O 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
1 a	During the	year did the foundation (either directly or indirectly)			
	(1) Engag	e in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrov	v money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disq	ualified person? Yes X No			l
	(3) Furnis	h goods, services, or facilities to (or accept them from) a disqualified person?			Į
	(4) Pay co	mpensation to, or pay or reimburse the expenses of, a disqualified person?			l
	(5) Transf	er any income or assets to a disqualified person (or make any of either available			
	for the	benefit or use of a disqualified person)?			l
	(6) Agree	to pay money or property to a government official? (Exception. Check "No"			
	ıf the f	oundation agreed to make a grant to or to employ the official for a period after			l
		ation of government service, if terminating within 90 days)			l
b	If any ansv	er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			Ė
	section 53	4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	15		
		ns relying on a current notice regarding disaster assistance check here			İ
C	Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			i
		first day of the tax year beginning in 2010?	10	ļ	X
2	Taxes on fa	ulure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
		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 201	O? Yes X No			ĺ
	-	the years \blacktriangleright	Ì		
b		ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation o	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	۱		ł
		see instructions) N/A	2b	ļ	
C	If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
					
3a		ndation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the	·			1
b		It have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
		169, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
		s acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			v
		0, to determine if the foundation had excess business holdings in 2010.)	3b	 	X
		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	
b		ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	v
	nad not be	en removed from jeopardy before the first day of the tax year beginning in 2010?	4b	1	<u> </u>

Form 990-PF (2010) THE K2 FAMILY FOUNDATION			20-71249	90 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to		<u></u>	(T.)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indir		(ए)	
any voter registration drive?	•		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y:	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	,	es X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?	 ·	S LAJ NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary		es X No		
the prevention of cruelty to children or animals?		S LA NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	in Regulations	N/A	e.	
section 53 4945 or in a current notice regarding disaster assistance (see instru		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check to				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		_ ,	[]	
expenditure responsibility for the grant?		N/A 10	es L No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	
a personal benefit contract?				6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		 	<u> </u>
If "Yes" to 6b, file Form 8870.	nhaltar transantion?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No. b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A				
Information About Officers Discotors Truck		nagers Highly		7b
Part VIII Paid Employees, and Contractors	ees, i dandadon we	magers, mgm,	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
4 A Marine and a 11 and	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
ROBERT T. KELLEY	TRUSTEE			
88 MARSHALL POINT ROAD, BOX 285]	}		
PORT CLYDE, ME 04855	0.00	0.	0.	0.
MARGOT ANNE KELLEY	TRUSTEE		'	
88 MARSHALL POINT ROAD, BOX 285				_
PORT CLYDE, ME 04855	0.00	0.	0.	0.
	1			
				· · - · · · · · · · · · · · · · · · · ·
	4			
	_			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	L	
2 Compensation of the highest paid employees fother than those inc	(b) Title, and average	Cinci None:	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, other allowances
NONE	devoted to position	 	compensation	allowalices
NONE	1	ļ		
	-	 		
	1			
		<u> </u>		
	1			
	1			
]	<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000			<u>▶</u>	0

Form **990-PF** (2010)

All other program-related investments. See instructions

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 783,634. a Average monthly fair market value of securities 1a 81,752. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 865,386. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 865,386. 3 Subtract line 2 from line 1d 12,981 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 852,405. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 42,620 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here > X and do not complete this part) Minimum investment return from Part X, line 6 2a Tax on investment income for 2010 from Part VI, line 5 2a b Income tax for 2010 (This does not include the tax from Part VI) 2c C Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 35,734. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the За a Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) 3b 35,734. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,				
line 7		<u></u>	****	
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only		<u> </u>		
b Total for prior years				
		·		***************************************
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4 > \$				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)	<u></u>	· · · · · · · · · · · · · · · · · · ·	··· <u></u>	
c Treated as distributions out of corpus				
(Election required - see instructions)			······································	
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus			!!*!*********************************	
5 Excess distributions carryover applied to 2010				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:			:	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011			***************************************	
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009]			
e Excess from 2010				1

Part Aiv	Private Operating F	oundations (see ins	tructions and Part VII-	A, question 9)		
	undation has received a ruling o			10/	24/06	
	ion, and the ruling is effective fo		-		24/06	24.75
	ox to indicate whether the found		g foundation described in	n section X 4	942(j)(3) or 4942	2(1)(5)
	e lesser of the adjusted net from Part I or the minimum	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	ent return from Part X for	(4) 23.10	(2) 200	(0) 2000	(0,000)	(0), 10:01
each ye		25,579.	26,746.	38,721.	7,882.	98,928.
b 85% of		21,742.	22,734.	32,913.	6,700.	84,089.
	ng distributions from Part XII,			··		
	r each year listed	35,734.	55,686.	72,688.	71,750.	235,858.
	s included in line 2c not					-
used di	rectly for active conduct of					
exempt	activities	0.	0.	0.	0.	0.
e Qualifyii	ng distributions made directly					
for activ	e conduct of exempt activities	05 504	55 606	70 600	71 750	005 050
	t line 2d from line 2c	35,734.	55,686.	72,688.	71,750.	235,858.
	te 3a, b, or c for the ive test relied upon					
	alternative test - enter					0.
, ,	ue of all assets					
	ue of assets qualifying der section 4942(j)(3)(B)(i)					0.
	ment" alternative test - enter					
2/3 of m	ninimum investment return					
shown i listed	n Part X, line 6 for each year	28,413.	26,401.	57,959.	69,714.	182,487.
	t" alternative test - enter					
(1) Tot	al support other than gross		ļ.			
	estment income (interest,					
	idends, rents, payments on curities loans (section			İ		
	2(a)(5)), or royalties)					0.
	oport from general public		•			
org	I 5 or more exempt anizations as provided in					0
	tion 4942(j)(3)(B)(iii)					0.
	gest amount of support from					0.
	exempt organization					0.
Part XV	Supplementary Info	rmation (Complet	e this part only i	f the foundation I	nad \$5,000 or mor	
<u> </u>	at any time during t			,	40,000 0	0 2000.0
1 Inform	ation Regarding Foundation					
a List any	managers of the foundation wh	o have contributed more t		ibutions received by the fo	oundation before the close	of any tax
- '	it only if they have contributed n	nore than \$5,000) (See se	ction 507(d)(2))			
SEE ST	ATEMENT 13				- <u>-</u> -	
	managers of the foundation wh			or an equally large portion	of the ownership of a part	nership or
	ntity) of which the foundation ha	s a 10% or greater interest				
NONE						
	ation Regarding Contributi					A. 4 4 1. 14
	ere X if the foundation on dation makes gifts, grants, etc					
	ne, address, and telephone num	<u> </u>			10100 10110 20, 0, 0, 0100 0	
Q 1110 11d1	no, address, and telephone hull	oer or the person to whom	applications should be o	144163354		
b The form	n in which applications should b	e submitted and informati	on and materials they sh	ould include		
c Any sub	omission deadlines					
						-
d Any res	trictions or limitations on awards	s, such as by geographical	areas, charitable fields, l	kinds of institutions, or oth	ner factors	

Recipent (an individual of substance) (a Paul during the year NONE	3 Grants and Contributions Paid During the Y		Payment		
NONE Total D Approved for future payment NONE NONE		If recipient is an individual, show any relationship to		Purpose of grant or	Amount
NONE Total b Approved for future payment NONE	Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	AMOUNT
Total b Approved for future payment NONE	a Paid during the year				
Total D. Approved for future payment NONE					
NONE NONE	NONE				
NONE NONE					
NONE NONE					-
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE					
NONE NONE				,	
NONE NONE					
NONE NONE					ii
NONE NONE					
NONE		T		<u>▶ 3a</u>	0.
	Approved for future payment				
Total	NONE				
Total					
Tatal					
Tatal					
Tatal					
Total					
	Tatal	<u> </u>		N 04	<u> </u>

Page 12_

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code				
a	ļ				
b			 		
c			ļ		
d			ļ		_
e			-		<u></u>
<u> </u>			 		
g Fees and contracts from government agencies					
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash			1 1	7	
investments			14	7. 36,792.	
4 Dividends and interest from securities		War and revenue Carre	14	36,792.	
5 Net rental income or (loss) from real estate					
a Debt-financed property		· · · · · · · · · · · · · · · · · · ·			
b Not debt-financed property			<u> </u>	<u> </u>	
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	-15,317.	
9 Net income or (loss) from special events		·			<u>. </u>
10 Gross profit or (loss) from sales of inventory			Ĺ <u> </u>		
11 Other revenue					
a <u>SEE STATEMENT 14</u>				-1,783.	
b					
C					
d					
e	<u></u>		<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)		0.		19,699.	0.
13 Total . Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	···
Explain below how each activity for which income the foundation's exempt purposes (other than be			contrib	outed importantly to the accom	plishment of
tina realization o champi pariposes (cinor tinan	y providing to				
	 .			· 	
					
		· · · · · · · · · · · · · · · · · · ·			
					
					
					
					_
					
					
·					
1					
					

Unrelated business income

Pa	rt XVII	J Information Re Exempt Organ		isfers To a	and Transactions	and Relatior	iships With No	ncharitable	e
1	Did the o			of the followin	ng with any other organizati	on described in se	ection 501(c) of		Yes No
•		·			27, relating to political orga		(C) 01	ł	103 110
2		from the reporting found			=	inzations.			
٠	(1) Cash	. •		able exempt of	gamzation of			1 <u>a(1)</u>	x
	(2) Othe							1a(2)	1 77
h	• •	nsactions						19157	
•		s of assets to a noncharita	able exempt organiza	ition				1b(1)	x
	• •	chases of assets from a no						1b(2)	X
	. ,	tal of facilities, equipment,	•	organization				1b(3)	Х
		nbursement arrangements						1b(4)	X
		is or loan guarantees	-					1b(5)	X
		ormance of services or me	embership or fundra	ısına solicitatio	ons			1b(6)	Х
C	• •	of facilities, equipment, ma	•	•				10	Х
	•		• .	•	dule Column (b) should al	lways show the fai	r market value of the	goods, other ass	sets.
		•		-	ed less than fair market val	-		=	·
	column (d) the value of the goods,	other assets, or sen	vices received					
(a) ⊔	ne no	(b) Amount involved	(c) Name o	f noncharitable	e exempt organization	(d) Descript	ion of transfers, transaction	ons, and shanng ar	rangements
				N/A					
									
	_		<u> </u>						
									
									
									
			 				<u> </u>	 -	
			-		<u> </u>				
	-		<u> </u>			 			
	-		 						
			 -						
	ın sectioi	n 501(c) of the Code (othe complete the following sch	er than section 501(c nedule	•		izations described		Yes	X No
		(a) Name of org	ganization		(b) Type of organization	<u> </u>	(c) Description of r	elationship	
		N/A	·						
							 		
									
						 	·	-, ·-··	
Sig	gn and				ing accompanying schedules ar ased on all information of which	preparer has any kno		e and belief, it is tr	ue, correct,
		Signature of officer or tri	ustee		Date	/ - ** - • -	Title		
		Print/Type preparer's 1	ame	Preparer's si	ignature	Date	Check If	PTIN	
				· /	-	1.1.1	self- employed	DAAGAA	112
Pa	id	WTAS LLC		nell	u Meulaus	11/13/11		P00838	213
					Firm's EIN				
Us	e Only							 	
		Firm's address ► 12			16TH FLOOR				
		<u>BC</u>	STON, MA	02110			Phone no (2-8400
								Form 990)-PF (2010)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

▶ \$

THE K2 FAMILY FOUNDATION 20-7124990 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 📑 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year.

If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2010)

	-	_	
Page	1 of	of Part	

Cabada ta C	/F	000 57		
Schedule 8	(rom 990	, 9 90-EZ,	or 990-PF	(2010)

Name of organization

Employer identification number

THE K2 FAMILY FOUNDATION

20-7124990

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT & MARGOT KELLEY 88 MARSHALL POINT ROAD, BOX 285 PORT CLYDE, ME 04855	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	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
		\$	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
		\$	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
		\$	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
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

of Part II

Employer Identification number

THE K2 FAMILY FOUNDATION

20-7124990

	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule	R	(Earn	aan	990-F7	or 990	DE.	/2010

Name of organization

Page	of	of Part I
Employer identifica	tion nu	mber

t III	FAMILY FOUNDATION Exclusively religious, charitable, etc., inc more than \$1,000 for the year. Complete	columns (a) through (e) and the	following line entry. For org	
	Part III, enter the total of exclusively religious \$1,000 or less for the year. (Enter this info	is, charitable, etc., contributions	s of	, ,
No. om rt I	(b) Purpose of gift	(c) Use of gift		otion of how gift is held
_ -				
		(e) Transfer of gif	t	
-	Transferee's name, address, and	d ZIP + 4	Relationship of trans	feror to transferee
No.			(0.0)	
m 11	(b) Purpose of gift	(c) Use of gift	(d) Descrip	ition of how gift is held
- - -				
	T	(e) Transfer of gif		
-	Transferee's name, address, and	3 ZIP + 4	Relationship of trans	feror to transferee
No.				
om irt l	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	t Relationship of trans	forar to transfora
-	transieree's name, address, and	0.217 + 4	netationship of trans	lefor to transferee
No. rom art I	(h) D	(2) 11-2-4-294	(d) December	Air at hour Main hald
art I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
- -				
	Transferee's name, address, and	(e) Transfer of gif	Relationship of trans	feror to transferee
-				
-				

0.

			UATION FOR		
THE K2 FAMILY FOU		20-712	4990 <u>1</u>	PAGE 1	<u> OF 1</u>
	ses for Tax on Investment Income		(h) How cogures	al	1 7
2-story bri	describe the kind(s) of property sold ick warehouse, or common stock, 20	00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
1a 25,000 SHARES 1			P		12/15/10
b 3,083 SHARES WI				VARIOUS	
c 424 SHARES AMER			P		09/15/10
d 909 SHARES WELI			P		
e 100,000 SHARES		Q REV	P		12/28/10
f FROM K-1 - BUCK			P P	VARIOUS	
g FROM K-1 - ONEO			_ <u>P</u>	VARIOUS	VARIOUS
	JIVIDENDS				
1				 	
k				+	
<u> </u>					
m				 	
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)	
a 25,000.		25,000.			0.
b 30,800.		29,439.			1,361.
c 20,642.		26,217.			-5,575.
<u>d</u> 11,007.		22,293.			-11,286.
e 100,000.		100,006.			<u>-6.</u>
f					-320.
g					21.
h 488.					488.
1					
-					····
<u>k</u>			·		
m			· · · · · · · · · · · · · · · · · · ·		
<u>n</u>					
Complete only for assets showing	g gain in column (h) and owned by t	he foundation on 12/31/69	(1) Lo	sses (from col (h))	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (excess	of col (h) gain ove not less than "-0-")	rcol (k),
а					0.
b					1,361.
С					-5,575.
d					-11,286.
е	<u> </u>				-6.
f					-320.
g					21.
<u>h</u>					488.
1					
1					
<u>k</u>					
<u> </u>					
<u>m</u>				· · · · · · · · · · · · · · · · · · ·	
0			· 		
<u> </u>					
2 Capital gain net income or (net cap	pital loss) { If gain, also enter If (loss), enter "-0-	in Part I, line 7 -" in Part I, line 7	2		-15,317.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c)

If (loss), enter "-0-" in Part I, line 8

FORM 990-PF INTEREST ON SAVINGS AND	TEMPORARY CA	ASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
CAMDEN NATIONAL BANK			•		7.
TOTAL TO FORM 990-PF, PART I, LINE 3	B, COLUMN A		:		7.
FORM 990-PF DIVIDENDS AND I	NTEREST FROM	SEC	URITIES	STATEMENT	2
SOURCE	ROSS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A	L)
FROM K-1 - BUCKYEYE PARTNERS LP NATIONAL FINANCIAL SERVICES 0450 NATIONAL FINANCIAL SERVICES 0558 UBS 23022	97. 11,762. 24,087. 1,334.		0. 0. 488. 0.	11,7 23,5	
TOTAL TO FM 990-PF, PART I, LN 4	37,280.		488.	36,7	92.
FORM 990-PF OTH	IER INCOME			STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOKS	5	(B) NET INVEST- MENT INCOME		
FROM K-1 - BUCKEYE PARTNERS, LP - ORDINARY LOSS FROM K-1 - MAGELLAN MIDSTREAM	-5	542.	-542	5	42.
PARTNERS, LP - ORDINARY LOSS FROM K-1 - ONEOK PARTNERS, LP - ORDINARY LOSS		-35. 564.			35. 64.
MISCELLANEOUS INCOME		358.			58.
TOTAL TO FORM 990-PF, PART I, LINE 1	11 -1,7	783.	-1,783	1,7	83.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	7,250.	0.	0.	7,250.	
TO FORM 990-PF, PG 1, LN 16B	7,250.	0.	0.	7,250.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S7	PATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK FEES INVESTMENT FEES	176. 7,180.	0. 7,180.	7,180.	0.	
TO FORM 990-PF, PG 1, LN 16C	7,356.	7,180.	7,180.	0.	
FORM 990-PF	TAX	ES	rs	ATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX WITHHELD FEDERAL TAXES	1,057. 70.	1,057.	1,057.	0.	
TO FORM 990-PF, PG 1, LN 18	1,127.	1,057.	1,057.	0.	
FORM 990-PF	OTHER E	XPENSES	SI	PATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
AMORTIZATION ACCRUED INTEREST PAID ADVERTISING EXPENSES MA FILING FEE	582. 618. 540. 35.	618.	582. 618. 0. 0.	0. 0. 540. 35.	
MIDCOAST MAINE FISHING HERITAGE ALLIANCE	2,933.	0.	0.	2,933.	

THE K2 FAMILY FOUNDATION ARTISTS IN RESIDENCE PROGRAM CAMDEN TECHNOLOGY CONFERENCE INTERNET FEES SUPPLIES NONDEDUCTIBLE EXPENSES OFFICE RENTAL MISCELLANEOUS EXPENSES	21,150. 2,500. 259. 472. 12. 500. 95.		0. 0. 0. 0.		0. 50	0. 0. 9. 2.
TO FORM 990-PF, PG 1, LN 23	29,696.	1,	200.	1,20	0. 28,48	4.
DESCRIPTION NATIONAL FINANCIAL SERVICES 05	U.S. GOV'T	OTHER GOV'T		VALUE	STATEMENT FAIR MARKET VALUE	
MUNICIPAL BONDS NATIONAL FINANCIAL SERVICES 04 MUNICIPAL BONDS UBS 23022 - MUNICIPAL BONDS TOTAL U.S. GOVERNMENT OBLIGATI		x x		232,050.	70,52	
TOTAL STATE AND MUNICIPAL GOVE	RNMENT OBLIG	SATIONS		299,174.	312,83	1.
TOTAL TO FORM 990-PF, PART II,	LINE 10A	,		299,174.	312,83	1 ·
FORM 990-PF	CORPORATE	STOCK			STATEMENT	9
DESCRIPTION LIQUIDHUB, INC (176,644 SHARES NATIONAL FINANCIAL SERVICES 05				VALUE 946,141. 234,855.	FAIR MARKET VALUE 1,76 189,18	6.

TOTAL TO FORM 990-PF, PART II, LINE 10B

190,952.

1,180,996.

FORM 990-PF C	OTHER INVESTMENTS	<u> </u>	STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE' VALUE	r
BUCKEYE PARTNERS LP MAGELLAN MIDSTREAM PARTNERS LP ONEOK PARTNERS LP NATIONAL FINANCIAL SERVICES 0558	COST COST COST COST	14,507. 17,492. 10,648.	27,8 29,7 28,1	70.
MUTUAL FUNDS	5 - 6051	169,766.	150,1	71
TOTAL TO FORM 990-PF, PART II, I	LINE 13	212,413.	235,9	84
FORM 990-PF SUMMARY OF DI	IRECT CHARITABLE A	CTIVITIES	STATEMENT	11
	THE MARSH BILLINGS			
ARTIST-IN-RESIDENCY PROGRAM AT TROCKEFELLER NATIONAL HISTORIC PARTHE PROGRAM PURCHASES MATERIALS EMERSION OF ONE INDIVIDUAL INTO	ARK AND SPACE TO ENAB	LE THE		
ARTIST-IN-RESIDENCY PROGRAM AT TROCKEFELLER NATIONAL HISTORIC PARTHE PROGRAM PURCHASES MATERIALS EMERSION OF ONE INDIVIDUAL INTO	ARK AND SPACE TO ENAB	LE THE	EXPENSES	
ARTIST-IN-RESIDENCY PROGRAM AT TROCKEFELLER NATIONAL HISTORIC PATHE PROGRAM PURCHASES MATERIALS EMERSION OF ONE INDIVIDUAL INTO YEAR.	ARK AND SPACE TO ENAB THEIR ARTISTIC WO	LE THE	EXPENSES 21,1	50,
ACTIVITY ONE ARTIST-IN-RESIDENCY PROGRAM AT TROCKEFELLER NATIONAL HISTORIC PARTHE PROGRAM PURCHASES MATERIALS EMERSION OF ONE INDIVIDUAL INTO YEAR. TO FORM 990-PF, PART IX-A, LINE FORM 990-PF SUMMARY OF DI	ARK AND SPACE TO ENAB THEIR ARTISTIC WO	LE THE RK FOR 1		
ARTIST-IN-RESIDENCY PROGRAM AT TROCKEFELLER NATIONAL HISTORIC PARTHE PROGRAM PURCHASES MATERIALS EMERSION OF ONE INDIVIDUAL INTO YEAR. TO FORM 990-PF, PART IX-A, LINE	ARK AND SPACE TO ENAB THEIR ARTISTIC WO	LE THE RK FOR 1	21,1	
ARTIST-IN-RESIDENCY PROGRAM AT TROCKEFELLER NATIONAL HISTORIC PARTHE PROGRAM PURCHASES MATERIALS EMERSION OF ONE INDIVIDUAL INTO YEAR. TO FORM 990-PF, PART IX-A, LINE FORM 990-PF SUMMARY OF DI ACTIVITY TWO EVENT AT THE CAMDEN, ME OPERA HOMIDCOAST MAINE FISHING HERITAGE THE EVENT SPONSORED THE SHOWING DISCUSSION ON THE ROLE OF FISHER AND LOCAL CHEFS PREPARED LOCALLY	ARK AND SPACE TO ENAB THEIR ARTISTIC WO 1 IRECT CHARITABLE A DUSE CO-SPONSORED ALLIANCE OF A FILM, A PANE RIES IN THE LOCAL	LE THE RK FOR 1 CTIVITIES WITH	21,1	
ARTIST-IN-RESIDENCY PROGRAM AT TROCKEFELLER NATIONAL HISTORIC PARTHE PROGRAM PURCHASES MATERIALS EMERSION OF ONE INDIVIDUAL INTO YEAR. TO FORM 990-PF, PART IX-A, LINE FORM 990-PF SUMMARY OF DI	ARK AND SPACE TO ENAB THEIR ARTISTIC WO 1 IRECT CHARITABLE A DUSE CO-SPONSORED ALLIANCE OF A FILM, A PANE RIES IN THE LOCAL	LE THE RK FOR 1 CTIVITIES WITH	21,1	12

FORM 990-PF PART XV - LINE 1A STATEMENT 13
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

ROBERT T. KELLEY MARGOT ANNE KELLEY

FORM 990-PF	O	THER REVENUE			STATEMENT	14
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC		EXCLUDED AMOUNT	RELATED O EXEMPT FU TION INCO	NC-
FROM K-1 - BUCKEYE PARTNERS, LP - ORDINARY LOSS FROM K-1 - MAGELLAN			14	-542.		
MIDSTREAM PARTNERS, LP - ORDINARY LOSS FROM K-1 - ONEOK			14	-35.		
PARTNERS, LP - ORDINARY LOSS MISCELLANEOUS INCOME			14 14	-1,564. 358.		
TOTAL TO FORM 990-PF, PG 11	, LN 11		•	-1,783.		

Form **8868** (Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box			► X
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of this	s form)	•	
Do no	ot complete Part II unless you have already been granted	an automa	atic 3-month extension on a previously f	iled Fo	rm 8868.	
Elect	ronic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of time t	to file (6 months for a con	poration
requii	ed to file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically file f	Form 8	868 to request an	extension
of tim	e to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Trai	nsfers	Associated With C	ertain
Perso	nal Benefit Contracts, which must be sent to the IRS in pag	oer format	(see instructions). For more details on t	he ele	ctronic filing of this	form,
visit v	ww.irs gov/efile and click on e-file for Charities & Nonprofits	s				
Par	t I Automatic 3-Month Extension of Time	e. Only su	ibmit original (no copies needed).			
A cor	poration required to file Form 990-T and requesting an autor	matic 6⋅mo	onth extension · check this box and con	nplete		
Part I	only .				•	-
	ner corporations (including 1120-C filers), partnerships, REN income tax returns.	1ICs, and t	rusts must use Form 7004 to request a	n exter	nsion of time	
Туре		•		Emp	loyer identificatio	n number
print	MIE VO ERMILY BOUNDAMION			1	0 7124000	
File by		oo instric	tions		0-7124990	
due dat filing yo return	" 88 MARSHALL POINT ROAD, BO					
instruct	City, town or post office, state, and ZIP code. For a fe	oreign add	lress, see instructions.	·		
	PORT CLYDE, ME 04855					
Enter	the Return code for the return that this application is for (file	e a senara	te application for each return)			0 4
Littei	the retain code for the retain that this application is for this	c a sopara	to approach for each releasing			
Appli	cation	Return	Application			Return
s For		Code	Is For			Code
Form	990	01	Form 990-T (corporation)		<u></u>	07
Form	990-BL	02	Form 1041-A			08
Form	990-EZ	03	Form 4720			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
	ROBERT T. KELLI					
	e books are in the care of > 88 MARSHALL PO	INT RO	DAD, BOX 285 - PORT	CLY	DE, ME 04	855
Tel	ephone No. ► 207-372-8083		FAX No. 🕨			
• If t	he organization does not have an office or place of busines:	s in the Ur	nited States, check this box		•	
• If t	his is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the	is is fo	r the whole group,	check this
oox	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	s for.
1	I request an automatic 3-month (6 months for a corporation	•	· · · · · · · · · · · · · · · · · · ·			
	AUGUST 15, 2011 to file the exemp	t organiza	tion return for the organization named a	bove.	The extension	
	is for the organization's return for:					
	► X calendar year 2010 or		al an alica			
	tax year beginning	, an	d ending		- ·	
2	If the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fina	al retur	n	
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	nonrefundable credits. See instructions.			3a	\$	1,142.
	If this application is for Form 990-PF, 990-T, 4720, or 6069,	-				42
	estimated tax payments made. Include any prior year overp Balance due. Subtract line 3b from line 3a. Include your pa			3b	\$	42.
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	1,100.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 886	8 (Rev 1-2011)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	×	>	X
	ly complete Part II if you have already been granted an a		•	Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	 	xtensio	n of Time. Only file the original (no co	pies r	needed).	
Type or	Name of exempt organization				loyer identification	number
print	THE RZ FAMILY FOUNDATION				0-7124990	
File by the extended due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 88 MARSHALL POINT ROAD, BOX 285					
return See instructions	City, town or post office, state, and ZIP code. For a for PORT CLYDE, ME 04855	oreign add	ress, see instructions.			
Enter the Return code for the return that this application is for (file a separate application for each return)						0 4
Application		Return	Application			Return
Is For		Code	s For			Code
Form 990		01		** ***********************************		
Form 990-BL		02	Form 1041-A			
Form 990-EZ Form 990-PF		03	Form 4720 Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		10	
Form 990-T (trust other than above)		06	Form 8870			
	o not complete Part II if you were not already granted		 	siv file	d Form 8868.	12
Teleph If the o If this is box ▶ [4 I rec	one No. ► $207-372 -8083$ one No. ► $207-372 -8083$ organization does not have an office or place of business of a Group Return, enter the organization's four digital of the group, check this box ► calendar year 2010 , or other tax year beginning	s in the Un Group Exe and atta NOVEME	FAX No. In the states, check this box in the states, check this box in the states, check this box in the states of	s Is foi	r the whole group, c	neck this
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period 7 State in detail why you need the extension						
	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.			8a	\$ 1	,142.
b If this application is for Form 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 previously with Form 8868.			8b	s 1	,142.	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using				 -		
EFTPS (Electronic Federal Tax Payment System). See Instructions.				8c	\$	0.
			d Verification			
Under pena	alties of perjury, I declare that I have examined this form, includi prrect, and complete, and that I am authorized to prepare this fo	ing accomp	anying schedules and statements, and to the	best of	f my knowledge and be	lief,
Signature Millia Mulaus Title CPA				Date	► 8/11/11	
		. 			Form 8868 (Re	v. 1-2011)