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Form **990-PF** 

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

OMB No 1545-0052 **2010** 

Department of the Treasury Internal Revenue Service

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

| For                          | calend    | dar year 2010, or tax year begir                           | ning , a                          | and ending                     |        |        |          |  |                         |
|------------------------------|-----------|--|-----------------------------------|--------------------------------|--------|--------|----------|--|-------------------------|
| G                            | Check a   | all that apply Initial re                                  |                                   | turn of a former public o      | hanty  |        | [        | Final return   |                         |
|                              |           |  | ed return Add                     | ress change                    |        | Name   | change   |  |                         |
| Na                           | ame of fo | oundation  |                                   | A Employer identification numl |        |        |          |  | ber                     |
| т                            | HE '      | THORPE FAMILY FO   | OUNDATION, INC                    | •                              |        |        |          |  | 0 -546                  |
| _                            |           | nd street (or PO box number if mail i                      |                                   |                                | om/su  |        | B Telep  | hone number (see page 1                                    | u of the instructions)  |
|                              |           | BAMBERG DRIVE  | s not delivered to street address | s) R0                          | iom/su | inte   | C If exe | motion confloation is pond                                 | una abaak bara          |
|                              |           | vn, state, and ZIP code                                    |                                   |                                |        |        | 1        | imption application is pend<br>preign organizations, check | - <del> </del>          |
|                              | •         | FTON   | SC 29910                          |                                |        |        |          |  |                         |
|                              |           |  | on 501(c)(3) exempt private       | foundation                     |        |        | 1        | oreign organizations meetir<br>i% test, check here and at  |                         |
|                              |           | n 4947(a)(1) nonexempt charitab                            |                                   | e private foundation           |        |        |          | rate foundation status was                                 |                         |
|                              |           | rket value of all assets at                                | J Accounting method               | X Cash Acc                     | ual    |        | 1 '      | on 507(b)(1)(A), check here                                | - 1                     |
|                              |           | ear (from Part II, col. (c),                               | Other (specify)                   |                                |        |        | F If the | foundation is in a 60-mont                                 | h termination           |
|                              | ne 16) l  | •                    | (Part I, column (d) must t        | oe on cash basis )             |        |        | under    | r section 507(b)(1)(B), che                                | ck here                 |
| P                            | art I     | Analysis of Revenue and Ex                                 |                                   | (a) Revenue and                |        |        |          |  | (d) Disbursements       |
| -                            |           | amounts in columns (b), (c), and (c                        | d) may not necessarily equal      | expenses per<br>books          | (b)    | Net in | vestment | (c) Adjusted net<br>income                                 | for charitable purposes |
|                              |           | the amounts in column (a) (see pa                          | ge 11 of the instructions))       | DOOKS                          |        | ince   |          | mome   | (cash basis only)       |
|                              | 1         | Contributions, gifts, grants, etc , rec                    |                                   |                                |        |        |          |  |                         |
|                              | 2         | Check ► X if the foundation is                             | not required to attach Sch B      |                                |        |        |          |  |                         |
|                              | 3         | Interest on savings and tempor                             | ary cash investments              | 5                              |        |        | 5        |  |                         |
|                              | 4         | Dividends and interest from se-                            | curities                          | 736                            |        |        | 736      |  |                         |
|                              | 5a        | Gross rents  |                                   |                                |        |        |          |  |                         |
| Revenue                      | b         | Net rental income or (loss)                                | t rental income or (loss)         |                                |        |        |          |  | <u></u>                 |
|                              | 6a        | Net gain or (loss) from sale of assets not or              |                                   | 4,683                          | -      |        |          |  |                         |
| Š                            | b         | Gross sales price for all assets on line 6a                | 11,664                            |                                |        |        | 4 600    |  |                         |
| ĸ                            | 1.        | Capital gain net income (from F                            | Part IV, line 2)                  |                                |        |        | 4,683    |  |                         |
|                              | 8         | Net short-term capital gain                                |                                   |                                |        |        |          | 0  |                         |
|                              | 9         | Income modifications                                       | 1                                 |                                |        |        |          |  |                         |
|                              | 10a       | Gross sales less returns & allowand                        | es                                |                                |        |        | ·        |  |                         |
|                              | b         | Less Cost of goods sold  Gross profit or (loss) (attach so | -bodulo)                          | · · · · · ·                    |        |        |          |  |                         |
|                              | 11        | Other income (attach schedule                              | 0.000.400 4                       | -308                           |        |        | -308     |  |                         |
| )                            | 12        | Total. Add lines 1 through 11                              | ) DIMI                            | 5,116                          |        |        | 5,116    | 0  |                         |
|                              | 13        | Compensation of officers, direct                           | ctors trustees etc                | 0                              |        |        | 3/110    |  |                         |
| es                           | 14        | Other employee salaries and w                              | · ·                               |                                |        |        |          | ,  |                         |
| euse                         | 15        | Pension plans, employee bene                               | -                                 |                                |        |        |          | Drar   | 200                     |
| Ω.                           | 16a       | Legal fees (attach schedule)                               | SEE STMT 2                        | 185                            |        |        |          |  | IVED                    |
| Ē                            | b         | Accounting fees (attach schedu                             |                                   | 375                            |        |        |          | <u> </u>   |                         |
| <u>.</u>                     | С         | Other professional fees (attach scho                       | edule)                            |                                |        |        |          | 18 JUN 2   | 7 2011 151              |
| Operating and Administrative | 17        | Interest   |                                   |                                |        |        |          |  | 135                     |
| isi                          | 18        | Taxes (attach schedule) (see page 14 of th                 | •                                 | 25                             |        |        | _        | OCOF   |                         |
| nin                          | 19        | Depreciation (attach schedule) and                         | depletion                         |                                |        |        |          |  | 7, 01                   |
| Þ                            | 20        | Occupancy  |                                   |                                | ļ      |        |          |  |                         |
| þ                            | 21        | Travel, conferences, and meet                              | ings                              |                                |        |        |          |  |                         |
| an                           | 22        | Printing and publications                                  |                                   |                                |        |        |          |  |                         |
| ng                           | 23        | Other expenses (att sch )                                  | <b>.</b>                          |                                |        |        |          |  |                         |
| ati                          | 24        | Total operating and administ                               | rative expenses.                  | 505                            |        |        | ^        | _  |                         |
| Je.                          | 25        | Add lines 13 through 23                                    | •                                 | 585                            |        |        | 0        | 0  |                         |
| ŏ                            | 25        | Contributions, gifts, grants paid                          |                                   | 3,270                          |        |        | 0        | 0  | 3,270                   |
|                              | 26<br>27  | Total expenses and disbursem Subtract line 26 from line 12 | ents. Add lines 24 and 25         | 3,855                          |        |        | U        |  | 3,270                   |
|                              | a a       | Excess of revenue over expens                              | es and dishureoments              | 1,261                          |        |        |          |  |                         |
|                              | b         | Net investment income (if ne                               |                                   | 1,201                          |        |        | 5,116    |  | -                       |
|                              | 6         | Adjusted net income (if negative                           |                                   |                                |        |        | 0/110    | 0  |                         |
|                              |           | Jacoba na moonio (n nego                                   | , 0 0 /                           | <u> </u>                       |        |        |          |  | 1                       |

G14

| Part                     |        | Balance Sheets Attached schedules and amounts in the description column  | Beginning of year | End of year    |                                       |  |
|--------------------------|--------|--|-------------------|----------------|---------------------------------------|--|
|                          | ran II | should be for end-of-year amounts only (See instructions )   | (a) Book Value    | (b) Book Value | (c) Fair Market Value                 |  |
|                          | 1      | Cash—non-interest-bearing  | 2,148             | 8,166          | 8,166                                 |  |
|                          | 2      | Savings and temporary cash investments   |                   |                |                                       |  |
|                          | 3      | Accounts receivable ▶  |                   |                |                                       |  |
|                          |        | Less allowance for doubtful accounts ▶   |                   |                |                                       |  |
|                          | 4      | Pledges receivable ▶   |                   |                |                                       |  |
|                          |        | Less allowance for doubtful accounts ▶   |                   |                |                                       |  |
|                          | 5      | Grants receivable  |                   |                |                                       |  |
|                          | 6      | Receivables due from officers, directors, trustees, and other  |                   |                |                                       |  |
|                          |        | disqualified persons (attach schedule) (see page 15 of the   |                   |                |                                       |  |
|                          |        | instructions)  |                   |                |                                       |  |
|                          | 7      | Other notes and loans receivable (att. schedule)   |                   |                |                                       |  |
|                          |        | Less allowance for doubtful accounts ▶ 0   |                   |                |                                       |  |
| ध                        | 8      | Inventones for sale or use   |                   |                |                                       |  |
| Assets                   | 9      | Prepaid expenses and deferred charges  |                   |                |                                       |  |
| As                       | 10a    | Investments—U S and state government obligations (attach schedule)   |                   |                |                                       |  |
|                          | b      | Investments—corporate stock (attach schedule) SEE STMT 5   | 138,502           | 134,233        | 98,532                                |  |
|                          | С      | Investments—corporate bonds (attach schedule)  |                   |                |                                       |  |
|                          | 11     | Investments—land, buildings, and equipment basis   |                   |                |                                       |  |
|                          |        | Less accumulated depreciation (attach sch.)  |                   |                |                                       |  |
|                          | 12     | Investments—mortgage loans   |                   |                |                                       |  |
|                          | 13     | Investments—other (attach schedule) SEE STATEMENT 6  |                   | 1,095          | 1,095                                 |  |
|                          | 14     | Land, buildings, and equipment basis   |                   |                |                                       |  |
|                          |        | Less accumulated depreciation (attach sch.)  |                   |                |                                       |  |
|                          | 15     | Other assets (describe ▶ )   |                   |                |                                       |  |
|                          | 16     | Total assets (to be completed by all filers—see the  |                   |                | · · · · · · · · · · · · · · · · · · · |  |
|                          |        | instructions Also, see page 1, item I)   | 140,650           | 143,494        | 107,793                               |  |
| <u>"</u>                 | 17     | Accounts payable and accrued expenses  |                   |                |                                       |  |
|                          | 18     | Grants payable   |                   |                |                                       |  |
| tie                      | 19     | Deferred revenue   |                   |                |                                       |  |
| Liabilities              | 20     | Loans from officers, directors, trustees, and other disqualified persons   |                   |                |                                       |  |
| <u>ia</u>                | 21     | Mortgages and other notes payable (attach schedule)  |                   |                |                                       |  |
| _                        | 22     | Other liabilities (describe ▶ )  |                   |                |                                       |  |
|                          | 23     | Total liabilities (add lines 17 through 22)  | 0                 | 0              |                                       |  |
|                          |        | Foundations that follow SFAS 117, check here   |                   |                |                                       |  |
| ces                      |        | and complete lines 24 through 26 and lines 30 and 31.  |                   |                |                                       |  |
| 5                        | 24     | Unrestricted   |                   |                |                                       |  |
| 픙                        | 25     | Temporarily restricted   |                   |                |                                       |  |
| 四五                       | 26     | Permanently restricted   |                   |                |                                       |  |
| Net Assets or Fund Balan |        | Foundations that do not follow SFAS 117, check here ► X  |                   |                |                                       |  |
| Ē                        |        | and complete lines 27 through 31.  |                   |                |                                       |  |
| ō                        | 27     | Capital stock, trust principal, or current funds   |                   |                |                                       |  |
| ats                      | 28     | Paid-in or capital surplus, or land, bldg , and equipment fund   | 7.0.650           | 142 404        |                                       |  |
| 55                       | 29     | Retained earnings, accumulated income, endowment, or other funds   | 140,650           | 143,494        |                                       |  |
| Ä                        | 30     | Total net assets or fund balances (see page 17 of the  | 1.0 650           | 140 404        |                                       |  |
| ě                        |        | instructions)  | 140,650           | 143,494        |                                       |  |
| _                        | 31     | Total liabilities and net assets/fund balances (see page 17  | 140 650           | 142 404        |                                       |  |
| _                        | Part I | of the instructions)   | 140,650           | 143,494        |                                       |  |
| -                        | Part I | Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a   | acree with        |                | <del></del>                           |  |
| 1                        |        | net assets of fund balances at beginning of year—Part II, column (a), line 30 (must a<br>vi-year figure reported on pnor year's return)  | agree will!       | 1              | 140,650                               |  |
| •                        |        | amount from Part I, line 27a   |                   | 2              | 1,261                                 |  |
|                          |        | increases not included in line 2 (itemize) SEE STATEMENT 7   |                   | 3              | 1,583                                 |  |
|                          |        | nes 1, 2, and 3  |                   | 4              | 143,494                               |  |
|                          |        | eases not included in line 2 (itemize)   |                   | 5              | 210,101                               |  |
|                          |        | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),  | line 30           | 6              | 143,494                               |  |
| -                        |        | the state of the s |                   |                | 50m 990-PF (2010)                     |  |

| Part IV Capital Gains ar  | nd Losses for Tax on Investmen   | t Income           |  |                |                |  |  |
|---|--|--------------------|--|----------------|----------------|--|--|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)  (b) How acquired P—Purchase D—Donation |  |                    |  |                |                | acquired<br>lay, yr)                             | ( <b>d)</b> Date sold<br>(mo , day, yr ) |
| 1a AMERITRADE   |  | ·-                 |  | P              | 10/0           | 7/09   | 09/07/10                                 |
| b AMERITRADE  | AMERITRADE   |                    |  |                |                | OUS  | VARIOUS                                  |
| С   |  |                    |  |                |                |  |  |
|   |  |                    |  |                |                |  |  |
| е   |  |                    |  |                |                |  |  |
| (e) Gross sales price   | (or allowable) plus expense or sale  |                    |  |                |                |  | or (loss)<br>) minus (g)                 |
| a 3,192   |  |                    |  | 2,352          |                |  | 840                                      |
| <b>b</b> 8,472  |  |                    |  | 4,629          | -              |  | 3,843                                    |
| С   |  |                    |  |                |                |  |  |
| d   |  |                    |  |                |                |  | · · · · · · · · · · · · · · · · · · ·    |
| 0   |  | 1010               | 4100                                   |                |                |  |  |
| Complete only for assets showing  | gain in column (h) and owned by the foun   |                    |  |                |                |  | (h) gain minus                           |
| (i) F M V as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69   |                    | Excess of col (i<br>er col (j), if any | )              | COI            |  | less than -0-) or<br>om col (h))         |
| a   |  |                    |  |                |                |  | 840                                      |
| b   |  | ·                  |  |                |                |  | 3,843                                    |
| С   |  |                    | <del></del>                            |                |                |  |  |
| d   |  |                    |  |                |                |  |  |
| θ   |  |                    | <del></del>                            |                |                |  |  |
| 2 Capital gain net income or (net ca  | pital loss) If gain, also enter in F   |                    |  |                |                |  | 1 602                                    |
| 2. Not short torm control gain or (less   | If (loss), enter -0- in F  | art i, line /      |  |                | 2              |  | 4,683                                    |
|   | s) as defined in sections 1222(5) and (6)  | ota iotiono) .     | _                                      |                |                |  |  |
| • ,   | column (c) (see pages 13 and 17 of the in  | structions)        |  |                | 3              |  | 840                                      |
| If (loss), enter -0- in Part I, line 8  Part V Qualification Un   | der Section 4940(e) for Reduce   | d Tay on N         | et Invectm                             | ent Incom      |                |  | 040                                      |
|   | foundations subject to the section 4940(a)   |                    |  |                | <u> </u>       |  |  |
|   | ,  | tux off fict in te | Journal of the Control                 | . ,            |                |  |  |
| If section 4940(d)(2) applies, leave this   | s part blank   |                    |  |                |                |  |  |
|   | on 4942 tax on the distributable amount of<br>fy under section 4940(e) Do not complete |                    | e base period'                         | >              |                |  | Yes X No                                 |
| 1 Enter the appropriate amount in e   | ach column for each year, see page 18 of   | the instruction:   | s before makir                         | ng any entries |                |  |  |
| (a)   | (b)  |                    | (c                                     | <del> </del>   |                | _  | (d)                                      |
| Base period years Calendar year (or tax year beginning  | A discontant according to the distant colored  | s Net              | value of noncha                        | •              | ets            |  | ribution ratio<br>livided by col. (c))   |
| 2009  | 4  | , 482              |  | 66,            | 125            |  | 0.067781                                 |
| 2008  | 5  | ,540               |  | 93,            |                |  | 0.059442                                 |
| 2007  | 6  | ,760               |  | 116,           | 440            |  | 0.058056                                 |
| 2006  | 5  | ,150               |  | 134,           | 771            |  | 0.038213                                 |
| 2005  | 1  | ,400               |  | _ 105,         | 010            |  | 0.013332                                 |
|   |  |                    |  |                |                | 1  |  |
| 2 Total of line 1, column (d)   |  |                    |  |                | 2              |  | 0.236824                                 |
| 3 Average distribution ratio for the 5  | -year base penod—divide the total on line  | 2 by 5, or by t    | he                                     |                |                |  |  |
| number of years the foundation ha   | as been in existence if less than 5 years  |                    |  |                | 3              | <del>                                     </del> | 0.047365                                 |
|   |  |                    |  |                |                |  |  |
| 4 Enter the net value of nonchantab   | le-use assets for 2010 from Part X, line 5   |                    |  |                | 4              | <del></del>                                      | 93,461                                   |
|   |  |                    |  |                |                |  |  |
| 5 Multiply line 4 by line 3   |  |                    |  |                | 5              |  | 4,427                                    |
| 6 Enter 19/ of not investment incom   | o /19/ of Dort Line 27h)   |                    |  |                |                |  | E1                                       |
| 6 Enter 1% of net investment incom  | e (1% 01 Part 1, line 27b)   |                    |  |                | 6              | +  | 51                                       |
| 7 Add lines 5 and 6   |  |                    |  |                | 7              |  | 4,478                                    |
| Add liftes 5 and 0  |  |                    |  |                | <del>  '</del> | +  | 7,7/0                                    |
| 8 Enter qualifying distributions from   | Part XII, line 4   |                    |  |                | 8              |  | 3,270                                    |
| · · · · · ·   | line 7, check the box in Part VI, line 1b, ar  | nd complete th     | at part usino a                        | 1% tax rate    |                | <u> </u>   | 3,270                                    |
| - 4 2- g 11-e-1   | ,  | ,                  |  |                | •              |  |  |

| <u>Form</u> | 990-PF (2010) THE THORPE FAMILY FOUNDATION, INC. 43-1885/61   |      |       |       |       | P   | <u>age 4</u> |
|-------------|---|------|-------|-------|-------|-----|--------------|
| Pa          | IT VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the i                    | inst | truct | ions) |       |     |              |
| 1a          | Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1                          |      |       |       |       |     |              |
|             | Date of ruling or determination letter (attach copy of letter if necessary—see instructions)                                    |      | - 1   |       |       |     |              |
| b           | Domestic foundations that meet the section 4940(e) requirements in Part V, check  |      | 1     |       |       |     | 102          |
|             | here ▶ ☐ and enter 1% of Part I, line 27b   |      |       |       |       |     |              |
| С           | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of                                    |      |       |       |       |     |              |
|             | Part I, line 12, col (b)  |      |       |       |       |     |              |
| 2           | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                       | L    | 2     |       |       |     | 0            |
| 3           | Add lines 1 and 2   | L    | 3     |       |       |     | 102          |
| 4           | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                      | L    | 4     |       |       |     | 0            |
| 5           | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-  |      | 5     |       |       |     | 102          |
| 6           | Credits/Payments  |      |       |       |       |     |              |
| а           | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a  |      |       |       |       |     |              |
| b           | Exempt foreign organizations—tax withheld at source 6b  |      |       |       |       |     |              |
| С           | Tax paid with application for extension of time to file (Form 8868)  6c   | 7    |       |       |       |     |              |
| d           | Backup withholding erroneously withheld 6d  | 7    |       |       |       |     |              |
| 7           | Total credits and payments Add lines 6a through 6d  | 7    | 7     |       | -     | -   |              |
| 8           | Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached                                       | Г    | 8     |       |       |     |              |
| 9           | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   | Г    | 9     |       |       |     | 102          |
| 10          | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                       |      | 10    |       |       |     |              |
| 11          | Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶   | _    | 11    |       | ***** |     |              |
|             | rt VII-A Statements Regarding Activities  |      |       |       |       |     |              |
| 1a          | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it                |      |       |       | ·     | Yes | No           |
|             | participate or intervene in any political campaign?   |      |       |       | 1a    |     | Х            |
| b           | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19                |      |       |       |       |     |              |
|             | of the instructions for definition)?  |      |       |       | 1b    |     | Х            |
|             | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials                 |      |       |       |       |     |              |
|             | published or distributed by the foundation in connection with the activities  |      |       |       |       |     |              |
| С           | Did the foundation file Form 1120-POL for this year?  |      |       |       | 1c    |     | Х            |
| d           | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year                               |      |       |       |       |     |              |
| _           | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$  |      |       |       |       | '   |              |
| 0           | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed                   |      |       |       |       |     |              |
| _           | on foundation managers > \$   |      |       |       |       |     |              |
| 2           | Has the foundation engaged in any activities that have not previously been reported to the IRS?                                 |      |       |       | 2     |     | Х            |
| _           | If "Yes," attach a detailed description of the activities   |      |       |       |       |     |              |
| 3           | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of               |      |       |       |       |     |              |
| •           | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                        |      |       |       | 3     |     | Х            |
| 4a          | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                     |      |       |       | 4a    |     | X            |
| b           | If "Yes," has it filed a tax return on Form 990-T for this year?  |      |       | N/A   | 4b    |     |              |
| 5           | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                  |      |       | ,     | 5     |     | Х            |
| •           | If "Yes," attach the statement required by General Instruction T  |      |       |       |       |     | <u> </u>     |
| 6           | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                |      |       |       |       |     |              |
| •           | By language in the governing instrument, or   |      |       |       |       |     | ļ            |
|             | By state legislation that effectively amends the governing instrument so that no mandatory directions that                      |      |       |       |       |     |              |
|             | conflict with the state law remain in the governing instrument?   |      |       |       | 6     | X   |              |
| 7           | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X | Δ.   |       |       | 7     | X   |              |
| 8а          | Enter the states to which the foundation reports or with which it is registered (see page 19 of the                             | •    |       |       | •     |     |              |
| Ju          | instructions) ► MO  |      |       |       |       |     |              |
| b           | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General                    |      |       |       |       |     |              |
|             | (or designate) of each state as required by General Instruction G? If "No," attach explanation                                  |      |       |       | 8b    | X   |              |
| 9           | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or                 |      |       |       |       |     | 1            |
|             | 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page                  |      |       |       |       |     |              |
|             | 27)? If "Yes," complete Part XIV  |      |       |       | 9     |     | X            |
| 10          | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their                  |      |       |       |       |     |              |
|             | names and addresses   |      |       |       | 10    |     | X            |

| _  | 990-PF (2010) THE THORPE FAMILY FOUNDATION, INC. 43-188576   | 1         |              |               | P    | age <b>5</b> |
|----|--|-----------|--------------|---------------|------|--------------|
|    | art VII-A Statements Regarding Activities (continued)  |           |              |               | _    |              |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) |           |              | 11            |      | Х            |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before   |           |              |               |      |              |
|    | August 17, 2008?   |           |              | 12            |      | X            |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application   | 17        |              | 13            | X    | L            |
|    | Website address ► N/A  |           |              |               |      |              |
| 14 | The books are in care of ▶ JUDY F. THORPE  354 BAMBERG DR  | hone no 🕨 | 843-7        | 06-           | 272  | 9            |
|    | Located at ▶ BLUFFTON SC   | ZIP+4 ▶   | 29910        | )             |      |              |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here  |           |              |               |      | ▶ 🗌          |
|    | and enter the amount of tax-exempt interest received or accrued during the year  | ▶ _       | 15           |               |      |              |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority  |           |              | _             | Yes  | No           |
|    | over a bank, securities, or other financial account in a foreign country?  |           |              | 16            |      | X            |
|    | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter   |           |              |               |      | ,            |
|    | the name of the foreign country  |           |              |               |      |              |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |           |              |               |      |              |
| _  | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  |           |              |               | Yes  | No           |
| 1a | During the year did the foundation (either directly or indirectly)   |           |              |               |      |              |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   | Yes       | X No         |               |      |              |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a  |           |              |               |      |              |
|    | disqualified person?   | Yes       | X No<br>X No |               |      |              |
|    | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   | Yes       |              |               |      |              |
|    | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | Yes       | X No         |               |      |              |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available for  |           |              |               |      | ļ            |
|    | the benefit or use of a disqualified person)?  | Yes       | X No         |               |      |              |
|    | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the   |           |              |               |      | l            |
|    | foundation agreed to make a grant to or to employ the official for a period after  |           |              |               |      |              |
|    | termination of government service, if terminating within 90 days)  | Yes       | X No         |               |      |              |
| b  | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations   | 6         |              |               |      |              |
|    | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?   |           | N/A          | 1b            |      | <u> </u>     |
|    | Organizations relying on a current notice regarding disaster assistance check here   |           |              |               |      |              |
| C  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that   |           |              |               |      | ļ            |
|    | were not corrected before the first day of the tax year beginning in 2010?   |           | N/A          | 1c            |      | <u> </u>     |
| 2  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private  |           |              |               |      | ľ            |
|    | operating foundation defined in section 4942(j)(3) or 4942(j)(5))  |           |              |               |      |              |
| а  | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and  |           |              |               |      |              |
|    | 6e, Part XIII) for tax year(s) beginning before 2010?  | Yes       | X No         |               |      |              |
|    | If "Yes," list the years ▶ 20 , 20 , 20 , 20   |           |              |               |      | 1            |
| b  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)  |           |              |               |      |              |
|    | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to   |           | 27/2         |               |      |              |
|    | all years listed, answer "No" and attach statement—see page 22 of the instructions)  |           | N/A          | 2b            |      | ₩-           |
| С  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here<br>20 , 20 , 20 , 20  |           |              |               |      |              |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise  |           |              |               |      |              |
|    | at any time during the year?   | Yes       | X No         |               |      |              |
| b  | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or  |           |              |               |      |              |
|    | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the  |           |              | Ī             |      | 1            |
|    | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of   |           |              |               |      | 1            |
|    | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the   |           |              |               |      | 1            |
|    | foundation had excess business holdings in 2010 )  |           | N/A          | 3b            |      |              |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  |           | •            | 4a            |      | X            |
| b  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its   |           |              |               |      | _            |
|    | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010  | )?        |              | 4b            |      | X            |
|    |  |           | Fo           | orm <b>99</b> | 0-PF | (2010)       |

| orm       | 990-PF (2010) THE THURPE                 | FAMILY FOUNDATION,                              | 1NC. $43-1$                              | 885/61                                  |  |                       | Page <b>b</b> |
|-----------|--|---|--|---|--|-----------------------|---------------|
| Pa        | irt VII-B Statements Regar               | rding Activities for Which Form                 | 4720 May Be Re                           | quired (contin                          | ued)                                     |                       |               |
| 5a        | During the year did the foundation pay   | or incur any amount to                          |  |   |  |                       |               |
|           | (1) Carry on propaganda, or otherwise    | e attempt to influence legislation (section     | 4945(e))?                                | \_ Y                                    | res 🗓 No                                 |                       |               |
|           | (2) Influence the outcome of any spec    | cific public election (see section 4955), or    | to carry on,                             |   |  |                       |               |
|           | directly or indirectly, any voter reg    | istration drive?                                |  | Y                                       | res 🗓 No                                 |                       |               |
|           | (3) Provide a grant to an individual for | travel, study, or other similar purposes?       |  | Y                                       | res 🔀 No                                 |                       |               |
|           | (4) Provide a grant to an organization   | other than a chantable, etc , organization      | described in                             |   |  |                       |               |
|           |  | ection 4940(d)(2)? (see page 22 of the ins      | •  | <u> </u>                                | ∕es ∑ No                                 |                       |               |
|           | (5) Provide for any purpose other than   | n religious, chantable, scientific, literary, c | or educational                           |   |  |                       |               |
|           | purposes, or for the prevention of       | cruelty to children or animals?                 |  | Y                                       | res X No                                 |                       |               |
| þ         | If any answer is "Yes" to 5a(1)-(5), did | I any of the transactions fail to qualify und   | der the exceptions desc                  | cribed in                               | 4-                                       |                       |               |
|           | Regulations section 53 4945 or in a cu   | irrent notice regarding disaster assistance     | e (see page 22 of the in                 | nstructions)?                           | _N/A                                     | 5b                    |               |
|           | Organizations relying on a current noti  | ce regarding disaster assistance check h        | ere                                      |   | ▶ ∐                                      |                       |               |
| C         | If the answer is "Yes" to question 5a(4  | ), does the foundation claim exemption fr       | om the tax                               |   |  | İ                     |               |
|           | because it maintained expenditure res    |   |  | N/A 📙 Y                                 | res No                                   |                       |               |
|           | If "Yes," attach the statement required  | • •   |  |   |  |                       |               |
| 6a        |  | ceive any funds, directly or indirectly, to p   | ay premiums                              |   | 6-3                                      |                       |               |
| _         | on a personal benefit contract?          |   |  |   | res X No                                 |                       |               |
| b         |  | ly premiums, directly or indirectly, on a pe    | ersonal benefit contract                 | 12                                      |  | 6b                    | X             |
| _         | If "Yes" to 6b, file Form 8870           |   |  | F-1                                     | <b>(</b> 22)                             |                       |               |
|           |  | ne foundation a party to a prohibited tax si    |  |   | res X No                                 |                       |               |
|           |  | proceeds or have any net income attribut        | ···                                      |   | N/A                                      | 7b                    |               |
| Pa        | 3  | Officers, Directors, Trustees, F                | oundation Manag                          | gers, Hignly Pa                         | aid Employees                            | 5,                    |               |
| 4 1       | and Contractors                          | undation managers and their compen              | nation (see page 22 o                    | f the instructions                      | <u> </u>                                 |                       |               |
| <u></u> - | ist an officers, directors, trustees, to | didation managers and their compens             | Sation (See page 22 0                    | i the mstructions                       |  |                       |               |
|           | (a) Name a                               | and address                                     | (b) Title, and average hours per week    | (c) Compensation<br>(if not paid, enter | (d) Contributions to<br>employee benefit | <br>  <b>(е)</b> Ехре | ense account, |
|           | (a) Name a                               | ind address                                     | devoted to position                      | -0-)                                    | plans and deferred compensation          | other                 | allowances    |
| חח        | WILLIAM D THODDE                         | DIUPPTON  | PRES/DIR                                 |   | Compensation                             |                       |               |
|           | WILLIAM P THORPE                         | BLUFFTON  | 5 00                                     |   | ,  |                       | 0             |
|           | 4 BAMBURG DRIVE DY F THORPE              | SC 29910<br>BLUFFTON                            | SEC/TREA/DIR                             | 0                                       |  |                       | 0             |
|           | 4 BAMBURG DRIVE                          | SC 29910  | 2 00                                     |   | 0  |                       | 0             |
|           | LLIAM P. THORPE, III                     | BLUFFTON  | V-PRES/DIR                               |   | · · · · · · · · · · · · · · · · ·        |                       |               |
|           | 4 BAMBURG DRIVE                          | SC 29910  | 0 00                                     | 0                                       | 0  |                       | 0             |
|           | NE H THORPE                              | BLUFFTON  | V-PRES/DIR                               | Ĭ                                       |  |                       | <u> </u>      |
|           | 4 BAMBURG DRIVE                          | SC 29910  | 0 00                                     | ,                                       |  |                       | 0             |
| 2         |  | employees (other than those included            |  | 23 of the instruc                       | <del>`</del>                             |                       |               |
| -         | If none, enter "NONE."                   |   | on mile i doo page                       | 100.000                                 |  |                       |               |
|           |  |   | (b) Title and average                    |   | (d) Contributions to                     | <u> </u>              |               |
|           | (a) Name and address of each en          | nployee paid more than \$50,000                 | (b) Title, and average<br>hours per week | (c) Compensation                        | employee benefit                         |                       | ense account, |
|           |  |   | devoted to position                      |   | plans and deferred<br>compensation       | other                 | allowances    |
| NO        | NE                                       |   |  |   |  |                       |               |
|           |  |   | 1  |   |  |                       |               |
|           |  |   |  |   |  |                       |               |
|           |  |   |  | <u> </u>                                |  |                       |               |
|           |  |   |  |   |  |                       |               |
|           |  |   |  |   |  |                       |               |
|           |  |   |  |   |  |                       |               |
|           |  |   |  |   |  |                       |               |
|           |  |   |  |   |  |                       |               |
|           |  |   |  | <u> </u>                                |  |                       |               |
| ota       | I number of other employees paid over    | \$50,000  |  | <u>-</u>                                | -  |                       | 0             |
|           |  | <del></del>                                     |  |   |  |                       | -PF (2010)    |

| Form 990-PF (2010) THE THORPE FAMILY FOUNDATION, INC.  | 43-1885761                                 | Page <b>7</b>   |  |  |  |  |
|--|--|---|--|--|--|--|
| Part VIII* Information About Officers, Directors, Trustees, Foundati and Contractors (continued)   | on Managers, Highly Paid Emplo             | yees,   |  |  |  |  |
| 3 Five highest-paid independent contractors for professional services (see page 23 o   | of the instructions). If none, enter "NONE | u .   |  |  |  |  |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                        | (c) Compensation  |  |  |  |  |
| NONE   |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  | , in the second |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| 17-7-1   |  | -   |  |  |  |  |
|  |  |   |  |  |  |  |
| Total number of others receiving over \$50,000 for professional services   |  | <u> </u>  |  |  |  |  |
|  |  |   |  |  |  |  |
| Rart 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. |  |   |  |  |  |  |
| 1 THE FOUNDATION MADE CONTRIBUTIONS TO EDUCAT  | PIONAL AND APT                             | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |
| INSTITUTIONS.  | IIONAL AND ARI                             |   |  |  |  |  |
| 111011101101101  |  |   |  |  |  |  |
| THE FOUNDATION MADE A CONTRIBUTION TO SEVER  | RAL RELIGIOUS                              |   |  |  |  |  |
| INSTITUTION.   |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| 3  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| 4  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| Part IX-B Summary of Program-Related Investments (see page 24  | f of the instructions)                     |   |  |  |  |  |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1   |  | Amount  |  |  |  |  |
| 1 N/A  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| 2  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| All other program-related investments See page 24 of the instructions  |  |   |  |  |  |  |
| 3  |  |   |  |  |  |  |
|  |  |   |  |  |  |  |

Form **990-PF** (2010)

Total. Add lines 1 through 3

#### Part XII Qualifying Distributions (see page 25 of the instructions)

qualifies for the section 4940(e) reduction of tax in those years

| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                  |    |   |       |
|---|--|----|---|-------|
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26  | 1a |   | 3,270 |
| b | Program-related investments—total from Part IX-B   | 1b |   |       |
| 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  |   | 3,270 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income                        |    |   |       |
|   | Enter 1% of Part I, line 27b (see page 26 of the instructions)   | 5  |   | 0     |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6  |   | 3,270 |
|   | Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation |    |   |       |

Form **990-PF** (2010)

Form 990-PF (2010) THE THORPE FAMILY FOUNDATION, INC. 43-1885761 Page 9 Undistributed Income (see page 26 of the instructions) (b) (c) (d) (a) Corpus Years prior to 2009 2009 2010 Distributable amount for 2010 from Part XI, 4,571 line 7 Undistributed income, if any, as of the end of 2010 3,257 a Enter amount for 2009 only **b** Total for pnor years 20 \_\_\_\_\_ , 20 \_ Excess distributions carryover, if any, to 2010 a From 2005 From 2006 c From 2007 d From 2008 e From 2009 Total of lines 3a through e Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 3,270 a Applied to 2009, but not more than line 2a 3,257 b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2010 distributable amount 13 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a 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 page 27 of the instructions e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be 4,558 distributed in 2011 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2011.

Subtract lines 7 and 8 from line 6a

Analysis of line 9
Excess from 2006
Excess from 2007
Excess from 2008
Excess from 2009
Excess from 2010

| orm 990-PF (2010) | THE | THORPE | FAMILY | FOUNDATION. | INC. | 43-1 |
|-------------------|-----|--------|--------|-------------|------|------|

| 4 | 3 | _ | 1 | 8 | 8 | 5 | 7 | 6 | 1 |  |
|---|---|---|---|---|---|---|---|---|---|--|
|   |   |   |   |   |   |   |   |   |   |  |

| _  |    | _ | 4 |   |
|----|----|---|---|---|
| ۲a | ıa | e | П | Ų |

| <u>FPà</u> | rt:XIV Private Operating Fou   | ndations (see pa                      | age 27 of the instr         | uctions and Part \         | /II-A, question 9)  |                          |
|------------|--|---------------------------------------|-----------------------------|----------------------------|---------------------|--------------------------|
| 1a         | If the foundation has received a ruling or d                         | etermination letter tha               | at it is a private operatin | g                          |                     |                          |
|            | foundation, and the ruling is effective for 20                       | 010, enter the date of                | f the ruling                | _                          |                     |                          |
| b          | Check box to indicate whether the foundat                            | ion is a private opera                | ting foundation describe    |                            | 942(j)(3) or 494    | 2(j)(5)                  |
| 2a         | Enter the lesser of the adjusted net                                 | Tax year                              |                             | Prior 3 years              | <u></u>             | (e) Total                |
|            | income from Part I or the minimum                                    | (a) 2010                              | (b) 2009                    | (c) 2008                   | (d) 2007            |                          |
|            | investment return from Part X for                                    |                                       |                             |                            |                     |                          |
|            | 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                              | <del></del>                           | 1                           | +                          | <u> </u>            |                          |
| е          | Qualifying distributions made directly                               |                                       |                             |                            |                     |                          |
|            | for active conduct of exempt activities                              |                                       |                             |                            |                     |                          |
| _          | Subtract line 2d from line 2c  |                                       |                             |                            | <del> </del> -      | <del> </del>             |
| 3          | Complete 3a, b, or c for the   |                                       |                             | }                          |                     |                          |
|            | alternative test relied upon   |                                       |                             | 1                          |                     |                          |
| а          | "Assets" alternative test—enter                                      |                                       |                             |                            |                     |                          |
|            | (1) Value of all assets  | · · · · · · · · · · · · · · · · · · · | <del> </del>                | <u> </u>                   |                     |                          |
|            | (2) Value of assets qualifying under                                 |                                       |                             |                            |                     |                          |
|            | section 4942(j)(3)(B)(i)   |                                       | <del></del>                 |                            | <del> </del>        |                          |
| b          | "Endowment" alternative test—enter 2/3                               |                                       |                             |                            | İ                   |                          |
|            | of minimum investment return shown in                                |                                       |                             |                            |                     |                          |
| _          | Part X, line 6 for each year listed "Support" alternative test—enter |                                       |                             |                            |                     | <del> </del>             |
| С          | '''  |                                       |                             |                            |                     |                          |
|            | (1) Total support other than gross investment income (interest,      |                                       |                             |                            |                     |                          |
|            | dividends, rents, payments on  |                                       |                             |                            |                     |                          |
|            | securities loans (section  |                                       |                             |                            |                     |                          |
|            | 512(a)(5)), or royalties)  |                                       |                             |                            |                     |                          |
|            | (2) Support from general public                                      |                                       |                             |                            |                     | ]                        |
|            | and 5 or more exempt   |                                       |                             |                            |                     |                          |
|            | organizations as provided in section 4942(j)(3)(B)(III)              |                                       | •                           |                            |                     |                          |
|            | (3) Largest amount of support from                                   |                                       |                             |                            |                     |                          |
|            | an exempt organization   |                                       |                             |                            |                     |                          |
|            | (4) Gross investment income  |                                       |                             |                            | -                   |                          |
| Pa         | rt XV. Supplementary Inform  | ation (Complete                       | this part only if           | he foundation ha           | d \$5,000 or more i | n assets at              |
|            | any time during the ye   |                                       |                             |                            | •                   |                          |
| 1          | Information Regarding Foundation Mar                                 |                                       |                             |                            |                     |                          |
| а          | List any managers of the foundation who h                            | nave contributed more                 | e than 2% of the total co   | ontributions received by   | the foundation      |                          |
|            | before the close of any tax year (but only i                         | f they have contribute                | ed more than \$5,000) (     | See section 507(d)(2))     |                     |                          |
|            | N/A  |                                       | . ,                         |                            |                     |                          |
| b          | List any managers of the foundation who                              | own 10% or more of t                  | he stock of a corporation   | n (or an equally large p   | ortion of the       |                          |
|            | ownership of a partnership or other entity)                          | of which the foundat                  | ion has a 10% or greate     | er interest                |                     |                          |
|            | N/A  |                                       |                             |                            |                     |                          |
| 2          | Information Regarding Contribution, G                                |                                       |                             |                            |                     |                          |
|            | Check here $\blacktriangleright$ $X$ if the foundation only          |                                       | •                           | ~                          |                     |                          |
|            | unsolicited requests for funds If the found                          |                                       |                             | of the instructions) to in | dividuals or        |                          |
|            | organizations under other conditions, com                            | <del></del>                           |                             |                            |                     |                          |
| а          | The name, address, and telephone number                              | er of the person to wh                | nom applications should     | be addressed               |                     |                          |
|            | N/A  |                                       |                             |                            |                     |                          |
|            |  |                                       |                             |                            |                     |                          |
| b          | The form in which applications should be                             | submitted and inform                  | ation and materials they    | should include             |                     |                          |
|            | N/A  |                                       |                             |                            |                     |                          |
| C          | Any submission deadlines   |                                       | •                           |                            |                     |                          |
|            | N/A  |                                       |                             | Ida luade - frant (        |                     | <del></del>              |
| d          | Any restrictions or limitations on awards, s                         | such as by geographi                  | cai areas, charitable fie   | ias, kinas of institutions | , or otner          |                          |
|            | factors  |                                       |                             |                            |                     |                          |
|            | N/A  |                                       |                             |                            |                     | Form <b>990-PF</b> (2010 |
| DAA        |  |                                       |                             |                            |                     | 101111 220-1 1 (2010     |

| Grants and Contributions Paid During the                                   | If recipient is an individual,                     | Foundation        |                                  |        |
|--|--|-------------------|----------------------------------|--------|
| Recipient  | show any relationship to<br>any foundation manager | status of         | Purpose of grant or contribution | Amount |
| Name and address (home or business)  | or substantial contributor                         | recipient         |                                  |        |
| a Paid during the year ST LAWRENCE UNIVERSITY 23 ROMODA DR CANTON NY 13617 | NONE   | TAX EXEMPT<br>EDU | CATIONAL                         | 5      |
| PRINCETON UNIVERSITY<br>12 STOCKTON STREET<br>PRINCETON NJ 08540           | NONE   | TAX EXEMPT<br>EDU | CATIONAL                         | 1      |
| VOLUNTEERS IN MEDICINE<br>15 NORTHRIDGE DR<br>HILTON HEAD ISLAND SC 299    | NONE   | TAX EXEMPT        | HARITABLE                        | 7      |
| FRIENDS OF BLUFFTON<br>120 PALMETO WAY<br>BLUFFTON SC 29910                | NONE   | TAX EXEMPT<br>EDU | CATIONAL                         | 2      |
| PALMETTO ANIMAL LEAGUE<br>PO BOX 23019<br>HILTON HEAD SC 29925             | NONE   | TAX EXEMPT        | ARITABLE                         | 2      |
| HERITAGE CLASSIC FOUNDATI<br>PO BOX 3244<br>HILTON HEAD SC 29928           | NONE   | TAX EXEMPT        | ARITABLE                         | 1      |
| GREECE OLYMPIA H S SPORTS<br>1139 MAIDEN LANE<br>ROCHESTER NY 14615        | NONE   | TAX EXEMPT<br>EDU | CATIONAL                         | 2      |
| VARIOUS MISCELLANEOUS  | NONE   | TAX EXEMPT        | ARITABLE                         | 1,0    |
|  |  |                   |                                  |        |
| Total  |  |                   | <b>▶</b> 3a                      | 3,2    |
| b Approved for future payment $\mathrm{N/A}$                               |  |                   |                                  |        |
|  |  |                   |                                  |        |
|  |  |                   |                                  |        |
| Total  |  |                   | <b>▶</b> 3b                      |        |

DAA

| F  | art XVI-A      | Analysis of Income-Producing Activ   | vities               |                   |  |   |  |
|----|----------------|--|----------------------|-------------------|--|---|--|
| _  |                | unts unless otherwise indicated  |                      | d business income | Exclude  | d by section 512, 513, or 514           | (e)  |
|    | Program sen    |  | (a)<br>Business code | (b)<br>Amount     | (c)<br>Exclusion<br>code                         | (d)<br>Amount                           | Related or exempt<br>function income<br>(See page 28 of<br>the instructions) |
| •  | ū              |  |                      | <u>.</u>          | 1  |   |  |
|    |                |  |                      |                   |  |   |  |
|    |                |  |                      | - ····            | <del>                                     </del> |   |  |
|    | d              |  |                      |                   | <del>                                     </del> |   |  |
|    |                |  |                      |                   | <u>†                                      </u>   |   |  |
|    | f              |  |                      |                   | 1  |   | ······································                                       |
|    | g Fees and     | d contracts from government agencies   |                      |                   |  | · · · · · - · · · · · · · · · · · · · · |  |
| 2  | _              | dues and assessments   |                      |                   |  |   |  |
| 3  | Interest on s  | avings and temporary cash investments  |                      | *                 |  |   | 5  |
| 4  | Dividends an   | nd interest from securities  |                      |                   | 14   | 736                                     |  |
| 5  | Net rental inc | come or (loss) from real estate  |                      |                   |  |   |  |
|    |                | anced property   |                      |                   | ļ  |   |  |
|    |                | -financed property   |                      |                   | ļ  |   |  |
|    |                | come or (loss) from personal property  | ļ                    |                   | <u> </u>   |   |  |
|    | Other investr  |  | 1                    |                   |  |   |  |
|    |                | from sales of assets other than inventory  |                      |                   | <u> </u>   |   | 4,683  |
|    |                | or (loss) from special events  |                      |                   | <del></del>                                      |   |  |
|    |                | or (loss) from sales of inventory  | -                    |                   | <del> </del>                                     |   | <del></del>  |
| 17 | Other revenu   | ELLANEOUS  |                      |                   | <del> </del>                                     |   |  |
|    |                | ON K-1   | -                    |                   | 1  | -308                                    |  |
|    |                |  |                      | <del> </del>      |  | -308                                    | <del></del>  |
|    | e              | · · · · · · · · · · · · · · · · · · ·  |                      |                   | <del>                                     </del> |   | <del></del>  |
| 12 |                | d columns (b), (d), and (e)  |                      | 0                 | 1  | 428                                     | 4,688  |
|    |                | ne 12, columns (b), (d), and (e)   |                      |                   | <del></del>                                      | 13                                      | 5,116  |
|    |                | n line 13 instructions on page 29 to verify calculations   | ; )                  |                   |  |   | 0,210  |
|    | art XVI-B      | Relationship of Activities to the Acc  |                      | nt of Exempt Pu   | rposes   |   | ·  |
|    | Line No.<br>▼  | Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions.) |                      |                   |  |   | the  |
|    | 8              | USED FOR CONTRIBUTIONS TO  | DEDUCAT              | 'IONAL AND C      | CHARI  | TABLE                                   |  |
|    |                | ORGANIZATIONS  |                      |                   |  |   |  |
|    |                |  |                      |                   |  |   |  |
|    |                |  |                      |                   |  |   |  |
|    |                |  |                      |                   |  |   |  |
|    |                |  |                      |                   |  |   | ·  |
|    |                |  |                      |                   |  |   |  |
|    |                |  |                      | ,, <u>,</u> ,,    |  |   |  |
|    |                | ******   |                      |                   |  |   |  |
|    |                |  |                      |                   |  | <del></del>                             |  |
|    |                | <del>-</del>   |                      |                   |  |   | · · · · · ·  |
|    |                |  |                      |                   |  | <del> </del>                            |  |
|    |                | · · · · · · · · · · · · · · · · · · ·  |                      |                   |  | -                                       |  |
| _  |                |  | <del></del>          | <del></del>       |  |   |  |
|    |                | •  |                      | <del></del>       |  |   |  |
|    |                |  |                      |                   |  | *                                       |  |
|    |                | -  |                      |                   | · · · · · · · · · · · · · · · · · · ·            | ·                                       | Ÿ <del></del>  |
| _  |                | · · ·  |                      |                   |  | <del> </del>                            |  |
| _  |                |  |                      |                   |  |   |  |
|    |                |  |                      |                   |  |   | ·  |
|    |                |  |                      |                   |  |   |  |
|    |                |  | -                    |                   |  |   |  |
|    |                |  |                      |                   |  |   |  |

|  | Part /        | (All       | Exempt Organiza  | _               | insiers to and          | Transaction                            | s and Relationship          | os with Nonchari                      | apie            |          |             |
|--|---------------|------------|--|-----------------|-------------------------|--|-----------------------------|---------------------------------------|-----------------|----------|-------------|
| a Transfers from the reporting foundation to a nonchantable exempt organization of  (1) Cash (2) Other assets (3) Other transactions (1) Sales of assets to a nonchantable exempt organization (2) Purchased of assets from a nonchantable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimburgament arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Rental of facilities, equipment, mailting lists, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than 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 (6) the 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, allow in column (6) the 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, allow in column (6) the value of the goods, other assets, or services received.  (6) Description of transfers, rainsactions, and sharing arrangements.  (a) If "Yes," complete the following schedule.  (b) In "Yes," complete the following schedule.  (c) Description of relationship.  (d) Description of transfers, transactions, and sharing arrangements.  (e) Perform the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product  | 1 Did         | the orga   |  |                 | e in any of the follow  | wing with any oth                      | er organization describe    | d                                     |                 | Yes      | No          |
| a Transfers from the eporting foundation to a nonchantable exempt organization of (1) Cash (2) Other assets b Other transactions (1) Sales of assets to a nonchantable exempt organization (1) Sales of assets to a nonchantable exempt organization (2) Purchases of assets to an onchantable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantee. (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Sales of solicities, equipment, making lasts, other assets, or pand employees (8) It is a solicities, equipment, making lasts, other assets, or pand employees (9) It is an expect 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 great by the reporting fundation if the foundation received less than fair market value of the goods, other assets, or services great by the reporting fundation if the foundation received less than fair market value of the goods, other assets, or services great by the reporting fundation if the foundation received less than fair market value of the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods, other assets, or services greater than the goods and the goods and the goods and the goods and greater than the goods and greater than the goods and greater than the goods and greater than the goods and greater than the  | ın s          | ection 50  | 1(c) of the Code (other                                    | r than section  | n 501(c)(3) organiz     | ations) or in secti                    | on 527, relating to politic | cal                                   |                 |          |             |
| (1) Cash (2) Other assets (3) Cliver assets (4) Sales of assets to a noncharitable exempt organization (5) Sales of assets from a noncharitable exempt organization (6) Performance of services or memberahip or fundrasing solicitations (7) Sales of assets from a noncharitable exempt organization (8) Remitted fundings, equipment, or other assets (9) Performance of services or memberahip or fundrasing solicitations (1) Sales of assets from a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (2) Purchases of facilities, equipment, or other assets, or paid employees (3) Saning of Solities, equipment, making lists, other assets, or paid employees (4) 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 received (4) Live is (b) Amount moving (c) Hairs of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  (e) Description of transfers, transactions, and sharing arrangements are described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (b) If Yes, "compliet the following schedule  (b) Type of organization (c) Name of organization (b) Type of organization (c) Description of transfers, transactions, and to the best of my knowledge and belief, as bus, concert, and complete the fall have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, as bus, concert, and complete the fallowing schedules  Unider petialities of penjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of m | org           | anızatıon  | s?   |                 |                         |  |                             |                                       |                 |          |             |
| (2) Other assets  b Other transactions  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Remibursement arrangements  (5) Loans or loan guarantee  (6) Performance of services or membership or fundrasing solicitations  (6) Performance of services or membership or fundrasing solicitations  (7) Sales of displies, equipment, making lists, other assets, or paid employes  (8) 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, and shown column (b) the value of the goods, shore 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 (b) the value of the goods, cheff assets, or services received  (b) Line for (b) Amount involved  (c) Name of individual parangements, shown incluming objects of the services of transfers, transactions, and sharing arrangements of the services of transfers, transactions, and sharing arrangements of the services of transfers, transactions, and sharing arrangements of the services of transfers, transactions, and sharing arrangements of the services of transfers, transactions, and sharing arrangements of the services of transfers, transactions, and sharing arrangements of the services of transfers, transactions, and sharing arrangements of the services of transfers, transactions, and sharing arrangements of the color of the Code (other than section 501(c)(3) or in section 527?  b) If "Yes," Complete the following schedules  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Description of relationship  (e) Description of relationship  (e) Description of relationship  (e) Description of initiationship  (e) Description of relationship  (e) Description of relationship  (e) Description of relationship  (e) Descripti | <b>a</b> Tra  | nsfers fro | om the reporting founda                                    | ation to a nor  | ncharitable exempt      | organization of                        |                             |                                       | -               | _        |             |
| b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarrantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) If the assets of application of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or "Fen", complete the following schedules 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 far market value or may transaction or shanning arrangements and the properties of the services of the serv | • •           |            |  |                 |                         |  |                             |                                       | 1a(1)           |          | X           |
| (1) Sales of assets to a noncharatable exempt organization (2) Purchases of assets from a noncharatable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans of loan guarantee (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employes (8) If the answer to any of the above is "res," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services grown 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 provided (d) from the (b) Amount moves (e) Name of noschartable exempt organization (d) Description of transfuss, transactions, and sharing arrangements  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)(d) the code (other than section 501(c)(d) or in section 527?  b) If "Yes," Single the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationships and the section of the code (other than section 501(c)(d) is support on all information of which prepare has any incovering belief, it is but, coreci, and complete Scientific or prepare (other than laways or foliosing) is support on all information of which prepare has any incovering belief, it is but, coreci, and complete Scientific or prepare (other than laways or foliosing) is support on all information of which prepare has any incovering the foliosing of prepare (other than laways or foliosing) is support on all information of which prepare has any incovering the section of prepare (other than laways or foliosing) is support on all information of which prepare has any incoverin | , ,           |            |  |                 |                         |  |                             |                                       | 1a(2)           |          | X           |
| 22   Purchases of assets from a nonchamitable exempt organization   1.02   X   1.03   X   1.04   X   1.05      |               |            |  |                 |                         |  |                             |                                       |                 |          |             |
| (a) Remital of facilities, equipment, or other assets  (b) Cears or loan guarantees  (c) Performance of services or membership or fundraising solicitations  (d) Performance of services or membership or fundraising solicitations  (e) Performance of services or membership or fundraising solicitations  (f) Sharing of facilities, equipment, mailing lists, other assets, or pared employees  (g) It 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 mere to the goods, other assets, or services mere to the goods, other assets, or services received  (g) It is not not to the part of the property of the above is "Yes," complete the following displaying 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  (g) It is not not not not the goods, other assets, or services received  (g) It is not not not not not not not not not not  |               |            |  |                 | -                       |  |                             |                                       |                 |          |             |
| 49   Reimbursement arrangements     45   45   15   15   15   15   15   |               |            |  |                 | •                       | 1                                      |                             |                                       |                 |          |             |
| (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Shaming of facilities, equipment, mailing lists, other assets, or paid emptoyees 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 shaning arrangement, show in column (d) the value of the goods, other assets, or services received (d) Line in (b) Amount involved (c) Name of noncharitable exempt organization (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?  b if "Yes," complete the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under penalties of penyin, I dictaire that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, in stitus, correct, and complete Declare in the return, including accompanying schedules and statements, and to the best of my knowledge and belief, in stitus, correct, and complete Declare in the return, including accompanying schedules and statements, and to the best of my knowledge and belief, in stitus, correct, and complete Declare in the return, including accompanying schedules and statements, and to the best of my knowledge and belief, in stitus, correct, and complete Declare in the return, including accompanying schedules and statements, and to the best of my knowledge and belief, in stitus, correct, and complete Declare in the return, including accompanying schedules and statements, and to the best of my knowledge and belief, in stitus, correct, and complete Declare in the return. Including accompanying sche | (3)           |            |  |                 | ets                     |  |                             |                                       |                 | -        |             |
| (e) Performance of services or membership or fundrissing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 or any transaction or sharining arrangement, show in column (d) the value of the goods, other assets, or services received  (a) Inin no (b) Amount involved (c) Name of nonchardable exempt organization (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?  b If "Yes," complete the followings schedule  N/A  (a) Name of organization  (b) Type of organization  (c) Description of relationships  N/A  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or followay) is based on all information of which preparer has any knowledge  Paid  Phaid  Phaid  Penalter W ROB  JERRY ROB  JERRY W ROB  JER  | (4)           |            | -  |                 |                         |  |                             |                                       |                 | ļ        |             |
| c Sharing of facilities, equipment, maining lists, other assets, or paid employees 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 (iii) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements in the same of the goods, other assets, or services received (iii) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements in the same of the goods, other assets, or services received (iii) Line no. (iii) Description of transfers, transactions, and sharing arrangements of the same of the same of contractive and the same of the same of contractive and the same of the same of contractive and the same of contractive and  |               |            | •  | mherchin or     | fundraising solicita    | tions                                  |                             |                                       |                 |          |             |
| 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 so, 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  (a) I'me no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a is the foundation directly or indirectly siffliated 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?  2b If "Yes," "complete the following schedule (b) Type of organization (c) Description of relationships  N/A  1   |               |            |  |                 |                         |  |                             |                                       |                 | -        |             |
| 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  (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?  □ If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Description of relationship  Types in 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 ☑ No  If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Here    Under penalties of penuly, I declars that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than acapter or following) is beyed on all information of which preparer has any knowledge    Pinul Type preparer's name  |               |            |  |                 |                         |  | (h) should always show      | the fair market                       |                 | <b>!</b> |             |
| value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of fundaters, 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?  b if "yes," complete the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or folicians) is bayed on all information of which preparer has any knowledge  Plant Penalty W ROE  Pinnt years signature  Preparer Signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer   JERRY W ROE   Date   Check   Self-prim's address   Prim's |               |            |  |                 |                         |  |                             |                                       |                 |          |             |
| (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?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A   Under penalties of penjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer of following) is based on all information of which preparer has any knowledge  Philippe preparer's name  Preparer  Paid  Price of the Code (other than section 501(c)(3)) or in section 527?  Law Law Law Law Law Law Law Law Law Law   |               |            |  | _               |                         | -                                      |                             |                                       |                 |          |             |
| 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?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship     Ves   X   No  |               |            |  |                 |                         |  |                             |                                       | sharing arrange | ments    |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     | N/A           |            |  |                 |                         |  |                             |                                       |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  |                 |                         |  |                             |                                       |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  |                 |                         | ***                                    |                             | ·                                     |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  |                 |                         |  |                             |                                       |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  |                 | <del></del>             |  |                             |                                       |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value of the Code (other than section 501(c)(3)) or in section 527?    Ves  |               |            |  |                 |                         |  |                             |                                       |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  |                 | <del></del>             |  |                             |                                       |                 |          |             |
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| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  |                 |                         | <del>-</del>                           |                             | <del></del>                           |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  |                 |                         | <del></del>                            | ·                           |                                       |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     | <del></del>   |            |  | <del></del>     |                         | <del></del>                            |                             |                                       |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            | -  |                 |                         | <del></del>                            |                             | <del></del>                           |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  |                 |                         |  |                             | · · · · · · · · · · · · · · · · · · · |                 |          |             |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     |               |            |  | ···-            |                         |  |                             |                                       |                 |          |             |
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| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship   Under penalities of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Value     | 2a Ist        | he founda  | ation directly or indirect                                 | ly affiliated w | vith, or related to, or | ne or more tax-ex                      | rempt organizations         | <del></del>                           |                 |          |             |
| b If "Yes," complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check I is firm's name  BEUSSINK, HEY & ROE, P.C.  Print P00573000  Firm's address  16 SOUTH SILVER SPRINGS ROAD  CAPE GIRARDEAU, MO 63703  Phone no 573-334-498   |               |            | •  | -               |                         |  |                             |                                       | ☐ Y             | es X     | No          |
| N/A  Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Preparer's signature  JERRY W ROE  JERRY W ROE  Date  Check of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Preparer's signature  Date  Check of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  Title  Date  Check of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge  Date  Check of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge  Date  Title  Print/Type preparer's name  Date  Check of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  JERRY W ROE  Date  Check of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge  Light of the preparer has any knowledge and belief, it is true, correct, and complete Declaration of which preparer has any knowledge  Title  Print/Type preparer's name  Preparer's signature  Date  Check of my knowledge  Title  Check of my knowledge  A self-any for the preparer's signature  Date  Check of my knowledge  Check of my knowledge  A self-any for the preparer's name  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Print/Ty | <b>b</b> If " | es," con   | plete the following sch                                    | edule           |                         |  |                             |                                       | _               | _        | •           |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Print/Type preparer's name  |               | (a)        | Name of organization                                       |                 | (b) Type of o           | organization                           |                             | (c) Description of relations          | hip             |          |             |
| Sign         Here       Date       Secretary       Second or secretary   | N/A           | <u> </u>   |  |                 |                         |  |                             |                                       |                 |          |             |
| Sign         Here       Date       Secretary       Second or secretary   |               |            |  |                 |                         |  |                             | · · · · · · · · · · · · · · · · · · · |                 |          |             |
| Sign         Here       Date       Secretary       Second or secretary   |               |            |  |                 | <del></del>             |  |                             | ·                                     |                 |          |             |
| Sign         Here       Date       Secretary       Second or secretary   |               |            |  |                 |                         |  |                             |                                       |                 |          |             |
| Sign         Here       Date       Secretary       Second or secretary   |               |            |  |                 |                         | <del></del>                            |                             | <del></del>                           |                 |          |             |
| Here   |               | Under pe   | naities of perjury, I declare<br>s true correct and comple | that I have ex  | amined this return, inc | duding accompanying taxpayer or fiduci | ng schedules and statement  | s, and to the best of my kn           | owledge and     |          |             |
| Paid Print/Type preparer's name Preparer Paid Preparer's signature  06/10/11  | Sign          |            | 1 / 4 7  |                 | -                       |  |                             | l preparer rias                       | 1               |          |             |
| Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check is self-employed  Self-employed  Preparer Use Only  Firm's name ▶ BEUSSINK, HEY & ROE, P.C.  Firm's address ▶ 16 SOUTH SILVER SPRINGS ROAD  CAPE GIRARDEAU, MO 63703  Phone no 573-334-4988  | Here          |            | atura of chaos or truston                                  | norp            | <u></u>                 | 19/                                    | 18/11                       | secretary/                            | reaser          | عد       |             |
| Paid         Preparer         JERRY W ROE         JERRY W ROE         06/10/11           Use Only         Firm's name ►         BEUSSINK, HEY & ROE, P.C.         PTIN         P00573000           Firm's address ►         16 SOUTH SILVER SPRINGS ROAD         Firm's EIN ► 43-1533894           CAPE GIRARDEAU, MO 63703         Phone no         573-334-4988  |               | T -        |  |                 |                         |  |                             | ilde //                               |                 |          |             |
| Preparer Use Only         JERRY W ROE         JERRY W ROE         06/10/11           Firm's name ► Firm's address ► 16 SOUTH SILVER SPRINGS ROAD CAPE GIRARDEAU, MO 63703         Phone no 573-334-498   | Daid          | Printi     | ype preparers name   |                 |                         | Preparer's signa                       | ture                        |                                       | Date            |          |             |
| Use Only         Firm's name ▶ Firm's address ▶         BEUSSINK, HEY & ROE, P.C.         PTIN         P00573000           16 SOUTH SILVER SPRINGS ROAD CAPE GIRARDEAU, MO 63703         Firm's EIN ▶ 43-1533894           Phone no         573-334-498  |               | TEDDY      | Z W DOE  |                 |                         | TEDDY W D                              | <b>∩</b> ₽                  |                                       | 06/10/11        | self-en  | iployed     |
| Firm's address ► 16 SOUTH SILVER SPRINGS ROAD Firm's EIN ► 43-1533894 CAPE GIRARDEAU, MO 63703 Phone no 573-334-498  | =             |            |  | STNK F          | TEY & POF               | <del></del>                            | <u> </u>                    |                                       |                 | 3000     | <del></del> |
| CAPE GIRARDEAU, MO 63703 Phone no 573-334-498  | Jae Only      |            |  |                 |                         |  | )                           |                                       |                 | _        |             |
|  |               |            |  |                 |                         |  | •                           |                                       |                 | _        |             |
|  |               |            |  |                 | ·                       |  |                             | 1 110110 110                          |                 |          |             |



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FEDERAL TAX FOREIGN TAX

TOTAL

Federal Statements 4113F THE THORPE FAMILY FOUNDATION, INC.

43-1885761

FYE: 12/31/2010

| ,   | Adjusted Net<br>Income   | \$ \$ \$             |  | Charitable<br>Purpose | w w                          |   | Charitable<br>Purpose |                         | 0 8    |  | Charitable<br>Purpose |
|---|--------------------------|----------------------|--|-----------------------|------------------------------|---|-----------------------|-------------------------|--------|--|-----------------------|
| come  | Net Investment<br>Income | \$ -308              | Fees   | Adjusted<br>Net       | v v                          | ng Fees   | Adjusted<br>Net       |                         | 8      | S.I  | Adjusted<br>Net       |
| Part I, Line 11 - Other In                                | Revenue per<br>Books     | \$ -308              | Part I, Line 16a - Legal                                 | Net<br>Investment     | w w                          | 3 - Form 990-PF, Part I, Line 16b - Accounting Fees | Net<br>Investment     |                         | 8      | PF, Part I, Line 18 - Taxe                         | Net<br>Investment     |
| Statement 1 - Form 990-PF, Part I, Line 11 - Other Income |                          |                      | Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees | Total                 | \$ 185                       | Statement 3 - Form 990-PF, Pa                       | Total                 |                         | \$ 375 | Statement 4 - Form 990-PF, Part I, Line 18 - Taxes | Total                 |
| <i>-</i>  | Description              | LOSS ON K-1<br>TOTAL |  | Description           | INDIRECT LEGAL FEES<br>TOTAL | <u>Sta</u>  | Description           | PREPARATION OF FORM 990 | TOTAL  |  | Description           |

4113F THE THORPE FAMILY FOUNDATION, INC. 43-1885761 FYE: 12/31/2010

Federal Statements

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| Fair Market<br>Value  | \$ 98,532                      | Fair Market Value \$ 1,095  |
|-----------------------|--------------------------------|---|
| Basis of<br>Valuation | COST                           | Basis of Valuation  |
| End of<br>Year        | 134,233                        | 13 - Other Investm End of Year 1,095 1,095                                  |
| Beginning<br>of Year  | \$ 138,502<br>\$ 138,502<br>\$ | Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments   Beginning |
| Description           | AMERITRADE<br>TOTAL            | Description KINDER MORGAN ENERGY TOTAL                                      |

4113F THE THORPE FAMILY FOUNDATION, INC.

43-1885761.

**Federal Statements** 

FYE: 12/31/2010

# Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

| Description   | <br>Amount        |
|---|-------------------|
| NON TAXABLE DIVIDEND DIST<br>KINDER MORGAN INCREASE | \$<br>57<br>1,526 |
| TOTAL   | \$<br>1,583       |

# 2010 SCHEDULE K-1 ADDITIONAL INFORMATION STATEMENT

KINDER

PARTNER NAME

THORPE FAMILY FOUNDATION INC

43-1885761 / CORPORATION

PARTNER ACCOUNT NUMBER

188 0022549005

PARTNER FEDERAL ID/ENTITY CUSTODIAN FEDERAL ID

PARTNERSHIP FEDERAL ID

76-0380342

| K-1 CODES | DESCRIPTION   | AMOUNT/SOURCE |
|-----------|---|---------------|
| 13J1      | Intangible Drilling Cost                                      | 10            |
| 13J2      | Intangible Drilling Cost M&D                                  | 1             |
| 13T1      | Domestic Production Gross Receipts (DPGR) - All Source        | 111           |
| 13T2      | COGS Allocable to DPGR - All Source                           | 1             |
| 13T3      | Directly Allocable Deductions - All Source                    | 117           |
| 13T4      | Indirectly Allocable Deductions - All Source                  | 4             |
| 13T5      | Domestic Production Gross Receipts (DPGR) - Oil & Gas related | 93            |
| 13T6      | COGS Allocable to DPGR - Oil & Gas related                    | 1             |
| 13T7      | Directly Allocable Deductions - Oil & Gas related             | 79            |
| 13T8      | Indirectly Allocable Deductions - Oil & Gas related           | 4             |
| 13V       | Employer's Form W-2 wages                                     | 0             |
| 16A1      | Name of country or U.S. possession                            | CANADA        |
| 16E1      | General category  | 62            |
| 16J1      | General category  | 48            |
| 16M1      | Total foreign taxes accrued (Other information)               | 0             |
| 16A2      | Name of country or U.S. possession                            | MEXICO        |
| 16E2      | General category  | 2             |
| 16J2      | General category  | 1             |
| 16M2      | Total foreign taxes accrued (Other information)               | 0             |
| 20Y1      | Gross Receipts  | 1,227         |
| 20Y2      | Depletion Included in Box 1                                   | 9             |
| 20Y3      | Capital Account Adjustment; Canadian Withholding Tax          | 0             |

The new Form 8903 requires oil-related production activities to be broken out separately in computing the Domestic Production Activities Deduction. Codes 13T-1 through 13T-4 include information that should be reported in column B of Form 8903 and Codes 13T-5 through 13T-8 should be reported on the same lines in Column A in accordance with instructions in the FAQ.



### **2010 STATE INFORMATION**



PARTNER NAME
PARTNER ACCOUNT NUMBER

PARTNER FEDERAL ID/ENTITY CUSTODIAN FEDERAL ID PARTNERSHIP FEDERAL ID THORPE FAMILY FOUNDATION INC 188 0022549005 43-1885761 / CORPORATION

76-0380342

|       | State Information                         |                                     |                                     |                                       |                                 |                       |                            |  |  |
|-------|---|-------------------------------------|-------------------------------------|---------------------------------------|---------------------------------|-----------------------|----------------------------|--|--|
| State | (1)<br>NET ORDINARY<br>INCOME OR LOSS (-) | (2)<br>PORTFOLIO<br>DIVIDEND INCOME | (3)<br>PORTFOLIO<br>INTEREST INCOME | (4)<br>INVESTMENT<br>INTEREST EXPENSE | (5)<br>FOREIGN TAXES<br>ACCRUED | (6)<br>GROSS RECEIPTS | (7)<br>STATE INCOME<br>TAX |  |  |
| AL    | 0   | 0                                   | 0                                   | 0                                     | 0                               | 1                     | 0                          |  |  |
| AR    | -1  | 0                                   | 0                                   | 0                                     | 0                               | 3                     | 0                          |  |  |
| AZ    | -2  | 0                                   | 0                                   | 0                                     | 0                               | 8                     | 0                          |  |  |
| CA    | -10                                       | 0                                   | 0                                   | 0                                     | 0                               | 37                    | 0                          |  |  |
| co    | -18                                       | 0                                   | 0                                   | 0                                     | 0                               | 70                    | 0                          |  |  |
| FL    | -4  | 0                                   | 0                                   | 0                                     | 0                               | 14                    | 0                          |  |  |
| GA    | 0   | 0                                   | 0                                   | 0                                     | 0                               | 2                     | 0                          |  |  |
| IL    | -7  | 0                                   | 0                                   | 0                                     | 0                               | 26                    | 0                          |  |  |
| IN    | -3  | 0                                   | 0                                   | 0                                     | 0                               | 12                    | 0                          |  |  |
| KS    | -4  | 0                                   | 0                                   | 0                                     | 0                               | 16                    | 0                          |  |  |
| KY    | -1  | 0                                   | 0                                   | 0                                     | 0                               | 3                     | 0                          |  |  |
| LA    | -16                                       | 0                                   | 0                                   | 0                                     | 0                               | 61                    | 0                          |  |  |
| MD    | -1  | 0                                   | 0                                   | 0                                     | 0                               | 2                     | 0                          |  |  |
| MO    | -5  | 0                                   | 0                                   | 0                                     | 0                               | 19                    | 0                          |  |  |
| MS    | -2  | 0                                   | 0                                   | 0                                     | 0                               | 7                     | 0                          |  |  |
| NC    | -1  | 0                                   | 0                                   | 0                                     | 0                               | 6                     | 0                          |  |  |
| ND    | 0   | 0                                   | 0                                   | 0                                     | 0                               | 2                     | 0                          |  |  |
| NE    | -15                                       | 0                                   | 0                                   | 0                                     | 0                               | 57                    | 0                          |  |  |
| NJ    | -6  | 0                                   | 0                                   | 0                                     | 0                               | 23                    | 0                          |  |  |
| NM    | -6  | 0                                   | 0                                   | 0                                     | 0                               | 24                    | 0                          |  |  |
| ОК    | 0   | 0                                   | 0                                   | 0                                     | 0                               | 1                     | 0                          |  |  |
| OR    | -1  | 0                                   | 0                                   | 0                                     | 0                               | 5                     | 0                          |  |  |
| PA    | -1  | 0                                   | 0                                   | 0                                     | 0                               | 5                     | 0                          |  |  |
| SC    | -2  | 0                                   | 0                                   | 0                                     | 0                               | 8                     | 0                          |  |  |
| TN    | 0   | 0                                   | 0                                   | 0                                     | 0                               | 1                     | 0                          |  |  |
| VA    | -4  | 0                                   | 0                                   | 0                                     | 0                               | 16                    | 0                          |  |  |





TRANSACTIONS SCHEDULE
NOTE THIS TRANSACTIONS SCHEDULE IS NOT PROOF
OF OWNERSHIP NOR SHOULD IT BE CONSTRUED AS
PROOF OF OWNERSHIP IN KINDER MORGAN ENERGY
PARTNERS, L P

PARTNER NAME

THORPE FAMILY FOUNDATION INC

PARTNER ACCOUNT NUMBER

PARTNER FEDERAL ID/ENTITY

188 0022549005 43-1885761 / CORPORATION

**CUSTODIAN FEDERAL ID** 

PARTNERSHIP FEDERAL ID

76-0380342

|        | TRANSA                  | CTION      |                                 |         |  |  |  |  |
|--------|-------------------------|------------|---------------------------------|---------|--|--|--|--|
| D      | ESCRIPTION              | DATE       | BROKER OR<br>CERTIFICATE NUMBER | UNITS   |  |  |  |  |
| AC     | BUY                     | 10-07-2009 | 188                             | 30.0000 |  |  |  |  |
| END OF | END OF YEAR UNITS 30 00 |            |                                 |         |  |  |  |  |

