

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



Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Open to public Inspection

rui	aienu	lar year 2012 or lax year beginning		, and ending		
Nan	ne of t	foundation ,			A Employer identification	number
т	HE	K2 FAMILY FOUNDATION			20-7124990	
		d street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		MARSHALL POINT ROAD, BO	·		207-372-80	83
City	or to	wn, state, and ZIP code			C If exemption application is pe	ending, check here
		· · · · · · · · · · · · · · · · · · ·	Initial return of a fo	rmer public charity	D 1. Foreign organizations	check here
u c	HECK	all that apply Initial return Final return	Amended return	inner public chanty	1. 1 Oleigh Olganizations	, check here
Address change Name change 2. Foreig				Foreign organizations me check here and attach co	eting the 85% test,	
	haok	type of organization X Section 501(c)(3) ex				
<u> </u>	_		Other taxable private founda	tion	E If private foundation stat under section 507(b)(1)	
				Accrual	1	
· ¬			Accidal	F If the foundation is in a 6 under section 507(b)(1)	~ I I	
(<i>II</i>		Part II, col. (c), line 16) Utl. Otl. (Part I, colui		hasis)	under section 507(b)(1)	(D), check here
		Analysis of Revenue and Expenses			(c) Adjusted net	(d) Disbursements
	if C E	(The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	income	for chantable purposes (cash basis only)
	4	Contributions, gifts, grants, etc., received	300.			(444, 444, 444, 444, 444, 444, 444, 444
		Check X If the foundation is not required to attach Sch B	300.	······································		
		Interest on savings and temporary cash investments		1 Mag. 1 1	1	
	l.	cash investments Dividends and interest from securities	36,296.	36,296.	36,296,	STATEMENT 1
	`		30/2301	30,2300	00,200	
		Gross rents				
		Net rental income or (loss)	<30,601.	>		
e	Ι.	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 296,546.	230,0011			ļ
Revenue	U	assets on line 6a		0.	1 1111	
Be.	l	Capital gain net income (from Part IV, line 2)		0.	39.	
	8	Net short-term capital gain			33.	· · · · · · · · · · · · · · · · · · ·
	9	Income modifications Gross sales less returns				
	Ι.	and allowances			4	
	l	Less Cost of goods sold			-	
		Gross profit or (loss)	7,741.	7,741.	7.741.	STATEMENT 2
	11	Other income	13,736.	44,037		
		Total. Add lines 1 through 11	13,730.	0,		0.
ſ	100	Compensation of officers, directors, trustees, etc				
- [14	Of the emile view ह्यांगुंड and wages				
8		Pension plans, employee benefits Legal fees. STMT 3	220.	0.	. 0.	220.
IS.	S a	Legal fees Accounting fees 2013 STMT 4	9,175.	0		
8			9,535.	9,395		0.
W)	G.	Other professional fees STMT 5	9,333.	7,333	3/333.	
. <u>\$</u>	17		861.	861	861.	0.
and Administrative Expen	18		001.	331	331.	<u> </u>
Ę	19	Depreciation and depletion				
p	20	Occupancy Travel conferences and meetings			-	
Ą	21	Travel, conferences, and meetings				
a	22	Printing and publications Other expenses STMT 7	22,322.	1,537	1,537.	20,785.
ୁଣ <u>ଜ</u> ଞାଧ ` Operating ଶ	23		22,322.	1,537	1,551.	20,103.
arat	24	Total operating and administrative	42,113.	11,793	. 11,793.	30.180
~~ o		expenses. Add lines 13 through 23	25,000.		11,175.	30,180. 25,000.
ക ച	25	Contributions, gifts, grants paid	25,000.			23,000.
<i>⊙</i> Ø.	26	Total expenses and disbursements.	67 112	11 702	. 11,793.	55,180.
		Add lines 24 and 25	67,113.	11,793	11,193.	33,100.
≥≅	27	Subtract line 26 from line 12	/52 277			
NUED !	a	Excess of revenue over expenses and disbursements	<53,377.	32,244		
띟	þ	Net investment income (if negative, enter -0-)		32,244	32,283.	
227] C 501	Adjusted net income (if negative, enter -0-)	<u> </u>	,E.,,	32,203	Form 990-PF (2012)
435	5.10	LHA For Paperwork Reduction Act Notice, see	INSTRUCTIONS.			FUIIII 330"FF (4012)(

Page 2

Part II Balance S	heets Attached schedules and amounts in the description	Beginning of year	End of y	ear
T GILH Deletion O	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest	bearing	<2.>		
2 Savings and tempo	ary cash investments	11,370.	41,242.	41,242.
3 Accounts receivable				
Less allowance for	doubtful accounts 🟲			
4 Pledges receivable				
Less allowance for	doubtful accounts >			
5 Grants receivable				
6 Receivables due fro	m officers, directors, trustees, and other			
disqualified persons	:			
7 Other notes and toans receiv	ible -			
Less allowance for	doubtful accounts			
8 Inventories for sale	or use			
9 Prepaid expenses a				<u> </u>
10a Investments - U.S.	and state government obligations STMT 8	337,978.	328,108.	361,201. 273,053.
b Investments - corp	amım 0	1,232,039.	1,263,017.	273,053.
c Investments - corp			,	
11 Investments - land, building:	_		·····	, , , , , , , , , , , , , , , , , , ,
		1	1	
Less accumulated depreciat		-		
12 Investments - mort	amir 10	252,898.	167,259.	243,292.
13 Investments - othe		232,030:	101,233.	243/232.
· _ · _ · _ · _ · _ · _ ·	d equipment basis	1	İ	
Less accumulated deprecia				
15 Other assets (desc	ibe –			
		1 024 202	1 700 626	918,788.
	completed by all filers)	1,834,283.	1,799,626.	910,700.
	nd accrued expenses	ļ	10,720.	
18 Grants payable				
g 19 Deferred revenue				
20 Loans from officers, di	rectors, trustees, and other disqualified persons			
20 Loans from officers, di	• •			
22 Other liabilities (de	scribe >)			
			10 700	
23 Total liabilities (ad	ld lines 17 through 22)	0.	18,720.	
1	ollow SFAS 117, check here			
and complete line	s 24 through 26 and lines 30 and 31.			
24 Unrestricted				
5 25 Temporarily restric	ted			
26 Permanently restri				
Foundations that of	o not follow SFAS 117, check here 🕒 🗓			
and complete line	s 27 through 31.			
25 Temporarily restrictions of the second state of the second stat	principal, or current funds	0.	0.	
👸 28 Paid-in or capital s	urplus, or land, bidg , and equipment fund	0.	0.	
29 Retained earnings,	accumulated income, endowment, or other funds	1,834,283.	1,780,906.	
30 Total net assets o		1,834,283.	1,780,906.	
-				
31 Total liabilities an	d net assets/fund balances	1,834,283.	1,799,626.	
	of Changes in Net Assets or Fund E	Balancoe		
Part III Analysis	of Changes in Net Assets of Fund t	Dalances		
1 Total net assets or fund	balances at beginning of year - Part II, column (a), line	e 30		
	year figure reported on prior year's return)		1	1,834,283.
2 Enter amount from Part	· · · · ·		2	<53,377.
3 Other increases not incli	_		3	0.
4 Add lines 1, 2, and 3			4	1,780,906.
5 Decreases not included	n line 2 (itemize)		5	0.
	balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	1,780,906.
	The state of the s			Form 990-PF (2012)

Part IV Car	ital Gains and Lo	sses for Tax on In	vestment	Income						
		nd(s) of property sold (e g or common stock, 200 shs			(b) t	low ac - Purch - Dona	quired (c nase tion) Date acqui (mo , day, y		(d) Date sold (mo , day, yr)
<u>1a</u>					<u> </u>					-
b SEE A	TTACHED STA	TEMENT			ļ <u>.</u>					
<u>C</u>	<u> </u>				-					
<u>d</u>		<u></u>			├—					
<u>e</u>					<u> </u>					
(e) Gross sa	les price (1)	Oepreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (e) plus (f) n		<u> </u>
<u>a</u>								· · · · · · · · · · · · · · · · · · ·		
<u>b</u>										
<u>c</u>				· 			···		_	
<u>d</u>	96,546.			327,14	7					<30,601.
		solumn (h) and suned but	ha faundation	· 	-/ •		(I) () (O-1 (b		
Complete only is		column (h) and owned by t						Gains (Col. (h k), but not le		
(I) FMV as o	f 12/31/69	(i) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				Losses (fron		
_a										
<u>b</u>										<u>-</u> -
<u>c</u>			·							
<u>d</u>								-		<20 601
<u>e</u>					_					<30,601.
2 Capital gain net ii	ncome or (net capital loss	If gain, also enter) { If (loss), enter -0-			}	2				<30,601.
3 Net short-term ca	apıtal gaın or (loss) as def	ined in sections 1222(5) an	d (6)							
	r in Part I, line 8, column (- 1-1		1					20
If (loss), enter -0 Part V Qua	- in Part I, line 8	Section 4940(e) for			الي	3				39.
If section 4940(d)(2) Was the foundation) applies, leave this part b liable for the section 4942	ions subject to the section 4 lank tax on the distributable am section 4940(e) Do not co	ount of any ye	ear in the base pe		• •				Yes X No
		mn for each year, see the in			entries	;				
	(a) eriod years tax year beginning in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncha		use assets	(col		(d) ution ratio ded by col (c))
	2011	4	4,139.			89	9,617.	 	· · ·	.049064
	2010		5,478.				2,405.			.041621
	2009		5,445.			79	2,011.	Ĭ		.070005
	2008	7	2,301.		$\overline{1}$,73	8,757.			.041582
	2007	6	0,655.		2	,09	1,410.			.029002
2 Total of line 1, co	olumn (d)							2		.231274
3 Average distribut	tion ratio for the 5-year ba	ise period - divide the total (on line 2 by 5,	or by the numbe	r of ye	ars				
the foundation h	as been in existence if les	s than 5 years						3	_	.046255
4 Enter the net value	ue of noncharitable-use as	ssets for 2012 from Part X,	line 5					4		907,228.
5 Multiply line 4 by	/ line 3							5		41,964.
6 Enter 1% of net	investment income (1% o	f Part I, line 27b)						6	_	322.
7 Add lines 5 and 0	6							7		42,286.
8 Enter qualifying	distributions from Part XII	I, line 4						8		55,180.
If line 8 is equal to See the Part VI ii		heck the box in Part VI, line	1b, and comp	lete that part usi	ng a 1	% tax ı	rate			

	990-PF(2012) THE K2 FAMILY FOUNDATION				7124			age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 49	40(e), or 4	948	- see	instru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter *N	N/A" on line 1)					
	Date of ruling or determination letter (attach copy of letter if necessar	y-see instruction	ıs)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%)	_1	ļ		32	22.
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Pa	art I, line 12, col	(b))					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others	enter -0-)		2				0.
3	Add lines 1 and 2			_3			32	22.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others	enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5	<u> </u>		3.	22.
6	Credits/Payments							
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a	1	644.					
	Exempt foreign organizations - tax withheld at source 6b)						
C	Tax paid with application for extension of time to file (Form 8868)							
d	Backup withholding erroneously withheld 6d	1					_	
	Total credits and payments Add lines 6a through 6d			7			6	<u>44.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	200	•	10	-		3.	22.
	Enter the amount of line 10 to be Credited to 2013 estimated tax	322.	Refunded ►	11				0.
	rt VII-A Statements Regarding Activities					тт	V1	NI -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did it participa	ite or intervene	ın		 	Yes	
	any political campaign?					1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s					1b		
	If the answer is "Yes" to 1α or $1b$, attach a detailed description of the activities and collisions.	pies of any mat	erials publish	ed or				
	distributed by the foundation in connection with the activities.						1	v
	Did the foundation file Form 1120-POL for this year?					16		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		٥					
	(1) On the foundation > \$ (2) On foundation managers >	\$	0.	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure to	tax imposed on to	undation					
	managers ▶\$ 0.							Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?					2		
	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 instru	iment, articles of	incorporation,	or		3		х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					4a	Х	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					4b	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?					5		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					-		
c	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
D								
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions 	actions that confli	ct with the stat	a law				
	remain in the governing instrument?	octions that comm	ot man and stat			6	,	Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	Х	
′	If "Yes," complete Part II, col. (c), and Part XV							
g ₂	Enter the states to which the foundation reports or with which it is registered (see instructions)	•						
Va	MA, ME							
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ev General (or de	signate)					
u	of each state as required by General Instruction G? If "No," attach explanation	., co (o. do				8b	Х	1
g	Is the foundation claiming status as a private operating foundation within the meaning of section	4942(i)(3) or 49	42(i)(5) for cal	endar				
3	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," comp		-(1/(-) .5. 56			9	Х]
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list		addresses			10		Х

10 X Form **990-PF** (2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Form 990-PF (2012) THE K2 FAMILY FOUNDATION	N		<u> 20-71249</u>	90 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ıed)	
	on 4945(e))? or to carry on, directly or indirectly or ind	Required (continue of the continue of the cont	S X No	5b
 If "Yes," attach the statement required by Regulations section 53.49 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a lif "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax b if "Yes," did the foundation receive any proceeds or have any net income attr. 	o pay premiums on a personal benefit contract? x shelter transaction?	Ye	s X No N/A	6b X
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	inagers, Highly	<i>(</i>	
List all officers, directors, trustees, foundation managers and the	ir compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT T. KELLEY 88 MARSHALL POINT ROAD, BOX 285 PORT CLYDE, ME 04855 MARGOT ANNE KELLEY 88 MARSHALL POINT ROAD, BOX 285	TRUSTEE 0.00 TRUSTEE	0.	0.	0.
PORT CLYDE, ME 04855	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none	enter "NONE."	l	
(a) Name and address of each employee paid more than \$50,000 NONE	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000				0

orm 990-PF (2012) THE K2 FAMILY FOUNDATION		<u>7124990</u>	Page 7_
Part VIII Information About Officers, Directors, Trustees, Foundation Manage Pàid Employees, and Contractors (continued)	ers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	b) Type of service	(c) C	ompensation
NONE			
		T-	
Total number of others receiving over \$50,000 for professional services Part X-A Summary of Direct Charitable Activities			0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information s number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the	Expen	ises
1			
SEE STATEMENT 11			8,000.
2			
CED COMMENDED 12			59.
SEE STATEMENT 12			39.
SEE STATEMENT 13			2,500.
4			
·			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amou	unt
1N/A			
2			
All obtained and a control of the co			
All other program-related investments. See instructions	1		
J			
			

0.

Total. Add lines 1 through 3

20-7124990 Form 990-PF (2012) THE K2 FAMILY FOUNDATION Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 883,912. a Average monthly fair market value of securities 1a 37,132. b Average of monthly cash balances 1b c Fair market value of all other assets 10 921,044 d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 3 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here \blacktriangleright X and do not complete this part) 1 1 Minimum investment return from Part X, line 6 2a Tax on investment income for 2012 from Part VI, line 5 2a Income tax for 2012 (This does not include the tax from Part VI) 2b b C Add lines 2a and 2b 2¢ 3 3 Distributable amount before adjustments Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 5 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 55,180. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the 3 3a a Suitability test (prior IRS approval required) 3b b Cash distribution test (attach the required schedule) 55,180. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2012)

5

6

322.

54,858.

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

,	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2011	2011	2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only				
b Total for prior years				
· · · · · · · · · · · · · · · · · · ·				
3 Excess distributions carryover, if any, to 2012			, , , , , , , , , , , , , , , , , , , ,	
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	······			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ►\$				
a Applied to 2011, but not more than line 2a	·····			4 ******
b Applied to undistributed income of prior				
years (Election required - see instructions)			· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Treated as distributions out of corpus				
(Election required - see instructions)		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>, </u>	
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus			<u></u>	
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2011 Subtract line	~~~~			<u> </u>
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2012 Subtract	***************************************			
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012		1	Į.	1

Page 10

	t sate t iitato Oporating i t			1, 400011011 0)				
1 a	If the foundation has received a ruling or				10/0			
	foundation, and the ruling is effective for			>	10/24			
þ	Check box to indicate whether the found		foundation described in			42(j)(3) or [4942	2(1)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 yea				
	Income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010)	(d) 2009		(e) Total
	investment return from Part X for						1	
	each year listed	32,283.	24,152.		579.	26,7	46.	108,760. 92,446.
b	85% of line 2a	27,441.	20,529.	21,	742.	22,7	34.	<u>92,</u> 446.
C	Qualifying distributions from Part XII,							
	line 4 for each year listed	55,180.	44,381.	35,	734.	55,6	86.	190,981.
d	Amounts included in line 2c not			<u>-</u>				
	used directly for active conduct of							
	exempt activities	0.	0.		0.		0.	0.
A	Qualifying distributions made directly							
Ŭ	for active conduct of exempt activities							
	Subtract line 2d from line 2c	55,180.	44,381.	35.	734.	55,6	86.	190,981.
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets	33,100.	44,301.		734.			0.
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							0.
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	30,241.	29,987.	28.	413.	26,4	01.	115,042.
,	"Support" alternative test - enter	- 30/2111	23,733.1					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							0.
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)							0.
	(3) Largest amount of support from							
	an exempt organization							0.
	(4) Gross investment income							0.
Pa	rt XV Supplementary Info	rmation (Complete	e this part only i	f the found	dation ha	ad \$5,000	or moi	re in assets
	at any time during t	he year-see instru	ctions.)					
1	Information Regarding Foundatio	n Managers:						
a	List any managers of the foundation wheyear (but only if they have contributed m			butions receive	d by the fou	ndation before	the close	of any tax
SE	E STATEMENT 14			<u> </u>				
b	List any managers of the foundation who other entity) of which the foundation has		stock of a corporation (d	or an equally lar	ge portion o	of the ownershi	p of a par	tnership or
NO	NE							
2	Information Regarding Contribution Check here ► X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions to	preselected charitable o	rganizations an				
	The name, address, and telephone num	·	<u> </u>					
								<u> </u>
	The form in which applications should b	e submitted and informatio	n and materials they sh	ould include				
C	Any submission deadlines							
d	Any restrictions or limitations on awards	s, such as by geographical a	areas, charitable fields, i	kinds of institut	ions, or othe	er factors		

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year PUBLIC CHARITY THE FIRST WORK HERRING GUT LEARNING CENTER 59 FACTORY ROAD EXPERIENCE IS A SUMMER PORT CLYDE, ME 04680 WORK PROGRAM FOR LOCAL TEENS RUN BY THE HERRING GUT LEARNING 5,000. PUBLIC CHARITY UNIVERSITY OF MAINE -UNIVERSITY OF MAINE - ORONO ORONO IS A STATE COLLEGE AVE PUBLIC UNIVERSITY ORONO, ME 04855 LOCATED IN ORONO, 15,000. MAINE. PUBLIC CHARITY PHOTO TREKS IS A TREKKERS PROGRAM IN WHICH TEENS PO BOX 455 TENANTS HARBOR, ME 04680 ARE TAUGHT ENVIRONMENTAL EDUCATION, DIGITAL 5,000. ➤ 3a 25,000. Total b Approved for future payment NONE **▶** 3b Total 0.

ntor areas amanata unlana attana a a a a a a					
inter gross amounts unless otherwise indicated	Unrelated b	usiness income		section 512, 513, or 514	(e)
1 0	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue	code		code		
b	- 		+ + -		······································
C	_				
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
Investments			 	26 206	
Dividends and interest from securities	<u> </u>		14	36,296.	
Net rental income or (loss) from real estate					
a Debt-financed property b Not debt-financed property					
b Not debt-financed property Net rental income or (loss) from personal	 				
Property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	<30,601.>	·
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a SEE STATEMENT 15	_		 	7,741.	
b	_				
C	- 	 			
	_				
d	1		1 1 -		
d	_ -			13.436	·
e Subtotal Add columns (b), (d), and (e)		0	•	13,436.	13,43
t e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0	•	13,436.	13,43
t e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations				13	13,43
t e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	
t e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	
subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	
t Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	
subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	
t Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	13,43
t Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	
subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	
t Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) lee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) liee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	13,43
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accon	nplishment of l	Exempt P	13	

Part >	(VII	Information Re Exempt Organi		sfers To a	and Transaction	ns ar	nd Relations	hips With No	ncharitable	•	
1 Did	the ora	anization directly or indir		of the following	n with any other organ	nization	described in secti	on 501/c) of		Yes	No
-		other than section 501(c)						011 30 1(0) 01			-110
		rom the reporting founda			- ·	organiz	ations.				
	Cash	rom the reporting rounds	mon to a nonchant	orompt org	junization of				1a(1)		X
	Other	assets							1a(2)		X
b Othe									190-2		
		of assets to a noncharitat	ble exempt organiza	tion					16(1)		X
		ases of assets from a nor							1b(2)		X
		of facilities, equipment,		o.gameation					1b(3)		X
		ursement arrangements							1b(4)		X
• •		or loan guarantees							1b(5)		X
		mance of services or me	mbership or fundra	ising solicitatio	ns				1b(6)		X
		facilities, equipment, mai	-	-					10		X
	-	er to any of the above is	-		•	ıld alwa	avs show the fair n	narket value of the c	roods, other ass	ets.	·
g 10	ervices	given by the reporting for the value of the goods,	oundation If the fou	indation receive							
a) Line no		b) Amount involved			exempt organization		(d) Description	of transfers, transaction	ons, and sharing an	rangeme	ents
				N/A							
		· <u></u> .									
											
_											
_								::			
							T				
							1				
											-
2a st	ne foun	dation directly or indirect	tly affiliated with or	related to one	or more tax-exempt of	roaniza	ations described				_
		501(c) of the Code (other			•	, r g u			Yes	X	☐ No
		mplete the following sch	•	2)(0)) 01 III 3001	1011 027						
<u> </u>	03, 00	(a) Name of org			(b) Type of organiza	tion	····	(c) Description of re	elationship		
		N/A	,		(b) Type or organic	-		(0)			
		11/11		-							
	-					$\overline{}$					
	-			<u> </u>					·		_
						\rightarrow			·· ··		
	Under	penalties of penjury, I declare	that I have examined the	ns return includir	ig accompanying schedule	es and s	tatements, and to the	best of my knowledge			
Sign		bet it is true correct, and cor							May the IRS return with th	discuss e prepai	this er
Here					رح ارائے	72	TRUSTI	יםי	shown below	(see ins	<u>:tr</u>)?
	Sign	ature of officer or rustee				בנ	Title	<u> </u>	_ LX Yes	<u> </u>	_ No ∣
	Sigil			Dranasas'a a	Date	—т		Check If	PTIN		
		Print/Type preparer's na	arrie	Preparer's s	ignature		Date	self- employed	FIRM		
Paid		TIMA C /T T C		K111.	i Auchan	,	7/9/12	ออก- อเก ท เกลิยน	DOOGGO	212	
		WTAS 'LLC	CITC	V/UU	y-1/curule		0/1/3	1- 7	P00838		
Prepa		Firm's name ► WTA	'S TTC					Firm's EIN ► 3	3-119/3	84	
Use (/IIIY	Finnels and the high	E 117011 01		1600 57007						
	i	Firm's address ► 12			16TH FLOOR	Χ.]	C17\ 00	2 2	400
		во	STON, MA	05110				Phone no (617) 29	2-8	400

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

▶ \$

2012

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

THE K2 FAMILY FOUNDATION

20-7124990

Part Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.
--	--------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT & MARGOT KELLEY 88 MARSHALL POINT ROAD, BOX 285 PORT CLYDE, ME 04855	\$300.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Pa	iri ii ii addillonai space is needed.	
		<u>-</u>
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
	(b) Description of noncash property given Description of noncash property given (c) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) Description of noncash property given (g) (h) Description of noncash property given (h) (h) Description of noncash property given (h) (h) Description of noncash property given (h) (h) (h) (h) (h) (h) (h) (h	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Employer identification number Name of organization 20-7124990 THE K2 FAMILY FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

 							
FORM 990-PF	DIVIDENDS	AND	INTEREST	FROM	SECURITIES	STATEMENT	1

FORM 990-PF	OTHER INCOME	STATEMENT 2

FORM 990-PF	LEGAL	FEES	רצ	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	220.	0.	0.	220.
TO FM 990-PF, PG 1, LN 16A	220.	0.	0.	220.

FORM 990-PF	ACCOUNTI	NG FEES	ST	TEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	9,175.	0.	0.	9,175.	
TO FORM 990-PF, PG 1, LN 16B	9,175.	0.	0.	9,175.	
FORM 990-PF 0	THER PROFES	SIONAL FEES	ST	ATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK FEES INVESTMENT FEES	140. 9,395.	0. 9,395.	0. 9,395.	0.	
TO FORM 990-PF, PG 1, LN 16C	9,535.	9,395.	9,395.	0.	
FORM 990-PF	TAX	ES	នា	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX WITHHELD	861.	861.	861.	0.	
TO FORM 990-PF, PG 1, LN 18	861.	861.	861.	0.	
FORM 990-PF	OTHER E	XPENSES	Si	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
		1,537.	1,537.	0.	

THE K2 FAMILY FOUNDATION						20-7124990
ENTERTAINMENT TRAVEL	66. 59.		0. 0.		0. 0.	66. 59.
TO FORM 990-PF, PG 1, LN 23	322.	1,!	537.	1,53	37.	20,785.
FORM 990-PF U.S. AND STATE/CI	TY GOV	/ERNMENT	OBLI	GATIONS	ST	ATEMENT 8
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	воо	K VALUE	FA	IR MARKET VALUE
NATIONAL FINANCIAL SERVICES 0558 - MUNICIPAL BONDS NATIONAL FINANCIAL SERVICES 0450 - MUNICIPAL BONDS		x		328,108.		361,201.
TOTAL U.S. GOVERNMENT OBLIGATIONS				200 100		261 001
TOTAL STATE AND MUNICIPAL GOVERNMENT TOTAL TO FORM 990-PF, PART II, LINE		GATIONS .		328,108.		361,201.
FORM 990-PF CORE	PORATE	STOCK			ST	ATEMENT 9
DESCRIPTION			воо	K VALUE	FA	IR MARKET VALUE
LIQUIDHUB, INC (176,644 SHARES) NATIONAL FINANCIAL SERVICES 0558 - S	STOCK	•		946,141. 316,876.		1,766. 271,287.
TOTAL TO FORM 990-PF, PART II, LINE	10B		1	,263,017.		273,053.
FORM 990-PF OTHER	RINVE	STMENTS			ST	ATEMENT 10
DESCRIPTION		JATION THOD	воо	K VALUE	FA	IR MARKET VALUE
BUCKEYE PARTNERS LP MAGELLAN MIDSTREAM PARTNERS LP ONEOK PARTNERS LP NATIONAL FINANCIAL SERVICES 0558 -	C	OST OST OST OST		0. 18,285. 7,675.		0. 50,279. 42,227.
MUTUAL FUNDS BOARDWALK PIPELINE PARTNERS LP		OST		115,399. 25,900.		125,740. 25,046.
TOTAL TO FORM 990-PF, PART II, LINE	13	·		167,259.		243,292.

THE K2 FAMILY FOUNDATION 20-7124990 FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 11 ACTIVITY ONE ARTIST-IN-RESIDENCY PROGRAM AT THE MARSH BILLINGS ROCKEFELLER NATIONAL HISTORIC PARK THE PROGRAM PURCHASES MATERIALS AND SPACE TO ENABLE THE EMERSION OF ONE INDIVIDUAL INTO THEIR ARTISTIC WORK FOR 1 YEAR. ALSO INCLUDES AMOUNTS RELATED TO THE RENTAL SPACE IN RELATION TO THE ARTIST-IN-RESIDENCY PROGRAM. **EXPENSES** TO FORM 990-PF, PART IX-A, LINE 1 18,000. SUMMARY OF DIRECT CHARITABLE ACTIVITIES 12 FORM 990-PF STATEMENT ACTIVITY TWO EVENT AT THE CAMDEN, ME OPERA HOUSE CO-SPONSORED WITH MIDCOAST MAINE FISHING HERITAGE ALLIANCE THE EVENT SPONSORED THE SHOWING OF A FILM, A PANEL DISCUSSION ON THE ROLE OF FISHERIES IN THE LOCAL ECONOMY, AND LOCAL CHEFS PREPARED LOCALLY CAUGHT FISH FOR CONSUMPTION. **EXPENSES** TO FORM 990-PF, PART IX-A, LINE 2 59. FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13 ACTIVITY THREE ARTIST-IN-RESIDENCY PROGRAM WITH THE GEORGES RIVER LAND TRUST THE AIR OFFERS PROFESSIONAL VISUAL ARTISTS, PERFORMING ARTISTS, AND WRITERS THE OPPORTUNITY TO PURSUE THEIR ARTISTIC DISCIPLINES WHILE BEING INSPIRED BY THE MAINE'S

LANDSCAPE. THE PROGRAM LASTS 2 MONTHS AND SUPPORT IS PAID TO EACH ARTIST SELECTED FOR THE PROGRAM.

> **EXPENSES** 2,500.

TO FORM 990-PF, PART IX-A, LINE 3

FORM 990-PF' PART XV - LINE 1A STATEMENT 14
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

ROBERT T. KELLEY MARGOT ANNE KELLEY

FORM 990-PF	OT	HER REVENUE			STATEMENT	15
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC		EXCLUDED AMOUNT	RELATED O EXEMPT FU TION INCO	NC-
FROM K-1 - BUCKEYE PARTNERS, LP - ORDINARY LOSS FROM K-1 - MAGELLAN			14	91.		
MIDSTREAM PARTNERS, LP - ORDINARY LOSS FROM K-1 - ONEOK			14	503.		
PARTNERS, LP - ORDINARY LOSS FROM K-1 - BOARDWALK			14	<1,430.	>	
PIPELINE PARTNERS, LP - ORDINARY LOSS FROM K-1 - BUCKEYE			14	<355.	>	
PARTNERS, LP - ORDINARY LOSS			14	8,932.		
TOTAL TO FORM 990-PF, PG 12,	LN 11		•	7,741.		

Part IV Canital Gains and Los		20-712	4770 1	AGE I	<u> </u>
Carried and and and	sses for Tax on Investment Income describe the kind(s) of property sol		(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
` 2-story br	ick warehouse, or common stock, 2	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)	
	ATTACHED		P	VARIOUS	
	ATTACHED		P	VARIOUS	
	ATTACHED		P	VARIOUS_	
	ATTACHED		P	VARIOUS	00/00/10
e 5000 SHRS OF G			P		08/02/12
		J CONSOLIDATED	P		02/13/12 04/04/12
g 30000 SHRS OF h FROM K-1 - BUC	VIRGINIA ST RES KEYE PARTNERS LP		P P	VARIOUS	04/04/12
	RDWALK PIPELINE		P	VARIOUS	
PTP BASIS ADJU			P	VARIOUS	
	STMENT - SEE ATT		P	VARIOUS	
CAPITAL GAINS					
m					
n					
0				l	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e) (e)) Gain or (loss) plus (f) minus (g)	
34,163.		33,122.			1,041.
4,014.		5,031.			<1,017.
2,120.		3,349.			<1,229.
184,044.		226,881.			<42,837.
6,062.		5,002.			1,060.
28,298. 33,366.		24,934.			3,364. 3,059.
·		29.		 -	<29.
<u> </u>		11.			<11.
<u> </u>	· · · - · · · · · · · · · · · · · · · · · · ·	<15.	· · · · · · · · · · · · · · · · · · ·	-	15.
 k		<1,504.>			1,504.
4,479.				···- ··	4,479.
m		_			
1				·	
0					
Complete only for assets shown	ng gain in column (h) and owned by		(I) Lo	sses (from col (h) of col (h) gain ove)))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	but i	not less than "-0-")	
a			**		1,041.
<u> </u>			**		<1,017.
				 	<1,229. <42,837.
<u> </u>					1,060.
)		-			3,364.
'		-			3,059.
<u> </u>				· · · · · · · · · · · · · · · · · · ·	<29.
·			·		<11.
<u> </u>			**		15.
ζ					1,504.
					4,479.
n			<u> </u>		
<u> </u>					
0	<u> </u>				
2 Capital gain net income or (net ca	apital loss) { If gain, also ente If (loss), enter "-	or in Part I, line 7 0-" in Part I, line 7	2		<30,601.
Net short-term capital gain or (los		nd (6)			
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line		}	3		39.
(1000), Onto O in alt I, line	<u>-</u>		<u> </u>		