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Form 990-PF Department of the Treasury Internal Revenue Service

Name of foundation

For calendar year 2014 or tax year beginning

THE K2 FAMILY FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

88 MARSHALL POINT ROAD, BOX 285

City or town, state or province, country, and ZIP or foreign postal code

EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of

, and ending

Room/suite

OMB No 1545-0052

A Employer identification number

207-372-8083

C If exemption application is pending, check here

20-7124990

B Telephone number

| P | OR | T CLYDE, ME 0485 | 5 | | | | |
|--------------------------|--------|--|---------------|------------------------------------|-----------------------------------|---|---|
| G (| Check | all that apply: Initial return | 1 | Initial return of a for | rmer public charity | D 1. Foreign organizations | , check here 🕨 🗔 |
| | | Final return | | Amended return | | 2 - | |
| | | Address ch | | Name change | | Foreign organizations me check here and attach co | mputation |
| H (| Check | type of organization. X Section | 501(c)(3) ex | empt private foundation | | E If private foundation stat | us was terminated |
| | Se | ction 4947(a)(1) nonexempt charitable | | Other taxable private foundat | tion | under section 507(b)(1) | |
| I Fa | air ma | irket value of all assets at end of year | J Accounti | • | Accrual | F If the foundation is in a 6 | 60-month termination |
| | | Part II, col (c), line 16) | Ot | her (specify) | | under section 507(b)(1) | |
| | -\$ | | (Part I, colu | mn (d) must be on cash b | asis) | | |
| Pa | art l | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a) | d (d) may not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | /ed | 268,044. | - | | |
| | 2 | Check If the foundation is not required to | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | |
| | 4 | Dividends and interest from securities | | 34,506. | 34,506. | 34,506. | STATEMENT 1 |
| | 5a | Gross rents | | | | | |
| | b | Net rental income or (loss) | | | | | |
| ø | | Net gain or (loss) from sale of assets not on li | | 182,584. | | | ···· |
| Revenue | b | | <u>,535.</u> | | | | <u> </u> |
| ě | 7 | Capital gain net income (from Part IV, line 2) | | | 182,584. | | |
| | 8 | Net short-term capital gain | | | | N/A | |
| | 9 | Income modifications Gross sales less returns | | | | | |
| | 1 | and allowances | | | | | |
| | | Less Cost of goods sold | | | | | |
| | | Gross profit or (loss) | | .1 274 | .1 274 | .1 274 | STATEMENT 2 |
| | | Other income | | <1,374. | | | STATEMENT 2 |
| _ | 12 | Total. Add lines 1 through 11 | | 483,760. | 215,716. | 33,132. | 0. |
| | 13 | Compensation of officers, directors, trustees | etc | 0. | 0. | 0. | 0. |
| | 14 | Other employee salaries and wages | | | | | |
| S | 15 | Pension plans, employee benefits | 7 | | | · · · · · · · · · · · · · · · · · · · | |
| ınse | 108 | Accounting fees ST | MT 3 | 6,300. | 0. | 0. | 0. |
| xpe | | Other professional fees ST | | 9,370. | 9,350. | 9,350. | 0. |
| e E | 17 | kolov 1 0 2015 | . * | 3,370 | 2,330. | 7,330. | |
| ativ | 18 | Taxes ST | | 95. | 95. | 95. | 0. |
| stra | 19 | The same of the sa | E 7 | 33. | 7.0 | • | • |
| Ë | 20 | Depreeration and depletion Occupancy | 1 | | | | |
| 둳 | | Travel, conferences, and meetings | | | | <u> </u> | |
| and Administrative Expen | 22 | Printing and publications | | | | | |
| gar | 1 | 5 , | MT 6 | 29,315. | 1,895. | 1,895. | 25,928. |
| ţį | ! | Total operating and administrative | | 23,313. | 1,0000 | 1,023. | 23,320. |
| Operating | ~ | expenses. Add lines 13 through 23 | | 45,080. | 11,340. | 11,340. | 25,928. |
| o | 25 | Contributions, gifts, grants paid | • | 78,564. | <u> </u> | | 78,564. |
| | í | Total expenses and disbursements. | | ,0,0041 | | | , |
| | 20 | Add lines 24 and 25 | | 123,644. | 11,340. | 11,340. | 104,492. |
| | 1 | רוטע ווווכס ביד מווע בע | | | | | |

204,376.

REL8001

Form **990-PF** (2014)

21,792

360,116

Add lines 24 and 25 27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

| Fo | m 99 | 00-PF (2014) THE K2 FAMILY FOUNDATION | | 20- | 7124990 Page 2 |
|--------------------------|------|---|-------------------|----------------|--|
| F | arţ | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | <u> - </u> |
| 느 | _ | column should be for end-or-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 74 373 | - 65 438 | <u> </u> |
| | 1 | Savings and temporary cash investments | 74,373. | 65,432. | 65,432. |
| | 3 | Accounts receivable ► 3,476. | 765. | 2 476 | 2 176 |
| | ١, | Less: allowance for doubtful accounts | 703. | 3,476. | 3,476. |
| | 4 | Pledges receivable ► Less; allowance for doubtful accounts ► | | | |
| | 5 | Grants receivable | | | |
| | - | Receivables due from officers, directors, trustees, and other | | | |
| | ľ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less; allowance for doubtful accounts | | | |
| S | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| Ÿ | 10a | Investments - U.S. and state government obligations STMT 7 | 327,086. | 397,462. | 439,475. |
| | b | Investments - corporate stock STMT 8 | 1,266,185. | 1,498,963. | 390,169. |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 9 | 120,257. | 109,499. | 253,007. |
| | 14 | Land, buildings, and equipment; basis | . | | |
| | | Less accumulated depreciation | | | |
| | 1 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers - see the | 1 700 666 | 2 074 922 | 1 151 550 |
| _ | 17 | instructions. Also, see page 1, item I) | 1,788,666. | 2,074,832. | 1,151,559. |
| | 1 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable Deferred revenue | | | |
| Liabilities | 19 | | ··· | | |
| ig | 21 | Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable | | | |
| Lia | 1 | Other liabilities (describe STATEMENT 10) | 73,950. | 0. | |
| | | Strict Industries (describe) | 7072000 | | |
| | 23 | Total liabilities (add lines 17 through 22) | 73,950. | 0.1 | |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ces | 24 | Unrestricted | [| | |
| | 25 | Temporarily restricted | | | |
| Net Assets or Fund Balan | 26 | Permanently restricted | | | |
| Pun | | Foundations that do not follow SFAS 117, check here | | | |
| Ē | ļ | and complete lines 27 through 31. | | أ | |
| ts c | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| sse | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| ¥ A | 29 | Retained earnings, accumulated income, endowment, or other funds | 1,714,716. | 2,074,832. | |
| ž | 30 | Total net assets or fund balances | 1,714,716. | 2,074,832. | |
| | | T-A-1 C-1-1-A-1-2-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A | 1 700 666 | 2 074 922 | |
| _ | _ | Total liabilities and net assets/fund balances | 1,788,666. | 2,074,832. | |
| LP | art | Analysis of Changes in Net Assets or Fund Ba | lances | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line 30 |) | | |
| | (mus | st agree with end-of-year figure reported on prior year's return) | | 1 | 1,714,716. |
| | | r amount from Part I, line 27a | | 2 | 360,116. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| 4 | Add | lines 1, 2, and 3 | | 4 | 2,074,832. |

2,074,832.

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

| Part IV Capital Gains and Lo | sses for Tax on Investment Income | | | · | |
|---|---|--|--|---------------------------------------|---------------------------------------|
| (a) List and 2-story br | describe the kind(s) of property solution describe the kind(s) of property solution stock, 20 | d, e.g., real estate, ' 00 shs. MLC Co. | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a NFS 0558 - SEE | ATTACHED STATEM | ENT | P | VARIOUS | VARIOUS |
| b NFS 0558 - SEE | ATTACHED STATEM | ENT | P | | VARIOUS |
| c NFS 0558 - SEE | ATTACHED STATEM | ENT | P | | VARIOUS |
| | STITUTE PAYMENTS | IN LIEU OF DIVIDER | | | VARIOUS |
| e 250,000 SHS LI | | | D | 01/01/01 | |
| | OK PARTNERS LP - | SEC 1231 | P | VARIOUS | 11211000 |
| | ELLAN MIDSTREAM | | l P | VARIOUS | |
| h PTP BASIS ADJU | | | P | VARIOUS | |
| CAPITAL GAINS | | | | VIIICIOOD | |
| CALITAE GAINS | DIVIDENDS | | | | |
| 1 | | | | | · <u>-</u> |
| <u>k</u> | | | | | |
| 1 | | | | | |
| <u>m</u> | | | | | |
| П | | | | | |
| 0 | | | <u> </u> | <u> </u> | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) lus (f) minus (g) | |
| a 5,051. | | 5,622. | | | <571·> |
| b 1,168. | - | 2,418. | ~~~ | , | <1,250.> |
| c 87,540. | | 101,661. | | | <14,121.> |
| d 24. | | | | | 24. |
| e 187,500. | | 250. | | | 187,250. |
| f <29. | > | | | | <29.> |
| g <22. | | | | | <22.> |
| h 5,054. | | | | | 5,054. |
| 6,249. | | | · · · · | | 6,249. |
| 1 | | | | | |
| k | | | | | |
| 1 | | | | | |
| m | | | | | |
| n | | | | | |
| 0 | | | | | |
| | ng gain in column (h) and owned by | the foundation on 12/31/69 | (1) 00 | ses (from col. (h)) | |
| - Complete only for added differen | (j) Adjusted basis | (k) Excess of col. (i) | | of col. (h) gain ove | |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | over col. (j), if any | but n | ot less than "-0-") | · // |
| | | *: | * | | <571.> |
| <u>a</u> | | ** | | | <1,250.> |
| b | | | | | <14,121.> |
| C | | | | | 24. |
| d | | | | | $\frac{24.}{187,250.}$ |
| <u>e</u> | | | - | | <29.> |
| f | | | | | <29.> <22.> |
| g | | | | | |
| h | | | | | 5,054. |
| 1 | | | | | 6,249. |
| 1 | | | | | |
| k | | | | | |
| 1 | | | | | |
| m | | | | | |
| n | | | | | · · · · · · · · · · · · · · · · · · · |
| 0 | | | | | |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also enter | in Part I, line 7 | | | 182,584. |
| 3 Net short-term capital gain or (los | | , I | | | |
| If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8 | column (c). | d (6). | | | <1,821.> |
| | | | | | |

Part IV Capital Gains and Losses for Tax on Investment 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.) | | | | | ow acquired Purchase Donation | | acquired lay, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|--|------------------------------------|---------------|-------------------------------------|---------------------------------|--------------------------------|---|
| 1a | CONTRACTION OF THE PROPERTY OF | | | ļ | | | | |
| | STATEMENT | | | | | | | |
| d | | | | \vdash | | | | |
| e | | | | | | | | |
| (e) Gross sales price | (f) Deprectation allowed (or allowable) | | t or other basis opense of sale | | | | aın or (loss) s (f) mınus (| |
| a | | | | | | | | |
| b | | | | | | | | |
| С | | | | | | | | · |
| d | | | 100.05 | | | | | 100 501 |
| e 292,535. | | D 6: 1111 | 109,95 | 1. | | | | 182,584. |
| Complete only for assets showing | | | | | | l) Gains (C) col. (k), but i | ol. (h) gain | minus 1 -0-) or |
| (i) F.M.V as of 12/31/69 | (i) Adjusted basis as of 12/31/69 | | cess of col. (1) | | | | (from col. (| |
| <u>a</u> | | _ | | \dashv | | | | |
| <u>b</u> | | | | \dashv | | | | |
| d | | | | + | | | | |
| | | | | | | | | 182,584. |
| e | | <u> </u> | | $\overline{}$ | | | | 102,304. |
| 2 Capital gain net income or (net capit | tal loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $ | r in Part I, line 7 - in Part I, line | 7 |) | 2 | | | 182,584. |
| 3 Net short-term capital gain or (loss) | | nd (6) | | 7 | Ï | | | |
| If gain, also enter in Part I, line 8, co | lumn (c). | | | | | | | <1,821. |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Unit | der Section 4940(e) for | Reduced | Tax on Net | Inve | stment | ncome | | <u> </u> |
| If section 4940(d)(2) applies, leave this Was the foundation liable for the sectio If "Yes," the foundation does not qualify | n 4942 tax on the distributable am under section 4940(e). Do not co | mplete this pai | t | | | | | Yes X No |
| 1 Enter the appropriate amount in each | | nstructions bet | ore making any e | | | | | 741 |
| (a) Base period years Calendar year (or tax year beginning | | | Net value of no | (c) nchari | | | Distrib (col. (b) div | (d) ution ratio ided by col. (c)) |
| 2013 | | 1,193. | | | 891,5 | | | .102283 |
| 2012 | | 4,858. | | | 907,22 | | | .060468 |
| 2011 | | 4,139. | | | 899,61 | | | .049064 |
| 2010 | | 5,478. | | | 852,40 792,01 | | | .070005 |
| 2009 | | 5,445. | | | 194,0. | 11. | | .070003 |
| 2 Total of line 1, column (d) | | | | | | 2 | | .323441 |
| 3 Average distribution ratio for the 5-y the foundation has been in existence | | on line 2 by 5, o | or by the number | of yea | rs | 3 | | .064688 |
| 4 Enter the net value of noncharitable- | -use assets for 2014 from Part X, | line 5 | | | | _ 4 | | 907,186. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 58,684. |
| 6 Enter 1% of net investment income | /19/- of Part I. line 27h) | | | | | 6 | | 2,044. |
| | (170 011 art i, mic 270) | | | | | | | 60,728 |
| 7 Add lines 5 and 6 | | | | | | 7 | | |
| 8 Enter qualifying distributions from P | • | | | | | _ 8 | | 104,492. |
| If line 8 is equal to or greater than lii See the Part VI instructions. | ne 7, check the box in Part VI, line | 1b, and compl | ete that part usin | g a 1% | tax rate. | | | |

KEL8001

| Form 990-PF (2014) THE KZ FAMILY FOUNDATION | | | 124990 | | age 4 |
|--|---|--------------|-----------------------|---------------------------------------|----------------|
| Part VI Excise Tax Based on Investment Income (Section 4 | <u> </u> | 948 - | see instru | ction | 1S) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here | | - (| | | |
| Date of ruling or determination letter: (attach copy of letter if | necessary-see instructions) | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | ► X and enter 1% | 1 | | 2,0 | <u>44.</u> |
| of Part I, line 27b | | - 1 | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter | 4% of Part I, line 12, col. (b). | 1 | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only | y. Others enter -0-) | 2 | | | 0. |
| 3 Add lines 1 and 2 | | 3 | | 2,0 | 44. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations onl | y. Others enter -0-) | 4 | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | 2,0 | <u>44.</u> |
| 6 Credits/Payments: | | | · · | | |
| a 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a 254. | . 1 | | | |
| b Exempt foreign organizations - tax withheld at source | 6b | - 1 | | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 2,500. | | | | |
| d Backup withholding erroneously withheld | 6d | | | | |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | | 2,7 | 54. |
| 8 Enter any penalty for underpayment of estimated tax. Check here X 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 overpai | d | 10 | - | 7 | 10. |
| 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax | 710. Refunded | 11 | | | 0. |
| Part VII-A Statements Regarding Activities | 7 = 0 Normaliane | | | | <u> </u> |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local li | egislation or did it participate or intervene | ın | | Yes | No |
| any political campaign? | ogiciation of the repersion pate of intervent | | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political pu | rnoses (see instructions for the definition) | .? | 1b | - | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities | | | | | |
| distributed by the foundation in connection with the activities | sand copies of any materials published | <i>a o</i> , | | i | |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | | Х |
| • | the year | | " | | |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during (1) On the foundation. ► \$ 0 • (2) On foundation management | | | | | |
| | | | | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expiration managers. ► \$ 0 • | enditure tax imposed on roundation | | Į į | | |
| | h- 1003 | | 2 | | х |
| 2 Has the foundation engaged in any activities that have not previously been reported to the | ne iko? | | - | | |
| If "Yes," attach a detailed description of the activities | | _ | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its government of the contract o | | ı | | | х |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha | | | 3 | X | |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the | year? | | 4a | $\frac{\hat{\mathbf{x}}}{\mathbf{x}}$ | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 2 | | 4b | | X |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the ye | ear/ | | - | | |
| If "Yes," attach the statement required by General Instruction T | ad a alle a co | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied | ea enner. | | | | |
| By language in the governing instrument, or | | | J | | |
| By state legislation that effectively amends the governing instrument so that no manda | atory directions that conflict with the state | iaw | | | v |
| remain in the governing instrument? | | | 6 | _ | <u>X</u> |
| 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 XV | | 7 | Х | |
| | | | } | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instru | ictions) ► | | | | |
| MA, ME | | | | | i |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the | ne Attorney General (or designate) | | | ,, | |
| of each state as required by General Instruction G? If "No," attach explanation | | | 86 | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of | | ıdar | 1 | | 77 |
| year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes | | | 9 | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a so | hedule listing their names and addresses | | 10 Form 990 | | X |
| | | | Form ЧЧ () | -PF(| 2H3Δ1 |

Form **990-PF** (2014)

| Form 990-PF (2014) THE K2 FAMILY FOUNDATION 2 | <u> 10-71249</u> | 90 Page 7 |
|--|------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | e | (c) Compensation |
| NONE | | (-, |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | j | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | ▶ | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | E | expenses |
| 1 N/A | | |
| | | |
| | \neg | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | A may not |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
| 1 N/A | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| | | |
| · | \dashv | |
| | | |
| Total. Add lines 1 through 3 | > | 0. |
| | Form | 990-PF (2014) |

| | 990-PF (2014) THE KZ PAMILLI FOUNDATION | | 20-71249 | 3 U | raye o |
|------------|--|---|---------------------------|----------------|--------------|
| Par | Minimum Investment Return (All domestic foundations mu | ist complete this part. Foreign four | ndations, see instruc | tions) | |
| 1 F | air market value of assets not used (or held for use) directly in carrying out charitable, | etc., purposes. | | | |
| a A | verage monthly fair market value of securities | • | <u>1</u> a | 877, | 155. 846. |
| b A | verage of monthly cash balances | | 1b | 43, | 846. |
| c F | air market value of all other assets | | 1c | | |
| d T | otal (add lines 1a, b, and c) | | 1d | 921, | 001. |
| e R | eduction claimed for blockage or other factors reported on lines 1a and | | | | |
| 1 | c (attach detailed explanation) | 1e 0. | | | |
| 2 A | cquisition indebtedness applicable to line 1 assets | | 2 | | 0. |
| S | ubtract line 2 from line 1d | | 3 | 921, | |
| C | ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s | ee instructions) | 4 | | 815. |
| i N | let value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on F | Part V, line 4 | 5 | | 186. |
| N | linimum investment return, Enter 5% of line 5 | | 6 | 45, | 359. |
| Paı | t XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part.) | (j)(5) private operating foundations ar | nd certain | | |
| · N | finimum investment return from Part X, line 6 | | 1 | 45, | 359. |
| | · · · · · · · · · · · · · · · · · · · | 2a 2,044. | | | |
| b Ir | ncome tax for 2014. (This does not include the tax from Part VI.) | 2b | | | |
| c A | dd lines 2a and 2b | | 2c | 2, | 044. |
|) D | stributable amount before adjustments. Subtract line 2c from line 1 | | 3 | 43, | 044. 315. |
| ₽ R | ecoveries of amounts treated as qualifying distributions | | 4 | | 0. |
| i A | dd lines 3 and 4 | | 5 | 43, | 315. |
| 3 | eduction from distributable amount (see instructions) | | 6 | | 0. |
| 7 0 | istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part X | III, line 1 | 7 | 43, | 315. |
| Pai | t XII Qualifying Distributions (see instructions) | | | | |
| | mounts paid (including administrative expenses) to accomplish charitable, etc., purpo | oses: | | 4 0 4 | 400 |
| | xpenses, contributions, gifts, etc total from Part I, column (d), line 26 | | | 104, | <u>492.</u> |
| b P | rogram-related investments - total from Part IX-B | | 16 | | <u> </u> |
| 2 A | mounts paid to acquire assets used (or held for use) directly in carrying out charitable | e, etc., purposes | 2 | | |
| A | mounts set aside for specific charitable projects that satisfy the: | | | | |
| a S | uitability test (prior IRS approval required) | | 3a | | |
| b C | ash distribution test (attach the required schedule) | | 3b | | |
| , (| lualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and | Part XIII, line 4 | 4 | 104, | 492. |
| | oundations that qualify under section 4940(e) for the reduced rate of tax on net invest | ment | | _ | |
| (I | ncome. Enter 1% of Part I, line 27b | | 5 | <u>2,</u> | 044. |
| î A | djusted qualifying distributions Subtract line 5 from line 4 | | 6 | 102, | 448. |
| ٨ | lote. The amount on line 6 will be used in Part V. column (b), in subsequent years who | en calculating whether the foundation i | qualifies for the section | | |

Form **990-PF** (2014)

| Part XIII Undistributed Income (see instructions) |
|---|
|---|

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|--|---------------|--|-------------|---------------------------|
| 1 Distributable amount for 2014 from Part XI, | | | | |
| line 7 | | | | 43,315. |
| 2 Undistributed income, if any, as of the end of 2014 | | | · | |
| a Enter amount for 2013 only | | | 0. | |
| b Total for prior years: | | | | |
| , , | | . 0. | | |
| 3 Excess distributions carryover, if any, to 2014: | | | | |
| a From 2009 | | | | |
| b From 2010 | | | | |
| c From 2011 | | | | |
| d From 2012 | | | | |
| e From 2013 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2014 from | | | | |
| Part XII, line 4: \blacktriangleright \$ 104,492. | | | | |
| a Applied to 2013, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | <u> </u> |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2014 distributable amount | <u></u> | · · · · · · · · · · · · · · · · · · · | | 43,315. |
| e Remaining amount distributed out of corpus | 61,177. | | | |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 61,177. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| 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 | | 0. | | ļ |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | 0. | | |
| e Undistributed income for 2013, Subtract line | | | | |
| 4a from tine 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2014. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2015 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2009 | | ······································ | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2015. | | | | |
| Subtract lines 7 and 8 from line 6a | 61,177. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2010 | | | | |
| b Excess from 2011 | ſ | | | |
| c Excess from 2012 | | | | |
| d Excess from 2013 | | | | |
| e Excess from 2014 61,177. | | | | <u> </u> |
| 12358T | | | <u> </u> | Form 990-PF (2014) |

| | FAMILY FOUN | | | 20-71 | 24990 Page 10 |
|---|------------------------------|------------------------------|--|--|--------------------|
| Part XIV Private Operating F | oundations (see in | structions and Part VI | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter tha | t it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2014, enter the date of | the ruling | > | | |
| b Check box to indicate whether the found | lation is a private operatii | ng foundation described | ın section | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| 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 | | | | | |
| e Qualifying distributions made directly | - | | | | ··· |
| for active conduct of exempt activities. | |] | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | <u> </u> | | | | |
| alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter | | | | | |
| (1) Value of all assets | <u> </u> | | ļ | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | _ | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | |
| listed | | [| 1 | | |
| c "Support" alternative test - enter: | = | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | ļ | } | | |
| 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 | | | <u> </u> | | |
| (4) Gross investment income | | | <u> </u> | | |
| Part XV Supplementary info | | | if the foundation | n had \$5,000 or mo | ore in assets |
| at any time during t | he year-see insti | ructions.) | | | <u></u> |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation wh | | | tributions received by th | e foundation before the clos | se of any tax |
| year (but only if they have contributed n | tore than \$5,000). (See s | ection 507(a)(2).) | | | |
| SEE STATEMENT 11 | | | | | |
| b List any managers of the foundation wh other entity) of which the foundation has | | | (or an equally large port | ion of the ownership of a pa | artnership or |
| NONE | | | | | |
| 2 Information Regarding Contributi | on, Grant, Gift, Loan | Scholarship, etc., P | rograms: | | |
| Check here X if the foundation o | | | | not accept unsolicited requ | ests for funds. If |
| the foundation makes gifts, grants, etc. | (see instructions) to indiv | viduals or organizations i | inder other conditions, o | complete items 2a, b, c, and | d. |
| a The name, address, and telephone num | ber or e-mail address of t | he person to whom appl | ications should be addre | essed: | |
| · · · · · | | , | | | |
| b The form in which applications should b | e submitted and informa | tion and materials they s | hould include: | | |
| c Any submission deadlines; | | | | | |
| | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields, | , kınds of ınstitutions, or | other factors: | |
| | | | | | |

| 3 Grants and Contributions Paid During the Y | ear or Approved for Future | Payment | | |
|--|--|----------------------|----------------------------------|-------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| U. MAINE ORONO | | PUBLIC CHARITY | GENERAL | |
| 50 COLLEGE AVE | | | 1 | |
| ORONO, ME 04473 | | | | 7,500 |
| | | | | |
| | | | | |
| ORION MAGAZINE | | PUBLIC CHARITY | GENERAL | |
| 187 MAIN STREET | | | | |
| GREAT BARRINGTON, MA 01230 | | <u> </u> | | 61,064. |
| | | | | |
| | | | | |
| HERRING GUT LEARNING CENTER | | PUBLIC CHARITY | GENERAL | |
| 59 FACTORY RD, STREET | | | | E 000 |
| GEORGE, ME 04855 | | | | 5,000 |
| | | | | |
| | | | ļ | |
| TREKKERS | | PUBLIC CHARITY | GENERAL | |
| 41 BUTTERMILK DRIVE | | | | 5 000 |
| THOMASTON, ME 04861 | | | | 5,000 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | · · · · · · · · · · · · · · · · · · · | · L | ▶ 3a | 78,564 |
| b Approved for future payment | | | | |
| | | | | |
| NONE | | | | |
| 110112 | | | | |
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| | <u> </u> | | | |
| Total | | | <u>▶ 3b</u> | 0. |

| Part XVI-A | Analysis of Income-Producing Acti | vities |
|------------|-------------------------------------|--------|
| | rinaryolo or moonio i roddonig Aoti | ***** |

| nter gross amounts unless otherwise indicated. | Unrelated | Unrelated business income Excluded by | | | (e) |
|---|---|---------------------------------------|----------------------|----------|-------------------|
| 3 | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue; | Business | Amount | sion code | Amount | function income |
| a | | | + + | | · - |
| b | - | | 1 | | |
| C | _ | · · · · · | + | | |
| d | - | | | | |
| e | - | | 1 1 | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | - - | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 34,506. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | _ |
| 6 Net rental income or (loss) from personal | | 3 | | | |
| property | 1 1 | | | ļ | |
| 7 Other investment income | | | 14 | 151. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 14 | 182,584. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | - |
| a SEE STATEMENT 12 | 1 1 | | | <1,525.> | |
| b | | <u> </u> | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | (|). | 215,716. | 0 |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 215,716 |
| See worksheet in line 13 instructions to verify calculations. |) | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| ▼ | the foundation's exempt purposes (other than by providing funds for such purposes). | |
|----------|---|-----------------------|
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| | | |
| 1 -14 | | Form 990-PF (2 |

| Form 990-PF (2 | 2014) THE K | 2 FAMILY | FOUNDA | TION | | 20-71 | 24990 | Page 13 |
|---|---------------------------------------|-------------------------|-------------------|-----------------------------------|--------------------------|---------------------------------|------------------|------------------|
| Part XVII | Information Re Exempt Organ | | sfers To a | and Transactions | and Relations | ships With Noncl | naritable | |
| 1 Did the or | <u></u> | | of the followin | n with any other organizate | on described in sect | ion 501(c) of | TY | es No |
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | | | | | | |
| (1) Cash | | | | | | | 1a(1) | l x |
| (2) Other assets | | | | | | | 1a(2) | X |
| b Other tran | | | | | | | - `-' | \neg |
| (1) Sales of assets to a noncharitable exempt organization | | | | | | | 1b(1) | x |
| | hases of assets from a no | | | | | | 1b(2) | X |
| (3) Renta | al of facilities, equipment, | or other assets | - | | | | 1b(3) | X |
| (4) Reim | nbursement arrangements | ; | | | | | 1b(4) | X |
| (5) Loans or loan guarantees | | | | | | | 1b(5) | X |
| (6) Perfo | ormance of services or me | embership or fundrai | sing solicitatio | ins | | | 1b(6) | X |
| c Sharing o | of facilities, equipment, ma | uling lists, other asse | ets, or paid em | ployees | | | 1c | X |
| d If the ans | wer to any of the above is | "Yes," complete the | following sche | dule. Column (b) should al | lways show the fair | market value of the good | s, other asset | s, |
| | | | | ed less than fair market val | ue in any transactio | n or sharing arrangemen | t, show in | |
| column (| d) the value of the goods, | | | | | | | |
| (a)Line no | (b) Amount involved | (c) Name o | | e exempt organization | (d) Description | n of transfers, transactions, a | nd sharing arran | gements |
| | · · · · · · · · · · · · · · · · · · · | | N/A | | | | | |
| | | L | | | | | | |
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| | | <u> </u> | | | <u> </u> | | | |
| | | - | | or more tax-exempt organ | izations described | | <u></u> | ⊡ |
| | 501(c) of the Code (other | • |)(3)) or in sect | tion 5277 | | | Yes | X No |
| b If "Yes," c | omplete the following sch | | | (h) Type of organization | | (a) Decorretion of relation | nchin | |
| | (a) Name of org | Janization | | (b) Type of organization | | (c) Description of relation | niship | |
| | N/A | | | | ļ | | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| J Hade | r negative of parent 1 design | that I have ever | e return realised | ng accompanying schedules and | 1 statements, and to the | heet of my knowledge | | |
| landh | | | | n taxpayer) is based on all infor | | a ban anu kanuladan | May the IRS dis | cuss this |
| stign shown below (see instr)? | | | | | | ee instr)? | | |
| i 💆 | | | | 1110000 | TRUST | EE | X Yes | U No |
| 1 Sigi | nature of officer of trustee | | Dronner | Date (| Title | Check if PTi | M . | |
| | Print/Type preparer's na | ante | Preparer's s | iyiidlui e | Date | self- employed | IN. | |
| Doid | AMDED CENT | | Kall. | . Xoulous | 11/10/15 | | 000000 | 12 |
| | | | | 11/10/15 | Firm's EIN ► 33- | $\frac{008382}{110739}$ | | |
| Preparer Firm's name ► ANDERSEN TAX, LLC | | | | | Firm's EIN > 33- | TTA / 28 | 4 | |
| Use Only | Firm's address > 10 | E UTOIL OF | क क क क | 16mu et con | | | | |
| | Firm's address ► 12 | | | TOTH PLOOK | | 1617 | 1 202 | 0400 |
| | T BO | STON, MA | 02110 | | | Phone no. (617 |) 292- | |
| | | | | | | | Form 990- | PF (2014) |

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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No 1545-0047

2014

Name of the organization Employer identification number 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 501(c)(3) exempt private foundation Form 990-PF 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 religious, charitable, etc., contributions totaling \$5,000 or more during the year 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 its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

| Name of o | rganization | Page Employer identification number | | |
|------------|---|-------------------------------------|---|--|
| THE K | 2 FAMILY FOUNDATION | 20-7124990 | | |
| Part i | Contributors (see instructions) Use duplicate copies of Part I if ac | dditional space is needed | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution | |
| 1 | ROBERT & MARGOT KELLEY 88 MARSHALL POINT ROAD, BOX 285 PORT CLYDE, ME 04855 | \$\$\$ | Person Payroll Noncash X (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution | |
| | | \$ | Person Payroll Noncash (Complete Part II for | |

Noncash (Complete Part II for noncash contributions)

Name, address, and ZIP + 4

(a)

No.

Person Payroll

(d)

Type of contribution

(c)

Total contributions

Name of organization

Employer identification number

THE K2 FAMILY FOUNDATION

20-7124990

| art II | Noncash Property (see instructions) Use duplicate copies of Part | II if additional space is needed | - |
|------------------------------|--|--|--------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1 | 142,516 SHARES OF LIQUIDHUB STOCK | | |
| | | | 01/01/14 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| 3453 11-05- | | Schedule R (Form 9 | 90, 990-EZ, or 990-PF) (|

| Name of org | ganization | | Employer identification number | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|
| THE K2 | 2 FAMILY FOUNDATION | | 20-7124990 | | | | | |
| Part III | completing Part III, enter the total of exclusively religiou | s, charitable, etc., contributions of \$1,000 or | in section 501(c)(7), (8), or (10) that total more than \$1,000 for lying line entry. For organizations less for the year (Enter this info once) | | | | | |
| (a) No. from Part I | Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| (a) No. from Part i | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
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| - | (e) Transfer of gift | | | | | | | |
| , | Transferee's name, address, a | Relationship of transferor to transferee | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
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| - | | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | |
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