

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



Return of Private Foundation

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

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

2010

OMB No 1545-0052

Inte	mal R	evenue Service Note. The foundation may	be able to use a copy of thi	s return to satisfy state repo		_1
For	cale	ndar year 2010, or tax year beginning JUI	N 18, 2010	, and ending	DEC 31, 2010	<u> </u>
G	Chec	k all that apply: Initial return Amended return	Initial return of a	former public charity	Final returi	n
Na	me c	of foundation			A Employer identification	number
		THE CAROLYN K. TRIBE	FOUNDATION		27-6595079	
Nu	mber	and street (or P O box number if mail is not delivered to stree		Room/suite	B Telephone number	
		C/O GRMP, 1340 SOLDIE	ERS FIELD ROA	AD .	(617) 254-	4422
Cit	A OL	town, state, and ZIP code			C if exemption application is p	pending, check here
1	•	BOSTON, MA 02135			D 1. Foreign organization	s, check here
Н	Chec	k type of organization: X Section 501(c)(3) e	xempt private foundation		Foreign organizations me check here and attach or	eeting the 85% test, omputation
	_] s	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	lation	E If private foundation sta	itus was terminated
1 F	air m	arket value of all assets at end of year J Account	ing method: X Cash	Accrual	under section 507(b)(1	
(f	rom	Part II, col. (c), line 16)	ther (specify)		F If the foundation is in a	60-month termination
	-\$	444,173. (Part I, colu	ımn (d) must be on cash	basis.)	under section 507(b)(1	· · · · · · · · · · · · · · · · · · ·
P	art.	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(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	1,500.		N/A	
	2	Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				在自然相影的技术
	4	Dividends and interest from securities	3,132.	3,132.		STATEMENT 1
	58	Gross rents				
Revenue	t	Net rental income or (loss)				
	68		1,314.			
	t	Gross sales price for all assets on line 6a 18,650.		AND THE PERSON OF THE PERSON O		
ě	7	Capital gain net income (from Part IV, line 2)		1,314.		
ш	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns RECEIVED				
	10a	ald allowalices				
		Less: Cost of goods sold				
	11	Gross profit or (loss) MAY 2 0 2011	<u> </u>			
	12	Total. Add lines 1 through 71	5,946.	4,446.		
	13	Compensation of officers, directors, trustees etc.	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees STMT 2	1,500.	0.		300.
en	b	Accounting fees				
ă	C	Other professional fees				
<u>X</u>	17	Interest				
and Administrative Expens	18	Taxes STMT 3	121.	121.		0.
13	19	Depreciation and depletion				
Ē	20	Occupancy				
Υþ	21	Travel, conferences, and meetings				
ᇣ	22	Printing and publications				
ing.	23	Other expenses				
Operating	24	Total operating and administrative	1,621.	121.		300.
ŏ	١	expenses. Add lines 13 through 23	22,000.			22,000.
-	25	Contributions, gifts, grants paid	44,000		TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON TO THE	22,000.
	20	Add lines 24 and 25	23,621.	121.		22,300.
	27	Subtract line 26 from line 12:				TOTAL COLUMN TOTAL
	ļ.	Excess of revenue over expenses and disbursements	-17,675.			
		Net investment income (if negative, enter -0-)		4,325.		THE PERSON PROPERTY OF THE PERSON OF THE PER
	C	Adjusted net income (if negative, enter -0-)	计是对视频率 27. 身		N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions. Form **990-PF** (2010)

" ~ ix

THE CAROLYN K. TRIBE FOUNDATION

27-6595079

Form **990-PF** (2010)

Page 2

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

Form 990-PF (2010)

_	2009	32,565.	370,233.	l	.087958
	2008	19,738.	432,028.		.045687
	2007	21,538.	490,494.		.043911
	2006	8,750.	244,637.		.035767
_	2005	2,700.	220,162.		.012264
	Total of line 1, column (d)			2	.225587
3	Average distribution ratio for the 5-year base per the foundation has been in existence if less than			3	.045117
4	Enter the net value of noncharitable-use assets for	or 2010 from Part X, line 5	·	4	427,513.
5	Multiply line 4 by line 3			5	19,288.
6	Enter 1% of net investment income (1% of Part I	, line 27b)		6	43.
7	Add lines 5 and 6			7	19,331.
8	Enter qualifying distributions from Part XII, line 4			_8	22,300.
	If line 8 is equal to or greater than line 7, check the See the Part VI instructions.				

For	m 990-PF (2010) THE CAROLYN K. TRIBE FOUNDATION		27-	659507	9 Page 4
R	artivia Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940)(e), or			
1	a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	<u> </u>	40.2	14. 14. The	a "SF THERE
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	Ì			78 128 5 th
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	•	1	X . A	43.
	of Part I, line 27b			Liston C.J.	(新年)
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	J			
2			2	Andreas and the second	0.
3			3		43.
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		43.
6	Credits/Payments:	•			
•	a 2010 estimated tax payments and 2009 overpayment credited to 2010				
	b 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				
7			7	WITH THE PERSON AND PARTY OF THE PERSON AND	0.
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		43.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		
11		unded 🕨	11		
	ant VII-AV Statements Regarding Activities			<u> </u>	
C:SM:33-	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	r interveni	e in	5	Yes No
	any political campaign?		•	1a	X
ı	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for di	efinition)?	•	1b	X
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material		ed or		
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?			1c	X
	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10 Miles 10	
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$	0.			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on found		-		
	managers. ► \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of inco	poration, o	or		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		Ņ,	/A 4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	h the state	a law		
	remain in the governing instrument?			6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X
	If "Yes," complete Part II, col. (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	·			
	MA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designation)	te)			
	of each state as required by General Instruction G? If "No," attach explanation			8b	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(3)	5) for cale	ndar		
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			. 9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	ses .		10	l X

Form 990-PF (2010) THE CAROLYN K. TRIBE FOU	JNDATION		27-65950	79 Page 6
[ParteVII_B] Statements Regarding Activities for Which	Form 4720 May Be	Required (conti	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y	es 🗶 No 📙	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi			
any voter registration drive?			es X No i	
(3) Provide a grant to an individual for travel, study, or other similar purpose	5?	Y	es 🗶 No 📴	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗶 No 🔓	繼續問題的
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?		J Y	es 🗶 No 📙	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations	1.9 22	
section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check	here .		. ▶∟ 🧗	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption			K5	
expenditure responsibility for the grant?	1	1/AY	es LNo 🎉	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?	•	Y	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, Highl	y 	
1 List all officers, directors, trustees, foundation managers and their		1	(4)	r · · · · ·
(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
CAROLYN K. TRIBE	TRUSTEE			
5 ASH STREET				
CAMBRIDGE, MA 02138	0.00	0.	0.	0.
		<u> </u>		
	1 1 1 1 - 1 - 1 1 1 1 1 1 1 1 1			<u> </u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE				
]		
]		
				
Total number of other employees paid over \$50,000	··		<u> </u>	0

Form **990-PF** (2010)

Total. Add lines 1 through 3

Page 8

EP,	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		·····
·	Average monthly fair market value of securities	1a	426,285.
b	Average of monthly cash balances	1b	7,114.
c	Fair market value of all other assets	1c	624.
ď	Total (add lines 1a, b, and c)	1d	434,023.
	Reduction claimed for blockage or other factors reported on lines 1a and		
٠	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	434,023.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,510.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	427,513.
6	Minimum investment return. Enter 5% of line 5	6	21,376.
_	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	21,376.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c 4	43.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,333.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	21,333.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	21,333.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	22,300.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	22,300.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	43.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	22,257.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Pai	rt XI,	ine printipative of the		
line 7				21,333.
2 Undistributed income, if any, as of the end of	2010		ું જે અભિકૃતિનાનો કેફ્ટોનું મે	LEARNING THE TRANSPORTER
a Enter amount for 2009 only			2,605.	
b Total for prior years:				
	Example Of the Control of the Contro	0.	A C ROUGHT AND LAND IN	" Pilati dili dinili. Ka
3 Excess distributions carryover, if any, to	o 2010:			
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				tea de la frança de la companya del companya de la companya de la companya del companya de la co
f Total of lines 3a through e	O.	Constitution of the consti		
4 Qualifying distributions for 2010 from			Table to Asset the state of the	
Part XII, line 4: ►\$ 22,	ARTER E 1870'AR SARAFFEE AT MARY SARAFFEE AT			
a Applied to 2009, but not more than line	CONTRACTOR OF THE CONTRACTOR O		2,605.	
b Applied to undistributed income of prior years (Election required - see instruction	[Carried Sanct Barrier Barrier Country Court Brokers 1	n		
c Treated as distributions out of corpus	15) RECENT TELESCOPERATE STATE PROPERTY.			
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				19,695.
e Remaining amount distributed out of co	rous 0.			
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same a must be shown in column (a))	mount (1997)			
6 Enter the net total of each column as				
indicated below:				
8 Corpus. Add lines 3f, 4c, and 4e Subtract line 5	5 <u>0.</u>			
b Prior years' undistributed income. Subtr	act management			
line 4b from line 2b		0.		
c Enter the amount of prior years'		19		
undistributed income for which a notice deficiency has been issued, or on which		4. 0. 0.		
the section 4942(a) tax has been previou				
assessed	THE STATE OF THE PARTY OF THE STATE OF THE S	0.		
d Subtract line 6c from line 6b. Taxable		^		
amount - see instructions e Undistributed income for 2009. Subtract				semesuje pundentalis Greatische Schrift
4a from line 2a. Taxable amount - see in:	The residence of the property of the state o		0.	
f Undistributed income for 2010. Subtract	20/2000 Charles and a services to Warter they served in			CHANGE RANGE ESTABLISHED FOR LES EN TABLE CON TAST
lines 4d and 5 from line 1. This amount r	\$25 EXTENSION \$1.00 \$1.0			
be distributed in 2011				1,638.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed	by			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	5			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010	国际国际国际公司公司	學學 是不是明明。	HANDE CONTRACTOR	

		OLYN K. TRI			27-65	95079 Page 10
E	ant XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 :	a If the foundation has received a ruling o		· · · -			
	foundation, and the ruling is effective fo			▶		
	b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or49	42(j)(5)
2 ;	a Enter the lesser of the adjusted net	Tax year	(6) 0000	Prior 3 years	T (4) 0007	(-) T-1-1
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for					
	each year listed					
	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				ļ	
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter					
U	2/3 of minimum investment return					
	shown in Part X, line 6 for each year					
_	listed					
C	"Support" alternative test - enter:	}				
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization				İ	
	(4) Gross investment income					
Pa	rt XV Supplementary Infor	mation (Complet	e this part only if	the foundation	had \$5,000 or mo	re in assets
Acres (Acres	at any time during th					
1	Information Regarding Foundation	Managers:			·····	
	List any managers of the foundation who	<u> </u>	nan 2% of the total contrit	butions received by the	foundation before the close	of any tax
	year (but only if they have contributed mo			·		•
NOI	NE					
b	List any managers of the foundation who	own 10% or more of the	stock of a corporation (o	r an equally large portio	n of the ownership of a par	tnership or
	other entity) of which the foundation has	a 10% or greater interest	•			
<u> 101</u>	NE					
	Information Regarding Contributio					
•	Check here X if the foundation on	ly makes contributions to	preselected charitable or	ganizations and does no	ot accept unsolicited reques	sts for funds. If
	the foundation makes gifts, grants, etc. (s	··	<u>-</u>		mplete items 2a, b, c, and d	<u> </u>
a	The name, address, and telephone number	er of the person to whom	applications should be ac	idressed:		
	The form in which and limbing the state of	and and a - 4 - 5	and materials ()	ادريام كا اداري		
D	The form in which applications should be	suominea ano informatio	m and materials they show	uio inciude:		
C	Any submission deadlines:					
d /	Any restrictions or limitations on awards,	such as by geographical	areas, charitable fields, kı	nds of institutions, or ot	her factors:	

Part XV Supplementary Information				-
3 Grants and Contributions Paid During the Ye		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year MASSACHUSETTS EYE AND EAR INFIRMARY 243 CHARLES STREET BOSTON, MA 02114	or śubstantial contributor	recipient	CHARITABLE	5,000.
BRIGHAM AND WOMEN'S HOSPITAL 119 HUNTINGTON AVE BOSTON, MA 02116		501(C)3	CHARITABLE	5,000.
CHARLES RIVER CONSERVANCY FOUR BRATTLE STREET CAMBRIDGE, MA 02138		501(C)3	CHARITABLE	7,000.
RHIZOME 235 BOWERY NEW YORK, NY 10002		501(C)3	CHARITABLE	5,000.
		· 	L	
Total	<u> </u>	 	▶ 3a	22,000.
b Approved for future payment				
NONE				
Total .			. 3b	0.

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

	Officialed bi	isiness income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			<u> </u>		
b	_				<u>-</u> .
c					
d					
e					
g Fees and contracts from government agencies					
g Fees and contracts from government agencies 2 Membership dues and assessments		 	1		
3 Interest on savings and temporary cash			+-+		
investments					
4 Dividends and interest from securities			14	3.132.	
5 Net rental income or (loss) from real estate:			200	3,132.	
a Debt-financed property					
b Not debt-financed property	. [
6 Net rental income or (loss) from personal					
property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	1,314.	
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:					
a	- - -				
b			-		
d					
e		· ·			
12 Subtotal. Add columns (b), (d), and (e)		0.		4,446.	0.
				13	4,446.
13 Total. Add line 12, columns (b), (d), and (e)	•				
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.					
		lishment of Ex	empt	Purposes	
(See worksheet in line 13 instructions to verify calculations. PartXXIEB Relationship of Activities	s to the Accomp				plushment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXXIEB Relationship of Activities	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			plishment of
(See worksheet in line 13 instructions to verify calculations. PartXVIEB Relationship of Activities Line No. Explain below how each activity for which in	s to the Accomp	ımn (e) of Part XVI-A			Form 990-PF (2010)

Form 990-PF (2010) THE CAROLYN K. TRIBE FOUNDATION 27-6595079 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 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 (2) Other assets Х 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization Х 1b(2) X (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements X 1b(4) (5) Loans or loan guarantees Х 1b(5) (6) Performance of services or membership or fundraising solicitations X 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, Quotaration of preparer (other than taxpayer or flduciary) is based on all information of which preparer has any knowledge Sign

110/11

5/16/11

Date

Preparer's signature

Firm's name ► GREENE, RUBIN, MILLER AND PACINO,

1340 SOLDIERS FIELD ROAD

Trustre

self- employed

Firm's EIN ▶

Phone no.

PTIN

Form 990-PF (2010)

617-254-4422

Here

Paid Preparer

Use Only

Signature of officer or trustee

Print/Type preparer's name

Pater O. Anderson

Firm's address ► BOSTON, MA 02135

FORM 990-PF DIVIDE	ENDS AND	INTER	EST	FROM	SECUI	RITIES	STATEMEN	T 1
SOURCE		GROSS	AMC	UNT		ITAL GAINS IVIDENDS	COLUMN AMOUN	
BANK OF AMERICA	•		4,	113.		981.	3	,132.
TOTAL TO FM 990-PF, PART I,	LN 4		4,	113.		981.	3	,132.
FORM 990-PF		LEGAL	FEE	:s			STATEMEN	r 2
DESCRIPTION	EXPE	A) NSES BOOKS	NET MEN	(B) 'INVE T INC	EST-	(C) ADJUSTED NET INCOM	(D) CHARI' IE PURPO	FABLE
	;	1,500.			0.			300.
TO FM 990-PF, PG 1, LN 16A		1,500.			0.			300.
FORM 990-PF		TAX	ES				STATEMENT	r 3
DESCRIPTION	EXPE	A) NSES BOOKS		INVE		(C) ADJUSTED NET INCOM	CHARIT	ABLE
FOREIGN TAXES PAID		121.			121.			0.
TO FORM 990-PF, PG 1, LN 18		121.			121.			0.
		FOOTN	OTES		7 2		STATEMENT	. 4

FORM 990-PF, PART III, LINE 3

IN KIND TRANSFERS FROM THE CAROLYN K. AND LUARENCE H. TRIBE FAMILY FOUNDATION EIN 04-6772172 SECTION 507(B)(2) TRANSFEROR FOUNDATION

423,872.

FORM 990-PF, PART XIII, LINE 2A

ALLOCATED UNDISTRIBUTED INCOME FOR 2009 FROM
THE CAROLYN K. TRIBE AND LAURENCE H. TRIBE FAMILY CHARITABLE
FOUNDATION EIN 04-6772172

2,605.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EQUITY MUTUAL FUNDS	COST	297,308.	329,397.
FIXED INCOME MUTUAL FUNDS	COST	93,027.	96,890.
ALTERNATIVE INVESTMENT FUNDS - RE	COST	1,902.	2,974.
ALTERNATIVE INVESTMENT FUNDS -	COST	•	·
TANGIBLE ASSETS		3,805.	4,757.
TOTAL TO FORM 990-PF, PART II, LINE	13	396,042.	434,018.