Depa		Return of Private or Section 4947(a)(1) Trust Trea enter social security numbers of	ited as Private Foundation n this form as it may be m	ade public. 1004	2019
-	nal Revenue Service	www.irs.gov/Form990PF for inst MAR 1, 2019	tructions and the latest int , and ending	FEB 29, 2020	Open to Public Inspection
Na K	me of foundation  (ARP FAMILY FOUNDATION,  UILL E. KARP, TRUSTEES	<u></u>		A Employer identification $04-3226725$	number
Nu	mber and street (or P O box number if mail is not delivered	·	Room/suite	B Telephone number	
_	C/O NED, 75 PARK PLAZA, y or town, state or province, country, and ZIP or fo		<u>l</u>	(617)965-8 C if exemption application is p	. 1
	BOSTON, MA 02116	reign postar code		I exemption application is p	ending, check here
G (	Check all that apply: Initial return Final return	Amended return	ormer public charity	D 1. Foreign organizations  2. Foreign organizations me check here and attach co	
H	Check type of organization: X Section 501(  Section 4947(a)(1) nonexempt charitable trust	Name change c)(3) exempt private foundation Other taxable private found	iation OA-	E If private foundation star under section 507(b)(1)	tus was terminated
(f	air market value of all assets at end of year J A from Part II, col. (c), line 16)	ccounting method: Cash Other (specify) I, column (d), must be on cash bas	X Accrual	F If the foundation is in a ( under section 507(b)(1)	60-month termination
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) manecessarily 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	1,247,375.		N/A	
	2 Check I if the foundation is not required to attach S Interest on savings and temporary cash investments	242.	242.	,	STATEMENT 1
	4 Dividends and interest from securities	6,461.	6,461.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10	830,537.			
nue	b Gross sales price for all 2,600,57				
Revenue	7 Capital gain net income (from Part IV, line 2)		830,537.		
•	6 Ivet short-term capital gain				
	9 Income modifications Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)	10.000	10.000		Cm > mm + m > 2
	11 Other income 12 Total, Add lines 1 through 11	18,808. 2,103,423.	18,808. 856,048.		STATEMENT 3
_	13 Compensation of officers, directors, trustees, etc	0.	0,040.		0.
	14 Other employee salaries and wages	,		RECEIVE	
s	15 Pension plans, employee benefits			ω 1 0 00	080
Expenses	16a Legal fees  b Accounting fees			FEB 1 6 20	21 0-88
Exp	c Other professional fees				
ive	17 Interest			OGDEN,	JT J
trat	18 Taxes				
Administrative	19 Depreciation and depletion 20 Occupancy	<del></del>			
Adn	21 Travel, conferences, and meetings				
and	22 Printing and publications				
ing	23 Other expenses STMT	4 13,222.	0.		0.
Operating and	24 Total operating and administrative	13,222.	0.		0.
o	expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid	2,861,863.			2,861,863.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	2,875,085.	0.		2,861,863.
	27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursement	-771,662.			
	b Net investment income (if negative, enter -0-)		856,048.		
	C Adjusted net income (if negative, enter -0-)			N/A	

Form **990-PF** (2019)

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

KARP FAMILY FOUNDATION, STEPHEN R. AND

04-3226725 JILL E. KARP, TRUSTEES Page 2 Form 990-PF (2019) Balance Sheets Attached schedules and amounts in the description Beginning of year (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing 257,945. 61,238 61,238. 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts i 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 investments - mortgage loans 906.814. 331,359. 331,359. 13 Investments - other STMT 5 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 1,164,759. 392,597 392,597. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 500 0 23 Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. or Fund Balances 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here ▶ 🗶 and complete lines 26 through 30. 94 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg., and equipment fund <u>392,503.</u> 1,164,165. 28 Retained earnings, accumulated income, endowment, or other funds 392,597. 1,164,259. 29 Total net assets or fund balances 1,164,759. 392,597 30 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 1,164,259. (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 392,597. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 Form **990-PF** (2019)

KARP FAMILY FOUNDATION, STEPHEN R. AND Form 990-PF (2019) 04-3226725 Page 3 JILL E. KARP, TRUSTEES Partily: Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold (for example, real estate, (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) - SEE ATTACHED D 1a FIDELITY b FIDELITY SEE ATTACHED D c FIDELITY SEE ATTACHED D D d FIDELITY SEE ATTACHED (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) 7,583 7,565 18. а 2,127,739 1,722,972 404,767. b 380,656. 39,496 341,160. C 84,592 84,592. d 8 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any 18. а b 404,767. 341,160. c 84,592. đ е If gain, also enter in Part I, line 7 830,537. 2 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part Val Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a)
Base period years
Calendar year (or tax year beginning in) (d) Distribution ratio Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) 3,365,988. 4,103,349 1.219062 2018 3,583,861. 5,715,922. .626996 2017 1.201983 7,033,013. 5,851,173. 2016 393,150 3,580,169. .389130 2015 887,276. .420,906. 1.601425 2014 5.038596 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years 1.007719 the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 4 791,814. 797,926. 5 Multiply line 4 by line 3 5 ß 8,560. 6 Enter 1% of net investment income (1% of Part I, line 27b) 806,486. 7 Add lines 5 and 6 7 2,861,863. 8 Enter qualifying distributions from Part XII, line 4

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

KARP FAMILY FOUNDATION, STEPHEN R. AND

Form 990-PF (2019) JILL E. KARP, TRUSTEES		04 - 322		Page 4
Part VI   Excise Tax Based on Investment Income (Section 4	<del></del>	948 - see	ınstructio	<u>ns)</u>
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 ar	nd enter "N/A" on line 1.			1
`` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	necessary-see instructions)		<del> </del>	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	1	8,5	60.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente	er 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		Ō.
3 Add lines 1 and 2		3	8,5	60.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	ly; others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•	5	8,5	60.
6 Credits/Payments:				
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a   1,160.			
b Exempt foreign organizations - tax withheld at source	6b 0.			1
c Tax paid with application for extension of time to file (Form 8868)	6c 10,300.			1
d Backup withholding erroneously withheld	6d 0.			ţ
•		7	11,4	60
<ul> <li>7 Total credits and payments. Add lines 6a through 6d</li> <li>8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is</li> </ul>	attached	8		0.
	allacticu		<del></del>	<del>••</del>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9		000
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpai		10		00.
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	2,900. Refunded ▶	11		<u> </u>
Part VII-A Statements Regarding Activities	<del></del>	·	1 12	T
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	<del></del>	No
any political campaign?			1a	Х
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political pu		ition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	ies of any materials published or		1 1	1 1
distributed by the foundation in connection with the activities.			ll_	
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year:			$\Box$
(1) On the foundation. > \$ 0 • (2) On foundation manage	gers. $\blacktriangleright$ \$ 0.		1 1	
e Enter the reimbursement (if any) paid by the foundation during the year for political expe				
managers. ▶ \$ 0.				1
2 Has the foundation engaged in any activities that have not previously been reported to the	he IRS?		2	X
If "Yes," attach a detailed description of the activities.				<del>                                     </del>
3 Has the foundation made any changes, not previously reported to the IRS, in its governi	ing instrument, articles of incorporation of	r	1	1 1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	mg matternarity artifacts of moorportation, a		3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	vear?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	year !	N/A	4b	<del>  ^</del>
•		M/A	5	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	tai r		°   -	<del></del>
If "Yes," attach the statement required by General Instruction T	enter de la companya			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	ea eitner:		1 1	1 1
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no manda	atory directions that conflict with the state	law		اجيدا
remain in the governing instrument?			6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Part II, col. (c), and Part XV		7 X	<u> </u>
8a Enter the states to which the foundation reports or with which it is registered. See instru	ctions. >			
<u>MA</u>				] ]
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			8b X	L_
9 Is the foundation claiming status as a private operating foundation within the meaning o	f section 4942(j)(3) or 4942(j)(5) for cale	ndar		
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," of			9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sch		TMT 6	10 X	
			orm <b>990-PF</b>	

# KARP FAMILY FOUNDATION, STEPHEN R. AND

Form 990-PF (2019)

JILL E. KARP, TRUSTEES

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	VII-A   Statements Regarding Activities (continued)			
			Yes	No
	any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	] ]		
	ction 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
	d the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			l
	Yes," attach statement. See instructions	12		X
	d the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	ebsite address N/A	\ <del></del>	<del>~ ~ ~</del>	_
	e books are in care of ► THE KARP FAMILY FOUNDATION Telephone no. ► (617)		870	0
	cated at ► 75 PARK PLAZA, THIRD FLR, BOSTON, MA ZIP+4 ►0.2	7110		_
	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	3.7	<b>,</b> ,,,▶	• 🖳
	d enter the amount of tax-exempt interest received or accrued during the year		/A	I
	any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	$\overline{}$	Yes	No
	curities, or other financial account in a foreign country?	16		
	te the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	ļ' <u> </u>		
	reign country ► VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
		$\overline{}$	Yes	No
	le Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Iring the year, did the foundation (either directly or indirectly);	$\vdash$	163	140
	) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
•	) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
(2	a disqualified person?		1	1
/9	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
•	) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
•	Transfer any income or assets to a disqualified person (or make any of either available			ĺ
(5	for the benefit or use of a disqualified person)?	1 1		
16	Agree to pay money or property to a government official? (Exception. Check "No"			
(0	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	1 1		ĺ
h If :	any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	ction 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	1b		_
	ganizations relying on a current notice regarding disaster assistance, check here			$\vdash$
	d the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	.		١٠
	fore the first day of the tax year beginning in 2019?	1c	_	$\overline{\mathbf{x}}$
	xes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			m
	fined in section 4942(j)(3) or 4942(j)(5)):			
	the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	1 1		İ
	l and 6e) for tax year(s) beginning before 2019?			
	Yes," list the years > , , , , , , , , , , , , , , , , , ,			
	e there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	luation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			ĺ
	atement - see instructions.) N/A	2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
<b>•</b>				
3a Di	d the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
du	ring the year?			
b If	Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	ay 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
of	holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	ll		
	hedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
4a Di	d the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	d the foundation make any programment in a prior year (but offer December 24, 1959) that could connecting the charitable purpose that			
	d the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	J		X

Page 6

Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	<b>tequirea</b> (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:	-				/es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗓 No		ł	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			1		,
any voter registration drive?	_		es X No		ľ	•
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	es X No		l	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		ডে	- 1	i	Ì
4945(d)(4)(A)? See instructions			es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		es X No	-	ļ	
the prevention of cruelty to children or animals?			es LALINO	l		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	NI/A	<del>-</del> - -	—- -	:
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check h		nod			Į	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		//A □ Y€	es No	ì		
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).	14	/A	8 NO			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	nay promiume on			ľ	Ì	
a personal benefit contract?	ay premiums on		es X No	-		
• ****	oreonal honofit contract?		5 LAL 140	6b -		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	-00	$\rightarrow$	
If "Yes" to 6b, file Form 8870.	holter transaction?		es X No			
7a At any time during the tax year, was the foundation a party to a prohibited tax si b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		-	- **/	<del>′"</del>	-+	
excess parachute payment(s) during the year?	1,000,000 in remuneration of		es X No			
Part VIII Information About Officers, Directors, Trusto	es Foundation Ma					
Paid Employees, and Contractors	oco, i oundution ma	inagoro, mgm	,			
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.		<u></u>			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	) Expe	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acc	ount, Iowan	
STEPHEN R. KARP	TRUSTEE	, , , , , , , , , , , , , , , , , , ,				
3 POSSUM ROAD						
WESTON, MA 02493	0.20	0.	0.			0.
JILL E. KARP	TRUSTEE					
3 POSSUM ROAD						
WESTON, MA 02493	0.20	0.	0.	<u> </u>		0.
	<u> </u>		-			
				<u> </u>		
		L		<u> </u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contribute of	<del></del>	\ Eva-	<u> </u>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	) Expe	other
	devoted to position		compensation	al	lowan	ces
NONE						
				<del> </del>		
				<del></del>		
		<del></del> -		<del>                                     </del>		
		ļ <u>_</u> ļ		<del> </del>	_	
		[				
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_ <del></del>	l		Щ_		0
Total number of other employees paid over \$50,000			<u></u>	990-	DE "	
			rorm	330-	(	ZU 191

# KARP FAMILY FOUNDATION, STEPHEN R. AND JILL E. KARP, TRUSTEES

Form 990-PF (2019) JILL E. KARP, TRUSTEES	04-3	3226725 P	age 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compen	sation
NONE			
	_		
	<del></del>	<del>-                                    </del>	
	-		
<del></del>			
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<b>&gt;</b>	(
	atical information such as the	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses	
1 NONE	·	<del></del>	
·			
			0.
2			
		_ <del></del>	
3			
4			
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount	
1 NONE	Times Tallu Z.	Amount	
1 NONE			
			0.
2			
All other program-related investments. See instructions.			
3			
	<del></del>		
Total, Add lines 1 through 3	<b>&gt;</b>		0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	248,129.
b	Average of monthly cash balances	1b	224,384.
C	Fair market value of all other assets	1c	331,359.
d	Total (add lines 1a, b, and c)	1d	803,872.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	803,872.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,058.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	791,814.
6	Minimum investment return. Enter 5% of line 5	6	39,591.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here   ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	39,591.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	8,560.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	31,031.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	31,031.
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	31,031.
[P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Ī	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,861,863.
b	Program-related investments - total from Part IX-B	1b	2,861,863.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	38	
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	2,861,863.
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	8,560.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,560. 2,853,303.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies for	
_			

Form **990-PF** (2019)

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Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d</b> ) 2019
1 Distributable amount for 2019 from Part XI, line 7				31,031.
2 Undistributed Income, if any, as of the end of 2019				
a Enter amount for 2018 only	_		0.	
b Total for prior years;				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 1,387,718. b From 2015 1,236,568.				
	l .			
dFrom 2016 6,760,374.				
eFrom 2018 3,937,354.				
f Total of lines 3a through e	16,654,057.			
4 Qualifying distributions for 2019 from		<u> </u>		
Part XII, line 4: ►\$ 2,861,863.				
a Applied to 2018, but not more than line 2a			0'•	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount			· · · · · · · · · · · · · · · · ·	31,031.
e Remaining amount distributed out of corpus	2,830,832.			
5 Excess distributions carryover applied to 2019 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	19,484,889.			
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		•		ļ
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.	1	
amount - see instructions			<u> </u>	
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract	<del>-</del>			
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				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 2014				
not applied on line 5 or line 7	1,387,718.			
9 Excess distributions carryover to 2020.	10 005 151			
Subtract lines 7 and 8 from line 6a	18,097,171.			
10 Analysis of line 9:				
a Excess from 2015 b Excess from 2016 b Excess from 2016 6,760,374.				
b Excess from 2016 c Excess from 2017 3,332,043.		İ		
d Excess from 2018 3,937,354.		ļ		1
e Excess from 2019 2,830,832.				

ISign Envelope ID BF7C4CB7-F188-4C0 KARD FA	01-B1B2-ADBCF24B84 MILY FOUNDA		IEN R. AND		
	KARP, TRUS	•	IDIV K. IMID	04-32	26725 Page 10
Part/XIV  Private Operating F			I-A. guestion 9)	N/A	
1 a If the foundation has received a ruling of			<del>-                                    </del>		
foundation, and the ruling is effective fo					
<b>b</b> Check box to indicate whether the found		<del>-</del>	in section	4942(j)(3) or49	942())(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					7
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					Į.
e Qualifying distributions made directly					
for active conduct of exempt activities.				4	
Subtract line 2d from line 2c				1	1
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets		ĺ			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
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)				ļ	
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u> </u>
Part∤XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh year (but only if they have contributed r	io have contributed more nore than \$5,000). (See s	than 2% of the total con ection 507(d)(2).)	tributions received by the	foundation before the clo	se of any tax
STEPHEN R. KARP					
<b>b</b> List any managers of the foundation who other entity) of which the foundation ha			(or an equally large portion	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	Scholarship, etc. P	rograms:		
Check here X if the foundation of the foundation makes gifts, grants, etc.,	only makes contributions t	to preselected charitable	organizations and does r		ests for funds. If
a The name, address, and telephone num			<del> </del>	<del></del>	
<b>b</b> The form in which applications should be	ne submitted and informat	ion and materials they s	hould include;	<del></del>	
<del></del>					
c Any submission deadlines:					

Form **990-PF** (2019)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

### KARP FAMILY FOUNDATION, STEPHEN R. AND

Form 990-PF (2019) JILL E. KARP, TRUSTEES 04-3226725 Page 11

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Annount
a Paid during the year				
A CARE DIAGR	ATOMIC .	DUDI IC QUARTMY	OWAD TMADI P	
A SAFE PLACE 5B WINDY WAY	NONE	PUBLIC CHARITY	CONTRIBUTION	
NANTUCKET, MA 02554			CONTRIBUTION	5,00
AMERICAN REPERTORY THEATER AT THE	NONE	PUBLIC CHARITY	CHARITABLE	
LOEB DRAMA CENTER			CONTRIBUTION	
MT AUBURN HOSPITAL 330 MOUNT AUBURN ST				
CAMBRIDGE, MA 02138		<del> </del>		25,00
B'NAI B'RITH HOUSING NE	NONE	PUBLIC CHARITY	CHAD TTART.F	
34 WASHINGTON ST	NONE	CHARTIT	CONTRIBUTION	
BRIGHTON, MA 02135				5,00
BELMONT HILL SCHOOL	NONE	PUBLIC CHARITY	CHARITABLE	
350 PROSPECT ST			CONTRIBUTION	
BELMONT, MA 02478				5,00
BEST BUDDIES INTERNATIONAL INC	NONE	PUBLIC CHARITY	CHARITABLE	
100 SE 2ND ST, STE 2200		1	CONTRIBUTION	
MIAMI, FL 33131	<u> </u>			1,00
	NTINUATION SHEE	ET(S)	<u>▶</u> 3a	2,861,86
<b>b</b> Approved for future payment				
NOVE.				
NONE				
		,		
			[	
Total			<b>▶</b> 3b	

04-3226725

Supplementary Information Part XV Grant's and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient BOSTON CHILDREN'S HOSPITAL NONE PUBLIC CHARITY CHARITABLE 401 PARK DR, STE 602 CONTRIBUTION BOSTON, MA 02215 10,000. BOSTON MEDICAL CENTER NONE PUBLIC CHARITY CHARITABLE 801 MASSACHUSETTS AVE CONTRIBUTION BOSTON, MA 02218 60,000. BOSTON PARTNERS IN EDUCATION NONE PUBLIC CHARITY CHARITABLE 44 FARNSWORTH ST CONTRIBUTION BOSTON, MA 02210 500. BOSTON UNIVERSITY NONE PUBLIC CHARITY CHARITABLE 595 COMMONWEALTH AVE, STE 700 CONTRIBUTION BOSTON, MA 02215 10,000. NONE PUBLIC CHARITY CHARITABLE BOSTON YOUTH SANCTUARY CONTRIBUTION 2216 DORCHESTER AVE DORCHESTER CENTER, MA 02124 996,273. BOYS AND GIRLS CLUB OF BOSTON PUBLIC CHARITY CHARITABLE NONE 200 HIGH ST, STE 3B CONTRIBUTION BOSTON, MA 02110 10,000. BRANDEIS UNIVERSITY NONE PUBLIC CHARITY CHARITABLE MS 126 , PO BOX 549110 CONTRIBUTION WALTHAM, MA 02453 53,334. BRIDGE OVER TROUBLED WATERS NONE PUBLIC CHARITY CHARITABLE 47 WEST STREET CONTRIBUTION BOSTON, MA 02111 20,000. PUBLIC CHARITY CHARITABLE BRIGHAM & WOMEN'S HOSPITAL NONE BRIGHAM CIRCLE SOCIETY 116 HUNTINGON CONTRIBUTION AVE FL 5 BOSTON, MA 02116 25,000. CATHOLIC SCHOOLS FOUNDATION NONE PUBLIC CHARITY CHARITABLE INNER CITY SCHOLARSHIP FUND 67 CONTRIBUTION BATTERYMARCH ST FL 6 BOSTON, MA 02110 1,500. 2,820,863. **Total from continuation sheets** 

04-3226725

**Supplementary Information** Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY CHARITABLE CHEERFUL GIVER FOUNDATION INC NONE CONTRIBUTION 665 E 2ND ST UNIT 201 BOSTON, MA 02127 10,000. PUBLIC CHARITY CHARITABLE CHILDRENS TRUST INC NONE CONTRIBUTION 55 COURT ST FL 4 10,000. BOSTON, MA 02108 COMBINED JEWISH PHILANTHROPIE NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 126 HIGH STREET 542,133. BOSTON, MA 02110 COMMUNITY ACTION PARTNERS OF HBSAB NONE PUBLIC CHARITY CHARITABLE HARVARD BUSINESS SCHOOL 25 HARVARD CONTRIBUTION 5,000. WAY STE 140 BOSTON, MA 02163 NONE PUBLIC CHARITY CHARITABLE COMMUNITY FOUNDATION FOR NANTUCKET CONTRIBUTION 117 ORANGE ST 2,000. NANTUCKET, MA 02554 CONCUSSION LEGACY FOUNDATION NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 361 NEWBURY ST 1,000. BOSTON, MA 02115 NONE PUBLIC CHARITY CHARITABLE CROSSROADS CONTRIBUTION 199 MYRTLE ST 50,000. DUXBURY, MA 02332 PUBLIC CHARITY CHARITABLE DANA-FARBER CANCER INSTITUTE NONE CONTRIBUTION 200 SUNRISE AVE, STE 204 50,000. PALM BEACH, FL 33480 PUBLIC CHARITY CHARITABLE FACING HISTORY & OURSELVES NONE 16 HURD ST CONTRIBUTION 13,000. BROOKLINE, MA 02445 NONE PUBLIC CHARITY CHARITABLE FAIRWINDS CONTRIBUTION 20 VESPER LN, L-1 GOUIN VILLAGE 5,000. NANTUCKET, MA 02554 Total from continuation sheets

3 Grants and Contributions Paid During th	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FRESHMAN FRESH START	NONE	PUBLIC CHARITY	CHARITABLE	
PO BOX 81126			CONTRIBUTION	
WELLESLEYHILLS, MA 02481				5,50
GRUBSTREET	NONE	PUBLIC CHARITY	CHARITABLE	
162 BOYLSTON ST, 5TH FLR BOSTON, MA 02116			CONTRIBUTION	57,10
2001000, 121 02110				37,1
HUNTINGTON THEATRE COMPANY	NONE	PUBLIC CHARITY	CHARITABLE	
264 HUNTINGTON AVE		1	CONTRIBUTION	
BOSTON, MA 02115				1,08
ICE HOCKEY INC	NONE	PUBLIC CHARITY	CHARITABLE	
127 W 127TH ST, STE 415			CONTRIBUTION	
NEW YORK, NY 10027		_		25
IRISE ABOVE FOUNDATION	NONE	PUBLIC CHARITY	CHARITABLE	
5403 37TH AVE			CONTRIBUTION	
HYATTSVILLE, MD 20781				2,50
JUVENILE DIABETES RESEARCH	NONE	PUBLIC CHARITY	CHARITABLE	
PO BOX 37920			CONTRIBUTION	
BOONE, IA 50037				5,00
LAHEY CLINIC	NONE	PUBLIC CHARITY	CHARITABLE	
41 MALL RD			CONTRIBUTION	
BURLINGTON, MA 01805		ļ		110,00
LESLEY UNIVERSITY - USI ALUMNI	NONE	PUBLIC CHARITY	CHARITABLE	
ACADEMIC SUPPORT FUND			CONTRIBUTION	
29 EVERETT ST  CAMBRIDGE, MA 02138				4,00
LOVIN' SPOONFULS	NONE	PUBLIC CHARITY	CHARITABLE	
1304 COMMONWEALTH AVE, STE E			CONTRIBUTION	1 00
BOSTON, MA 02134				1,00
MASSACHUSETTS GENERAL HOSPITAL	NONE	PUBLIC CHARITY	CHARITABLE	
PO BOX 55242			CONTRIBUTION	
BOSTON, MA 02205  Total from continuation sheets		<u> </u>	<u></u>	11,00

04-3226725

**Supplementary Information** Part XV Grant's and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY CHARITABLE MIT CENTER FOR REAL ESTATE NONE 77 MASSACHUSETTS AVE, BLDG 9-335 CONTRIBUTION CAMBRIDGE, MA 02138 10,000. MT AUBURN HOSPITAL NONE PUBLIC CHARITY CHARITABLE 330 MT AUBURN ST CONTRIBUTION CAMBRIDGE, MA 02138 1,000. MUSEUM OF FINE ARTS NONE PUBLIC CHARITY CHARITABLE 465 HUNTINGTON AVE CONTRIBUTION BOSTON, MA 02115 12,000. NANTUCKET BOYS AND GIRLS CLUB PUBLIC CHARITY CHARITABLE NONE 61 PARKS AVE CONTRIBUTION NANTUCKET, MA 02554 50,000. NANTUCKET FILM FOUNDATION INC. NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 228 PARK AVE S 83799 NEW YORK, NY 10003 27,100. NANTUCKET FOOD PANTRY PUBLIC CHARITY CHARITABLE NONE 10 WASHINGTON ST CONTRIBUTION NANTUCKET, MA 02554 1,000. NANTUCKET HISTORICAL ASSOCIATION NONE PUBLIC CHARITY CHARITABLE PO BOX 1106 CONTRIBUTION NANTUCKET, MA 02554 5,000. NAPLES FIRE VOLUNTEER ASSOC NONE PUBLIC CHARITY CHARITABLE PO BOX 1757 CONTRIBUTION NAPLES, ME 04055 250. NATIONAL BRAIN TUMOR SOCIETY NONE PUBLIC CHARITY CHARITABLE 55 CHAPEL STREET, STE 200 CONTRIBUTION NEWTON, MA 02458 1,000. NEW ENGLAND BAPTIST HOSPITAL NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 125 PARKER HILL AVE BOSTON, MA 02120 30,000. Total from continuation sheets

04-3226725

**Supplementary Information** Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor NONE PUBLIC CHARITY CHARITABLE PERKINS SCHOOL FOR THE BLIND CONTRIBUTION 175 N BEACON ST WATERTOWN, MA 02472 25,000. PINE STREET INN NONE PUBLIC CHARITY CHARITABLE WAY HOME FUND 444 HARRISON AVE CONTRIBUTION BOSTON, MA 02118 20,000. SEED GLOBAL HEALTH NONE PUBLIC CHARITY CHARITABLE 20 ASHBURTON PLC. 6TH FLR CONTRIBUTION BOSTON, MA 02108 5,000. STEPPINGSTONE FOUNDATION PUBLIC CHARITY CHARITABLE NONE 1 APPLETON ST, FLR 4 CONTRIBUTION BOSTON, MA 02118 33,667. TEMPLE BETH AVODAH NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 45 PUDDINGSTONE LN NEWTON CENTRE, MA 02459 132,069. THE BOSTON FOUNDATION CIVIC NONE PUBLIC CHARITY CHARITABLE LEADERSHIP FUND CONTRIBUTION 75 ARLINGTON ST BOSTON, MA 02116 20,000. THE BRIDGE CENTER NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 470 PINE ST BRIDEWATER, MA 02324 50,000. THE COREY GRIFFIN FOUNDATION PUBLIC CHARITY CHARITABLE NONE 205 NEWBURY ST CONTRIBUTION FRAMINGHAM, MA 01701 10,000. THE JOEY FUND PUBLIC CHARITY CHARITABLE NONE CYSTIC FIBROSIS FOUNDATION 220 NORTH CONTRIBUTION 50,000. MAIN ST, STE 104 NATICK, MA 01760 THE SECOND STEP INC NONE PUBLIC CHARITY CHARITABLE PO BOX 600213 CONTRIBUTION NEWTONVILLE, MA 02460 10,000. Total from continuation sheets

04-3226725

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE PUBLIC CHARITY CHARITABLE THEATRE WORKSHOP OF NANTUCKET INC PO BOX 1297 CONTRIBUTION NANTUCKET, MA 02554 25,000. TRINITY BOSTON FOUNDATION NONE PUBLIC CHARITY CHARITABLE 206 CLARENDON ST CONTRIBUTION BOSTON, MA 02116 10,000. UNION COLLEGE NONE PUBLIC CHARITY CHARITABLE 807 UNION ST CONTRIBUTION SCHENECTADY, NY 12308 142,857. PUBLIC CHARITY UNION PARK NEIGHBORHOOD ASSOCIATION NONE CHARITABLE PO BOX 180350 CONTRIBUTION 250. BOSTON, MA 02118 UNITED WAY NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION ALEXIS DE TOCQUEVILLE SOCIETY C/O 51 SLEEPER ST BOSTON, MA 02110 77,500. Total from continuation sheets

Form 990-PF (2019) JILL E. KARP,  Part XVI-A Analysis of Income-Production		<u> </u>			226725 Page 12
Enter gross amounts unless otherwise indicated.	_	ousiness income	Excluded by	y section 512, 513, or 514	(0)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code		-
8	-		$\dashv$		
	-		<del>-                                    </del>		
<u> </u>	- <del>                                    </del>		-+	<del></del>	
^		<del>-</del>	+ + -		
1	-		$\dashv$	<del></del>	<del></del>
g Fees and contracts from government agencies	-		1-1-	<del></del>	· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments			<del></del>		<del></del>
3 Interest on savings and temporary cash		•	+ + -		
investments			14	242.	
4 Dividends and interest from securities			14	6,461.	
5 Net rental income or (loss) from real estate:	<del></del>				
a Debt-financed property				<del></del>	
b Not debt-financed property					·
6 Net rental income or (loss) from personal		<del></del>			
property			İ		
7 Other investment income			14	18,808.	
8 Gain or (loss) from sales of assets other					<u></u>
than inventory			18	830,537.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1 1			1	
a					<del></del>
b	_				
C	_				
d	_				
e	_		$\rightarrow$	056 040	
12 Subtotal. Add columns (b), (d), and (e)			).	856,048.	0.00
13 Total. Add line 12, columns (b), (d), and (e)				13	856,048
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	plishment of	Exempt Pu	ırposes	
Line No. Explain below how each activity for which inc	come is reported in a	olumn (e) of Part XV	I-A contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other tha	in by providing funds	for such purposes).			
3 INVESTMENT INCOME	_				
4 INVESTMENT INCOME					
7 INVESTMENT INCOME					
8 INVESTMENT INCOME					
			<u> </u>		
		<del>.</del>		<del></del>	

Form **990-PF** (2019)

KARP FAMILY FOUNDATION, STEPHEN R. AND Form 990-PF (2019) JILL E. KARP, TRUSTEES 04-3226725 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) Yes No (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: X 1a(1) (1) Cash  $\overline{\mathbf{x}}$ (2) Other assets 1a(2) **b** Other transactions: X (1) Sales of assets to a noncharitable exempt organization 1b(1)  $\overline{\mathbf{x}}$ (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 16(3) X (4) Reimbursement arrangements 1b(4) X 1b(5) (5) Loans or loan guarantees X (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a)Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of 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 Yes in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign

> (617) 447-2700 Form **990-PF** (2019)

X Yes

P00852403

Firm's EIN ► 04-3236498

Here

Paid

Preparer

**Use Only** 

1/19/2021

Preparer's signature

Firm's address ONE INTERNATIONAL PLACE, SUITE 1010

ANGELA PARZIALE

Stylien R. Earp

Signature of officer or trustee

Print/Type preparer's name

ANGELA PARZIALE

Firm's name ► WALTER & SHUFFAIN, P.C.

BOSTON, MA 02110

TRUSTEE

Check self- employed

Phone no.

Title

01/18/21

Date

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

KARP FAMILY FOUNDATION, STEPHEN R. AND JILL E. KARP, TRUSTEES

Employer identification number

04-3226725

Organization type (check one)·														
Filers of	<b>:</b>	Sectio	on:											
Form 99	0 or 990-EZ	□ 5	501(c)(	) (enter numbe	er) organızat	ion								
			4947(a)(1)	nonexempt cha	arıtable trust	not treate	d as a pr	rivate fou	ındatıon					
		s	527 politica	al organization										
Form 99	0-PF	<b>X</b> 5	501(c)(3) e:	xempt private fo	oundation									
			4947(a)(1)	nonexempt cha	arıtable trust	treated as	a private	e founda	ition					
		☐ <b>5</b>	501(c)(3) ta	xable private fo	oundation									
	your organization is nly a section 501(c)(						Genera	l Rule ar	nd a Spec	cial Rule	See ins	structions	s.	
X	For an organization property) from any	_												or
Special	Rules													
	For an organization sections 509(a)(1) a any one contributo or (ii) Form 990-EZ,	and 170 or, during	)(b)(1)(A)(vi) g the year,	, that checked total contributi	Schedule A	(Form 990	or 990-E	EZ), Part	II, line 13	s, 16a, or	16b, an	nd that re	eceived fi	rom
	For an organization year, total contribution of cruel	itions of	more than	\$1,000 exclusi	ively for religi	ious, chari								the
	For an organization year, contributions is checked, enter h purpose Don't cor religious, charitable	exclusion nere the nplete a	<i>vely</i> for reli total contr any of the p	gious, charitabli ibutions that wo parts unless the	le, etc , purp ere received e <b>General Ru</b>	oses, but during the i <b>le</b> applies	no such year for to this o	contribu r an <i>excl</i> u	tions tota <i>isively</i> re	iled more	e than \$ haritable ceived <i>ne</i>	1,000 If e, etc.,	this box	the
but it mi	i: An organization th ust answer "No" on nat it doesn't meet ti	Part IV,	line 2, of it	s Form 990; or	check the b	ox on line	H of its F	Form 990						

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) (2019)

uSign Enve	lope ID BF7C4CB7-F188-4C01-B1B2-ADBCF24B8450		
Name of o	B (Form 990, 990-EZ, or 990-PF) (2019)  Inganization  FAMILY FOUNDATION, STEPHEN R. AND  E. KARP, TRUSTEES		Page Employer identification number  04-3226725
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	STEPHEN R. KARP  75 PARK PLAZA, THIRD FLR  BOSTON, MA 02116	\$ <u>1,247,3</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
		\$	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 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) s 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.)

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization KARP FAMILY FOUNDATION, STEPHEN R. AND JILL E. KARP TRUSTEES

Employer identification number

04-3226725

E. KARP, TRUSTEES	04	-3226725
Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
SEE ATTACHED STATEMENT	_	
	<u> </u>	02/29/20
(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
		<del></del>
(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  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed  (b)  (c)  FMV (or estimate) (See instructions.)  SEE ATTACHED STATEMENT  (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.)  (h)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (c)  FMV (or estimate) (See instructions.)  (d)  FMV (or estimate) (See instructions.)  (e)  FMV (or estimate) (See instructions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	organization		·	Employer identification number
	FAMILY FOUNDATION, STEP	HEN R. AND		
	E. KARP, TRUSTEES		_	04-3226725
Part III	Exclusively religious, charitable, etc., contribution any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gi	n	
s	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
1				
		<del></del>		<del></del>
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I	(2)			
			<u> </u>	
		(e) Transfer of gi	π	
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee
				····
			<del></del>	
(a) No. from	(h) Diversion of wife	(2) 1) 22 24 214	(d) Dage	windian of how wife in hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
				<del></del>
		(e) Transfer of git	ft	
	Transferee's name, address, a	nd 7ID ± 4	Relationship of trac	nsferor to transferee
	Transleree 3 hame, address, a		Tielationomp or dail	iolor or to transfer co
(a) No. from	<del></del>		<del>-     -   -   -   -   -   -   -   -   -</del>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of git	it	
		. = .	<b>.</b>	
}	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee
				<u> </u>

KARP FAMILY FOUNDATION, STEPHEN R. AND J

FORM 990-PF INTERE	ST ON SAVIN	IGS AND	TEMPOR	ARY (	CASH	INVEST	MENTS	STATEMENT	1
SOURCE . GOLDMAN SACHS			(A) REVENUE ER BOOK	NUE NET INVESTMENT		MENT	(C) T ADJUSTED NET INCOME		
			242.		242.				
TOTAL TO PART I, LI	NE 3		2	42.			242.		
FORM 990-PF	DIVIDENDS	AND II	NTEREST	FROM	4 SEC	URITIE	S	STATEMENT	2
SOURCE	GROSS AMOUNT	GA:	ITAL INS DENDS	REV	(A) /ENUE BOOK		(B) INVEST T INCOM		
FIDELITY GS PRIVATE EQUITY	6,201.		0.			6,201.		•	
PARTNERS	260.	·		260		260.		<u> </u>	
TO PART I, LINE 4	6,461.	=====	0.	<del></del>	6,46	<del>-</del>	6,461	· -	
FORM 990-PF		ОТН	ER INCO	ME				STATEMENT	3
DESCRIPTION				(A) VENUI BOOI		NET I	B) NVEST- INCOME	(C) ADJUSTE NET INCO	
INVESTMENT INCOME				18	808.		18,808.		
TOTAL TO FORM 990-P	F, PART I,	LINE 1	1	18	808.	:	18,808.		
FORM 990-PF		ОТН	ER EXPE	NSES			<u> </u>	STATEMENT	4
DESCRIPTION		(A) EXPENSI PER BOO			) /EST- ICOME	AD	(C) JUSTED INCOME	(D) CHARITA PURPOS	
OFFICE EXPENSE	-	13,2			0	•			0.
TO FORM 990-PF, PG	1, LN 23	13,2				0.			0.

# KARP FAMILY FOUNDATION, STEPHEN R. AND J

FORM 990-PF OTHE	R INVESTMENTS		STATEMENT	5	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	r	
INVESTMENT IN GS PEP 2005 OFFSH INVESTMENT IN ATHENA SELECT FUND	COST	124,367. 206,992.	124,30 206,9		
TOTAL TO FORM 990-PF, PART II, LINE	13	331,359.	331,3	59.	
	ANTIAL CONTRIE	BUTORS	STATEMENT	6	
NAME OF CONTRIBUTOR	ADDRESS				
STEPHEN R. KARP	3 POSSUM ROAD WESTON, MA 02493				