# **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs gov/Form990PF for instructions and the latest information.

Open to Public Inspection

F	or ca	alendar year 2017 or tax year beginning	02	2/09 , <b>2017, and enc</b>	ling	12/31, 2017
_		of foundation			A Employer identi	fication number
	KOV	IN INC. DBA THE KOVIN FOUNDAT	'ION		81-521440	)7
-		er and street (or P O box number if mail is not delivered		Room/su	te B Telephone num	ber (see instructions)
_		BEACON STREET, SUITE 920			(617) 5	73-9061
	City o	r town, state or province, country, and ZIP or foreign pos	stal code			_
	BOS	TON, MA 02108	-	,	C If exemption applic pending, check her	
7		eck all that apply X Initial return	Initial return	of a former public cha	ITITY D 1 Foreign organiza	ations shock hara
		Final return	Amended re	•	2 Foreign organiz	
		X Address change	Name chang		85% test, check	here and attach
Ī	Che		c)(3) exempt private		computation .	
•	$\overline{}$	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr	# W	7	on status was terminated
ī	I Fair market value of all assets at J Accounting method			ash X Accrual	L I	b)(1)(A), check here .
•	_		ther (specify)			s in a 60-month termination b)(1)(B), check here
		16 007 164	column (d) must be on ca	ash basis )		-,, ,, -,, -,, -, -, -, -, -, -, -, -, -
1		Analysis of Revenue and Expenses (The	<u> </u>			(d) Disbursements
•	,	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .	16,057,805.			WASSELFE SANSONA
1	2	Check If the foundation is not required to attach Sch B.	C8894290 25 9 5 3 3	409202000000000000000000000000000000000	2872376288 XXX	AZARAZZAZKAZA
	3	Interest on savings and temporary cash investments.	7,947.	7,947.		ATCH-12 XXXXXX
	4	Dividends and interest from securities				28.755.658 <b>3</b> N
•	5a	Gross rents	-			THE STATE OF THE S
	1	Net rental income or (loss)	PERSONALIST	SAME SAME SAND	1.000 (1.	「大学」の大学には、「大学」
<u>a</u>	1	Net gain or (loss) from sale of assets not on line 10			46-1836083664	KCZZW ZŁOW
Revenue	b	Gross sales price for all assets on line 6a		NICE AND		KIKING SATURE.
Ž	7	Capital gain net income (from Part IV, line 2) .	1284 128 128 128 128 128 128 128 128 128 128	0.	MENSELVATURE.	
α	8	Net short-term capital gain	から、なの公寓の対応、民民			
	9	Income modifications				<b>经产品的证据</b>
G TO	10 a	Gross sales less returns and allowances				RESERVED AND SERVED BOOKS OF THE PROPERTY OF T
2019	b	Less Cost of goods sold .		\$18. 30°\$138.43°43°43°43°43°43°43°43°43°43°43°43°43°4		
_	С	Gross profit or (loss) (attach schedule)				
2	11	Other income (attach schedule)	16.065.750	7.047		
	12	Total. Add lines 1 through 11	16,065,752.	7,947.	0	- 27655658
141, 141,	13	Compensation of officers, directors, trustees, etc	0.			
الم الم	11.7	Other employee salaries and wages				
	15	Pension plans, employee benefits	17,500.	<del>,</del>		17,500.
SCANINE!	16 a	Legal fees (attach schedule) ATCH 2	17,300.			17,300.
وکچ	b	Accounting fees (attach schedule )	18,100.			18,100.
ȇ	, °	Other professional fees (attach schedule)	10,100.			13,100.
က နှ	17	Interest . NOV 2 0 2018 · G				<del>                                     </del>
<u>:</u>	18	Taxes (attach schedule) (see instructions).				BESTATES
Ξ	19	Depreciation (attach schedule) and depletion. OccupancyOGDEN, UT.				
Ā	17 18 19 20 21 22 23 24	Travel, conferences, and meetings	2,204.			2,204.
ב	22	Printing and publications				
7	22	Other expenses (attach schedule) ATCH .4.	784.			784.
Ē	24	Total operating and administrative expenses.				
2	-7	Add lines 13 through 23	38,588.			38,588.
څ	25	Contributions, gifts, grants paid				ÿ
	26	Total expenses and disbursements Add lines 24 and 25	38,588.	0.	0	. 38,588.
-	27	Subtract line 26 from line 12		300 <b>300</b> 300 300 300 300 300 300 300 300 300	K(1/26/2007); (2000)	
	1	Excess of revenue over expenses and disbursements	16,027,164.			
		Net investment income (if negative, enter -0-)	THE STATE OF THE S	7,947.	\$50 T. T. N. 1886	WASSERVEN SERVE
		Adjusted net income (if negative, enter -0-)			0	

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000 5085NL 700J

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	art II	Ralance Shoots	description column should be for end-of-year	Beginning of year	End	of year
_	ert II	Datative Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing		19,223	. 19,223.
	2		cash investments			
	3	Accounts receivable				
	]	-	btful accounts ▶			
	4	Pledges receivable ▶	-			1
	*	· —	btful accounts ▶		<del></del>	
	_					-
	5				·	· <del></del>
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			1
			eceivable (attach schedule)		<del></del>	
		Less allowance for doul	btful accounts ▶			
Assets	8	Inventories for sale or us	e			
SS	9	Prepaid expenses and de	eferred charges			
⋖	10a	Investments - U S and state	e govemment obligations (attach schedule)。.			
	b	Investments - corporate	stock (attach schedule)			
			bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis	s, ▶ <u> </u>			
		Less accumulated deprecia (attach schedule)	ation >		<u>-</u>	<u> </u>
	12		loans			
			ach schedule)		16,007,941	16,007,941.
	14	Land, buildings, and equipment basis	<b>&gt;</b>			
		Léss accumulated deprecia	tion 🛌			
	15	(attach schedule) Other assets (describe ▶	,			
	16		completed by all filers - see the			
,	-	·	age 1, item I)	0.	16,027,164	. 16,027,164.
-					,,	1
	17	, ,	ccrued expenses			- di
ß						-
Liabilities	19		·····			┥
Ě	20		rs, trustees, and other disqualified persons			-{
ja	21		tes payable (attach schedule)			-{
-	22	Other liabilities (describe	:▶) }			-
					^	
4			s 17 through 22)	0.	0	- 1
			v SFAS 117, check here ▶ X			
ë			through 26, and lines 30 and 31.			
ă	24	Unrestricted			2,027,164	- I
쿒	24 25	Temporarily restricted .			14,000,000	<u>.</u>
뜅	26					
5			ot follow SFAS 117, check here ▶ 🔲			
뛴		and complete lines 27 t	through 31.			
္က	27	Capital stock, trust princ	cipal, or current funds			_
뜅	28	Paid-in or capital surplus, or	land, bldg, and equipment fund			
S	29	Retained earnings, accumu	ilated income, endowment, or other funds			_
اکِ	30	Total net assets or fund	balances (see instructions)	0.	16,027,164	
읟	31		net assets/fund balances (see			
		instructions)		0.	16,027,164	
Р	art II		nges in Net Assets or Fund Bala	nces		
			alances at beginning of year - Part I		nust agree with	
			d on prior year's return)			0.
2			line 27a			16,027,164.
					-	16,027,164.
5		reases not included in			5	1, =1,=3.
			alances at end of year (line 4 minus	line 5) - Part II, column /h		16,027,164.
o	1018	i net assets of fully b	aiances at enu or year time 4 minus	mie o) - rait II, coluinn (t	<i>)</i> , 0	

Pa		s and Losses for Tax on Invescribe the kind(s) of property sold (for		(b) How	(a) Data assured	(d) Date sold
		orick warehouse, or common stock, 200	•	àcquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(mo , day, yr )
1 a						
b	·					
<u>C</u>						
d						
<u>e</u>		(A Depression allowed	(g) Cost or other basis	-	(h) Gain or (lo	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		((e) plus (f) min	
a			-			-
<u>b</u>						
c d						
<u>u</u>	<del></del>					
		showing gain in column (h) and owner	d by the foundation on 12/31/69	//\	Gains (Col (h) ga	ain minus
	(v) EMV/ en et 12/21/60	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	han -0-) <b>or</b>
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l (h))
a						
b			1			
<u>c</u>						
<u>d</u> e						· · · · · · · · · · · · · · · · · · ·
		c If c	gain, also enter in Part I, line 7			
2	Capital gain net income	or (not capital loce)	loss), enter -0- in Part I, line 7	2		
3	Net short-term capital g	jain or (loss) as defined in section	,			
	If gain, also enter in F	Part I, line 8, column (c) See in	istructions If (loss), enter -0- in $ig\}$			
				3		
Pa	t V Qualification l	Under Section 4940(e) for Re	educed Tax on Net Investment I	ncome		
	ction 4940(d)(2) applies,	Tours and part started	T AVAILABLE FOR INITIAL			] Yes □ No
		the section 4942 tax on the distri- n't qualify under section 4940(e)	butable amount of any year in the b  Do not complete this part	ase penoc		] res [] No
1			ear, see the instructions before make	ing any en	tries	
	(a) Base penod years	(b)	(c)		(d) Distribution ra	tio
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
	2016					
	2015			-		
	2014			1		
	2013 2012					
	2012		<u> </u>			
2	Total of line 1 column (	d)		2		
3			de the total on line 2 by 5 0, or by	-		
3	•	of less than 5 years	3			
	the number of yours the	Touridation has been in existence	in lead than o years			
4	Enter the net value of ne	oncharitable-use assets for 2017	from Part X, line 5	4	<del></del>	
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)	)	6		
7	Add lines 5 and 6			7		
				8		
8	If line 8 is equal to or g	greater than line 7, check the bo	x in Part VI, line 1b, and complete		using a 1% ta	x rate See th

_	TEXT Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	mstrt	icuon	<u>s)                                    </u>		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1	ر المراجع الم	y- r ·	``.``,\		
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			159.		
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)	<u>~~</u>	<u></u>	فسنت		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		-	159.		
3	Add lines 1 and 2			0.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		- 1	159.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	z -		1		
6	Credits/Payments			- 1		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	* , *	, `	,		
b	Zacinpt foreign organizations tax withhold at source		٠.,	1		
C	Take para management of sales of the Commission	مر	. ·	1		
d 7	Backup withholding erroneously withheld		<del></del>	0.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed ATCH 5 9	<del>1</del> .	<b>V</b> 1	164.		
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del>+ · · · · · · · · · · · · · · · · · · ·</del>				
1	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11					
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		Х		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	instructions for the definition	1b		Х		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		. •	1		
	published or distributed by the foundation in connection with the activities					
c	Did the foundation file Form 1120-POL for this year?	1c		X		
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			'		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		•			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		•	-		
	on foundation managers   \$		<del></del>	<u></u> -		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		, I		
	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			J		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		X		
_	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ا ا		,		
c		1				
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 the state law remain in the governing instrument?	6	Χ			
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 instructions.	1		· · · [		
ou	Elles the states to which the foundation reports of with which it is registered occurs to occurs to					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	<u> </u>				
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"					
	complete Part XIV	9		Х		
	Complete rait xiv					
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					

Pa	t VII-A Statements Regarding Activities (continued)						
			Yes	No			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1					
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X			
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified						
	person had advisory privileges? If "Yes," attach statement See instructions	12		X			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>			
	Website address ► N/A						
14	The books are in care of ▶ PAMELA KOHLBERG Telephone no ▶ 617-573	<del>-</del> 906	1				
	Located at ▶6 BEACON STREET, SUITE 920 BOSTON, MA ZIP+4 ▶ 02108						
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	. []			
	and enter the amount of tax-exempt interest received or accrued during the year▶ 15						
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No			
	over a bank, securities, or other financial account in a foreign country?	16		Х			
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of						
	the foreign country ▶						
Pai	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No			
1a	During the year, did the foundation (either directly or indirectly)						
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No						
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a						
	disqualified person?						
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No						
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			l i			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for						
	the benefit or use of a disqualified person)?						
	(6) Agree to pay money or property to a government official? (Exception. Check "No" 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)	ŀ					
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations						
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b					
	Organizations relying on a current notice regarding disaster assistance, check here						
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that						
	were not corrected before the first day of the tax year beginning in 2017?	1c		Х			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private						
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))						
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and						
	6e, Part XIII) for tax year(s) beginning before 2017?						
	If "Yes," list the years						
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)						
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to						
	all years listed, answer "No" and attach statement - see instructions )	2b					
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here						
_	1						
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise						
	at any time during the year?			į			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or						
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the						
	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 Schedule C, Form 4720, to determine if the	-					
	foundation had excess business holdings in 2017 )	3b		Х			
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		^			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its						
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X			

Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (continued)				
5a	During the year, did the foundation pay or incur any amo	ount to			Solve	Yes	No	
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes X	10   熟愛	1,000	\$/%[]	
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	n,	(30)		× ,	
	directly or indirectly, any voter registration drive?			. Yes X	lo 【登。		*X	
	(3) Provide a grant to an individual for travel, study, or o				lo 👸 🕺	\$ 3		
	(4) Provide a grant to an organization other than a				1 200	\$50.0		
	section 4945(d)(4)(A)? See instructions			[ [ ]	lo R	\$ 38		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational							
	purposes, or for the prevention of cruelty to children		• .		10 (%) 3		10 A	
b	If any answer is "Yes" to 5a(1)-(5), did any of the				ın 🏥	7. 3	3.3	
	Regulations section 53 4945 or in a current notice regard		•		. 5b			
	Organizations relying on a current notice regarding disas	ster assistance, check	here		<u>- 1775</u>	_, <b>3</b> ∠	ŢX	
С	If the answer is "Yes" to question 5a(4), does the					λ, · .	3	
•	because it maintained expenditure responsibility for the		•		lo 🐼	36. 5 37. 3.	\$ 2	
	If "Yes," attach the statement required by Regulations se			• • • • • • • • • • • • • • • • • • • •	1.7	W 88	13. As	
6a	Did the foundation, during the year, receive any fun	• •	ectly to pay premiur	ns	3.5%	423		
•	on a personal benefit contract?	•				٠ ،	ોં <sub>દ</sub> ુ	
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly on a	oersonal benefit contra	. — —	6b		Х	
-	If "Yes" to 6b, file Form 8870	ony or mandony, or c	personal barrent serial		· ——	(5° 35°	1	
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited ta	x shelter transaction?	. Yes X N	lo se s	30	``;*	
	If "Yes," did the foundation receive any proceeds or have	•	=				X	
	Information About Officers, Director							
4	and Contractors  List all officers, directors, trustees, foundation in	anagara and their	r componentian Sec	instructions				
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	- 2000	ınt	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	l `áthár all			
			•					
ATC	1 7		0.	0.			0.	
		-						
		İ						
	· · <del>-</del> ·							
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see instruct	tions). If n	one, e	enter	
	"NONE."			(d) Cantaibutiana ta	1			
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expens			
(,		devoted to position	(o) companion	plans and deferred compensation	other all	owance	S	
	1							
	NONE							
			•					
	<del>-</del>				1.			
Total	number of other employees paid over \$50,000.			<u> </u>				
· Otal	nambor of other employees paid over 400,000.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	QQ(	)_DE	2017)	

Form 990-PF (2017) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services. **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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3.

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1,460,723.
С	Fair market value of all other assets (see instructions)	1c	
d	i Total (add lines 1a, b, and c)	1d	1,460,723.
е	Reduction claimed for blockage or other factors reported on lines 1a and	i l	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d	3	1,460,723.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions).		21,911.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,438,812.
6	Minimum Investment return. Enter 5% of line 5		64,254.
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part )	undations	
1	Minimum investment return from Part X, line 6	. 1	64,254.
2 a	10-1		
b		7.	
c		2c	159.
3	Distributable amount before adjustments Subtract line 2c from line 1		64,095.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		64,095.
6	Deduction from distributable amount (see instructions),		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	4 1	64,095.
Pa	rt XII Qualifying Distributions (see instructions)	· · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		20 500
a	, , , , , , , , , , , , , , , , , , , ,	<del></del>	38,588.
	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1 1	
3	Amounts set aside for specific charitable projects that satisfy the		
а	anneamy rear (breeze are abbreviated annealy 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Cash distribution test (attach the required schedule)	_	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	-	38,588.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		_
	Enter 1% of Part I, line 27b See instructions		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		38,588.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	alculating w	hether the foundatior

Page 9

Form 990-PF (2017)

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				64,095.
	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only.				
	Total for pnor years 20 15 ,20 14 ,20 13				
	Excess distributions carryover, if any, to 2017				
	From 2012				
	From 2013				
	From 2014				
	From 2015				
-	From 2016 L				
	Total of lines 3a through e				
4	line 4 ▶ \$ 38,588				
	Applied to 2016, but not more than line 2a				
				·	-
L	Applied to undistributed income of prior years (Election required - see instructions)				!
_	Treated as distributions out of corpus (Election				
C	required - see instructions)				
d	Applied to 2017 distributable amount				38,588.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable		:		
۵	amount - see instructions	· · · · · · · · · · · · · · · · · ·			
·	4a from line 2a Taxable amount - see				i
	instructions , , ,				
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2018				25,507.
-	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)				
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.				į
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9	,			
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
е	Excess from 2017		<u> </u>		

complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Page **11** 

XV Supplementary Information	ing the Veer or Arra	round for E	uro Paymont	
Grants and Contributions Paid Dur	If recipient is an individual	Soundation	ure rayment	
Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTINUED	
Paid during the year				
	1			
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	1		1	
			:	
		, [		
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•				
			i	
1				
	1			
			ļ	
			ļ	
Total			▶ 3a	
Approved for future payment				<del> </del>
approved for future payment				
	1			
		1		

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• Form 990-PF (2017)

Part XVI	<ul> <li>Analysis of Income-Prod</li> </ul>	lucing Act	ivities			
Enter gross	amounts unless otherwise indicated	T	ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Progran	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a				<u> </u>		
b						
c						
d						<u> </u>
				_		
f	and contracts from government agencies			<u> </u>		
-	•	·		<del> </del>		
	rship dues and assessments			ļ		
	on savings and temporary cash investments of and interest from securities			14	7,947.	
	tal income or (loss) from real estate	B 1, 18, 1	wi Jak Lika	2 2 2 1 N	William Contraction	18.487.18.7°.1
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property					
7 Other in	nvestment income					
8 Gain or (	loss) from sales of assets other than inventory					
9 Net inco	ome or (loss) from special events					
	profit or (loss) from sales of inventory			ļ		-
11 Other re	evenue a					
b						
c						
d						•
· e	I Add columns (b), (d), and (e)			, z	7,947.	
	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)					
Line No ▼	Explain below how each activit accomplishment of the foundation					
						<del></del>
			···			<del></del> -
			- <del></del>			

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• Part XVII

# KOVIN INC. DBA THE KOVIN FOUNDATION Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did th	e organization direct	tly or indirectly	engage in	any of the follo	wing with	any other orga	nızatıon	described		Yes	No
	ın se	ction 501(c) (other	than section	501(c)(3)	organizations)	or in s	ection 527, re	lating to	o political			
	organi	zations?										
а	Transf	ers from the reportir	ng foundation t	o a nonchar	ıtable exempt o	rganizatio	n of					
		sh	-							1a(1)		Х
		her assets								1a(2)		X
b	` '	transactions										
	(1) Sa	les of assets to a no	ncharitable ex	empt organiz	ration					1b(1)		Х
		rchases of assets fro		-						1b(2)		Х
		ntal of facilities, equ		-	-					1b(3)		X
		imbursement arrang	•							1b(4)	$\overline{}$	X
		ans or loan guarantee								-		Х
		rformance of service										Х
С		g of facilities, equipm										Х
		answer to any of th									faır m	arket
_		of the goods, other										
		in any transaction of										
(a) L	ne no	(b) Amount involved	1		exempt organization		Description of trans					
		N/A	<del>  ``</del>			N/	·					
							<del> , .</del>					
							•					
		·	<del>                                     </del>									
				***	·							
	1	<del>-</del>	<del> </del>									
							· · ·					
		<del></del>	<u> </u>						-			
	- 1					1						
			<del> </del>				-					
2-	ا ماه ما	farradation discatili	.l	ffiles and remain								
∠a		foundation directly bed in section 501(c)	•					_	1	¬ <sub>٧</sub> ,	es X	No.
h		," complete the follo		3011001100	(3)) or in section	11 3277.			L	'`		
	11 103	(a) Name of organization		(t	) Type of organization	n		(c) Descrip	tion of relations	hip		
		(=,	··		-, ,,po er ergennem	**		(-,				
				····			-					
	Unde	r penalmas of perjury I decla	a hat h he exam	nined this return,	, including accompanyi	ng schedules	and statements, and	to the best	of my knowledg	e and b	elief, it	is true,
۸.	correc	ct, and complete Decfaration of	preparer (other than	taxpayer) is based	d on all information of w	hich preparer	has any knowledge					
Sigr	¹   ▶	I where		19   1	11 15 18	7	reasures	_	May the IRS with the pre			retum below?
Here	e   Sign	nature of officer or trustee		Date		Title			See instructions	·	Yes	No
	3										] [	
		Print/Type preparer's na	ame	Preparer	's signature		Date	Съ	eck If F	אודי		-
Paid	l	CURTIS YOUNG			وسعد سي	_	08/29/2			P015	3349	5
Prep	oarer		RANT THORNT	ON LLP				Firm's EIN	26.66			
_	Only		7 THIRD AV		RD FLOOR			7 11113 211	, , , , , ,		-	
		1		NY	<del>-</del>		10017-2013	Phone no	212-59	9-01	100	
							<del>-</del> -	L. Hone no		m <b>99</b> 0		(2017)
										. • •		,

#### 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

2017

Employer identification number Name of the organization KOVIN INC. DBA THE KOVIN FOUNDATION 81-5214407 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X 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 oxdot 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 Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

JSA

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) (2017)

Employer identification number 81-5214407

Part I	Contributors (see instructions) Use duplicate cop	nes of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAMELA KOHLBERG  6 BEACON STREET, SUITE 920  BOSTON, MA 02108	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE KOHLBERG FOUNDATION  111 RADIO CIRCLE  MOUNT KISCO, NY 10549	\$ <u>16,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number 81-5214407

Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			1 .

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization KOVIN INC. DBA THE KOVIN FOUNDATION

Employer identification number 81-5214407

Part III	the following line entry For organizat contributions of \$1,000 or less for th	the year from any lons completing Par le year (Enter this in	one contributor. t III, enter the tota formation once	Complete columns (a) through (e) and alof exclusively religious, charitable, etc.,
(a) No	Use duplicate copies of Part III if addit	ional space is need	ed	<del></del>
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
			-	
		(e) Transi	er of gift	
	Transferee's name, address, at	nd ZIP + 4	Relati	onship 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) Transi	er of gift	
	Transferee's name, address, an	nd ZIP + 4	Relati	onship 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) Transi	er of gift	<u>.</u>
	Transferee's name, address, a	nd ZIP + 4	Relati	onship 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) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of transferor to transferee
124				Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

ATTACHMENT 1

ATTACHMENT 1

INVESTMENTS	
CASH	
ON TEMPORARY CASH	
NO	
INTEREST	
1	
PART I	
990PF,	
FORM 99	

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	6. 7,941.	7,947.
REVENUE AND EXPENSES PER BOOKS	6. 7,941.	7,947.
		TOTAL
DESCRIPTION	INTEREST DIVIDENDS	

V 17-6.5F

KOVIN INC. DBA THE KOVIN FOUNDATION

0196933-UPDATE

2		CHARITABLE PURPOSES 17,500.	17,500.
ATTACHMENT 2		ADJUSTED NET INCOME	
		NET INVESTMENT INCOME	
		REVENUE AND EXPENSES PER BOOKS 17,500.	17,500.
	LEGAL FEES		TOTALS
	FORM 990PF, PART I - LEGAL FEES	DESCRIPTION LEGAL FEES	

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	18,100.	18,100.				
ADJUSTED NET INCOME			•			
NET INVESTMENT INCOME						
REVENUE AND EXPENSES PER BOOKS	18,100.	18,100.				
		TOTALS				
DESCRIPTION	CONSULTING FEES				,	

KOVIN INC. DBA THE KOVIN FOUNDATION

81-5214407

0196933-UPDATE

ATTACHMENT 4		CHARITABLE PURPOSES 784.	784.
ATTAC		ADJUSTED NET INCOME	
		NET INVESTMENT INCOME	
		REVENUE AND EXPENSES PER BOOKS 784.	784.
	FORM 990PF, PART I - OTHER EXPENSES	DESCRIPTION FILING FEE-CORPORATION SERVICE COMPANY	TÒTALS

## 2017 FORM 990-PF KOVIN INC. DBA THE KOVIN FOUNDATION

81-5214407

### ATTACHMENT 5

### FORM 990PF - COMPUTATION OF PENALTIES AND INTEREST

END OF FISCAL/CALENDAR YEAR	11/15/2018 11/15/2018
NUMBER OF DAYS RETURN IS LATE	
LATE FILING PENALTY LATE PAYMENT PENALTY INTEREST	
TOTAL PENALTIES AND INTEREST	5.

V 17-6.5F 0196933-UPDATE 5085NL 700J

2017 FORM 990-PF

81-5214407

ATTACHMENT

LINE 10 - SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

NAME AND ADDRESS

PAMELA KOHLBERG 6 BEACON STREET, SUITE 920 BOSTON, MA 02108

THE KOHLBERG FOUNDATION 111 RADIO CIRCLE MOUNT KISCO, NY 10549

V 17-6.5F

5085NL 700J

0196933-UPDATE

81-5214407

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ERS, DIRECTORS, AND TRUSTEES		ATTACH	ATTACHMENT 7
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PAMELA KOHLBERG 6 BEACON STREET, SUITE 920 BOSTON, MA 02108	PRESIDENT/TREASURER 1.00	·	.0	.0
ANDREW LOM 6 BEACON STREET, SUITE 920 BOSTON, MA 02108	VICE PRESIDENT/SECRETARY	.0	Ö	.0
	GRAND TOTALS	0	0.	0