# **Return of Private Foundation**

OMB No 1545-0052

Forr	1 9	90-PF			ction 4947(a)(1) Trust Tr				2N1/	
Depa	rtmen	t of the Treasury venue Service			social security numbers rs gov/Form990PF for in		•	•	Open to Public Inspection	<del></del>
	_		or tax year beginning	FEB		and e		DEC 31, 2017	Open to Fabilic hispectic	111
		foundation	, tax year beginning		0, 201,	, 4.14		A Employer identification		_
<u>C</u>	ON	<u>I</u> NE FAM	ILY FOUNDA	TION						
	/0	PAUL M	CCOY FAMIL	Y OFFI	CE SVCS			81-5313933		
Nur	nber a	nd street (or PO b	ox number if mail is not de	elivered to street	address)		Room/suite	B Telephone number		
_3	1	ST JAME	S AVE				740	617-933-36	20	<b>—</b>
		own, state or pro	ovince, country, and ZII 02116	P or foreign p	ostal code			C If exemption application is po	ending, check here	١
		all that apply:	X Initial return	n	Initial return of a	former public	charity	D 1. Foreign organizations	, check here	
			Final return		Amended return	·	•			
			X Address ch	ange	Name change			Foreign organizations me check here and attach co	eting the 85% test, mputation	
H (	Check	type of organiza	ation: X Section	n 501(c) <u>(</u> 3) ex	empt private foundation		<i>(</i> ) <i>H</i>	E If private foundation stat	tus was terminated	_
<u>L</u>	_  Se	ction 4947(a)(1)	nonexempt charitable		Other taxable private four			under section 507(b)(1)	(A), check here $ ightharpoonup  ightharpoonup$	┙
			· ·	J Account	~	Acc	rual	F If the foundation is in a 6	. (	_
		Part II, col. (c), lii	ne 16)		her (specify)			under section 507(b)(1)	(B), check here	┙
_	-\$		8,037,811.	(Part I, colum	nn (d) must be on cash b				(d) p - 1	—
Pa	art I	☐ (The total of amo	unts in columns (b), (c), an	d (d) may not	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)	
	1		If the amounts in column (a		24,306,500		•	N/A	(cash basis only)	$\neg$
	2		gifts, grants, etc., recei I the loundation is not required to		24,300,300	<del>'</del>		N/A		급
	3	Interest on saving cash investments	s and temporary	J ANIACH SCH B	264	<u>.</u>	264.		STATEMENT 2	ΞÌ
	4		nterest from securities	:						一
	5a	Gross rents	morest worm socurinos	,		-				i.
		Net rental income	or (loss)					<u> </u>		一
-	١.		rom sale of assets not on I	ine 10	12,664				STATEMENT 1	
Revenue	b	Groce cales price		,244.						
eve	7		come (from Part IV, line 2)			43	5,244.			<u> </u>
œ	8	Net short-term	capital gain							囗
	9	Income modific								1
	10a	Gross sales less r and allowances	eturns							_1
	b	Less Cost of goo	ds sold							_!
	l	Gross profit or	(loss)							
	11				24 210 420	4.3	F F00			
	12	Total. Add line	9		24,319,428	_	5,508. 0.		<del></del>	<u>.</u>
	13	•	officers, directors, trustees	s, etc		<del>-</del>	<u> </u>			<u></u>
	14		e salaries and wages employee benefits			-		-		—
S		Legal fees		<b>MT</b> 3	427	<del>                                     </del>	427.	<del></del>	<del></del>	<del>.</del>
Š	104	Accounting fee		MT 4	150		150.	<del></del>		).
٣	<u> </u>	Other profession		114 1	130	1				_
è	17	REGETT	ER			<del>                                     </del>				_
3027 instrative Expenses	18	Taxes	CU ST	MT 5	10,000	•	0.		(	<del>) .</del>
S	19,	Pęprec <u>i</u> ati <u>o</u> n ar	id depletion							$\Box$
E	20	Occupancy 2	018   8							_
Ą	2	Travel_confere	nces, and or peetings							
and -	(22)	3 man py and	blucations=					_		
gu	23	Other expenses				<u> </u>				_
Operating	24		g and administrative		12				,	,
ě			lines 13 through 23		10,577		577.			<u>. (</u>
J	25		gifts, grants paid		0	•		_	ļ	<u>.</u>
	26	· · · · · · · · · · · · · · · · · · ·	s and disbursements.		10 555		E 77		,	).
_	0.7	Add lines 24 an			10,577	<del>- </del>	577.	<del>                                     </del>	<del></del>	1
		Subtract line 26			24,308,851	-				-
	l .		over expenses and disbut income (if negative, ent		24,300,031		4,931.			
		MET HIACOMINI	L INCOMES WESTERNAME. BUT	u, -u-/	i e		, ~ ~	i e	i e	,

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

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

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

N/A

	n 990-PF (2017) C/O PAUL MCCOY FAMILY	Beginning of year		5313933 Page 2
Pa	Attached schedules and amounts in the description column should be for end of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments		424,931.	424,931.
	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			
ايو	8 Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·		
Assets	9 Prepaid expenses and deferred charges			
<b>~</b>   .	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 6	0.	23,883,920.	27,612,880.
	c Investments - corporate bonds			
-	11 Investments - land, buildings, and equipment, basis			
	Less accumulated depreciation			
.	12 Investments - mortgage loans			
- 1	13 Investments - other			
	14 Land, buildings, and equipment, basis			**
	Less accumulated depreciation			<del></del>
.	15 Other assets (describe ►	7		
	16 Total assets (to be completed by all filers - see the	'		
	instructions Also, see page 1, item I)	0.	24,308,851.	28,037,811.
<del>-  </del> -	17 Accounts payable and accrued expenses			
- 1	18 Grants payable		-	
١.	19 Deferred revenue			
و ا	20 Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21 Mortgages and other notes payable		<u>-</u>	,
ز ا ٿ	22 Other liabilities (describe >	)		
Ι.	EL Citio incominos (dosoribo	_′		
	23 Total liabilities (add lines 17 through 22)	0.	o.	
+	Foundations that follow SFAS 117, check here	1		
	and complete lines 24 through 26, and lines 30 and 31	<b>-</b>		
s e	24 Unrestricted			
g /	25 Temporarily restricted	<del></del>		
₩ I	26 Permanently restricted			
ة I,	Foundations that do not follow SFAS 117, check here	ı		

# Part III Analysis of Changes in Net Assets or Fund Balances

Foundations that do not follow SFAS 117, check here

28 Paid-in or capital surplus, or land, bldg., and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

and complete lines 27 through 31.

30 Total net assets or fund balances

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		-
(must agree with end-of-year figure reported on prior year's return)	1	0.
2 Enter amount from Part I, line 27a	2	24,308,851.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	24,308,851.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	24,308,851.

Form **990-PF** (2017)

0.

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0.

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24,308,851, 24,308,851,

24,308,851

Form 990-PF (2017) C/O I	NE FAMILY FOUND PAUL MCCOY FAMI	LY OFF				8:	1-531	3933	Page
<del></del>	d Losses for Tax on Ir			(b) How a	nauirod 1				
2-Story brick warehouse, or continion stock, 200 sils. WILC Co.)						(c) Date a (mo., da	acquired ay, yr.)	(d) Date (mo., da	e sold ly, yr )
2000 SH WAYFAIR			_		D	01/0	1/16	10/19	9/17
b 2000 SH WAYFAIR					D	01/0	•	11/21	1/17
c 2000 SH WAYFAIR		D	01/0	1/16	12/21	1/17			
d									
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale					(h) Gain or (loss) ((e) plus (f) minus (g))				
a 135,931.	<del> </del>							135	, 931
ь 135,239.	· · · · · · · · · · · · · · · · · · ·							135	
c 164,074.								164	, 074
d									
е									
Complete only for assets showing g	gain in column (h) and owned by	the foundation	on 12/31/69.			(I) Gains (Co	ol. (h) gain	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis		cess of col. (1)		C	) (k), but n Losses (	iot less thai (from col. (	n -u-) <b>or</b> 'h))	
(1) 1111 20 01 1210 1100	as of 12/31/69	over	col. (j), if any		_		, -,		023
a		-	<u> </u>					135	
b	· · · · · · · · · · · · · · · · · · ·							135	
C		ļ						164	, 0 / 4
d				<del> </del>					
<u>e</u>		L		_	ı				
2 Capital gain net income or (net capita	al loss) $\begin{cases} If \text{ gain, also enter} \\ If (loss), \text{ enter -0} \end{cases}$	r in Part I, line I- in Part I, line	7 7	} 2				435	, 244
Net short-term capital gain or (loss)	as defined in sections 1222(5) ar	nd (6):							
If gain, also enter in Part I, line 8, col	umn (c).	, ,		<b>\</b>			/-		
If (loss), enter -0- in Part I, line 8									
	1 C 1010/-\ 1	. Dadaad	Tanan Nak	<u> </u>			N/A		
	der Section 4940(e) for				nent In	come	N/A		
					nent In	come	N/A	N/A	
For optional use by domestic private for	undations subject to the section 4				nent In	come	N/A		
For optional use by domestic private for f section 4940(d)(2) applies, leave this	undations subject to the section 4	4940(а) tax оп	net investment in	come.)	l nent In	come	N/A	N/A	
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CONINE FAMILY FOUNDATION

orm 990-PF (2017) C/O PAUL MCCOY FAMILY OFFIC		81-531		Page 4
Part VI Excise Tax Based on Investment Income (Section		4948 - see	instructi	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here				
Date of ruling or determination letter (attach copy of letter	r if necessary-see instructions)			ليي
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check he	re 🕨 🔛 and enter 1%	1	8,	699.
of Part I, line 27b				1
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, en				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations o	nly, others, enter -0-)	2		0.
3 Add lines 1 and 2		3	8,	699.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only; others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	)-	5	8,	699.
6 Credits/Payments:				1
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 10,000	<u>·</u>		
b Exempt foreign organizations - tax withheld at source	6b O	<u>.</u>	•	
c Tax paid with application for extension of time to file (Form 8868)	6c 40,000			- 1
d Backup withholding erroneously withheld	6d O	<u></u>		
7 Total credits and payments. Add lines 6a through 6d		7	50,	000.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220	is attached	8		<u>0.</u>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp		10	<u>41,</u>	301.
1 Enter the amount of line 10 to be: Credited to 2018 estimated tax	41,301. Refunded ▶	11		0.
Part VII-A Statements Regarding Activities			1 154	<del></del>
1a During the tax year, did the foundation attempt to influence any national, state, or loca	al legislation or did it participate or interver	e in	Ye	s No
any political campaign?			1a	X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political (	purposes? See the instructions for the def	ndron	1b	X
If the answer is "Yes" to Ta or 1b, attach a detailed description of the activities and co	opies of any materials published or		'	
distributed by the foundation in connection with the activities.				_
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 duri				
(1) On the foundation. > \$ (2) On foundation man		<u>•</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political exmanagers. ► \$ 0 •	xpenditure tax imposed on foundation			
	a the IDCO		2	
2 Has the foundation engaged in any activities that have not previously been reported to	a the max			+
If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not proviously reported to the IRS, in its government.	raing instrument, articles of incorporation	0.5		
		01	3	<u> </u>
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			4a	$\frac{1}{x}$
4a Did the foundation have unrelated business gross income of \$1,000 or more during the Million in the state of the state	ne year?	N/A	4b	+
b If "Yes," has it filed a tax return on Form 990-T for this year?  5. West there a legislation termination discoulting as substantial contraction during the	14027	14/11	5	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	s year ·		<del>-</del>	+
If "Yes," attach the statement required by <i>General Instruction T</i> 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	afund author:			
, , , , , , , , , , , , , , , , , , , ,	sileu eitilet.			
By language in the governing instrument, or      Divideta levelation that effectively exceeds the governing instrument on that no majority is a second of the contraction of the co	ndatory directions that conflict with the sta	to law		
<ul> <li>By state legislation that effectively amends the governing instrument so that no mail remain in the governing instrument?</li> </ul>	indatory directions that connict with the sta	ic iaw	6 X	_
	" complete Part II, col. (c), and Part Y\/		7 X	
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 I art Av		<del>                                   </del>	+
8a Enter the states to which the foundation reports or with which it is registered. See ins: MA	tructions. >		-     -	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the Attorney General (or designate)		·   .	_
of each state as required by General Instruction G? If "No," attach explanation	· , · ,		8b X	
Is the foundation claiming status as a private operating foundation within the meaning	g of section 4942(j)(3) or 4942(j)(5) for ca	lendar		
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes			9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a		STMT 7	10 X	
attach a			orm <b>990-F</b>	_

723531 01-03-18

	1990-PF (2017) C/O PAUL MCCOY FAMILY OFFICE SVCS 81-531.	<u> </u>		Page :
Pa	art VII-A Statements Regarding Activities (continued)			
		<u> </u>	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			x
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	12		x
40	If "Yes," attach statement. See instructions	13	Х	
10	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ► N/A	10		<u> </u>
14	Website address ► N/A  The books are in care of ► JACQUELINE MCCOY  Telephone no. ►617-93	<del>₹</del> 7-3	620	
14	Located at $\triangleright$ 31 ST JAMES AVE, SUITE 740, BOSTON, MA ZIP+4 $\triangleright$ 02			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	Т
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1	<b></b>	
	foreign country			
Pa	art 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.	T	Yes	No
18	a 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No		]	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			}
	(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.)			
!	olf 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			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	- <u></u> -		- <del></del>
	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)):	ł		
1	a 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?  Yes X No	Ì		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
'	Are there any years listed in 2a for which the foundation is <b>not</b> 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.)  N/A	2b		<del></del>
	statement - see instructions.)  N / A  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		<del> </del>
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		-	
	during the year?			
ı	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,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b		
4:	a Did the foundation invect during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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

Form **990-PF** (2017)

Form 990-PF (2017) C/O PAUL MCCOY FAMILY			81-53139	33 Page 6
Part VII-B   Statements Regarding Activities for Whi				JJ Tagot
5a During the year, did the foundation pay or incur any amount to:	<u> </u>			Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (s	section 4945(e))?	Y6	es X No	.,,
(2) Influence the outcome of any specific public election (see section 49		ectly,		
any voter registration drive?		Y6	es 🗓 No	4.
(3) Provide a grant to an individual for travel, study, or other similar purp	poses?	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organ	nization described in section			`   [."
4945(d)(4)(A)? See instructions		Ye	es X No	·{
(5) Provide for any purpose other than religious, charitable, scientific, lit	erary, or educational purposes, or			2 A
the prevention of cruelty to children or animals?		<del></del>	es X No	-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to quali	·	in Regulations	.,,,  -	<u> </u>
section 53.4945 or in a current notice regarding disaster assistance? See			N/A	5b
Organizations relying on a current notice regarding disaster assistance, c				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemp			l	
expenditure responsibility for the grant?		1/A Ye	es 🔲 No 📙	`
If "Yes," attach the statement required by Regulations section 53.4945-5(	•		Ļ	
6a Did the foundation, during the year, receive any funds, directly or indirect	ily, to pay premiums on		es 🗶 No	
a personal benefit contract?	on a paragnal hanafit santrasta	¥€	ടാഥചNO  -	6b - X
b Did the foundation, during the year, pay premiums, directly or indirectly, if "Yea" to 6h, file Form 9970	on a personal benefit contract?		-	<del>"   ^</del>
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited	d tay chelter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income		· · ·		7b
Part VIII Information About Officers, Directors, Ti		anagers, Highly		
Paid Employees, and Contractors			•	
List all officers, directors, trustees, and foundation managers	and their compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
LEXI CONINE	PRESIDENT	-	-	
1 ST JAMES AVE, SUITE 740				
OSTON, MA 02116	10.00	0.	0.	0.
TEVEN CONINE	TREASURER			
1 ST JAMES AVE, SUITE 740				
OSTON, MA 02116	5.00	0.	0.	0.
		<del>-</del>		
Compensation of five highest-paid employees (other than thos	se included on line 1) If none	enter "NONE."	<u></u>	
	(b) Title, and average		(d) Contributions to	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	COTOLOG TO POSITION	+	compansation	
	<del>-</del>	1		
			<del>                                     </del>	
			1	
	<u> </u>			
-				
,				
				<u> </u>
Total number of other employees paid over \$50,000			<b>&gt;</b>	
			Form	990-PF (2017

Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	oundation Managers, Highly	
Five highest-paid independent contractors for professional services. If none		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensat
NONE		
otal number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
.ist the foundation's four largest direct charitable activities during the tax year. Include releval number of organizations and other bonoficiaries served, conferences convened, research pape	nt statistical information such as the	Expenses
	ers produced, etc	-
N/A		$\dashv$
		╡
Part IX-B   Summary of Program-Related Investments	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
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Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax  N/A	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax   N / A  All other program-related investments. See instructions.	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax N/A  All other program-related investments. See instructions.	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax N/A  All other program-related investments. See instructions.	year on lines 1 and 2.	Amount
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax N/A  All other program-related investments. See instructions.	year on lines 1 and 2.	Amount

Form 990-PF (2017) RartX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 6,023,718. a Average monthly fair market value of securities 69,319. <u>1b</u> b Average of monthly cash balances 1c c Fair market value of all other assets 6,093,037. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 6,093,037. 3 Subtract line 2 from line 1d 91,396. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 6,001,641. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 268,844. Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 6 Part XII Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations, check here 
and do not complete this part.) 268,844. Minimum investment return from Part X, line 6 8,699. 2a Tax on investment income for 2017 from Part VI, line 5 2a b Income tax for 2017. (This does not include the tax from Part VI.) 2b 8,699. c Add lines 2a and 2b 2c 260,145. 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 260.145. 5 Add lines 3 and 4 o. 6 Deduction from distributable amount (see instructions) 260,145 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 [Part:XII] Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 0. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 0. b Program-related investments - total from Part IX-B 1b 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: 3a a Suitability test (prior IRS approval required) 3b b Cash distribution test (attach the required schedule) 0. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 0. 5 income. Enter 1% of Part I, line 27b 0. Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

<u> </u>			<del></del>	
	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,				
line 7				260,145.
2 Undistributed income, if any, as of the end of 2017		·		
a Enter amount for 2016 only			0.	
b Total for prior years				1
		0.		·
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016	<del></del>			
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII, line 4: ►\$ 0 •				
			0.	
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus			<del></del> -	<u></u>
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount			····································	0.
e Remaining amount distributed out of corpus	0.	·		
·	0.	<u></u>		0.
Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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 assessed		0.		
d Subtract line 6c from line 6b. Taxable			<u> </u>	
amount - see instructions		0.		ļ
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract	-	<u> </u>		
lines 4d and 5 from line 1. This amount must				
be distributed in 2018		<u> </u>		260,145.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			i
may be required - see instructions)	, 0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			3
9 Excess distributions carryover to 2018.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015	ļ			
d Excess from 2016				
e Excess from 2017				<u></u>

723581 01-03-18

Form **990-PF** (2017)

CONINE FAMILY FOUNDATION 81-5313933 C/O PAUL MCCOY FAMILY OFFICE SVCS Form 990-PF (2017) Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(3) or 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2016 (d) 2014 (e) Total (a) 2017 (c) 2015 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon. a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, repts, payments on securities loans (section 512(a)(5)), or royalties) 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) SEE STATEMENT 8 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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:

Form **990-PF** (2017)

C/O PAUL MCCOY FAMILY OFFICE SVCS

81-5313933 Page 11

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future F	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
NONE				
NONE				
	<u>'''</u>			
	1			
<del></del>				
	,			
Total	<u> </u>		▶ 3a	0.
<b>b</b> Approved for future payment				
NONE				
				<u></u>
Total	<u></u>	<del></del>	<b>▶</b> 3b	0.
1 4/81			- 05	orm <b>990-PF</b> (2017

C/O PAUL MCCOY FAMILY OFFICE SVCS 81-5313933 Page 12

er gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)	
	(a) Business code	(b) Amount	(C) Exclu- sion code	( <b>d)</b> Amount	Related or exemp function income	
Program service revenue.	code					
	<del></del>		+	<u></u>	<del></del>	
<del></del>			+			
·	_		+			
			+		<del></del> -	
	_		-			
Fees and contracts from government agencies					<del></del>	
lembership dues and assessments						
nterest on savings and temporary cash				264.		
evestments			14	204.		
ividends and interest from securities						
et rental income or (loss) from real estate:			$\perp$			
Debt-financed property						
Not debt-financed property						
et rental income or (loss) from personal						
roperty						
ther investment income						
ain or (loss) from sales of assets other		<u>-</u>		- "		
nan inventory			18	12,664.		
et income or (loss) from special events						
ross profit or (loss) from sales of inventory				•		
Other revenue.						
	<del>-   +</del>				-	
			l			
b	<del> </del>	_				
			+			
c d						
				12 928		
Subtotal. Add columns (b), (d), and (e)		0		12,928.	12 9	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e)		C		12,928.	12,9	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	s.)			13	400	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  Total XVI-B Relationship of Activities	s.)	mplishment of	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activitie e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations  rt XVI-B Relationship of Activities  e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation out XVI-B Relationship of Activities e No. Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	
ubtotal. Add columns (b), (d), and (e) fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations  THE XVI-B Relationship of Activities  Explain below how each activity for which	es to the Accor	mplishment of column (e) of Part XVI	Exempt F	13 Purposes	12,9	

723621 01-03-18

Form 990-PF (2017)

C/O PAUL MCCOY FAMILY OFFICE SVCS Information Regarding Transfers to and Transactions and Relationships With Noncharitable

		Exempt Organ	ıizations			-				
1	Did the or	ganization directly or indi	rectly engage in any of the followi	ng with any other organization	n described in sect	on 501(c)		Yes	No	
	(other tha	n section 501(c)(3) organ	nızatıons) or ın section 527, relatın	ng to political organizations?						
a	Transfers	from the reporting founda	lation to a noncharitable exempt or	rganization of:					لـــــا	
	(1) Cash						1a(1)		X	
	<b>(2)</b> Other	assets					1a(2)		X	
b	Other tran	isactions:					1b(1)			
	(1) Sales of assets to a noncharitable exempt organization									
			oncharitable exempt organization				1b(2)		X	
		al of facilities, equipment,					1b(3)		X	
		bursement arrangements	i				1b(4)		X	
		s or loan guarantees	ambaraha ar fundrasana adlastat.				1b(5) 1b(6)		$\frac{\Lambda}{X}$	
			embership or fundraising solicitation Failing lists, other assets, or paid em				10(0)		$\frac{x}{x}$	
			"Yes," complete the following sch		avs show the fair r	narket value of the goods lo	لـــنــا	ets.		
			foundation. If the foundation receiv	• •				010,		
			other assets, or services received.		<b>,</b>	J				
a)Lın		(b) Amount involved	(c) Name of noncharitabl		(d) Description	of transfers, transactions, and s	haring arr	angeme	nts	
	_		N/A			· · · · · ·				
				*						
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			<del></del>		<u> </u>					
						<del></del>				
					1	-				
2a	s the four	ndation directly or indirect	tly affiliated with, or related to, one	e or more tax-exempt organiz	ations described					
1	n section	501(c) (other than section	on 501(c)(3)) or in section 527?				Yes	X	] No	
b	f "Yes," co	omplete the following sch	edule							
		(a) Name of org	ganization	(b) Type of organization		(c) Description of relationsh	ıp			
		N/A			<u> </u>		_			
		<u>~</u>			<del></del>	<del></del>				
	Under	penalties of periury. I declare	that I have examined this return, includi-	ng accompanying schedules and s	statements, and to the	best of my knowledge				
Sig			mplete Declaration of preparer (other that			has any knowledge Return	the IHS d	prepar	er	
Her	e	(0 (	•	11/1/2018	PRESI		vn below?	See in:	No	
	<b> </b>	nature of officer or trustee	<del></del>	Date 1/2018	Title		- 103		- 140	
		Print/Type preparer's na	ame Preparer's		Date	Check if PTIN				
						self- employed				
Pai		JACQUELINE	R. MCCOY	7	10.25.18		140			
	parer	Firm's name ▶ PAU		Y OFFICE SER	VICES LLI	P Firm's EIN ▶ 04-35	401	29		
Use	Only		_							
			ST JAMES AVENU	JE SUITE 740						
		BO	STON, MA 02116			Phone no. 617-93				
_			<del></del>		-	Fo	rm <b>990</b>	-PF	(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

Name of the organization

CONINE FAMILY FOUNDATION

C/O PAUL MCCOY FAMILY OFFICE SVCS

Organization type (check one)

Employer identification number

81-5313933

Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General Rule	
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1 Complete Parts I and II
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III
year, contributions is checked, enter f purpose Don't coi	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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) (2017)

Name of organization

CONINE FAMILY FOUNDATION

C/O PAUL MCCOY FAMILY OFFICE SVCS

Employer identification number

81-5313933

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEVE AND ALEXI CONINE  31 ST JAMES AVE, SUITE 740  BOSTON, MA 02116	\$ 24,306,500.	Person Payroll Noncash X (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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)

Employer identification number

CONINE FAMILY FOUNDATION

C/O PAUL MCCOY FAMILY OFFICE SVCS

81-5313933

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	150,000 SHARES OF WAYFAIR STOCK		
		<u> </u>	08/31/17
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	200,000 SHARES OF WAYFAIR STOCK	_	
		\$ 13,742,000.	11/24/17
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
—		<u> </u>	
453 11-0		\$Sahadula B /Faam 0	90, 990-EZ, or 990-PF) (2

Name of organization

Employer identification number

CONINE FAMILY FOUNDATION

	UL MCCOY FAMILY OFFICE	SVCS	81 - 5313933 In section 501(c)(7), (8), or (10) that total more than \$1,000 for			
Part III	the year from any one contributor. Complete	columns (a) through (e) and the follow	VING line entry For organizations			
	completing Part III, enter the total of exclusively religion.  Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or nal space is needed	less for the year (Enter this info once)			
(a) No. from	<u> </u>		(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now grit is field			
F	·	(e) Transfer of gift				
		ν,				
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	<del></del>					
(a) No. from	(1) 5	(-) 114 -14	(d) Decouption of how gift to hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		<del></del>				
]		<u> </u>				
F		(e) Transfer of gift	t			
		,,				
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Furpose of gift	(c) use of gift	(d) Description of now gire is ficial			
		<del></del>				
		(e) Transfer of gift	t			
L	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee			
	-					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Full pose of gift	(0) 030 01 gm	(a) Decemplies of new gardeness			
<del></del>						
		(e) Transfer of gif	t			
L	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee			
		<del></del>				

CA   DESCRIPTION OF PROPERTY     DATE   ACQUIRED   DATE   SOLUTION OF PROPERTY     DESCRIPTION OF PROPERTY   DESCRIPTION O	FORM 9	990-PF G	AIN OR	(LOSS)	FROM	SALE	OF	AS	SETS		STA	TEMENT	1
C	DESCRI											DATE SO	OLI
GROSS SALES PRICE TIME OF ACQ. SALE DEPREC. GAIN OR LOSS  135,931. 140,860. 0. 0. 04,929    MANNER ACQUIRED ACQUIRED DATE SOLE   MANNER ACQ	2000 \$	SH WAYFAIR	<u> </u>							01/0	1/16	10/19	/17
SALES PRICE TIME OF ACQ. SALE DEPREC. GAIN OR LOSS  135,931. 140,860. 0. 0. 04,929  (A) DESCRIPTION OF PROPERTY  (B) GROSS SALES PRICE TIME OF ACQ.  (C) VALUE AT EXPENSE OF SALES PRICE  (A) DESCRIPTION OF PROPERTY  (B) GROSS SALES PRICE TIME OF ACQ.  (C) MANNER ACQUIRED ACQUIRED DATE SOLE (D) (E) (F) DEPREC. GAIN OR LOSS  135,239. 140,860. 0. 0. 05,621  (A) DESCRIPTION OF PROPERTY  (B) GROSS VALUE AT ACQUIRED ACQUIRED DATE SOLE (C) GROSS SALES PRICE TIME OF ACQ.  (D) (E) (F) GROSS SALES PRICE TIME OF ACQ. SALE DEPREC. GAIN OR LOSS  164,074. 140,860. 0. 0. 0. 23,214  CAPITAL GAINS DIVIDENDS FROM PART IV					EXI		OF		(E)			(F)	
MANNER   DATE   ACQUIRED   ACQUIRED   DATE   SOL							-		DEPRE	c	GAIN	OR LOSS	3
ACQUIRED   ACQUIRED   DATE   SOL		135,931.	1	40,860	•		0	•		0.		-4,92	29.
(B) (C) (D) (E) (F)  GROSS VALUE AT EXPENSE OF DEPREC. GAIN OR LOSS  135,239. 140,860. 0. 05,621  (A) MANNER ACQUIRED DATE ACQUIRED DATE SOL  2000 SH WAYFAIR 01/01/16 12/21/1  (B) (C) (D) (E) (F)  GROSS VALUE AT EXPENSE OF SALES PRICE TIME OF ACQ. SALE DEPREC. GAIN OR LOSS  164,074. 140,860. 0. 0. 23,214  CAPITAL GAINS DIVIDENDS FROM PART IV	DESCRI											DATE SO	OLI
GROSS   SALES PRICE   TIME OF ACQ.   SALE   DEPREC.   GAIN OR LOSS	2000 8	SH WAYFAIR	<del></del>							01/0	1/16	11/21	/17
135,239.   140,860.   0.   0.   -5,621			VALU	E AT	EXI	PENSE	OF						
MANNER DATE ACQUIRED DATE SOLUTION OF PROPERTY  2000 SH WAYFAIR  (B) (C) (D) (E) (F)  GROSS VALUE AT EXPENSE OF SALES PRICE TIME OF ACQ. SALE DEPREC. GAIN OR LOSS  164,074. 140,860. 0. 0. 23,214		SALES PRICE	TIME C	F ACQ.	_	SALE			DEPRE	C.	GAIN	OR LOSS	3 
DESCRIPTION OF PROPERTY  2000 SH WAYFAIR  (B) (C) (D) (E) (F)  GROSS VALUE AT EXPENSE OF SALES PRICE TIME OF ACQ. SALE DEPREC. GAIN OR LOSS  164,074. 140,860. 0. 0. 23,214  CAPITAL GAINS DIVIDENDS FROM PART IV		135,239.	1	40,860	•		0	•	-	0.		-5,62	21.
(B) (C) (D) (E) (F)  GROSS VALUE AT EXPENSE OF DEPREC. GAIN OR LOSS  164,074. 140,860. 0. 0. 23,214  CAPITAL GAINS DIVIDENDS FROM PART IV	DESCRI		?									DATE SO	OLI
GROSS VALUE AT EXPENSE OF SALES PRICE TIME OF ACQ. SALE DEPREC. GAIN OR LOSS  164,074. 140,860. 0. 0. 23,214  CAPITAL GAINS DIVIDENDS FROM PART IV	2000 8	SH WAYFAIR	_				_			01/0	1/16	12/21	/17
164,074. 140,860. 0. 0. 23,214  CAPITAL GAINS DIVIDENDS FROM PART IV		GROSS	VALU	E AT	EX	PENSE	OF			0	CATA		c
					•	SALE	0	<u> </u>	DEPKE		GAIN	<del> </del>	
	ᡣ	AL CAINS DIVIDENDS	S FROM E	יים אמ			-		_	-			0 .
											-	10.5	

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 2	
SOURCE	(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
MERRILL LYNCH		264.	264.		
TOTAL TO PART I, LINE 3		264.	264.	100	
FORM 990-PF	LEGAL	FEES		STATEMENT 3	
DESCRIPTION	EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	CHARITABLE	
GOULSTON AND STORRS	427.	427	<u>'.</u>	0.	
TO FM 990-PF, PG 1, LN 16A =	427.	427	· .	0.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		CHARITABLE	
MERRIL LYNCH	150.	150	· ·	0.	
TO FORM 990-PF, PG 1, LN 16B	150.	150	).	0.	
FORM 990-PF	TAX	ES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
FEDERAL TAXES	10,000.		).	0.	
<del>-</del>		<del></del>			
TO FORM 990-PF, PG 1, LN 18	10,000.	C	).	0.	

CONINE	FAMILY	FOUNDATION	C/0	PAUL	MCCOY
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81-5313933

STATEMENT

FORM 990-PF	CORPORATE STOCK		STATEMENT	6
DESCRIPTION		BOOK VALUE	FAIR MARKET	7
CORPORATE STOCK		23,883,920.	27,612,88	30.
TOTAL TO FORM 990-PF, PA	RT II, LINE 10B	23,883,920.	27,612,880	
FORM 990-PF LI	ST OF SUBSTANTIAL CONTRI PART VII-A, LINE 10	IBUTORS	STATEMENT	
	PART VII-A, LINE 10			
NAME OF CONTRIBUTOR	ADDRESS			

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

ALEXI CONINE STEVEN CONINE

FORM 990-PF