

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation Remondi Family Foundation		A Employer identification number 20-8037556	
% Foundation Source		B Telephone number (see instructions) (800) 839-1754	
Number and street (or P O box number if mail is not delivered to street address) Room/suite Foundation Source 501 Silverside Rd			
City or town, state or province, country, and ZIP or foreign postal code Wilmington, DE 198091377		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 27,131,872		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	3,901,562			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	5,635	5,635		
	4 Dividends and interest from securities	194,578	194,578		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,540,387			
	b Gross sales price for all assets on line 6a	8,195,250			
	7 Capital gain net income (from Part IV, line 2)		3,151,642		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	453,294	433,935			
12 Total. Add lines 1 through 11	7,095,456	3,785,790			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	30,313	30,313		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	15,439	839		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	63,471			63,471
	24 Total operating and administrative expenses. Add lines 13 through 23	109,223	31,152		63,471
	25 Contributions, gifts, grants paid	8,055,000			8,055,000
26 Total expenses and disbursements. Add lines 24 and 25	8,164,223	31,152		8,118,471	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-1,068,767				
b Net investment income (if negative, enter -0-)		3,754,638			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	239,597	2,752,014	2,752,014
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 5,700,000 Less allowance for doubtful accounts ▶ _____	5,700,000	5,700,000	5,700,000
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	15,026,638	11,445,454	18,679,858
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	20,966,235	19,897,468	27,131,872	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	20,966,235	19,897,468		
30 Total net assets or fund balances (see instructions)	20,966,235	19,897,468		
31 Total liabilities and net assets/fund balances (see instructions) .	20,966,235	19,897,468		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	20,966,235
2 Enter amount from Part I, line 27a	2	-1,068,767
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	19,897,468
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	19,897,468

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a Publicly-traded Securities			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 8,195,250		5,043,608	3,151,642
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			3,151,642
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	3,151,642
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	2,604,354	20,477,728	0.12718
2015	2,581,577	19,285,132	0.133864
2014	593,775	16,787,157	0.035371
2013	955,246	14,773,730	0.064658
2012	409,162	10,819,406	0.037817

2 Total of line 1, column (d)	2	0.39889
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.079778
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	26,834,172
5 Multiply line 4 by line 3	5	2,140,777
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	37,546
7 Add lines 5 and 6	7	2,178,323
8 Enter qualifying distributions from Part XII, line 4	8	8,118,471

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, and total credits. Total amount owed is 36,115, with 36,115 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns for each question.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care of.

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Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			5b
	Organizations relying on a current notice regarding disaster assistance check here.			<input type="checkbox"/>
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
				No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

Total number of other employees paid over \$50,000. ▶

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Foundation Source 55 Walls Drive Fairfield, CT 06824	Administrative	62,971

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

1	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	20,449,329
b	Average of monthly cash balances.	1b	1,093,485
c	Fair market value of all other assets (see instructions).	1c	5,700,000
d	Total (add lines 1a, b, and c).	1d	27,242,814
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	27,242,814
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	408,642
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	26,834,172
6	Minimum investment return. Enter 5% of line 5.	6	1,341,709

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,341,709
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	37,546
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	37,546
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,304,163
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,304,163
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,304,163

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	8,118,471
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	8,118,471
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).	5	37,546
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	8,080,925

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 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,304,163
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 2015, 2014, 2013				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.			1,189,058	
e From 2016.			1,594,760	
f Total of lines 3a through e.	2,783,818			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>8,118,471</u>				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				1,304,163
e Remaining amount distributed out of corpus	6,814,308			
5 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	9,598,126			
b Prior years' undistributed income Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	9,598,126			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.			1,189,058	
d Excess from 2016.			1,594,760	
e Excess from 2017.			6,814,308	

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a 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. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the 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, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 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 Additional Data Table

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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here 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 (see instructions) 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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				8,055,000
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Diane Defalco Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Trustee 1 0	0	0	0
Christopher C Remondi Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Trustee 1 0	0	0	0
Dorothy A Remondi Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Trustee 1 0	0	0	0
John J Remondi Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Pres, Trustee 1 0	0	0	0
John F Remondi Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Trustee 1 0	0	0	0
Stephen A Remondi Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Trustee 1 0	0	0	0

Form 990PF Part XV Line 1a - 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).

Dorothy A Remondi

John J Remondi

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADOPT-A-STUDENT FOUNDATION 200 SEAPORT BLVD MAILZONE ZIN BOSTON, MA 02210	N/A	PC	General & Unrestricted	1,000
ADOPT-A-STUDENT FOUNDATION 200 SEAPORT BLVD MAILZONE ZIN BOSTON, MA 02210	N/A	PC	The Adopt A Student Endowment Fund	2,000,000
AMERICAN CANCER SOCIETY 125 S HUNTINGTON AVE BOSTON, MA 02130	N/A	PC	AstraZeneca Hope Lodge Program	1,000
Total ▶ 3a				8,055,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARCHDIOCESE OFFICE OF CHANCELLOR 66 BROOKS DR BRAintree, MA 02184	N/A	PC	For the restoration of the Cathedral of the Holy Cross and for the endowment of Catholic Charities	1,000,000
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 33131	N/A	PC	General & Unrestricted	1,500
BIG BROTHERS BIG SISTERS OF MASSACHUSETTS BAY INC 75 FEDERAL ST 8TH FL BOSTON, MA 02110	N/A	PC	General & Unrestricted	1,500
Total ▶				8,055,000
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIG BROTHERS BIG SISTERS OF MASSACHUSETTS BAY INC 75 FEDERAL ST 8TH FL BOSTON, MA 02110	N/A	PC	Casino Night Sponsorship and Annual Fund	3,000
BROOKWOOD SCHOOL INCORPORATED 1 BROOKWOOD RD MANCHESTER, MA 01944	N/A	PC	General & Unrestricted	3,500
BROOKWOOD SCHOOL INCORPORATED 1 BROOKWOOD RD MANCHESTER, MA 01944	N/A	PC	Annual Fund	6,500
Total ▶ 3a				8,055,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHEDRAL HIGH SCHOOL 74 UNION PARK ST BOSTON, MA 02118	N/A	PC	General & Unrestricted	1,500
CATHEDRAL HIGH SCHOOL 74 UNION PARK ST BOSTON, MA 02118	N/A	PC	Capital Campaign for the Applied Learning Center	1,000,000
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 02903	N/A	PC	General & Unrestricted	5,000
Total			▶	8,055,000
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DANA FARBER CANCER INSTITUTE INC 10 BROOKLINE PL W BROOKLINE, MA 02445	N/A	PC	Jimmy Fund	1,500
DANA FARBER CANCER INSTITUTE INC 10 BROOKLINE PL W BROOKLINE, MA 02445	N/A	PC	Jimmy Fund	1,500
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	N/A	PC	General & Unrestricted	1,000
Total ▶ 3a				8,055,000


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARY C WHEELER SCHOOL INC 216 HOPE ST PROVIDENCE, RI 02906	N/A	PC	General & Unrestricted	5,000
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST STE 540 BOSTON, MA 02114	N/A	PC	Gift Fund	2,000,000
PARTNERS HEALTHCARE SYSTEM INC - THE BRIGHAM AND W 116 HUNTINGTON AVE 3RD FL BOSTON, MA 02116	N/A	PC	Chair in Neurology, Alzheimer's Prevention Fund, Alzheimer's Research Program	2,000,000
Total ▶ 3a				8,055,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PERNET FAMILY HEALTH SERVICE INC 237 MILLBURY ST WORCESTER, MA 01610	N/A	PC	General & Unrestricted	1,000
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 274 COLCHESTER, VT 05439	N/A	PC	General & Unrestricted	1,000
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDES PL MEMPHIS, TN 38105	N/A	PC	General & Unrestricted	1,500
Total ▶ 3a				8,055,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST SEBASTIANS SCHOOL INC 1191 GREENDALE AVE NEEDHAM, MA 02492	N/A	PC	General & Unrestricted	2,500
TRUSTEES OF TUFTS COLLEGE 80 GEORGE ST MEDFORD, MA 02155	N/A	PC	School of Engineering ELS program	10,000
VILLANOVA UNIVERSITY 800 E LANCASTER AVE VILLANOVA, PA 19085	N/A	PC	General & Unrestricted	5,500
Total 				8,055,000
3a				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: Remondi Family Foundation

EIN: 20-8037556

TY 2017 Investments Corporate Stock Schedule**Name:** Remondi Family Foundation**EIN:** 20-8037556

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABIOMED	16,366	121,817
ACLARIS THERAPEUTICS INC	185,090	162,460
AGROFRESH SOLUTIONS INC	34,671	92,500
AIR CANADA VAR VTG SHS NPV	14,465	103,276
ALIBABA GROUP HOLDING LTD	3,229,633	6,444,570
ALLY FINANCIAL INC	62,141	103,518
ALPHABET INC CL A	88,934	99,020
AMAZON COM	67,698	101,744
ANALOG DEVICES INC	12,881	38,461
ANIKA THERAPEUTICS INC	14,028	63,344
APPLE INC	35,650	97,307
ARTISAN INTERNATIONAL VALUE FU	215,855	276,770
BANK OF AMERICA CORP	46,284	100,368
BBH CORE SELECT FUND CLASS N	528,340	585,106
BLACK KNIGHT, INC	7,216	32,141
BLUEPRINT MEDICINES CORPORATIO	107,797	329,240
BOSTON SCIENTIFIC	19,167	68,173
BROADRIDGE FINANCIAL	21,321	86,051
CANNAE HOLDINGS INC	3,437	13,471
CARROLS RESTAURANT GROUP, INC	34,198	78,975
CASELLA WASTE SYSTEMS INC	22,565	123,157
CAUSEWAY INTERNATIONAL VALUE F	291,286	395,974
DOVER CORP	44,657	458,349
DOWDUPONT INC	98,015	99,708
FACEBOOK INC	41,737	97,053
FIDELITY ADVISOR NEW INSIGHTS	59,437	117,564
FIDELITY EMERGING MARKETS	206,537	297,342
FIDELITY GROWTH COMPANY	78,409	86,906
FIDELITY INTL CAP APPRECIATION	175,694	238,200
FIDELITY NATIONAL FINANCIAL IN	19,450	93,195

Name of Stock	End of Year Book Value	End of Year Fair Market Value
FIDELITY OVERSEAS FUND	146,694	159,101
FIDELITY SELECT BIOTECHNOLOGY	381,730	359,735
FIDELITY SELECT MEDICAL	116,275	106,972
FIDELITY SELECT SEMICONDUCTORS	158,837	138,626
FIDELITY SELECT TECHNOLOGY	154,125	140,413
FIDELITY STOCK SELECTOR ALL CA	532,355	822,747
FINANCIAL SELECT SECTOR SPDR F	184,052	282,393
FIRST REPUBLIC BANK	69,135	88,051
FLEXSHARES GLOBAL UPSTREAM NAT	78,909	90,516
FRANKLIN INTERNATIONAL SMALLER	15,357	18,933
HAEMONETICS CP	9,128	413,413
HASBRO INC	16,559	42,718
HUNTINGTON BANCSHARES INC	25,841	101,920
ISHARES RUSSELL MIDCAP VALUE	134,136	133,992
ISHARES S&P SMALLCAP 600 GROWT	48,010	61,254
ISHARES S&P SMALLCAP 600 VALUE	69,208	97,978
JANUS ENTERPRISE FUND CLASS T	123,367	131,873
JOHNSON & JOHNSON	45,547	97,804
KEYCORP	33,042	107,910
LENNAR CORP	98,807	107,508
MICROSOFT CORP	30,022	29,939
MSIF FRONTIER EMERGING MKTS PO	44,439	53,107
NAVIENT CORPORATION	603,603	515,786
NISOURCE INC	5,224	20,023
OPPENHEIMER DEVELOPING MARKETS	252,619	379,567
PRIMO WATER CORPORATION	98,794	98,989
REGIONS FINANCIAL CORP	35,126	109,296
SUN COMMUNITIES INC	3,391	17,350
T ROWE PRICE INTERNATIONAL FUN	163,008	207,677
T ROWE PRICE OVERSEAS	270,592	364,231

Name of Stock	End of Year Book Value	End of Year Fair Market Value
T. ROWE PRICE INTERNATIONAL DI	64,100	83,333
VANGUARD GROWTH ETF	649,978	912,256
VANGUARD VALUE ETF	789,886	1,066,921
WISDOMTREE INDIA	98,891	103,704
WISDOMTREE JAPAN HEDGED EQUITY	75,701	88,995
XPO LOGISTICS INC	36,007	119,067

TY 2017 LiquidationExplanationStmt

Name: Remondi Family Foundation

EIN: 20-8037556

Statement: As explained below, the Foundation has no plans for dissolution. This statement is submitted to report the distribution of certain assets during the year. The distributions resulted in a substantial contraction of assets. The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions: During the taxable year ending December 31, 2017, the Foundation made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$8,055,000. This amount represents over 25% of the Foundation's net assets of \$23,902,368 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2017. Although the Foundation technically experienced a substantial contraction, it will continue in existence and has no plans for dissolution. The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

TY 2017 Other Expenses Schedule**Name:** Remondi Family Foundation**EIN:** 20-8037556**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	62,971			62,971
State or Local Filing Fees	500			500

TY 2017 Other Income Schedule**Name:** Remondı Family Foundation**EIN:** 20-8037556**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Federal Tax Refund	19,359		
Interest Income from Notes Receivable	433,935	433,935	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Other Notes/Loans Receivable Long Schedule

Name: Remondi Family Foundation

EIN: 20-8037556

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
FMR LLC		100,000	100,000	2011-02	2035-12		10 %				
FMR LLC		100,000	100,000	2012-02	2036-12		10 %				
FMR LLC		900,000	900,000	2008-04	2032-12		10 %				
FMR LLC		4,600,000	4,600,000	2006-12	2036-12		7 %				

TY 2017 Other Professional Fees Schedule**Name:** Remondi Family Foundation**EIN:** 20-8037556

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Management Services	30,313	30,313		

TY 2017 Taxes Schedule**Name:** Remondi Family Foundation**EIN:** 20-8037556

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990-PF Estimated Tax for 2017	14,300			
990-T 1st Extension for 2016	300			
Foreign Tax Paid	839	839		

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017

Name of the organization
Remondi Family Foundation

Employer identification number
20-8037556

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (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

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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 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 totaling \$5,000 or more during the year. . . . ▶ \$ _____

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Remondi Family Foundation	Employer identification number 20-8037556
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Remondi John J 300 Boylston Street Unit 507 Boston, MA02116	\$ 3,901,562	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization Remondl Family Foundation	Employer identification number 20-8037556
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	FIDELITY SELECT TECHNOLOGY FSPTX, 744 048 sh	\$ 146,697	2017-11-28
1	FIDELITY SELECT MEDICAL FSMEX, 2306 273 sh	\$ 110,401	2017-11-28
1	FIDELITY SELECT SEMICONDUCTORS FSELX, 1112 718 sh	\$ 144,464	2017-11-28
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization Remondr Family Foundation	Employer identification number 20-8037556
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____