

03/64

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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

	Ford	alen	dar year 2018 or tax year beginning		, and ending		
			foundation	A Employer identification	n number		
4/1	T.	NC ERI	RA AND LEON BLACK FAMIL F/K/A LEON BLACK FAMI	13-394789	0		
7/64			nd street (or P O box number if mall is not delivered to street		Room/su		
, ,			ELYSIUM, 445 PARK AVE		1401		304
			wn, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
			YORK, NY 10022	Instal sature of a fa	rmer public charity	D 1. Foreign organization	os aback bara
2019	G (песк	all that apply: Initial return Final return	Amended return	ithler public charity	D 1. Foreign organization	is, check here
			Address change	X Name change		2. Foreign organizations months of the children and attach of the children	eeting the 85% test, computation
ro	H C	heck	type of organization: X Section 501(c)(3) ex			E If private foundation st	atus was terminated
] Sec		Other taxable private founda	tion	under section 507(b)(
MAY	I Fa	ır ma	rket value of all assets at end of year J Accounti	7	Accrual	F If the foundation is in a	60-month termination
μ	•		art II, col. (c), line 16)	her (specify)		under section 507(b)(1	I)(B), check here
Αď	_		99, 255. (Part I, colum		· .		[(d) p()
ENVELOPE POSTMARK DATE	Ра	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investmen income	t (c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
₹¥		1	Contributions, gifts, grants, etc., received	5,635,000.		N/A	
М. ОS			Check In the foundation is not required to attach Sch. B				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		. 3	Interest on savings and temporary cash investments	1.606			G
N	\setminus		Dividends and interest from securities	1,626.	1,62	26.	STATEMENT 1
			Gross rents				1
			Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10				1
	Jue		Gross sales price for all assets on line fa				
	Revenue	7	Capital gain net income (Fram Paral Vilne 2)			0.	
	ř	8	Net short-term capital gain				1
		9	Income modifications MAY 2-3 2019 191				1
			1 L				
			Gross profit or (loss) GDEN, UT		 -		1
			Other income	, r	· · · ·		
			Total. Add lines 1 through 11	5,636,626.	1,62	26.	<u> </u>
			Compensation of officers, directors, trustees, etc	0.		0.	0.
		14	Other employee salaries and wages				
	s		Pension plans, employee benefits	21 044		0	<u> </u>
ϕ			Legal fees STMT 2 Accounting fees STMT 3	21,844.		0.	875.
0,	OIJ Administrative Expense		Accounting fees STMT 3 Other professional fees	2,025.		0.	873.
•	ē E		Interest				1
)	ati√		Taxes		· -		
б	ist		Depreciation and depletion				
2019	3 <u>E</u>	20	Occupancy				
7 2	1 Ac		Travel, conferences, and meetings				
e	an		Printing and publications	245		0.	0.
NON I	Operating		Other expenses STMT 4 Total operating and administrative	245.		U •	+
	era	24	expenses. Add lines 13 through 23	24,714.		0.	875.
240 - -		25	Contributions, gifts, grants paid	5,624,286.			5,624,286.
2 5	ן נ		Total expenses and disbursements.				
ထဋ			Add lines 24 and 25	5,649,000.	<u> </u>	0.	5,625,161.
380824 CCANNED	É	27	Subtract line 26 from line 12:	40.074			i
88	2		Excess of revenue over expenses and disbursements	<12,374.		06	
~	<i>U</i>		Net investment income (if negative, enter -0-)		1,62	N/A	
		<u>c</u>	Adjusted net income (if negative, enter -0-)			1 41/14	

INC. F/K/A LEON BLACK FAMILY FOUNDATION,

13-3947890

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Part II Balance Sheets Attached schedules and amounts in the description	Beginning of year	Ena of	year
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	112,442.	99,079.	99,079.
2 Savings and temporary cash investments			
3 Accounts receivable ▶			
Less; allowance for doubtful accounts			
4 Pledges receivable			
Less; allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable Less; allowance for doubtful accounts			
	·		
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
9 Prepaid expenses and deferred charges			
1 Jua investments - 0.5. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment, basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment: basis ▶			
Less accumulated depreciation			
15 Other assets (describe ► OTHER RECEIVABLE)	62.	176.	176.
16 Total assets (to be completed by all filers - see the			
instructions. Also, see page 1, item I)	112,504.	99,255.	99,255.
17 Accounts payable and accrued expenses			
18 Grants payable			
las Britania			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
21 Mortgages and other notes payable			
22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here	-		
,			
and complete lines 24 through 26, and lines 30 and 31.	112,504.	99,255.	
24 Unrestricted	112,304.		
25 Temporarily restricted			<u> </u>
25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here			
Foundations that do not follow SFAS 117, check here			
and domptoto minor 27 timorgin o 1.			
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			
Retained earnings, accumulated income, endowment, or other funds	110 501	22 255	
30 Total net assets or fund balances	112,504.	99,255.	
	444 -44		
31 Total liabilities and net assets/fund balances	112,504.	99,255.	
Part III Analysis of Changes in Net Assets or Fund B	alances [']		
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)	JU	1	112,504.
• • • • • • • • • • • • • • • • • • • •		. 2	<12,374.
Enter amount from Part I, line 27a			0.
Other increases not included in line 2 (itemize)		3	100,130.
Add lines 1, 2, and 3	ann ans	DEMENT 5	875.
5 Decreases not included in line 2 (itemize)	SEE STA		99,255.
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), iine 30	6	Form 990-PF (2018)

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Part IV Capital Gains and L	osses for Tax on In	vestmen	t Income						
(a) List and describe the kind 2-story brick warehouse	(s) of property sold (for exam ; or common stock, 200 shs		ate,	(b) I	How a - Purc - Don	cquired hase ation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NONE				ļ				-	
C	 			<u> </u>					~··
d				ļ					
e I (a)		430.		<u> </u>			- 410		
(e) Gross sales price	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus (
a				_					
b			· · · - ·	\dashv					
d d				\dashv					
e				-					
Complete only for assets showing gain in	column (h) and owned by t	L the foundation	n on 12/31/69.	\dashv			Gains /C	ol. (h) gain	minus
	(i) Adjusted basis		cess of col. (I)				(k), but r	not less that	n -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any	-			Losses	(from col. (h))
<u>a</u>				\dashv					
b									
d				\dashv					
e	·			\dashv					
	C. V	. D. 41 1		╗		[
2 Capital gain net income or (net capital loss	If gain, also enter If (loss), enter -0-			}	2				
3 Net short-term capital gain or (loss) as de If gain, also enter in Part I, line 8, column	` '	d (6):		ال		!			
If (loss), enter -0- in Part I, line 8				ال	3				
Part V Qualification Under	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome		
(For optional use by domestic private foundat	tions subject to the section 4	1940(a) tax on	net investment in	come	e.)				
If section 4940(d)(2) applies, leave this part b	lank.								
									
Was the foundation liable for the section 4942			•	10 d ?					Yes X No
If "Yes," the foundation doesn't qualify under to 1 Enter the appropriate amount in each colu				ntriac					
(a)		isti uctions be	lore making any er				Т		(d)
Base periód years Calendar year (or tax year beginning in)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) nchar		use assets		Distrib	utión ratio ided by col. (c))
2017		0,411.				3,314		(coi. (b) div	44.19945
2016		$\frac{3,411}{3,810}$.			23	$\frac{3,314}{7,791}$:		34.41597
2015		8,798.				7,804			5.61491
2014		0,354.		1		6,050			10.35196
2013		0,000.				9,062			78.69058
	• • •	,							
2 Total of line 1, column (d)							2		173.27290
3 Average distribution ratio for the 5-year ba	ase period - divide the total o	on line 2 by 5.0	0, or by the numbe	er of y	/ears				
the foundation has been in existence if les		•	•	•			3		34.65458
	•								
4 Enter the net value of noncharitable-use as	ssets for 2018 from Part X, I	ine 5					4		117,556
5 Multiply line 4 by line 3							5		4,073,854
6 Enter 1% of net investment income (1% o									
	f Part I, line 27b)						6		16
	f Part I, line 27b)						6		
7 Add lines 5 and 6	f Part I, line 27b)						7		16 4,073,870
7 Add lines 5 and 6 8 Enter qualifying distributions from Part XI								-	

INC. F/K/A LEON BLACK FAMILY FOUNDATION 13-3947890 Form 990-PF (2018) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here ___ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 16. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛣 and enter 1% 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 0 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 16 3 3 Add lines 1 and 2 0. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 16. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 9,372 a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 6d 0 d Backup withholding erroneously withheld 7 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 9,356. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 9,356. Refunded 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax Part VII-A | Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yesi No any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (1) On the foundation. > \$ 0 • (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X 3 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes." has it filed a tax return on Form 990-T for this year? 4b $\overline{\mathbf{x}}$ 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: · By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law $\overline{\mathbf{X}}$ 6 remain in the governing instrument? 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 Part XV 7 8a Enter the states to which the foundation reports or with which it is registered. See instructions. 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) X of each state as required by General Instruction G? If "No," attach explanation 86 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar 9 year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV STMT 6 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10

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13-3947890 INC. F/K/A LEON BLACK FAMILY FOUNDATION, Page 5 Part VII-A Statements Regarding Activities (continued) No Yes| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of 11 section 512(b)(13)? If "Yes," attach schedule. See instructions 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X 12 If "Yes." attach statement. See instructions 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► NONE Telephone no. ► 646-589-0304 14 The books are in care of ► ELYSIUM MANAGEMENT Located at ►C/O ELYSIUM, 445 PARK AVE, NEW YORK, NY ZIP+4 ▶10022 NO. 1401. 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, Yes No 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): 🗌 Yes 🗶 No (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) Yes X No a disqualified person? (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 Yes X No 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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X 1c before the first day of the tax year beginning in 2018? 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): a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b if "Yes," did it have excess business holdings in 2018 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,

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X

3b

4a

4b

N/A

Form 4720, to determine if the foundation had excess business holdings in 2018.)

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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Tait VII-D Statements negarding Activities for Willen	Offit 4720 Way be i	required (contin	ueu)			
5a During the year, did the foundation pay or incur any amount to:				[Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗶 No 🧻			
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			i	
any voter registration drive?			es 🗶 No	l	.	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No			
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			ľ		ľ
4945(d)(4)(A)? See instructions		Y	es 🗶 No			ľ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				i	
the prevention of cruelty to children or animals?		Y	es 🗶 No	1		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instri	uctions		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check l	nere					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined				1
expenditure responsibility for the grant?	N	[/A 🔲 Y	es 🔲 No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			Ī			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			l		
a personal benefit contract?		Y	es 🗶 No 📙]
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ľ	6b		X
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No			-
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	T	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration of	r	F		- 1	
excess parachute payment(s) during the year?		Y	es X No	1	ľ	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highl	y			
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and t		14.10	7-10	1		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deferred	acc	Expe	ense other
(u) Hallo and addition	to position	(if not paid, enter -0-)	compensation	a	llowar	nces
]				
SEE STATEMENT 7		0.	0.	<u> </u>		<u>0.</u>
	·		•			
				<u> </u>		
				١.		
	•					
	<u></u>			ļ		
·						
*		. "				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	1 /) Evn	onco
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	Expe count, llowan	other
NOVE	devoted to position		compensation	a	llowan	ices
NONE				1		
				<u> </u>		
				.		
				—		
	٠					
				<u> </u>		
		ļ				
				1		
				<u>L</u> .		
Fotal number of other employees paid over \$50,000 .			▶		1	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly

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Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	┪	
	·	
	┨	
· · · · · · · · · · · · · · · · · · ·	\dashv	
		
	4	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the	Expenses
27/2	10000, 000	
1N/A		
2		
3	<u>.</u>	
	<u> </u>	
4		
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
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	▶	0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	119,346.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	119,346.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	119,346.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,790.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	117,556.
6	Minimum investment return. Enter 5% of line 5	6	5,878.
F	foreign organizations, check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	5,878.
2a	Tax on investment income for 2018 from Part VI, line 5		
	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	16.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,862.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,862.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,862.
F	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		E 62E 161
a		1a	5,625,161. 0.
	Program-related investments - total from Part IX-B	1b	<u> </u>
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:	 -	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	E 62E 161
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,625,161.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	1.0
	income. Enter 1% of Part I, line 27b	5	16.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,625,145.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies f	or the section

Form **990-PF** (2018)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2018: a From 2013	
2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2018: a From 2013	
a Enter amount for 2017 only b Total for prior years:	862.
b Total for prior years: 3	
Sexicate Stributions carryover, if any, to 2018: a From 2013	
3 Excess distributions carryover, if any, to 2018: a From 2013	
a From 2013	
bFrom 2014 cFrom 2015 dFrom 2016 eFrom 2017 f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: \(\brightarrow\) \(\frac{5}{5}, 625, 161.\) a Applied to 2017, 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) 0.	
c From 2015 d From 2016 e From 2017 f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: ▶\$ 5,625,161. a Applied to 2017, 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) 0.	
dFrom 2016 eFrom 2017 5,444,259. f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: ▶\$ 5,625,161. a Applied to 2017, 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) 0.	
e From 2017 f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: ▶\$ 5,625,161. a Applied to 2017, 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) 0.	
f Total of lines 3a through e 4 Qualifying distributions for 2018 from Part XII, line 4: ▶\$ 5,625,161. a Applied to 2017, 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) 0.	,
4 Qualifying distributions for 2018 from Part XII, line 4: ▶\$ 5,625,161. a Applied to 2017, 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)	
Part XII, line 4: ►\$ 5,625,161. a Applied to 2017, 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) 0.	
a Applied to 2017, 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) 0 •	i
b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 0 •	1
years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 0 •	
c Treated as distributions out of corpus (Election required - see instructions) 0 •	
(Election required - see instructions) 0 •	
\=:::::::::::::::::::::::::::::::::::::	į
	862.
e Remaining amount distributed out of corpus 5 , 619 , 299 .	
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.
6 Enter the net total of each column as indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 37,388,813.	
b Prior years' undistributed income. Subtract	
line 4b from line 2b	ſ
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 2017. Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2018. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2019	0.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3) (Election	
may be required - see instructions) 0.	
8 Excess distributions carryover from 2013	
not applied on line 5 or line 7 1,499,047.	
9 Excess distributions carryover to 2019.	
Subtract lines 7 and 8 from line 6a 35,889,766.	
10 Analysis of line 9:	
a Excess from 2014 11,760,354.	
b Excess from 2015 4,893,933.	1
c Excess from 2016 8,171,921.	
dExcess from 2017 5, 444, 259.	
e Excess from 2018 5,619,299.	

DEBRA AND LEON BLACK FAMILY FOUNDATION, INC. F/K/A LEON BLACK FAMILY FOUNDATION,

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

1 a If the foundation has received a ruling of	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2018, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described i	n section	4942(j)(3) or 494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
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		I			
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)				1	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				 	<u></u>
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t				**************************************	
1 Information Regarding Foundatio		· · · · · · · · · · · · · · · · · · ·			·
a List any managers of the foundation who	-	than 2% of the total cont	ributions received by the	foundation before the close	e of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)	,		
LEON D. BLACK					
b List any managers of the foundation who	o own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a pai	tnership or
other entity) of which the foundation has			(or an equally lenge perm		
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Pr	ograms:	···-	
Check here ► X if the foundation o				ot accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num	· · · · · · · · · · · · · · · · · · ·		-		
= 7110 marris, address, and telephone flutin		Porcon to milom applic		· •	
b The form in which applications should b	e submitted and informa	tion and materials they st	nould include.		
2 The form in which applications should b	o odomittou and intorina	asa ana matemats they st			
c Any submission deadlines:			-		
2y carimorian addamidas					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or o	other factors:	
-					

13-3947890

N/A

Page 10

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A -
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year			-	
HARLEM VILLAGE ACADEMIES	NONE	₽C	CHARITABLE PURPOSES	
35 W 124TH STREET				
NEW YORK, NY 10027				250,000
MELANOMA RESEARCH ALLIANCE	NONE	PC	CHARITABLE PURPOSES	
1101 NEW YORK AVE.				600,000
WASHINGTON, DC 20005	-		-	
MEMORIAL SLOAN-KETTERING CANCER	NONE	PC	CHARITABLE PURPOSES	
CENTER				
885 SECOND AVENUE, 8TH FLOOR				
NEW YORK, NY 10017	-			2,000,000
NYU OFFICE OF GIFT ADMINISTRATION	NONE	PC	CHARITABLE PURPOSES	
25 WEST FOURTH STREET, 4TH FLOOR				
NEW YORK, NY 10012		-		225,000
PARK AVENUE SYNAGOGUE	NONE	PC	CHARITABLE PURPOSES	
50 EAST 87TH STREET	TOXE			
NEW YORK, NY 10128				714,286
Total SEE CO	ONTINUATION SHE	ET(S)	. > 3a	5,624,286
b Approved for future payment				
MEMORIAL SLOAN-KETTERING CANCER	NONE	₽C	CHARITABLE PURPOSES	
CENTER .				
885 SECOND AVENUE, 8TH FLOOR				
NEW YORK, NY 10017				2,000,000
,				
NYU OFFICE OF GIFT ADMINISTRATION	NONE	PC	CHARITABLE PURPOSES	
25 WEST FOURTH STREET, 4TH FLOOR				
NEW YORK, NY 10012				2,025,000
PARK AVENUE SYNAGOGUE	NONE	PC	CHARITABLE PURPOSES	
50 EAST 87TH STREET				2 F71 400
NEW YORK, NY 10128	ONTINUATION SHE	<u> </u> ምጥ (ፍ)	▶ 3b	3,571,428 16,566,428
TotalSEE_C	とちゃけいりゃけんちょ ひひかっ	44/67	<u> </u>	16,566,428

Enter gross amounts unless other	wise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:		Code		+ + +		.
a b		·		+ +		
C		•	· · · · - ·	++		
d		· 		+ +		
<u> </u>		•		+ +		•
-		-		+ +		
- Food and contracts from ac-	vorament aganasa	-		+ +		
g Fees and contracts from go				+ + +		
2 Membership dues and assessn				++		
3 Interest on savings and tempor	ary cash					
Investments				14	1,626.	
4 Dividends and interest from sec		ļ		1 1	1,020.	
5 Net rental income or (loss) from	n real estate:	 		-		
a Debt-financed property				+		
b Not debt-financed property			 	+ +		
6 Net rental income or (loss) from	n personai			1 1		
property		 	- .	+ +		
7 Other investment income				+ +		
8 Gain or (loss) from sales of ass	ets other					
than inventory						
9 Net income or (loss) from spec				+		
O Gross profit or (loss) from sale	s of inventory			+	-	
1 Other revenue:						
a		-		+		
b		-	-	+		
c		-		+		·
d		-		+		
e		· 	0	+	1,626.	0
2 Subtotal. Add columns (b), (d),			0	•		1,626
3 Total. Add line 12, columns (b)					13	1,020
See worksheet in line 13 instruction	ons to verify calculations.)					
Part XVI-B Relation	nship of Activities	to the Accom	plishment of E	xempt	Purposes	,
Line No. Explain below how	each activity for which inco xempt purposes (other than	ome is reported in c	olumn (e) of Part XVI-	A contribu	ited importantly to the accom	plishment of
the loundation 3 ex	Tempt purposes (other than	T by providing failes	i tor such purposes).	-	- ·	
					-	
						
					<u> </u>	
			-	<u> </u>		
						-
	-					
						
				•		
					-	
						
					<u> </u>	
					·	

INC. F/K/A LEON BLACK FAMILY FOUNDATION.

Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) Yes No (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes Yes in section 501(c) (other than section 501(c)(3)) or in section 527? b if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perury, I deciate that I have examined this feturn, including accompanying schedules and statements, and to the best of my knowledge arer (other than taxpayer) is based on all information of which preparer has any knowledge d complete Declaration of pre Sign Here X Yes PRESIDENT Signature of officer or trustee Date Title Check Print/Type preparer's name Preparer's signature Date self- employed Paid THOMAS TURRIN P00850244

Form 990-PF (2018)

Firm's EIN ► 11-2336434

Phone no. 212-944-4433

Preparer

Use Only

Firm's name ► RAICH ENDE MALTER &

NEW YORK, NY 10018

Firm's address ▶ 1375 BROADWAY

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

2018

Name of the organization

DEBRA AND LEON BLACK FAMILY FOUNDATION, INC. F/K/A LEON BLACK FAMILY FOUNDATION,

Employer identification number

13-3947890

Organization type (check one).								
Filers of	':	Section:						
Form 99	0 or 990-EZ	501(c)() (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
X		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) a any one contributo	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 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.						
	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year						
	-	at 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						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

DEBRA AND LEON BLACK FAMILY FOUNDATION, INC. F/K/A LEON BLACK FAMILY FOUNDATION,

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEBRA R. BLACK & LEON D. BLACK C/O ELYSIUM MGMT 445 PARK AVE, # 1401 NEW YORK, NY 10022	\$ 5,635,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

DEBRA AND LEON BLACK FAMILY FOUNDATION,

INC. F/K/A LEON BLACK FAMILY FOUNDATION,

Employer identification number

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		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
}		s			

Name of organization

DEBRA AND LEON BLACK FAMILY FOUN

Employer identification number

DEBRA AND LEON BLACK FAMILY FOUNDATION, INC. F/K/A LEON BLACK FAMILY FOUNDATION,

No. om	· ·							
rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
			-					
			二 -					
		(e) Transfer of gif	 t					
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee				
No. m			<u> </u>					
m t i	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
—	· · · · · · · · · · · · · · · · · · ·		-	<u> </u>				
_			-					
		(e) Transfer of gif	t					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
No.								
m 11	(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					
—								
No. om rt I	(b) Purpose of gift	(c) Use of gift	T	(d) Description of how gift is held				
ii i	(b) Full pose of gift	(c) Ose of gift		to bescription of now girt is field				
_ _			-					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

DEBRA AND LEON BLACK FAMILY FOUNDATION, INC. F/K/A LEON BLACK FAMILY FOUNDATION, 13-3947890

Part XV Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or **Amount** contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient NONE CHARITABLE PURPOSES PRESIDENT AND FELLOWS OF HARVARD ÞС COLLEGE 124 MOUNT AUBURN STREET 6,000,000. CAMBRIDGE, MA 02138 THE NATURE CONSERVANCY NONE РC CHARITABLE PURPOSES 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203 370,000. TONY BLAIR FOUNDATION NONE ₽C CHARITABLE PURPOSES 237 WEST 35TH STREET, SUITE 1101 NEW YORK, NY 10001 750,000. WASHINGTON PARK FOUNDATION NONE ÞС CHARITABLE PURPOSES 18 TITUS ROAD WASHINGTON DEPOT, CT 06794 1,850,000. Total from continuation sheets 8,970,000.

DEBRA AND LEON BLACK FAMILY FOUNDATION, INC. F/K/A LEON BLACK FAMILY FOUNDATION,

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
PRESIDENT AND FELLOWS OF HARVARD	NONE	₽C	CHARITABLE PURPOSES	
COLLEGE	NONE		CHARTIADES TORTOGES	
124 MOUNT AUBURN STREET				
CAMBRIDGE, MA 02138				1,500,000
-				
THE NATURE CONSERVANCY	NONE	PC	CHARITABLE PURPOSES	
4245 NORTH FAIRFAX DRIVE SUITE 100	NONE		CHARTIADE TORTOBE	
ARLINGTON, VA 22203				10,000
•		1		· · · · · · · · · · · · · · · · · · ·
TONY BLAIR FOUNDATION	NONE	PC	CHARITABLE PURPOSES	
237 WEST 35TH STREET, SUITE 1101				250 000
NEW YORK, NY 10001		+		250,000
WASHINGTON PARK FOUNDATION, INC	NONE	₽C	CHARITABLE PURPOSES	
18 TITUS ROAD				
WASHINGTON DEPOT, CT 06794		 		50,000
WELCOMING AMERICA, INC.	NONE	₽C	CHARITABLE PURPOSES	
315 WEST PONCE DE LEON AVE				
DECATUR, GA 30030				25,000
			-	
			-	
1		,		
		1		
Total from continuation sheets		1		1,835,000
		•		

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES ST	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTI NET INCO	
J.P. MORGAN SECURITIES LLC J.P. MORGAN	1,602.		0.	.1,602.	1,602.		
SECURITIES LLC	24.		0.	24.	24.		
TO PART I, LINE 4	1,626.		0.	1,626.	1,626.		
FORM 990-PF		LEGAL	FE	ES	Si	TATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL FEES		21,844.		0.			0.
TO FM 990-PF, PG 1, LN 16A		21,844.	0.				0.
FORM 990-PF		ACCOUNTI	NG	FEES	Si	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING FEES		2,625.		0.		87	75.
TO FORM 990-PF, PG	 1, LN 16B	2,625.		0.		87	75.

FORM 990-PF .	OTHER EXPENSES			STATEMENT 4		
DESCRIPTION		(B) NET INVEST- MENT INCOME				
FILING FEES	245.	0.		0.		
TO FORM 990-PF, PG 1, LN 23	245.	0.		0.		
FORM 990-PF OTHER DECREASE DESCRIPTION			. 643781146	AMOUNT		
ACCOUNTING FEES FOR CHARITABI	LE PURPOSES	•	_	. 875.		
TOTAL TO FORM 990-PF, PART II	II, LINE 5		_	875.		
			-			
	SUBSTANTIA PART VII-A,	L CONTRIBUTORS	5 :	STATEMENT 6		
NAME OF CONTRIBUTOR	ADDR	ESS				
LEON D. BLACK		ELYSIUM MGMT, YORK, NY 1002:		E # 1401		
DEBRA R. BLACK		ELYSIUM MGMT, YORK, NY 1002		E # 1401		

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, D FOUNDATION MANA	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
LEON D. BLACK	PRESIDENT/DIRE	CTOR		
C/O ELYSIUM MGMT 445 PARK AVE # 1401 NEW YORK, NY 10022	0.50	0.	0.	0.
DEBRA R. BLACK	VICE PRESIDENT			
C/O ELYSIUM MGMT 445 PARK AVE # 1401 NEW YORK, NY 10022	0.50	0.	0.	0.
JOHN HANNAN	DIRECTOR			
C/O APOLLO GLOBAL MANAGEMENT LLC 9 W 57TH STREET NEW YORK, NY 10019	0.20	0.	0.	0.
BENJAMIN E. BLACK	DIRECTOR			
C/O ELYSIUM MGMT 445 PARK AVE # 1401 NEW YORK, NY 10022	0.20	0.	0.	0.
JOSHUA M. BLACK	DIRECTOR			
C/O ELYSIUM MGMT 445 PARK AVE # 1401 NEW YORK, NY 10022	0.20	0.	0.	0.
BARRY COHEN	DIRECTOR/TREAS	URER		
C/O APOLLO GLOBAL MANAGEMENT LLC 9 W 57TH STREET NEW YORK, NY 10019	0.00	0.	0.	0.
BRADLEY J. WECHSLER	SECRETARY			
C/O ELYSIUM MGMT 445 PARK AVE # 1401 NEW YORK, NY 10022	0.00	0.	0.	0.
VICTORIA R. BLACK	DIRECTOR			
C/O ELYSIUM MGMT 445 PARK AVE # 1401 NEW YORK, NY 10022	0.20	0.	0.	0.
ALEXANDER S. BLACK	DIRECTOR			
C/O ELYSIUM MGMT 445 PARK AVE # 1401 NEW YORK, NY 10022	0.20	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.