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

OMB No 1545 0052

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For cal	endar year 2016 or tax year beginning	, 2016	, and ending			
	ATNIK FAMILY FOUNDATION			Α	Employer identification num 81-2444350	nber
	ACCESS INC.; 730 FIFTH AVENU YORK, NY 10019	JE 20FL	-	В	Telephone nui*ber (see inst (203) 622-74(	
	1014., 11 10015			С	If exemption application is	
G Che	eck all that apply X Initial return	Initial return of a fori	mer public charity	D	1 Foreign organizations, chec	)[
	Final return Address change	Amended return Name change			2 Foreign organizations meet	اسا
H Che		1(c)(3) exempt private	foundation		here and attach computation	
1 Fair	Section 4947(a)(1) nonexempt charitable market value of all assets at end of year J Acc	<del></del>	private foundation	Ε	If private foundation status under section 507(b)(1)(A)	s was terminated
(froi	m Part II, column (c), line 16)	Other (specify)	ash X Accrual	F	If the foundation is in a 60	·
► \$	100,000: (7 47)	, column (d) must be of	<del></del>		under section 507(b)(1)(B)	
raici	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investmen income	ıt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check Inf the foundation is not required to attach Sch B	100,000.				
	3 Interest on savings and temporary cash investments					!
	4 Dividends and interest from securities			_		
	<b>5 a</b> Gross rents <b>b</b> Net rental income or (loss).				 	
Ŗ	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all					
REVEN	assets on line 6a 7 Capital gain net income (from Part IV, line 2)		<u> </u>			<u>'</u>
Й U	Net short term capital gain.     Income modifications					
Ě	10 a Gross sales less returns and					,
	allowances  b Less Cost of goods sold					:
	C Gross profit or (loss) (attach schedule)					
	11 Other income (attach schedule)					1
	12 Total Add lines 1 through 11	100,000.		0.	0.	
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.				
	15 Pension plans, employee benefits			_		
A D M	16a Legal fees (attach schedule) b Accounting fees (attach sch)		<del></del>	_	<del></del>	
, N	c Other professional fees (attach sch)					
PS	17 Interest RECEVED  18 Taxes (attach, schedule) (see instris)		<del></del>	-		
P S T R A T	18 Taxes (attach, schedule)(see instrs) 19 Depreciation (attach, schedule)) and defiletion 2 1 2017 20 Occupancy					
ŅÝ	1 (1)%)			-		
GÉ	21 Travel, conferences, and meetings 22 Printing and publications			_		
A N P E	23 Other expenses (attach schedule)	-		_		
N	24 Total operating and administrative			_		
S E S	expenses Add lines 13 through 23 25 Contributions, gifts, grants paid	<u> </u>		$\dashv$		
	26 Total expenses and disbursements Add lines 24 and 25	0.		0.	0.	0.
	27 Subtract line 26 from line 12.  a Excess of revenue over expenses					
	and disbursements	100,000.				
	D Net investment income (if negative, enter 0)     C Adjusted net income (if negative, enter 0)			0.	0.	1

Page 2

Par	<del>•</del> 11	Balance Sheets	Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year	End	of year
rai			(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest			100,000	. 100,000.
	2	Savings and tempora	ary cash investments			
	3	Accounts receivable	<b></b>			
	Į.	Less allowance for	doubtful accounts	,	! <del></del>	
	4	Pledges receivable	<b></b>			
	_	Less allowance for	doubtful accounts •	<u> </u>	 <del></del> -	
	5	Grants receivable				<del> </del>
	6	disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)			
Š	1	Less allowance for	doubtful accounts -		· · · · · · · · · · · · · · · · · · ·	
A S E T	8	Inventories for sale			·	
	9	Prepaid expenses ar				
S	10:	a Investments – U S obligations (attach s	and state government chedule)			<u> </u>
	1	<b>b</b> Investments — corporate	,	<u> </u>	·	
	١ '	c Investments — corporate	bonds (attach schedule)	 <del></del>	·	
	11	Investments – land, equipment basis	buildings, and			
		Less accumulated deprecedant (attach schedule)	iation •			
	12	Investments - morte	gage loans			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment basis			
		Less accumulated deprec (attach schedule)	<b>&gt;</b>			
	1	Other assets (descri				
	16	see the instructions	completed by all filers — Also, see page 1, item I)	0.	100,000	. 100,000.
Ţ	17	Accounts payable ar	nd accrued expenses			= = = = = = = = = = = = = = = = = = = =
Å	18	Grants payable				7
B	19	Deferred revenue	į			7
Ľ	20	Loans from officers, direct	tors, trustees, & other disqualified persons			7
Ţ	21	Mortgages and other notes	s payable (attach schedule)			
Ţ	22	Other liabilities (des	cribe )			
E S	23	Total liabilities (add	lines 17 through 22)	0.	0	.]
		Foundations that fol and complete lines 2	llow SFAS 117, check here 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted				1
N F E U T N	25	Temporarily restricte	d			1
D	26	Permanently restrict	ed			7
A B A L A N		Foundations that do and complete lines 2	not follow SFAS 117, check here XX 27 through 31.			,
SAEL	27	Capital stock, trust p	orincipal, or current funds			
TA	28		or land, bldg, and equipment fund			- 1
O E	29	Retained earnings, accumi	ulated income, endowment, or other funds		100,000	
RS	30	Total net assets or f	und balances (see instructions)	0.	100,000	
	31	Total liabilities and (see instructions)	net assets/fund balances	0.	100,000	7
Par	1111	_ `	ges in Net Assets or Fund Balance		100,000	·
			alances at beginning of year — Part II, colu		gree with	Ţ
'	end-	of-year figure reported	d on prior year's return)	iliri (a), ilile 30 (iliust a	gree with	0.
2	Ente	r amount from Part I,	line 27a		2	100,000.
3	Other	increases not included in li	ne 2 (itemize)		3	
4	Add	lines 1, 2, and 3			4	100,000.
5		ases not included in line 2 (	·		5	
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus line 5)	- Part II, column (b), I	ine 30 <b>6</b>	100,000.

(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))
2015				
2014				
2013				
2012				
2011				
	r the 5-year base period — divide the tion has been in existence if less than naritable-use assets for 2016 from Pai		3	
5 Multiply line 4 by line 3			5	
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6	
7 Add lines 5 and 6			7	

8

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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

Forn	n 990-PF (2016) BLAVATNIK FAMILY FOUNDATION	81-2444	350	F	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	see instru	ctions)		
1 8	a Exempt operating foundations described in section 4940(d)(2), check here		,		
	Date of ruling or determination letter (attach copy of letter if necessary — see instructions)	}			
(	b Domestic foundations that meet the section 4940(e) requirements in Part V,	- 1			0.
	check here. ► and enter 1% of Part I, line 27b	1 1			
•	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				0
2	foundations only Others enter -0-) Add lines 1 and 2	3			0.
Л	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	<b></b>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6	Credits/Payments				_ <del></del> -
	a 2016 estimated tax pmts and 2015 overpayment credited to 2016				1
1	Exempt foreign organizations — tax withheld at source 6b				:
(	Tax paid with application for extension of time to file (Form 8868).				
	Backup withholding erroneously withheld 6 d				
7	Total credits and payments Add lines 6a through 6d	7			<u> 0.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>▶</b> 9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded	► 11 I			
	rt VII-A   Statements Regarding Activities			T.,	<del></del>
1 2	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	1 it	1 a	Yes	X
i	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1 5	,	X
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	d			,
	Did the foundation file Form 1120-POL for this year?		10	:	X
(	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ►\$ 0. (2) On foundation managers ►\$			ł	'
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		_0.		
	foundation managers >\$0.				'
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		2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change		3		
4 :	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	75	4 a	<del> </del>	X
	o If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		46		/A_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<del>                                     </del>	X
	If 'Yes,' attach the statement required by General Instruction T			<del>                                     </del>	<del>                                     </del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				,
	By language in the governing instrument, or		1	}	1
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conf with the state law remain in the governing instrument?</li> </ul>	lict		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	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	•			
	DE		_	}	,
t	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		86	X	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' collections for Part XIV)?	(3) or 4942( inplete Part	))(5) X/V <u>9</u>		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nan and addresses  SEE STATEM	es IENT 1	10	х	
BAA	<del> </del>		Form 99	0-PF (2	2016)

rai	Statements Regarding Activities (Continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		х
13	The state of the s	13	X	
	Website address  N/A  The books are in care of P. CREC LLC			
14	relephone no (203)	<u> 622</u>	-740	<u> </u>
15	Located at C/O ACCESS INC; 730 5TH AVE NEW YORK NY ZIP + 4 10019  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	N/Ā	·	
-	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a		Yes	No
	bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.			
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
_	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			١.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No	1	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No		i i	
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes X No			
ł	If any answer is 'Yes' to 1a(1)—(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	Ñ	/A
	Organizations relying on a current notice regarding disaster assistance check here		ŀ	;
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 before the first day of the tax year beginning in 2016?	1 c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?   Yes X No			
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20		ĺ	
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement — see instructions)	2 b	N	/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	7		
	► 20 , 20 , 20 , 20			1
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
b	of f 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	3 b	- N	 /A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		х
. b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4 b		X
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Form 990-PF (2016) BLAVATNIK FAMILY I Part VII-B   Statements Regarding Activit		4720 May Do Doo	81-24	44350	Page 6
5a During the year did the foundation pay or incu		14/20 May be Req	uirea (continuea)	<del></del>	г
(1) Carry on propaganda, or otherwise attempt	=	on (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see sectionation drive?	n 4955), or to carry	Yes [X]	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	a charitable, etc , organ s)	ization described	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exce ding disaster assistance	ptions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	•		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	·	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494.	5—5(d)			
<ul><li>6 a Did the foundation, during the year, receive all on a personal benefit contract?</li><li>b Did the foundation, during the year, pay prem</li></ul>			∐Yes X	No	
If 'Yes' to 6b, file Form 8870	idins, directly of mailed	ity, on a personal belie	iii coilli act	00	X
7 a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	nction? Yes X	No	
<b>b</b> If 'Yes,' did the foundation receive any proceed			transaction?]	N/A 7b	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid 6	Employee	s,
<del></del>		<del></del>	<del></del>		
1 List all officers, directors, trustees, foundation				Ţ————	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other a	se account, allowances
CPTC LLC	TRUSTEE	0.	0.		0.
%ACCESS INC.; 730 5TH AVE 20FL NEW YORK, NY 10019	0	! !			
				ļ.	
				1	
	<u> </u>			<del> </del>	
			_		
				}	
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 see instruction	nc) If none, enter 'NONE	<u>.                                    </u>	
		on line 1 — see insuaction	(d)Contributions to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense other a	se account, illowances
NONE					
		<del> </del>		<del> </del>	
		1			
		<del> </del>		<del> </del>	
Total number of other amplement and are decorated		L		<del> </del>	
Total number of other employees paid over \$50,000	·	<del></del>		L	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa and Contractors (continued)	id Employees,
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
NONE	
Total number of others receiving over \$50,000 for professional services	<u>▶</u> 0
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	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc	<u> </u>
1 <u>N/A</u>	<b>-</b>
	· <b>-</b>
2	
	· – –
3	
<u> </u>	
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 <u>N/A</u>	
2	
All other program-related investments. See instructions	
3	
	. — —
	·
Total. Add lines 1 through 3	<b>•</b> 0.
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Part X   Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign four	ndations,
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	1 a	
b Average of monthly cash balances	1 b	67.000
c Fair market value of all other assets (see instructions)	1 c	67,000.
d Total (add lines 1a, b, and c)	1 d	67,000.
e Reduction claimed for blockage or other factors reported on lines 1a and	10	67,000.
1c (attach detailed explanation)  2 Acquisition indebtedness applicable to line 1 assets	<b>-</b> 1	0
3 Subtract line 2 from line 1d	2	67,000.
3 Subtract line 2 from line to	3	67,000.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,005.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	65,995.
6 Minimum investment return. Enter 5% of line 5	6	3,300.
Part XI Distributable Amount (see instructions) (Section 4942(J)(3) and (J)(5) private opera and certain foreign organizations check here ► ☐ and do not complete this part.)	ating found	dations
1 Minimum investment return from Part X, line 6	1	3,300.
2a Tax on investment income for 2016 from Part VI, line 5	4,,	·
<b>b</b> Income tax for 2016 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	3,300.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	3,300.
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	3,300.
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	1 a	
<b>b</b> Program-related investments — total from Part IX-B	1 b	
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 a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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)	_	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
, , , ,	L	
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	undation	

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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	<b>(c)</b> 2015	<b>(d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				3,300.
2 Undistributed income, if any, as of the end of 2016				3,300.
a Enter amount for 2015 only			0.	1
<b>b</b> Total for prior years 20 , 20 , 20		0.	<u> </u>	
3 Excess distributions carryover, if any, to 2016				
a From 2011				
<b>b</b> From 2012	=			
c From 2013	†			,
<b>d</b> From 2014	=	,		
<b>e</b> From 2015	+			1
f Total of lines 3a through e	- o.			•
4 Qualifying distributions for 2016 from Part	<del>·</del>			<u>'</u>
XII, line 4 ► \$				1
a Applied to 2015, but not more than line 2a			0.	,
<b>b</b> Applied to undistributed income of prior year (Election required – see instructions)	s	0.		i
				<u> </u>
c Treated as distributions out of corpus (Election required — see instructions)	0.	]		! !
d Applied to 2016 distributable amount	· · · · · · · · · · · · · · · · · · ·			0.
e Remaining amount distributed out of corpus	0.			<u> </u>
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a)	)		·	
6 Enter the net total of each column as				,
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		o.		
c Enter the amount of prior years' undistribute				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				. !
tax has been previously assessed		0.		i
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2015 Subtract line 4a from				
line 2a Taxable amount — see instructions.			0.	ı
				·
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2017			İ	3,300.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				1
may be required — see instructions).	0.			1
8 Excess distributions carryover from 2011 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9	0.			
a Excess from 2012				
b Excess from 2013	┪			,
c Excess from 2014	-			1
d Excess from 2015	<del> </del>			1
e Excess from 2016	-		ļ	j
AA	L		<u></u>	Form 990 PF (2016)

Form 990-PF (2016) BLAVATNIK FAMILY				81-244435	) Page <b>10</b>
Part XIV   Private Operating Foundat			<del></del>		N/A
1 a If the foundation has received a ruling or determined is effective for 2016, enter the date of the	ruling			` <b>^</b>	4040()(5)
<ul><li>b Check box to indicate whether the foundat</li><li>2 a Enter the lesser of the adjusted net</li></ul>	<del></del>	erating foundation		4942(J)(3) or	4942(j)(5)
income from Part I or the minimum	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(4) 2013	(e) Total
investment return from Part X for each year listed	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a			+		
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets		<del> </del>	<del></del>		
(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				}	
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(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			T		
Part XV Supplementary Information assets at any time during th	(Complete this e year – see in	part only if the structions.)	foundation had	\$5,000 or more	in
Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have NONE)	contributed more the	nan 2% of the total of than \$5,000) (See	contributions received e section 507(d)(2))	by the foundation bef	ore the
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporation	on (or an equally large rest	portion of the owner	ship of
2 Information Regarding Contribution, Grant, Check here ► X if the foundation only ma requests for funds. If the foundation makes gromplete items 2a, b, c, and d	kes contributions to fts, grants, etc (see	preselected charitab instructions) to indi-	viduals or organization	s under other conditi	
a The name, address, and telephone number or	e-mail address of the	he person to whom a	applications should be	addressed	
<b>b</b> The form in which applications should be s	submitted and infor	mation and materia	als they should inclu	de	
c Any submission deadlines	- ,			<del>_</del>	
d Any restrictions or limitations on awards, s	uch as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other	factors
BAA	TF	EA0310L 12/16/16		F	orm <b>990-PF</b> (2016)

Page 11

3 Grants and Contributions Paid During the Yo	ear or Approved for Fut	ure Paymen	ıt	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contibution	
a Paid during the year	or substantial contributor	recipient		
Total			► 3a	
b Approved for future payment  Total			► 3b	

	Allary 313 of Income 1 Todacing					
Enter gross	s amounts unless otherwise indicated	Unrelate	d business income	Excluded I	oy section 512, 513, or 514	(e)
1 Prog	ram service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
а						
b		1		++		
c		1		<del>                                     </del>		
d		1		† <del>-  </del>		
e		1		+ - +		
f		† †		+ - +		
a Fees	and contracts from government agencies	<del>                                     </del>		+		
_	bership dues and assessments		<del></del>	+ - +		
	st on savings and temporary cash investments	<del></del>		+		<del></del>
	ends and interest from securities	<del></del>		+-+	<del></del>	
	ental income or (loss) from real estate	<del> </del>		+		
	-financed property	<del></del>		<del>-}</del>		
	debt-financed property			+		
	ntal income or (loss) from personal property	<del></del>		++	<del></del>	
	r investment income	<del></del>		+-+		
	r (loss) from sales of assets other than inventory	<del></del>	<del> </del>	<del></del>		
	ncome or (loss) from special events	<b></b>	<del></del>	++		<del></del>
	•	<b></b>	<del></del>	+		
	s profit or (loss) from sales of inventory	<b></b>				
	r revenue	1				
. a				++		
ь				<del>  -</del>		
°.——			<del></del>			
d		<del>  </del>		1		
40	<del> </del>	<u> </u>				
	otal Add columns (b), (d), and (e)	1		1 1		
			<del></del>			
13 Total	l. Add line 12, columns (b), (d), and (e)		<del></del>	_ <del>   </del>	13	0.
13 Total	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated				•	0.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated	Accompli			ses	
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	
13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the	Accompli			ses	

Part XVII	Information	Regarding	Transfers	To and	Transactions	and Relat	tionships V	Vith Nonchari	table
	Exempt Ord	anizations							

							}	Yes	No
describe	organization directly d in section 501(c) to political organiza	of the Code (of	ngage in any of the folk ther than section 501(c)	owing with any ( (3) organization	other organizations) or in section 5	27,		162	NO
-			a noncharitable exemp	t organization of	f·	ł	-	.	
(1) Cash		<b>9</b>		· <b>9</b> · · · · · · · · · · · · · · · · · · ·			1 a (1)	.	Х
(2) Othe	er assets						1 a (2)		X
<b>b</b> Other tra	ansactions.					Ī			
<b>(1)</b> Sale	s of assets to a noi	ncharitable exe	mpt organization				1 b (1)		X
(2) Purchases of assets from a noncharitable exempt organization									X
<b>(3)</b> Rent	al of facilities, equi	pment, or othe	r assets				1 b (3)		X
<b>(4)</b> Rein	nbursement arrange	ements				[	1 b (4)		X
<b>(5)</b> Loar	ns or loan guarante	es.				Ĺ	1 b (5)		<u>X</u>
<b>(6)</b> Perf	ormance of service:	s or membersh	ip or fundraising solicita	itions		ļ	1 b (6)		<u>X</u>
<b>c</b> Sharing	of facilities, equipm	nent, mailing lis	sts, other assets, or paid	d employees		Ĺ	1 c		<u>X</u>
the goods	s, other assets, or se	ervices given by	complete the following the reporting foundation	If the foundation i	received less than	fair market value in		ue of	
	saction or sharing a	<del></del>	how in column (d) the vortice of the contraction of the column (d)		<del></del>	fers, transactions, and sl			
(a) Line no	(b) Amount involved	(c) Name C	or noncharitable exempt organi	zation (c	) Description of trans	iers, transactions, and si	iaring arran	gement	<u>-</u>
N/ A		+		<del></del>					
	<del></del>	<del>                                     </del>							
		<del></del>			<del></del>				<del></del>
		<u> </u>							
		<u></u>							
describe	d in section 501(c)	of the Code (of	d with, or related to, one of ther than section 501(c)	or more tax-exem (3)) or in section	ipt organizations n 527?		Yes	X	No
	complete the follow	_ <del>_</del>			<del>,</del>				
<del></del>	Name of organizat	tion	(b) Type of orga	anization	(c)	Description of rela	ionship		<del>-</del>
N/A			<del></del>		<del> </del>				
	<del></del>			<del></del>					
Under p	enalties of peruity, I decla	are that I have exam	ned this return, including accord	npanying schedules a	nd statements, and to t	the best of my knowledge	and belief, i	t is true,	
sign correct,	and complete Declaration	n of preparer (other	than taxpayer) is based on all in	nformation of which p	reparer has any knowle	edge	May the I	RS discu	uss
lere /	VXW	190		12/17	TRUSTEE		this return preparer	shown b	elow
Signa	ture of officer or trustee		Date	<del></del>	Title		(see instr	ves Yes	2 No
	Print/Type preparer's na	ame	Preparer's signature		Date	Check X if	PTIN		
Paid	DANIEL M. R	OSEN	/ lan	1/	11/01/17		P00009	058	
reparer		DANIEL M.	ROSEN, CPA'S	<del></del>	т — т	Firm's EIN > 13-31			
Jse Only	_	67 MASON S				13 31	-0446		
Joe Only	_	GREENWICH,	CT 06830			Phone no (203)	622-	7400	
BAA			<u> </u>				Form <b>99</b> (		2016)

### 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.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization	<del></del>	Employer identification number			
BLAVATNIK FAMILY FOUNDATION		81-2444350			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation			
	527 political organization				
	327 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a privi	rato foundation			
		ate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>Genera</b>	I Pule or a Special Pule				
,	•				
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	special Rule See instructions			
General Rule					
X For an organization filing Form 990, 990-E2	Z, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or			
property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 50	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	ort test of the regulations			
received from any one contributor, during t	the year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1 Complete Parts I and II	) 2% of the amount on (i)			
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1 Complete Parts I and II				
Ter an organization described in section 50	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received t	from any one contributor			
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, li	terary, or educational			
purposes, or for the prevention of cruelty to	children or animals Complete Parts I, II, and III				
	r1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to For religious, charitable, etc., purposes, but no such contribution				
	ne total contributions that were received during the year for a				
charitable, etc., purpose. Don't complete ar	ny of the parts unless the General Rule applies to this organ	ization because			
it received nonexclusively religious, charitat	ole, etc., contributions totaling \$5,000 or more during the yea	ar ► २			

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-E2, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Semblar contribution   Semblar contribution		B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part
Number   Name, address, and ZIP + 4   Total contributions   Payroll   Noncash   Name, address, and ZIP + 4   Total contributions   Payroll   Noncash   Name, address, and ZIP + 4   Total contributions   Payroll   Noncash   No	-			
Contributions   Person   Payroll			e is needed	
Secretarian	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NEW YORK, NY 10019   Complete Part II for noncash contributions	1	GRANTOR TRUST DTD MAY 21,2003		≒
Number   Name, address, and ZIP + 4   Total contributions   Person   Payroll   Number   Name, address, and ZIP + 4   Total contributions   Person   Payroll   Noncash   Payroll   Noncash   Payroll   Noncash   Payroll   Noncash   Payroll   Noncash   Payroll   Noncash   Payroll   Payroll   Noncash   Payroll   Payroll   Noncash   Payroll	% ACCESS IND. INC, 730 5TH AVE	\$100,000.		
Complete Part II for noncash contributions   Person   Payroll   Noncash   Complete Part II for noncash contributions   Payroll   Type of contributions   Payroll   Noncash   Complete Part II for noncash contributions   Payroll   Noncash   Complete Part II for noncash contributions   Payroll   Type of contributions   Payroll   Noncash   Complete Part II for noncash contributions   Payroll   Noncash   Complete Part II for noncash contributions   Payroll   Noncash   Complete Part II for noncash contributions   Payroll   Type of contributions   Payroll   Noncash   Complete Part II for noncash contributions   Payroll   Noncash   Non		NEW YORK, NY 10019	_	
Payroll   Noncash   Name, address, and ZIP + 4   Total contributions   Name, address, and ZIP + 4   Total contributions   Name, address, and ZIP + 4   Total contributions   Person   Payroll   Noncash   No	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Name, address, and ZIP + 4   Contributions   Type of contributions			_ _\$ <b>.</b>	Payroll Noncash Complete Part II for
S	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	
Number Name, address, and ZIP + 4  Total contributions  (Complete Part II for noncash contributions)  (A) Number Name, address, and ZIP + 4  (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  Person Payrol Noncash  (Complete Part II for noncash contributions)  Person Payrol Noncash  (Complete Part II for noncash contributions)			- \$\$	Payroli Noncash Complete Part II for
S	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Contributions   Person   Payroll   Noncash   Complete Part II for noncash contributions			-  \$	Payroll Noncash Complete Part II for
\$ Payroll Noncash (Complete Part II for noncash contributions)  (a) Number Name, address, and ZIP + 4 Contributions  Person Payroll Noncash (Complete Part II for noncash contribution)  Person Payroll Noncash (Complete Part II for noncash contributions)	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
\$   Contributions   Person   Payroll   Noncash   (Complete Part II for noncash contributions )			- \$	Payroll Noncash Complete Part II for
Payroll Noncash (Complete Part II for noncash contributions )	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
noncash contributions )			-  \$\$	Payroll
	BAA	TFFA0702I 08/09/16	Schodula P (Farm 00	noncash contributions )

1 of Part I

Page

1 to

1 of Part II

Name of organization
BLAVATNIK FAMILY FOUNDATION

Employer identification number

81-2444350

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		  \$	
(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	
BAA	Sch	edule B (Form 990, 990-E	Z. or 990-PF) (201)

1 of Part III

BLAVATNIK FAMILY FOUNDATION

Employer identification number 81~2444350

	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.)  Show 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.  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			
	N/A					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
<u></u>	(b)	(c)	(4)			
(a) No. from Part I	Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, addres	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held			
Part I						
	Transferee's name, addres	(e) Transfer of gift s, 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			
	<u></u>					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
RΔΔ	<u> </u>		Schedule R (Form 990, 990, F7, or 990, P5) (2016)			

2016

#### **FEDERAL STATEMENTS**

PAGE 1

**BLAVATNIK FAMILY FOUNDATION** 

81-2444350

11/01/17

STATEMENT 1 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

GRANTOR TRUST DTD MAY 21,2003

% ACCESS IND. INC, 730 5TH AVE NEW YORK, NY 10019