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

Department of the Treasury Internal Revenue Service

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2017

Open to Public Inspection

For calendar year 2017 or tax year beginning , 2017, and ending ,								
THE S	SUSAN AND ELIOT BLACK FOUND	ATION	Α	Employer identification num 13-4085055	nber			
2 JENIFER LANE COS COB, CT 06807				Telephone number (see inst (203) 536-410				
			С	If exemption application is	pending, check here			
G Che	ck all that apply Initial return	Initial return of a form	ner public charity	1 Foreign organizations, chec	k here			
<u> </u>	Address change	Name change	auadata ( ) A	2 Foreign organizations meet here and attach computation	ing the 85% test, check			
	Section 4947(a)(1) nonexempt charitable		private foundation E	If private foundation status	was terminated			
	market value of all assets at end of year  n Part II, column (c), line 16)	counting method: XC	ash Accrual F	under section 507(b)(1)(A)  If the foundation is in a 60				
► \$	1,825,492. (Part	, column (d) must be or	cash basis.)	under section 507(b)(1)(B)	, check here			
<u>raiti</u>	Expenses (The total of amounts in columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
	1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check X If the foundation is not required to attach Sch	В			~			
	Interest on savings and temporary cash investments     Dividends and interest from securities	6,012. 25,526.	6,012. 25,526.	6,012. 25,526.				
	5 a Gross rents  b Net rental income or (loss)							
R	6 a Net gain or (loss) from sale of assets not on line 10	48,168.						
E V F	assets on line 6a  7 Capital gain net income (from Part IV, line 2)		48,168.					
E N U	8 Net short-term capital gain 9 Income modifications			15,422.				
Ĕ	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)							
	SEE STATEMENT							
	12 Total Add lines 1 through 11	91,931.	79,706.	46,960.	1			
	13 Compensation of officers, directors, trustees, etc.	- 0.		-				
	14 Other employee salaries and wages 15 Pension plans, employee benefits			REC				
	16a Legal fees (attach schedule)			1,500	EIVED			
A	b Accounting fees (attach sch) SEE ST 2	3,500.	3,500.	(S) NO:				
M I	C Other professional fees (attach sch)	3,300.	3,300.	<del>                                     </del>	5 2018			
οı	17 Interest		<del></del>		<del>                                    </del>			
P S E T	18 Taxes (attach scheduleXsee instrs) SEE STM	64.	64.	OGDE				
O P S T R A T	19 Depreciation (attach	7 7 1		SUE	V UT			
1 i	schedule) and depletion							
N Ý G E	20 Occupancy 21 Travel, conferences, and meetings			<del> </del>	-			
A E	22 Printing and publications.	···		<del> </del>	· · · · · · · · · · · · · · · · · · ·			
A N D E	23 Other expenses (attach schedule) SEE STATEMENT	8,171.	8,171.					
E N S E S	24 Total operating and administrative expenses Add lines 13 through 23	11,735.	11,735					
5	25 Contributions, gifts, grants paid PART XV	82,100.	11, 755.		82,100.			
	26 Total expenses and disbursements Add lines 24 and 25	93,835.	11,735.	0.	82,100.			
	27 Subtract line 26 from line 12:			-	1			
	a Excess of revenue over expenses and disbursements	-1,904.	•					
	<b>b</b> Net investment income (if negative, enter -0-)		67,971					
	C Adjusted net income (if negative, enter -0-)			46,960.				

Page 2

Dar	102	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	E	nd o	f year
Pari	107	Datatice Sileets	(See instructions )	(a) Book Value	(b) Book Value	•	(c) Fair Market Value
	1	Cash - non-interest	-bearing				
	2	Savings and tempora	ary cash investments	58,883.	42,6	64.	72,435.
	3	Accounts receivable	P	The state of the s	M		(2) 是在2000年2月,2000年
		Less allowance for	doubtful accounts ▶				_
	4	Pledges receivable	<b>•</b>		1 1 11 11 11 11 1		
		Less: allowance for	doubtful accounts >				
	5	Grants receivable					
	6	Receivables due from offic disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)				
_	7	Other notes and loans rece	eivable (attach sch)	11	la de la companya de	۸,	F 12 1 1 1 1 1
A		Less: allowance for	doubtful accounts ►				
Š	8	Inventories for sale	or use				
A S E T	9	Prepaid expenses a	nd deferred charges				
S	10 a	Investments – US obligations (attach s	and state government chedule)		29,9	95.	29,669.
	t	Investments — corporate	stock (attach schedule)	1,167,684.	1,081,9	95.	1,389,872.
		: Investments — corporate	bonds (attach schedule)	264,803.	334,8	12.	333,516.
	11	Investments – land, equipment: basis	buildings, and		19.3	L e <sup>gr</sup> 'g	
		Less. accumulated deprec (attach schedule)	iation •				
	12	Investments - mort	gage loans.				
	13	Investments - other	(attach schedule)				
	14	Land, buildings, and			3.4		S
		Less. accumulated deprec (attach schedule)	•				
	15 16	Other assets (descri Total assets (to be see the instructions	be ► completed by all filers ) Also, see page 1, item I).	1,491,370.	1,489,4	66.	1,825,492.
Ŀ	17	Accounts payable ar	nd accrued expenses				e.
I A	18	Grants payable					
A B	19	Deferred revenue					
L	20	Loans from officers, direc	tors, trustees, & other disqualified persons				]
I T	21	• •	s payable (attach schedule)				
- 1	22	Other liabilities (des	cribe)				
E S	23	Total liabilities (add	l lines 17 through 22)	0.		0.	
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26, and lines 30 and 31.				
NF	24	Unrestricted					
EUTN	25	Temporarily restricted	ed				· A second
D	26	Permanently restrict		·			30
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here X 27 through 31.				
EL	27	Capital stock, trust j	principal, or current funds				
SŅ	28	Paid-in or capital surplus	, or land, bldg , and equipment fund .				
O E	29	Retained earnings, accum	ulated income, endowment, or other funds	1,491,370.	1,489,4	66.	20 500 4 50 1
ŔŠ	30	Total net assets or	fund balances (see instructions)	1,491,370.	1,489,4	66.	
	31	Total liabilities and (see instructions)	net assets/fund balances	1,491,370.	1,489,4	66.	
Par	Part III Analysis of Changes in Net Assets or Fund Balances						
1	Tota	I net assets or fund b	alances at beginning of year — Part II, cold on prior year's return)	umn (a), line 30 (must	agree with	1	1,491,370.
2		r amount from Part I,	· · · · ·			2	-1,904.
3							1, 504.
4	· · · · · · · · · · · · · · · · · · ·						
5							
6	6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 6 1, 489, 466.						

Rar	(a) List and describe t	he kind(s) of property sold (for examp	le, real estate.	(b) How acquired	(C) Date acquired	(d) Date sold
	2-story brick wareho	ouse, or common stock, 200 shares	MLC Company)	P — Purchase D — Donation	(mo , day, yr )	(mo , day, yr )
	SEE STATEMENT 5					·
t				<u> </u>		
		Marie San		-		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
a	<del></del> ,					
<u>_</u> _						
			<u> </u>		-	<del></del>
		···		<del></del>	<del>.</del>	
<u> </u>		ing gain in column (h) and owned l	by the foundation on 12/31	/69	(I) Gains (Col.	(h)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		ain minus col. (k), b an -0-) or Losses (fr	ut not less
a	l					
t	)					
			,,,,,			
	Capital gain net income or (ne	t capital loss)	enter in Part I, line 7 ter -0- in Part I, line 7	-	T	
2	Net short-term capital gain or i	loss) as defined in sections 1222(5)	_	2	<del>                                     </del>	48,168.
,	, 5	e 8, column (c) See instructions If	· ``	- 3		15 422
Pai	·	Section 4940(e) for Reduce	ed Tax on Net Investo	L		15,422.
Was	es,' the foundation doesn't quali	his part blank ction 4942 tax on the distributable a fy under section 4940(e). Do not co each column for each year, see the in	omplete this part	·	Yes	X No
<u> </u>		(b)	4	r entries.	(4)	
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	Distribution (col. (b) divided	
	2016	49,188.				
	2015	81,123.			<del></del>	
	2014 2013	61,640.			<del></del>	
	2013	27,859. 71,179.		<del></del>		
_	2012	11,113.	I	<del></del>	<u> </u>	
2	Total of line 1, column (d)			2		
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total n has been in existence if less thar	on line 2 by 5.0, or by the n 5 years.	3		-
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5				4		
5	5 Multiply line 4 by line 3			5		
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		680.
7	Add lines 5 and 6			7		680.
8	Enter qualifying distributions fr	,	. 40	8	<u></u>	82,100.
	If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1% tax	rate See the	

•	·	7		
form 990-PF (2017) THE SUSAN AND ELIOT BL	ACK FOUNDATION	ン .	13-4085055	Page 4
Part VI: Excise Tax Based on Investment I				
1 a Exempt operating foundations described in section 4940(d)(2), che	7 7	N/A' on line 1.		3 15 19
Date of ruling or determination letter.	ach copy of letter if necessary -	- see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e)	requirements in Part V,	-	1	680.
check here X and enter 1% of Part I, line 27b				£ 5.3°
c All other domestic foundations enter 2% of line 27b. Exempt forei	gn organizations enter 4% of Part I,	line 12, col (b)		7. (3)
2 Tax under section 511 (domestic section 4947(a)(1)	trusts and taxable			
foundations only; others, enter -0-)	•		2	<u>0.</u>
3 Add lines 1 and 2	V trusta and taxable formulation		3	680.
<ul> <li>Subtitle A (income) tax (domestic section 4947(a)(1</li> <li>Tax based on investment income. Subtract line 4 fr</li> </ul>		<del>-</del>	5	0.
6 Credits/Payments:	offi fine 3 if zero of less, eff	lei -U-	3	680.
a 2017 estimated tax pmts and 2016 overpayment credited to 2017		6a		1
<b>b</b> Exempt foreign organizations — tax withheld at sou	rce	6 b		
c Tax paid with application for extension of time to fil		6c		
d Backup withholding erroneously withheld	. (	6 d		
7 Total credits and payments Add lines 6a through 6	d	<del></del>	7	0.
8 Enter any penalty for underpayment of estimated to	ax Check here X If Form 2	2220 is attached	8	18.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter an	nount owed		▶ 9	698.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, en	ter the amount overpaid		▶ 10	
11 Enter the amount of line 10 to be Credited to 2018 estimated tax	<u>x</u> ►	Refunded	▶ 11	
Part VII-A. Statements Regarding Activities				
1 a During the tax year, did the foundation attempt to in	ofluence any national, state,	or local legislation or did		Yes No
participate or intervene in any political campaign?			1 a	X
b Did it spend more than \$100 during the year (either dire See the instructions for the definition	ectly or indirectly) for political p	urposes?	16	
	ntion of the opticities and service		7	) X
If the answer is 'Yes' to 1a or 1b, attach a detailed descri- or distributed by the foundation in connection with t		s or any materials published	<b>1</b> 77,	1 3 5 3
c Did the foundation file Form 1120-POL for this year	?		. 1c	X
d Enter the amount (if any) of tax on political expend	The state of the s		, .	7
(1) On the foundation ► \$ e Enter the reimbursement (if any) paid by the foundation	0. (2) On foundation mai		0.	1 1
foundation managers	0.	periordire tax imposed on	, .	1 2 2
2 Has the foundation engaged in any activities that ha	<del></del>	rted to the IRS?	2	X
If 'Yes,' attach a detailed description of the activitie	S		• *-	1 7 7 7 7
3 Has the foundation made any changes, not previously r	eported to the IRS, in its gover	ning instrument, articles	: :	
of incorporation, or bylaws, or other similar instrum	ents? If 'Yes,' attach a confo	rmed copy of the change	s <b>3</b>	X
4 a Did the foundation have unrelated business gross in	• •	ing the year?	4 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for t	<del>-</del>		_ 4b	N/A
5 Was there a liquidation, termination, dissolution, or substantial co	<b>,</b>		5	X
If 'Yes,' attach the statement required by General In		satisfied either	0.2	
<ul> <li>Are the requirements of section 508(e) (relating to</li> <li>By language in the governing instrument, or</li> </ul>	sections 4941 through 4945)	Sausheu either		11: 40:4
<ul> <li>By state legislation that effectively amends the government of the state law remain in the governing instrument.</li> </ul>	ning instrument so that no man nent?	idatory directions that confli	ict 6	X
7 Did the foundation have at least \$5,000 in assets at any time during		l, col (c), and Part XV	7	<del>                                     </del>
8a Enter the states to which the foundation reports or	• • • • •		<b>•</b>	1 3
NY				
b If the answer is 'Yes' to line 7, has the foundation furnished a cop		neral		
(or designate) of each state as required by General Instruction G?			86	X
9 Is the foundation claiming status as a private opera for calendar year 2017 or the tax year beginning in	ating foundation within the mi 2017? See the instructions f	eaning of section 4942(j)( or Part XIV. If 'Yes,' com	(3) or 4942(j)(5)	

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10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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rai	T VIII-A: 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 persadvisory privileges? If 'Yes,' attach statement. See instructions	on had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	applica	tion?	13	Х	
	Website address • N/A					
14	The books are in care of FOUNDATION  Telephone  Located at FOUNDATION  Telephone  ZIP + 4 FOUNDATION  ZIP + 4 FOUNDATION		<u>(203)</u>	<u>536</u>	<u>-410</u>	<u>8</u>
15	Located at ► 2 JENIFER LANE COS COB CT ZIP + 4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	<u>068</u>	<u> </u>	N/A		г.
	and enter the amount of tax-exempt interest received or accrued during the year	<b>▶</b>   •	15	+1/ +1		⊔ N/A
16				Т	Yes	No
	bank, securities, or other financial account in a foreign country?	, vc. u	[	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.				1	
Pa	t VII-Bi. Statements Regarding Activities for Which Form 4720 May Be Required					
1.	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
	a During the year, did the foundation (either directly or indirectly).  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo	'		٠
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			**	-	<b></b> .
	disqualified person?	Yes	XNo	ļ		f .
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	XNo	٠. ا		1.3
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	١.	. [	
	(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	XNo	'	;	
	(C) Agree to now manage or property to a government official? (Freezelian Cheel, INE) of the	_		.,	ادا	
	(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	<u> </u>		,	1	
	of government service, if terminating within 90 days)	Yes	X No	, 1	: 1	, ,
f	b 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	N	<u></u>
	Organizations relying on a current notice regarding disaster assistance, check here	•	$\sqcap$	7.0	· IN	'A ''
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			12		ا ت
	that were not corrected before the first day of the tax year beginning in 2017?			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))					,
i	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	□ves	V No.		`.,	
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 _ , 20	res	X No			,-
		4 1 401		.	Ì	
	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)				, ,	
	all years listed, answer 'No' and attach statement — see instructions ).		ı	2b	N	/A
•	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years	nere	İ		•	
_	► 20 , 20 <sub></sub> , 20 <sub></sub> , 20					
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		- 1	
	b If 'Yes,' did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation		<u></u>	124	:.	, ,
•	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	d			. /	
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			-	<u></u>	
	determine if the foundation had excess business holdings in 2017)			3Ь	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
1	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could					1,
ı	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of				<u></u>	1 2
RA/	the tax year beginning in 2017?			4 b	) DE (	X

•					
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Part VII-B   Statements Regarding Activiti					
5a During the year, did the foundation pay or incur ar	ny amount to	·		, 1	Yes No
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes	X No	`
(2) Influence the outcome of any specific publi	ic election (see section	4955), or to carry		_   <u>-</u>	
on, directly or indirectly, any voter registra				X No	
(3) Provide a grant to an individual for travel,	study, or other similar i	purposes / .	∐ Yes [	X No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc , organiz	zation described	Yes	X No	1
(5) Provide for any purpose other than religion educational purposes, or for the preventio			Yes	X No	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a case instructions	the transactions fail to current notice regarding d	qualify under the excep isaster assistance?	otions	- 5	b N/A
Organizations relying on a current notice rega	rding disaster assistanc	e, check here .	▶ [		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	he foundation claim ex- sibility for the grant?	emption from the	N/A   Yes	□ No 🚉	F
If 'Yes,' attach the statement required by Regu	ulations section 53.4945	5-5(d).		_   <i>i`.</i>	
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or indi	rectly, to pay premiums	S ∏Yes ∫	X No	
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal benef		6	b X
If 'Yes' to 6b, file Form 8870				•	1 , 1
7a At any time during the tax year, was the found	dation a party to a prohi	ıbıted tax shelter transa	ction? Yes	X No	
b If 'Yes,' did the foundation receive any procee				/	b
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid	<b>Employe</b>	es,
and Contractors			·		
1 List all officers, directors, trustees, and found			- 1 L		
(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 deferre compensation	(e) Expe	nse account, allowances
STEVEN BLACK	PRESIDENT	0.	0.		0.
28 SHEFFIELD WAY GREENWICH, CT 06831	0				
ELIOT BLACK 28 SHEFFIELD WAY	VICE PRESIDE 0	0.	0.	•	0 .
GREENWICH, CT 06831					
				}	
2 Compensation of five highest-paid employees (or	l ther than those included:	on line 1 — see instruction	ns) If none enter 'NOI	WF'	
<u> </u>	(b) Title, and average		(d)Contributions to		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferre compensation	[ <b>(e)</b> Expe	nse account, allowances
NONE			23	1	
					<u></u>
· · · · · · · · · · · · · · · · · · ·					

	/) THE SUSAN AND ELIOT BLACK FOUNDATION	13-408	
Part VIII: Info	ormation About Officers, Directors, Trustees, Found Contractors (continued)	dation Managers, Highly Paid E	mployees,
3 Five highes	t-paid independent contractors for professional services. See in	structions. If none, enter 'NONE.'	
(a) Namo	e and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		1	
			<del></del>
Total number of o	others receiving over \$50,000 for professional services		0
Part IX-A Su	mmary of Direct Charitable Activities		
List the foundation's forganizations and other	our largest direct charitable activities during the tax year. Include relevant statistical properties served, conferences convened, research papers produced, etc.	Il information such as the number of	Expenses
1 N/A			
<u> </u>			
2			
3			
. ——	· · · · · · · · · · · · · · · · · · ·		
4			
Part IX-R Su	mmary of Program-Related Investments (see instru	ctions)	
Describe the two I	argest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
ECL			
2			_
· -	n-related investments. See instructions		
3			
			1

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Total. Add lines 1 through 3

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6 Adjusted qualifying distributions. Subtract line 5 from line 4

RartiX Minimum Investment Return (All domestic foundations must complete this part see instructions.)	. Foreign 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>b</b> Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
PartXI■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations, check here and do not complete this particular than the complete the particular than the complete the particular than the complete that the complete the complete that the complete the complete that the complet	_	dations
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2017 from Part VI, line 5 2a 6	80.	-
b Income tax for 2017 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	680.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	-680.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	-680.
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	0.
PartiXIII Qualifying Distributions (see Instructions)		
<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:</li> <li>Expenses, contributions, gifts, etc — total from Part I, column (d), line 26</li> </ul>	1 a	82,100.
<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)	3a	
<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	82,100.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	5	690

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Form **990-PF** (2017)

81,420.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
1 Distributable amount for 2017 from Part XI, line 7				^
2 Undistributed income, if any, as of the end of 2017				0.
a Enter amount for 2016 only		[	0.	
<b>b</b> Total for prior years: 20 , 20 , 20		0.1		
3 Excess distributions carryover, if any, to 2017				
a From 2012 71,500.		1		,
<b>b</b> From 2013 29,000.				
c From 2014 62, 360.				
<b>d</b> From 2015 82, 555.				
<b>e</b> From 2016 49, 800.				
f Total of lines 3a through e	295,215.			
4 Qualifying distributions for 2017 from Part				
XII, line 4 ► \$ 82,100.				
a Applied to 2016, but not more than line 2a			0.	
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>	-	0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.		,	
d Applied to 2017 distributable amount	<u> </u>			0.
e Remaining amount distributed out of corpus	82,100.		· · · · · · · · · · · · · · · · · · ·	<u></u>
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the				1
same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:		j		
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	377,315.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.1	·	}
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2017 Subtract lines	(	İ		
4d and 5 from line 1. This amount must be distributed in 2018.			:	0
7 Amounts treated as distributions out of				0.
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 2012 not applied on line 5 or line 7 (see instructions)	71,500.		:	
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	305,815.			
10 Analysis of line 9:				
<b>a</b> Excess from 2013 29,000.	٥			
<b>b</b> Excess from 2014 62, 360.	1			
c Excess from 2015 82,555.	_			
<b>d</b> Excess from 2016 49, 800.	1			
e Excess from 2017 82,100.	<u> </u>			F 000 PF (0017)

Form 990-PF (2017) THE SUSAN AND ELL				13-4085055	Page 10
Part XIV	•		<u> </u>		N/A
1 a If the foundation has received a ruling or dete is effective for 2017, enter the date of the	ruling			` •[	
<b>b</b> Check box to indicate whether the foundat	<u></u>	rating foundation of		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	4	Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
<b>b</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					
<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					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					· · · · · ·
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			<u> </u>		
Part XV.   Supplementary Information assets at any time during the	(Complete this e year – see in	part only if the structions.)	toundation had	\$5,000 or more	n
Information Regarding Foundation Managers a List any managers of the foundation who have close of any tax year (but only if they have NONE	e contributed more th	nan 2% of the total c than \$5,000). (See	contributions received (e section 507(d)(2))	by the foundation before	re the
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 of greater inter	on (or an equally large rest	portion of the owners	hip of
2 Information Regarding Contribution, Grant, € Check here X if the foundation only marequests for funds If the foundation make 2a, b, c, and d See instructions.	kes contributions to	preselected charitab			
a The name, address, and telephone number o	r email address of th	e person to whom a	pplications should be	addressed <sup>.</sup>	
			,		
SEE STATEMENT 6					
<b>b</b> The form in which applications should be	submitted and info	mation and materi	als they should inclu	de:	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	able fields, kinds of i	nstitutions, or other f	actors
SEE STATEMENT FOR LINE 2A					

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Rant XV Supplementary Information (continued)

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	contribution	
a Paid during the year				
SEE STATEMENT 7				
	!!			
				,
		i		
			i	
Total			► 3a	82,100
<b>b</b> Approved for future payment				
				1
				,
		1		
•				
Total			▶ 31	h
BAA	TEEA0501L	08/24/17		Form <b>990-PF</b> (2017)

	amounts unless otherwise indicated		ed business income	Excluded	by section 512, 513, or 514	
J	am service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
а						<del>-</del>
b			·			
c						
d						
е						· · · · · · · · · · · · · · · · · · ·
g Fees	and contracts from government agencies					
2 Memb	pership dues and assessments					
	t on savings and temporary cash investments			14	6,012.	
4 Divide	ends and interest from securities			14	25,526.	
5 Net re	ental income or (loss) from real estate	b , , , , ,	The second of the	1. P	和高级 人名斯特	F - 1, 7 5 - 5 9 5 1
a Debt-	financed property					
<b>b</b> Not d	ebt-financed property					
6 Net rer	ntal income or (loss) from personal property					
7 Other	investment income			18	12,225.	
8 Gain o	r (loss) from sales of assets other than inventory					48,168.
9 Net in	ncome or (loss) from special events.					
10 Gross	s profit or (loss) from sales of inventory	·		<u> </u>		
11 Other	revenue	~ 4	* * * * * * * * * * * * * * * * * * * *	!	A Jan A Table	1 2000
a				<u> </u>		
b	<del></del> .			<u> </u>		
c						· · ·
d	and the same of title					
е	- Marie V .					
	otal Add columns (b), (d), and (e)	۲, و		<u></u>	43,763.	48,168.
	. Add line 12, columns (b), (d), and (e)				13	91,931.
	sheet in line 13 instructions to verify calculate					
Part XVI	-B Relationship of Activities to the	•	•	•		
Line No. ▼	Explain below how each activity for which is accomplishment of the foundation's exemp	ncome is rep	ported in column (e) of foother than by providing	Part XVI funds for	A contributed important such purposes) (See ii	ly to the nstructions )
N7 / 78		<del> </del>	<u> </u>			
N/A						
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	<u> </u>					<del></del>
						····
					<u> </u>	
	<u> </u>			•		

# Form 990-PF (2017) THE SUSAN AND ELIOT BLACK FOUNDATION 13-4085055 Part XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

							7		
described	rganization directly d in section 501(c) o o political organizati	f the Code (ot	ngage in any of the following the han section 501(c)(3) org	vith any ot anizations	ther organization ) or in section 5	1 27,		Yes	No
a Transfers	from the reporting	foundation to	a noncharitable exempt organ	ization of			<u> -</u>		
<b>(1)</b> Cash	٠.						1 a (1)		<u>X</u>
<b>(2)</b> Other	r assets						1 a (2)		Х
<b>b</b> Other tra							- 4 %	i	أنب
(1) Sales	s of assets to a none	charitable exer	mpt organization				1 b (1)		<u>X</u>
<b>(2)</b> Purcl	hases of assets fron	n a noncharital	ble exempt organization				1 b (2)		<u>X</u>
<b>(3)</b> Renta	al of facilities, equip	ment, or other	r assets				1 b (3)		<u>X</u>
<b>(4)</b> Reim	nbursement arranger	ments				•	1 b (4)		<u>X</u>
<b>(5)</b> Loan	s or loan guarantee:	S					1 b (5)		<u>X</u>
<b>(6)</b> Perfo	ormance of services	or membershi	ip or fundraising solicitations				1 b (6)		<u>X</u>
<b>c</b> Sharing o	of facilities, equipme	ent, mailing lis	its, other assets, or paid empl	oyees.			1 c		<u>X</u>
<b>d</b> If the ans the goods any trans	swer to any of the al s, other assets, or sen saction or sharing ar	bove is 'Yes,' o vices given by t rangement, sh	complete the following schedu the reporting foundation of the fo how in column <b>(d)</b> the value o	ile. Columi oundation re the goods	n <b>(b)</b> should alwa eceived less than s, other assets, o	ays show the fai fair market value or services recei	r market val in ved.	lue of	
(a) Line no.	(b) Amount involved	(c) Name o	of noncharitable exempt organization	(d)	Description of trans	fers, transactions, ai	nd sharing arra	ngement	s
N/A									
			_ <u></u>		<del>-</del> .				
			· · · · · · · · · · · · · · · · · · ·						
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		·				<del></del>			
				-		-	-		
-									
describe	indation directly or inc d in section 501(c) c complete the followi	of the Code (of	d with, or related to, one or more ther than section 501(c)(3)) or	tax-exemp in section	ot organizations i 527?		Ye	s X	No
(a)	Name of organizati	on	(b) Type of organizati	on	(c)	Description of r	elationship		
N/A					1				
					<u> </u>				
Sign Here	enalties of periory, I declar and comprete Declaration	e that I have exam	ined this return, including accompanying than taxpayer) is based on all informati	or L	nd statements, and to eparer has any knowl	the best of my knowle edge	May the this retu preparer	IRS disc rn with th	uss
Signat	ture of officer or trustee	<del></del>	Date		itle	•	See inst	Yes	No
	Print/Type preparer's nar	me	Preparer's signature		Date	2 Check r	DOTIN	· · · · · ·	
Paid	RICHARD REIT	MAN	RICHARD REITM	MY.	10-16-18	self-employed	P0136	7764	
Preparer			BELKIN LLP			Firm's EIN ► 11-	3460692		
Jse Only			GTON AVE RM 1406						
	<u> </u>		NY 10170			Phone no (2)	L2) 599-	0410	<u> </u>
BAA							Form 99		

2017	FEDERAL STATEMENTS	PAGE 1	
CLIENT BLACK TH	E SUSAN AND ELIOT BLACK FOUNDATION	13-4085055	
10/09/18  STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME	,	- 08 26AM	
OTHER INVESTMENT INCOME	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME  \$ 12,225. \$ 12,225. \$ 0. 3	(C) ADJUSTED NET INCOME  0.	
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES			
ACCOUNTING FEES	(A)       (B)       NET       (C)         EXPENSES       INVESTMENT       ADJUSTED         NET       INCOME         NET       INCOME         TOTAL       \$ 3,500.         \$ 3,500.       \$ 3,500.         \$ 3,500.       \$ 0.	(D) CHARITABLE PURPOSES  \$ 0.	
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES			
FOREIGN TAXES PAID	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 64. \$ 64. \$ 64. \$ 64. \$ 64.	(D) CHARITABLE PURPOSES  \$ 0.	
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		,	
INVESTMENT AND FILING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME  S 8,171. \$ 8,171. \$ 8,171. \$ 8,171. \$ 9,171. \$ 9,171. \$ 0	(D) CHARITABLE PURPOSES . \$ 0.	

2	^	4	-
	u		_/

10/09/18

# **FEDERAL STATEMENTS**

PAGE 2

**CLIENT BLACK** 

### THE SUSAN AND ELIOT BLACK FOUNDATION

13-4085055

(D) DATE

(C) DATE ACOUIRED

(B) HOW

08 26AM

STATEMENT 5
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

					(B) I		(C) DATE	(D) DATE
<u>ITEM</u>		(A) DES	CRIPTION		ACOUI	<u>RED                                    </u>	ACOUIRED	SOLD
1	280.224 NEU	JBERGER & B	ERMAN EQUI	TY FDS EQU	ITY INCOME	FD		
					PURCH <i>A</i>	SED	6/23/2016	1/24/2017
2	75 PNC FIN	SVCS GROUP	A 083.069	8	PURCHA		7/19/2016	
3	1621.271 NE	TIRERGER &	RERMAN INT	RINSTC VAL	HE CT. TNST	TONAT	.,, 13, 1010	1, 21, 201.
5	1021.271 141	TODENODIN G	DERGHIN INI	KINDIC VIII	PURCHA		12/16/2016	5/04/2017
	1000 17000		ים מסטים מידי	uc choiin c			12/10/2010	5/04/201/
4	1000 LIBERT	IY INTERACT	INE CORP O	VC GROUP S			- 104 1004 6	
					PURCHA		7/21/2016	5/08/2017
5	1605.652 NE	EUBERGER &	BERMAN INT	RINSIC VAL	UE CL INST	UTIONAI	,	
					PURCH	ASED	12/16/2016	5/10/2017
6	150 CDW COR	RP. COM USE	0.01 @ 42.	9298	PURCHA		8/04/2016	
ž	50 HOME DE		0.01 ( 12.	3230	PURCHA		10/28/2016	
8	767.754 NEU		COMAN THEO	TNCTC VALU			10/20/2010	3/10/2017
0	101.134 NEC	DERGER & E	EVAN INIK	TINDIC ANDO	E CT INSIO	TIONY	12/16/2016	C /00 /0017
_				0000	PURCHA			
9	325 CDW COI		O.01 @ 42.	9298	PURCHA		8/04/2016	
10	550 AUTONAT				PURCHA		7/25/2017	9/08/2017
11	35000 SHERW	NIN WILLIAM	IS CO NOTE	CALL MAKE	WHOLE 1.35	000% 12	2/15/2017	
-				_	PURCHA		6/01/2017	9/15/2017
12	175 METLIFE	T TNC			PURCH		10/08/2014	
	5919.495 NI	TINC.	DEDMAN EOU	סם פתם עידו			10/00/2014	3/01/201/
13	5717.475 NI	CODERGER &	DEMMIN EQU	TIT LDS EC			1 /06 /001 =	E /3 0 /001 E
			_		PURCH		1/06/2015	
14	175 EOG RES				PURCH	ASED	1/05/2016	5/16/2017
15	35000 MONS	ANTO CO NEW	N DUE 06/30	/2017 01.1	50% JJ 15			
			•		PURCH	ASED	10/31/2014	6/30/2017
16	35000 PROL	OCTS T P SE	NT DIE 02	/15/2019 0				0,00,202.
10	JJCCC I RODA	7615 H I DI	· MI DOD OZ	,,13,2013	PURCH		9/05/2013	6/30/2017
17	00E EVDDE0	CODIDEC I	OT DING COM	ID 3 ATT				
17	225 EXPRESS				PURCH		1/09/2015	
18	150 ASML HO		N Y REGIST	RY	PURCH		6/16/2016	8/07/2017
19	125 APPLE	INC.			PURCH	ASED	8/27/2015	8/08/2017
20	-35000 OCCT1	DENTAL PETF	E CORP SR U	INSECURED I	UE 02/15/2	OTR OT	.500% FA J5	
20	35000 OCC11	DENTAL PETE	E CORP SR U	INSECURED L	OUE 02/15/2			
					PURCH	ASED	6/25/2014	8/18/2017
21	25 ASMI, HO	LDING N V N	I Y REGISTR	Υ	PURCH. PURCH.	ASED ASED	6/25/2014 6/16/2016	8/18/2017 9/06/2017
		LDING N V N	I Y REGISTR	Υ	PURCH	ASED ASED	6/25/2014	8/18/2017 9/06/2017
21	25 ASMI, HO	LDING N V N	N Y REGISTR E GROUP INC	Υ	PURCH. PURCH.	ASED ASED ASED	6/25/2014 6/16/2016	8/18/2017 9/06/2017
21	25 ASML HOD 150 UNITED	LDING N V N HEALTHCARE	N Y REGISTR E GROUP INC	XY C.	PURCHI PURCHI PURCHI	ASED ASED ASED	6/25/2014 6/16/2016 11/02/2015	8/18/2017 9/06/2017 9/06/2017
21	25 ASML HON 150 UNITED	LDING N V N HEALTHCARE (F)	N Y REGISTR E GROUP INC (G)	(H)	PURCH PURCH PURCH (I)	ASED ASED ASED (J)	6/25/2014 6/16/2016 11/02/2015 (K)	8/18/2017 9/06/2017 9/06/2017 (L)
21 22	25 ASML HOT 150 UNITED (E) GROSS	LDING N V N HEALTHCARE (F) DEPREC.	N Y REGISTR E GROUP INC (G) COST	(H) GAIN	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN
21 22 <u>ITEM</u>	25 ASML HOD 150 UNITED (E) GROSS SALES	LDING N V N HEALTHCARE (F)	Y REGISTR GROUP INC (G) COST BASIS	(H) GAIN (LOSS)	PURCH PURCH PURCH (I)	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS)
21 22 <u>ITEM</u> 1	25 ASML HOLLS (E) GROSS SALES 3,500.	LDING N V N HEALTHCARE (F) DEPREC.	Y REGISTR GROUP INC (G) COST BASIS 3,313.	(H) GAIN (LOSS) 187.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187.
21 22 <u>ITEM</u> 1	25 ASML HOTED  (E)  GROSS  SALES  3,500. 8,931.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230.	(H) GAIN (LOSS) 187. 2,701.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701.
21 22 <u>ITEM</u> 1 2	25 ASML HOLLS (E) GROSS SALES 3,500.	LDING N V N HEALTHCARE (F) DEPREC.	Y REGISTR GROUP INC (G) COST BASIS 3,313.	(H) GAIN (LOSS) 187.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187.
21 22 <u>ITEM</u> 1 2	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931. 25,000.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500.	(H) GAIN (LOSS) 187. 2,701. 2,500.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500.
21 22 <u>ITEM</u> 1 2	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931.  25,000.  21,115.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539.
21 22 <u>ITEM</u> 1 2	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931.  25,000.  21,115.  25,000.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717.
21 22 <u>ITEM</u> 1 2 3 4 5 6	25 ASML HO 150 UNITED (E) GROSS SALES 3,500. 8,931. 25,000. 21,115. 25,000. 8,974.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535.
21 22 <u>ITEM</u> 1 2 3 4 5 6 7	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931.  25,000.  21,115.  25,000.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717.
21 22 <u>ITEM</u> 1 2 3 4 5 6 7	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931.  25,000.  21,115.  25,000.  8,974.  7,825.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607.
21 22 <u>ITEM</u> 1 2 3 4 5 6 7	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931.  25,000.  21,115.  25,000.  8,974.  7,825.  12,000.	LDING N V N HEALTHCARE (F) DEPREC.	(G) (COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345.
21 22 <u>ITEM</u> 1 2 3 4 5 6 7 8 9	25 ASML HOTED  (E)  GROSS  SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931.  25,000.  21,115.  25,000.  8,974.  7,825. 12,000. 20,607. 24,684.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11	25 ASML HOTED  (E)  GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931.  25,000.  21,115.  25,000.  8,974.  7,825. 12,000. 20,607. 24,684.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12	25 ASML HOTED  (E)  GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13	25 ASML HOTED  (E) GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14	25 ASML HOTED  (E)  GROSS  SALES  3,500.  8,931.  25,000.  21,115.  25,000.  8,974.  7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000. 16,555.	LDING N V N HEALTHCARE (F) DEPREC.	(G) (COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991. 12,362.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	25 ASML HOTED  (E)  GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000. 16,555. 35,000.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991. 12,362. 35,083.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	25 ASML HOTED  (E)  GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000. 16,555. 35,000. 36,055.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991. 12,362. 35,083. 35,218.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	25 ASML HOTED  (E) GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000. 16,555. 35,000. 36,055. 14,105.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991. 12,362. 35,083. 35,218. 18,962.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	25 ASML HOTED  (E) GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000. 16,555. 35,000. 36,055. 14,105.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991. 12,362. 35,083. 35,218. 18,962.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	25 ASML HOTED  (E)  GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000. 16,555. 35,000. 36,055. 14,105. 22,789.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991. 12,362. 35,083. 35,218. 18,962. 15,164.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857. 7,625.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857. 7,625.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	25 ASML HOTED  (E) GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000. 16,555. 35,000. 36,055. 14,105.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991. 12,362. 35,083. 35,218. 18,962.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857.
21 22 ITEM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	25 ASML HOTED  (E)  GROSS SALES  3,500. 8,931. 25,000. 21,115. 25,000. 8,974. 7,825. 12,000. 20,607. 24,684. 35,070. 9,227. 75,000. 16,555. 35,000. 36,055. 14,105. 22,789.	LDING N V N HEALTHCARE (F) DEPREC.	(G) COST BASIS 3,313. 6,230. 22,500. 26,654. 22,283. 6,439. 6,218. 10,655. 13,952. 23,827. 35,213. 9,341. 69,991. 12,362. 35,083. 35,218. 18,962. 15,164.	(H) GAIN (LOSS) 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857. 7,625.	PURCH PURCH PURCH (I) FMV	ASED ASED ASED (J) ADJ. B	6/25/2014 6/16/2016 11/02/2015 (K) AS. EXCESS	8/18/2017 9/06/2017 9/06/2017 9/06/2017 (L) GAIN (LOSS) \$ 187. 2,701. 2,500. -5,539. 2,717. 2,535. 1,607. 1,345. 6,655. 857. -143. -114. 5,009. 4,193. -83. 837. -4,857. 7,625.

# **FEDERAL STATEMENTS**

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#### THE SUSAN AND ELIOT BLACK FOUNDATION

13-4085055

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STATEMENT 5 (CONTINUED) FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u>ITEM</u>	(E) GROSS SALES	(F) DEPREC. ALLOWED	(G) COST BASIS	(H) GAIN (LOSS)	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS _(I) - (J)	(L) GAIN (LOSS)
20 21	34,963. 3,886.		35,081. 2,527.	-118. 1,359.	12/ 51/ 05	12/ 31/ 05	<u> </u>	\$ -118. 1,359.
22	29,636.		17,519.	12,117.			TOTAL	12,117. \$ 48,168.

# **STATEMENT 6** FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

SUSAN BLACK

CARE OF:

STREET ADDRESS:

28 SHEFFIELD WAY

CITY, STATE, ZIP CODE: TELEPHONE:

GREENWICH, CT 06831

E-MAIL ADDRESS: FORM AND CONTENT:

IN WRITING

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS: NONE

#### **STATEMENT 7** FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH CT 06830	NN===	N/A	SOCIAL BENEFITS	\$ 5,000.
NEIGHBOR TO NEIGHBOR 242 CONIFER STREET FORT COLLINS CO 80521	NONE	N/A	SOCIAL BENEFITS	27,500.
BIRTHRIGHT ISRAEL FOUNDATION 10 CENTER STREET NEW YORK NY 10010	NONE	N/A	SOCIAL BENEFITS	3,600.
MEMORIAL SLOAN CANCER CENTER 1275 YORK AVENUE NEW YORK NY 10065	NN===	N/A	MEDICAL	5,000.

2017

# **FEDERAL STATEMENTS**

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#### THE SUSAN AND ELIOT BLACK FOUNDATION

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STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
PLAYHOUSE ARTISTS 520 8TH AVENUE 3RD FLOORNEW YORK NEW YORK NY 10018	NN===	N/A	SOCIAL BENEFITS	\$ 20,000.
TEMPLE EMMANUEL OF WAKEFIELD 120 CHESTNUT STREET WAKEFIELD MA 01880	NN===	N/A	SOCIAL BENEFITS	1,000.
THANC FOUNDATION 10 UNION SQUARE EAST, FI5 NEW YORK NY 10003	NN===	N/A	SOCIAL SUPPORT	20,000.
			TOTAL	\$ 82,100.