

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

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

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

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 09-01-2017, and ending 08-31-2018

Name of foundation JOHN N BLACKMAN SR FOUNDATION C/O SCHAIN LEIFER GURALNICK		A Employer identification number 22-2938619
Number and street (or P O box number if mail is not delivered to street address) 10 EAST 40TH STREET2710	Room/suite	B Telephone number (see instructions) (212) 679-0380
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 100160348		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 1,161,787	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	150,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	9,854	9,854	9,854	
	4 Dividends and interest from securities	28,177	28,177	28,177	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	53,521			
	b Gross sales price for all assets on line 6a 778,149				
	7 Capital gain net income (from Part IV, line 2)		53,521		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	241,552	91,552	38,031		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	45,596	45,596	45,596	
	c Other professional fees (attach schedule)	26,400	26,400	26,400	
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,566	1,566	1,566	
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,304	1,304	1,304	
	24 Total operating and administrative expenses. Add lines 13 through 23	74,866	74,866	74,866	0
	25 Contributions, gifts, grants paid	233,850			233,850
26 Total expenses and disbursements. Add lines 24 and 25	308,716	74,866	74,866	233,850	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-67,164				
b Net investment income (if negative, enter -0-)		16,686			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	42,604	42,695	42,695
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	216,528	219,964	
	b Investments—corporate stock (attach schedule)	1,166,662	1,096,884	1,096,884
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	21,860	22,208	22,208
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	1,170	1,170		
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,448,824	1,382,921	1,161,787	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable.			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)	1,289	2,550	
	23 Total liabilities (add lines 17 through 22)	1,289	2,550	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	1,447,535	1,380,371		
30 Total net assets or fund balances (see instructions)	1,447,535	1,380,371		
31 Total liabilities and net assets/fund balances (see instructions) .	1,448,824	1,382,921		

Part III Analysis of Changes in Net Assets or Fund Balances			
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)		1	1,447,535
2 Enter amount from Part I, line 27a		2	-67,164
3 Other increases not included in line 2 (itemize) ▶ _____		3	
4 Add lines 1, 2, and 3		4	1,380,371
5 Decreases not included in line 2 (itemize) ▶ _____		5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .		6	1,380,371

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a See Additional Data Table				
b				
c				
d				
e				
(i) F M V as of 12/31/69			(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
a See Additional Data Table				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2 53,521
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		3 -864

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	242,500	1,687,302	0.143721
2015	223,570	1,722,093	0.129825
2014	239,000	4,127,806	0.057900
2013	208,500	3,588,562	0.058101
2012	211,424	1,584,724	0.133414
2 Total of line 1, column (d)			2 0.522961
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.104592
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 1,649,783
5 Multiply line 4 by line 3			5 172,554
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 167
7 Add lines 5 and 6			7 172,721
8 Enter qualifying distributions from Part XII, line 4			8 233,850

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

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 375, with 375 refunded.

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

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

Located at 10 E40TH ST NEW YORK NY ZIP+4 10016

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15

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

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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

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

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

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

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
HOWARD SCHAIN 10 EAST 40TH STREET NEW YORK, NY 10016	PRESIDENT 000 00	0	0	0
MARK W BLACKMAN 10 EAST 40TH STREET NEW YORK, NY 10016	TRUSTEE 000 00	0	0	0
JOHN N BLACKMAN JR 10 EAST 40TH STREET NEW YORK, NY 10016	TRUSTEE 000 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 ▶

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,544,806
b	Average of monthly cash balances.	1b	124,101
c	Fair market value of all other assets (see instructions).	1c	6,000
d	Total (add lines 1a, b, and c).	1d	1,674,907
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	1,674,907
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	25,124
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,649,783
6	Minimum investment return. Enter 5% of line 5.	6	82,489

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

1	Minimum investment return from Part X, line 6.	1	82,489
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	167
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	167
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	82,322
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	82,322
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	82,322

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	233,850
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	233,850
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	167
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	233,683

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				82,322
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012.	134,340			
b From 2013.	31,164			
c From 2014.	34,134			
d From 2015.	138,325			
e From 2016.	158,135			
f Total of lines 3a through e.	496,098			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>233,850</u>				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				82,322
e Remaining amount distributed out of corpus	151,528			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	647,626			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	134,340			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	513,286			
10 Analysis of line 9				
a Excess from 2013.	31,164			
b Excess from 2014.	34,134			
c Excess from 2015.	138,325			
d Excess from 2016.	158,135			
e Excess from 2017.	151,528			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

HOWARD SCHAIN
10 EAST 40TH STREET 2710
NEW YORK, NY 10016
(212) 679-0380

b The form in which applications should be submitted and information and materials they should include

BY LETTER

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NONE

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				233,850
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
SEE ATTACHED MS-123508	P		
SEE ATTACHED MS-123510	P		
SEE ATTACHED MS-123510	P		
SEE ATTACHED MS-123511	P		
SEE ATTACHED MS-123511	P		
SEE ATTACHED MS-123512	P		
SEE ATTACHED MS-123512	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
79,220		78,949	271
62,101		64,822	-2,721
88,225		66,085	22,140
57,846		62,281	-4,435
185,709		173,417	12,292
145,644		139,352	6,292
159,404		139,722	19,682

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			271
			-2,721
			22,140
			-4,435
			12,292
			6,292
			19,682

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN BALLROOM THEATER COMPANY 25 WEST 31ST STREET NEW YORK, NY 10001			GENERAL	7,500
AVENUE FOR JUSTICE 100 CENTRE STREET NEW YORK, NY 10013			GENERAL	3,000
BALLET TECH FOUNDATION 890 BROADWAY NEW YORK, NY 10003			GENERAL	5,000
Total 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BBB WISE GIVING ALLIANCE 4200 WILSON BLVD SUITE 800 ARLINGTON, VA 22203			GENERAL	2,000
BEST BUDDIES NEW YORK 1133 AVENUE OF THE AMERIC SUITE 3110 NEW YORK, NY 10001			GENERAL	4,000
BETHEL WOODS CENTER FOR THE ARTS ONE CABLEVISION CENTER LIBERTY, NY 12754			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOWERY MISSION 132 MADISON AVENUE NEW YORK, NY 10016			GENERAL	3,000
BROOKLYN BALLET INC 160 SCHERMERHORN STREET BROOKLYN, NY 11201			GENERAL	3,000
BROOKLYN DEFENDER SERVICES 177 LIVINGSTON ST BROOKLYN, NY 11201			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR HEARING COMMUNICATION 50 BROADWAY 6TH FLOOR NEW YORK, NY 10004			GENERAL	2,000
CHILDREN'S AID SOCIETY 105 EAST 22ND STREET SUITE 102 NEW YORK, NY 10010			GENERAL	3,000
CITY HARVEST 575 EIGHTH AVENUE 4TH FLOOR NEW YORK, NY 10018			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY PARKS FOUNDATION 830 FIFTH AVENUE NEW YORK, NY 10065			GENERAL	3,000
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017			GENERAL	3,000
COALITION FOR THE HOMELESS 129 FULTON ST NEW YORK, NY 10038			GENERAL	3,000
Total 3a			▶	233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY-WORD PROJECT 42 BROADWAY 18TH FLOOR NEW YORK, NY 10004			GENERAL	3,000
CONGENITAL HEART WALK NAT'L OFFICE 3300 HENRY AVE SUITE 112 PHILADELPHIA, PA 19128			GENERAL	3,000
COURT APPOINTED SPECIAL ADVOCATES 50 BROADWAY 31ST FLOOR NEW YORK, NY 10004			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DANCING DREAMS 2391 BELL BLVD LL2C BAYSIDE, NY 11360				5,000
DOE FUND232 EAST 84TH STREET NEW YORK, NY 10028				3,000
EAST SIDE SETTLEMENT HOUSE 337 ALEXANDER AVENUE BRONX, NY 10454				3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELEANOR ROOSEVELT CENTER AT VAL-KIL PO BOX 255 HYDE PARK, NY 12538			GENERAL	3,000
EXPONENT PHILANTHROPY 1720 N ST NW WASHINGTON, DC 20036			GENERAL	1,250
EYE-BANK FOR SIGHT RESTORATION INC 120 WALL STREET NEW YORK, NY 10005			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRESH AIR FUND633 THIRD AVENUE 14TH FLOOR NEW YORK, NY 10017				3,000
GAY MEN'S HEALTH CENTER 446 WEST 33 STREET NEW YORK, NY 10011				3,000
GIRL SCOUT COUNCIL OF GREATER OF NE 43 WEST 23RD STREET NEW YORK, NY 10010				3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICA NEW YORK, NY 10013				3,000
GREATER NEW YORK COUNCILS BSA 350 FIFTH AVENUE SUITE 430 NEW YORK, NY 10118				3,000
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598				3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEART SOUL CHARITABLE FUND 1157 LEXINGTON AVENUE NEW YORK, NY 10075			GENERAL	7,000
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DRIVE NEW HAVEN, CT 06511			GENERAL	3,000
HOLY APOSTLES SOUP KITCHEN 296 NINTH AVENUE NEW YORK, NY 10001			GENERAL	3,000
Total				233,850
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INCLUDE NYC116 E 16TH ST NEW YORK, NY 10003			GENERAL	3,000
INNER CITY SCHOLARSHIP FUND 1011 FIRST AVENUE SUITE 1400 NEW YORK, NY 10022			GENERAL	3,000
KWELI JOURNALPO BOX 693 NEW YORK, NY 10021			GENERAL	5,000
Total ▶				233,850
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAGUARDIA HIGH SCHOOL DANCE DEPARTM 100 AMSTERDAM AVENUE NEW YORK, NY 10023			GENERAL	5,000
LIFE SERVICES FOR THE HADICAPPED 1440 BROADWAY 23RD FLOOR NEW YORK, NY 10018			GENERAL	4,000
LIVESTRONG FOUNDATION 2201 EAST SIXTH STREET AUSTIN, TX 78702			GENERAL	10,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOTHLORIEN THERAPEUTIC RIDING CENTE 15 REITER ROAD EAST AURORA, NY 14052			GENERAL	3,000
MICHELLE O'NEIL FOUNDATION 26 OREGON STREET LONG BEACH, NY 11561			GENERAL	3,000
MIDNIGHT RUN97 MAIN STREET DOBBS FERRY, NY 10522			GENERAL	3,000
Total 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATHANIEL RAND FUND OF CHILD LIFE 111 EAST 210TH STREET MONTIFIORE HOSPITAL BRONX, NY 10467			GENERAL	5,000
NEW YORK CHORAL SOCIETY 119 WEST 57TH ST SUITE 1215 NEW YORK, NY 10019			GENERAL	4,000
NEW YORK LEAGUE FOR EARLY LEARNING 460 W 34TH ST NEW YORK, NY 10001			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW YORKERS FOR PARKS55 BROAD ST 23TH FLOOR NEW YORK, NY 10004			GENERAL	3,000
OLIVER SCHOLARS PROGRAM 80 MAIDEN LANE SUITE 706 NEW YORK, NY 10038			GENERAL	3,000
PS 58 THE CARROLL SCHOOL 330 SMITH ST BROOKLYN, NY 11231			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PACIFIC HOUSE 137 HENRY ST STAMFORD, CT 06902			GENERAL	10,000
PATIENT AIRLIFT SERVICES 120 ADAMS BLVD FARMINGDALE, NY 11735			GENERAL	3,000
PERCEPTUAL DEVELOPMENT CENTER 441 WEST END AVENUE SUITE 1K NEW YORK, NY 10024			GENERAL	4,000
Total 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PHOENIX HOUSE DEVELOPMENT FUND 164 WEST 74TH STREET NEW YORK, NY 10023			GENERAL	3,000
PLANNED PARENTHOOD OF NYC 26 BLEECKER STREET NEW YORK, NY 10012			GENERAL	2,500
POSSE FOUNDATION INC 14 WALL STREET SUITE 8A-60 NEW YORK, NY 10005			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SANCTUARY FOR FAMILIES PO BOX 1406 WALL STREET STATION NEW YORK, NY 10268			GENERAL	3,000
SMILES FOR SCOTT FOUNDATION PO BOX 643 PLAINVIEW, NY 11803			GENERAL	5,000
ST CHRISTOPHER CHILD CARE SERVICES 71 SOUTH BROADWAY DOBBS FERRY, NY 10522			GENERAL	3,000
Total				233,850
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUNRISE DAY CAMP 15 NEIL COURT OCEANSIDE, NY 11572			GENERAL	2,000
TEMPLE SHAARI EMETH 400 CRAIG ROAD MANALAPAN, NJ 07726			GENERAL	1,000
THE CENTER FOR DISCOVERY PO BOX 840 HARRIS, NY 12742			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE LOUIS ARMSTRONG CENTER 10 NATHAN PERLMAN PL NEW YORK, NY 10003			GENERAL	4,000
THE SAFE CENTER LI 15-9 GRUMMAN ROAD W SUITE 1000 BETHPAGE, NY 11714			GENERAL	3,000
VERONICA MCGOVERN SHEEHAN FUND 43 MIDDLE STREET SACO, ME 04072			GENERAL	3,000
Total ▶ 3a				233,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VOLUNTEERS OF AMERICA 340 WEST 85TH STREET NEW YORK, NY 10024				3,000
WE CARE BLANKETS 1407 BUCKNELL DRIVE ATTN TAMARA D BAKER MASSAPEQUA, NY 11758				3,000
WOMEN'S PRISON ASSOCIATION 110 SECOND AVENUE NEW YORK, NY 10003				3,000
Total ▶ 3a				233,850

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CHAIR4EVER1221 MADISON AVE LAKEWOOD, NJ 08701			GENERAL	3,600
Total				233,850
3a				

TY 2017 Accounting Fees Schedule

Name: JOHN N BLACKMAN SR FOUNDATION
C/O SCHAIN LEIFER GURALNICK

EIN: 22-2938619

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	45,596	45,596	45,596	

TY 2017 Investments Corporate Stock Schedule**Name:** JOHN N BLACKMAN SR FOUNDATION

C/O SCHAIN LEIFER GURALNICK

EIN: 22-2938619

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MS-123510-302 COMMON STOCK	291,664	291,664
MS-123508-302 COMMON STOCK	208,660	208,660
MS-123511-302 COMMON STOCK	182,352	182,352
MS-123512-302 COMMON STOCK	414,208	414,208

TY 2017 Investments Government Obligations Schedule

Name: JOHN N BLACKMAN SR FOUNDATION
C/O SCHAIN LEIFER GURALNICK

EIN: 22-2938619

**US Government Securities - End
of Year Book Value:**

219,964

**US Government Securities - End
of Year Fair Market Value:**

**State & Local Government
Securities - End of Year Book
Value:**

**State & Local Government
Securities - End of Year Fair
Market Value:**

TY 2017 Investments - Other Schedule

Name: JOHN N BLACKMAN SR FOUNDATION
C/O SCHAIN LEIFER GURALNICK

EIN: 22-2938619

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BARNWELL INDUSTRIES	AT COST	6,000	6,000
MS 123508-302 MUTUAL FUNDS	AT COST	4,356	4,356
MS 123510-302 MUTUAL FUNDS	AT COST	3,889	3,889
MS 123511-302 MUTUAL FUNDS	AT COST	3,049	3,049
MS 123512-302 MUTUAL FUNDS	AT COST	4,914	4,914

TY 2017 Other Assets Schedule

Name: JOHN N BLACKMAN SR FOUNDATION
C/O SCHAIN LEIFER GURALNICK
EIN: 22-2938619

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ESTIMATED FEDERAL TAXES	1,170	1,170	

TY 2017 Other Expenses Schedule**Name:** JOHN N BLACKMAN SR FOUNDATION

C/O SCHAIN LEIFER GURALNICK

EIN: 22-2938619**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES AND SUBSCRIPTIONS	750	750	750	
NEW YORK STATE FILING FEES	250	250	250	
DELEWARE FILING FEES	25	25	25	
BANK CHARGE	279	279	279	

TY 2017 Other Liabilities Schedule

Name: JOHN N BLACKMAN SR FOUNDATION
C/O SCHAIN LEIFER GURALNICK

EIN: 22-2938619

Description	Beginning of Year - Book Value	End of Year - Book Value
UNSETTLED FUNDS	1,289	2,550

TY 2017 Other Professional Fees Schedule

Name: JOHN N BLACKMAN SR FOUNDATION
C/O SCHAIN LEIFER GURALNICK

EIN: 22-2938619

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	26,400	26,400	26,400	

TY 2017 Taxes Schedule

Name: JOHN N BLACKMAN SR FOUNDATION
C/O SCHAIN LEIFER GURALNICK

EIN: 22-2938619

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX WITHHELD	1,566	1,566	1,566	

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

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

OMB No 1545-0047
2017

Name of the organization
JOHN N BLACKMAN SR FOUNDATION
C/O SCHAIN LEIFER GURALNICK

Employer identification number
22-2938619

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization JOHN N BLACKMAN SR FOUNDATION C/O SCHAIN LEIFER GURALNICK	Employer identification number 22-2938619
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARK BLACKMAN 80 DEEPWOOD ROAD DARIEN, CT06820	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	JOHN BLACKMAN 15368 MILAN LANE NAPLES, FL34110	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization JOHN N BLACKMAN SR FOUNDATION C/O SCHAIN LEIFER GURALNICK	Employer identification number 22-2938619
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization JOHN N BLACKMAN SR FOUNDATION C/O SCHAIN LEIFER GURALNICK	Employer identification number 22-2938619
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

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

Transferee's name, address, and ZIP 4	(e) Transfer of gift 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

Transferee's name, address, and ZIP 4	(e) Transfer of gift 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

Transferee's name, address, and ZIP 4	(e) Transfer of gift 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

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