

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2018**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ALBERT & MARY LASKER FOUNDATION, INC.

Name and title of officer

Employer identification number

13-1680062DR. CLAIRE POMEROYPRESIDENT**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|---|--|---------------------------|
| 1 a Form 990 check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1 b _____ |
| 2 a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2 b _____ |
| 3 a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3 b _____ |
| 4 a Form 990-PF check here ▶ <input checked="" type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4 b <u>47,861.</u> |
| 5 a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5 b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BENCIVENGA WARD & COMPANY CPAS, PC to enter my PIN 00017 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

13133591450

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning , 2018, and ending ,

ALBERT & MARY LASKER FOUNDATION, INC.
405 LEXINGTON AVENUE, 32ND FLOOR STE A
NEW YORK, NY 10174

A Employer identification number
13-1680062

B Telephone number (see instructions)
(212) 286-0222

C If exemption application is pending, check here. ▶ ☐

D 1 Foreign organizations, check here. ▶ ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here. ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
▶ \$ 75,993,319.

J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

| 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). . . | 582,272. | | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | | |
| | 3 Interest on savings and temporary cash investments | 19,470. | 19,470. | 19,470. | | |
| | 4 Dividends and interest from securities | 160,921. | 160,921. | 160,921. | | |
| | 5a Gross rents | | | | | |
| | b Net rental income or (loss) | | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 4,909,112. | | | | |
| | b Gross sales price for all assets on line 6a | 14,737,681. | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 4,886,847. | | | |
| | 8 Net short-term capital gain | | | 219,278. | | |
| | 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). | | | | | | |
| SEE STATEMENT 1 | 866,465. | 861,658. | 861,658. | | | |
| 12 Total. Add lines 1 through 11. | 6,538,240. | 5,928,896. | 1,261,327. | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 454,105. | | | 453,345. | |
| | 14 Other employee salaries and wages | 527,687. | 92,943. | 92,943. | 435,856. | |
| | 15 Pension plans, employee benefits | 177,880. | 9,008. | 9,008. | 173,446. | |
| | 16a Legal fees (attach schedule) | SEE ST. 2 | 8,526. | | 11,022. | |
| | b Accounting fees (attach sch) | SEE ST. 3 | 163,171. | 12,847. | 12,847. | 141,897. |
| | c Other professional fees (attach sch) | SEE ST. 4 | 487,273. | 254,177. | 254,177. | 241,519. |
| | 17 Interest | | | | | |
| | 18 Taxes (attach schedule)(see instrs). | SEE STM 5 | -32,720. | 14,560. | 14,560. | 49,875. |
| | 19 Depreciation (attach schedule) and depletion | SEE STMT 6 | 20,143. | | | |
| | 20 Occupancy | | 30,731. | 30,731. | 234,859. | |
| | 21 Travel, conferences, and meetings. | | 5,028. | 5,028. | 115,263. | |
| | 22 Printing and publications. | | 149. | 149. | 17,751. | |
| | 23 Other expenses (attach schedule) | | | | | |
| | SEE STATEMENT 7 | 1,655,224. | 723,373. | 723,373. | 862,583. | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23. | 3,861,587. | 1,142,816. | 1,142,816. | 2,737,416. | |
| 25 Contributions, gifts, grants paid. | 771,000. | | | 771,000. | | |
| 26 Total expenses and disbursements. Add lines 24 and 25. | 4,632,587. | 1,142,816. | 1,142,816. | 3,508,416. | | |
| 27 Subtract line 26 from line 12: | | | | | | |
| a Excess of revenue over expenses and disbursements | 1,905,653. | | | | | |
| b Net investment income (if negative, enter -0-) | | 4,786,080. | | | | |
| c Adjusted net income (if negative, enter -0-) | | | 118,511. | | | |

| 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 | | | 298,832. | 275,695. | 275,695. |
| | 2 Savings and temporary cash investments | | | 5,123,338. | 3,128,000. | 3,128,000. |
| | 3 Accounts receivable | 2,989,855. | | | | |
| | Less: allowance for doubtful accounts ▶ | | | 11,437. | 2,989,855. | 2,989,855. |
| | 4 Pledges receivable | 53,000. | | | | |
| | Less: allowance for doubtful accounts ▶ | | | 29,708. | 53,000. | 53,000. |
| | 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 sch) .. | | | | | |
| | Less: allowance for doubtful accounts ▶ | | | | | |
| | 8 Inventories for sale or use | | | | | |
| | 9 Prepaid expenses and deferred charges | | | 114,122. | 98,984. | 98,984. |
| | 10a Investments — U.S. and state government obligations (attach schedule) | | | | | |
| | b Investments — corporate stock (attach schedule) .. | STATEMENT 8 | | 5,520,847. | 5,210,461. | 5,210,461. |
| | c Investments — corporate bonds (attach schedule) .. | STATEMENT 9 | | | 1,986,535. | 1,986,535. |
| | 11 Investments — land, buildings, and equipment: basis | | | | | |
| Liabilities | Less: accumulated depreciation (attach schedule) .. | | | | | |
| | 12 Investments — mortgage loans | | | | | |
| | 13 Investments — other (attach schedule) .. | STATEMENT 10 | | 69,603,050. | 62,177,789. | 62,177,789. |
| | 14 Land, buildings, and equipment: basis ▶ | 155,916. | | | | |
| | Less: accumulated depreciation (attach schedule) .. | SEE STMT 11 | | 31,265. | 11,123. | 11,123. |
| | 15 Other assets (describe ▶ SEE STATEMENT 12 ..) | | | 61,877. | 61,877. | 61,877. |
| | 16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I) | | | 80,794,476. | 75,993,319. | 75,993,319. |
| | 17 Accounts payable and accrued expenses | | | 302,518. | 233,684. | |
| Net Assets or Fund Balances | 18 Grants payable | | | | | |
| | 19 Deferred revenue | | | | | |
| | 20 Loans from officers, directors, trustees, & other disqualified persons | | | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | | | |
| | 22 Other liabilities (describe ▶ SEE STATEMENT 13 ..) | | | 350,000. | 220,000. | |
| Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. <input checked="" type="checkbox"/> | 23 Total liabilities (add lines 17 through 22) | | | 652,518. | 453,684. | |
| | 24 Unrestricted | | | 37,262,386. | 35,621,130. | |
| | 25 Temporarily restricted | | | 11,685,630. | 8,724,563. | |
| | 26 Permanently restricted | | | 31,193,942. | 31,193,942. | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/> | | | | | |
| | 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 | | | | | |
| | 30 Total net assets or fund balances (see instructions) | | | 80,141,958. | 75,539,635. | |
| | 31 Total liabilities and net assets/fund balances (see instructions) | | | 80,794,476. | 75,993,319. | |

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 | 80,141,958. |
| 2 Enter amount from Part I, line 27a. | 2 | 1,905,653. |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 Add lines 1, 2, and 3. | 4 | 82,047,611. |
| 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 14 | 5 | 6,507,976. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 | 6 | 75,539,635. |

Part IV Capital Gains and Losses for Tax on Investment Income

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

| (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 | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|------------------------|--------------------------------------|---|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|--|--|---|------------|
| 2 Capital gain net income or (net capital loss)..... | <div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> | 2 | 4,886,847. |
| 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 | <div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 </div> | 3 | 219,278. |

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 doesn't qualify under section 4940(e). Do not complete this part.

| (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)) |
|--|---------------------------------------|--|--|
| 2017 | 3,582,720. | 76,189,516. | 0.047024 |
| 2016 | 3,369,431. | 70,589,735. | 0.047733 |
| 2015 | 3,338,964. | 74,416,182. | 0.044869 |
| 2014 | 2,808,893. | 74,797,776. | 0.037553 |
| 2013 | 2,739,873. | 68,627,775. | 0.039924 |

| | | |
|--|---|-------------|
| 2 Total of line 1, column (d) | 2 | 0.217103 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years. | 3 | 0.043421 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5. | 4 | 79,638,910. |
| 5 Multiply line 4 by line 3. | 5 | 3,458,001. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b). | 6 | 47,861. |
| 7 Add lines 5 and 6. | 7 | 3,505,862. |
| 8 Enter qualifying distributions from Part XII, line 4. | 8 | 3,508,416. |

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)

| | | | |
|---|-----|----------|---------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here. <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 47,861. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 2 | 0. |
| 3 Add lines 1 and 2 | | 3 | 47,861. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 47,861. |
| 6 Credits/Payments: | | | |
| a 2018 estimated tax pmts and 2017 overpayment credited to 2018 | 6 a | 108,612. | |
| b Exempt foreign organizations – tax withheld at source | 6 b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6 c | 30,000. | |
| d Backup withholding erroneously withheld | 6 d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 138,612. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 0. | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 90,751. | |
| 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax 90,751. Refunded | 11 | 0. | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | | X |
| If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ 0. (2) On foundation managers ▶ \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities. | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | X | |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | X | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered. See instructions NY | | |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If 'Yes,' complete Part XIV. | X | |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. | | X |

BAA

Form 990-PF (2018)

Part VII-A Statements Regarding Activities (continued)

| | Yes | No |
|--|-----------|----|
| 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 | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions. | 12 | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address: <u>WWW.LASKERFOUNDATION.ORG</u> | 13 | X |
| 14 The books are in care of <u>BENCIVENGA WARD & COMPANY CPAS</u> Telephone no. <u>(914) 769-5005</u> Located at <u>420 COLUMBUS AVENUE, SUITE 304 VALHALLA NY</u> ZIP + 4 <u>10595-1382</u> | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here. <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year. <u>15</u> <u>N/A</u> | | |
| 16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | | |

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.

| | Yes | No |
|--|------------|-----|
| 1 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is 'Yes' to 1a(1)–(6), did any 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. Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/> | 1 b | X |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? | 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)): | | |
| a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u> | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.) | 2 b | N/A |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20__ , 20__ , 20__ , 20__</u> | | |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If 'Yes,' did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) | 3 b | N/A |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4 b | X |

BAA

Form 990-PF (2018)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** 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))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ 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? ☐ Yes ☒ 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

Organizations relying on a current notice regarding disaster assistance, check here ☐

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? ☐ Yes ☒ No N/A
If 'Yes,' attach the statement required by Regulations section 53.4945–5(d).

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If 'Yes' to 6b, file Form 8870.

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No N/A

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ☐ Yes ☒ No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 15 | | 424,397. | 29,708. | 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 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| SEE STATEMENT 16 | | 459,511. | 27,231. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 ☐ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**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 |
|---|---------------------|------------------|
| NEW VENTURE FUND 1201 CONNECTICUT AVENUE NW WASHINGTON, DC 20036 | MEMBERSHIP | 112,500. |
| BENCIVENGA WARD & COMPANY CPAS, PC 420 COLUMBUS AVE, SUITE 304 VALHALLA, NY 10595 | ACCOUNTING & TAX | 124,873. |
| FLORA LICHTMAN FL WORKS, LLC, 422 3RD ST #3 BROOKLYN, NY 11215 | VIDEO CONTRACTOR | 92,700. |
| COLONIAL CONSULTING 750 THIRD AVENUE, 20TH FLOOR NEW YORK, NY 10017 | INVESTMENT CONSULT | 152,513. |
| TS 405 LEXINGTON OWNER LLC GPO 26955 NEW YORK, NY 10087 | RENT | 276,709. |
| Total number of others receiving over \$50,000 for professional services | | 1 |

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 SEE STATEMENT 17 | |
| | 1,836,713. |
| 2 IRRF PROGRAM - THE PURPOSE OF THIS PROGRAM IS TO ADDRESS SIGHT-THREATENING EYE DISEASES. | |
| | 173,245. |
| 3 OTHER PROGRAMS SUPPORT NEW INITIATIVES THAT FURTHER THE FOUNDATION'S MISSION. THESE INITIATIVES INCLUDE EDUCATIONAL FORUMS, SCHOLARLY STUDY, AND STUDY GROUPS. | |
| | 541,091. |
| 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 | 0. |

BAA

Form 990-PF (2018)

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 | 1 a | 80,602,529. |
| b Average of monthly cash balances | 1 b | 249,156. |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | 1 d | 80,851,685. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1 e | 0. |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d. | 3 | 80,851,685. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 1,212,775. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 79,638,910. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 3,981,946. |

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 | N/A |
| 2a Tax on investment income for 2018 from Part VI, line 5 | 2 a | |
| b Income tax for 2018. (This does not include the tax from Part VI.) | 2 b | |
| c Add lines 2a and 2b | 2 c | |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | |
| 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 | |

Part XII Qualifying Distributions (see instructions)

| | | |
|--|------------|------------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | 1 a | 3,508,416. |
| b Program-related investments — total from Part IX-B | 1 b | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | |
| a Suitability test (prior IRS approval required) | 3 a | |
| b 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 | 3,508,416. |
| 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 | 47,861. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 3,460,555. |

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)

N/A

| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2018: | | | | |
| a Enter amount for 2017 only | | | | |
| b Total for prior years: 20 __, 20 __, 20 __ | | | | |
| 3 Excess distributions carryover, if any, to 2018: | | | | |
| a From 2013 | | | | |
| b From 2014 | | | | |
| c From 2015 | | | | |
| d From 2016 | | | | |
| e From 2017 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4: ► \$ | | | | |
| a Applied to 2017, but not more than line 2a .. | | | | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | | | |
| c Treated as distributions out of corpus (Election required — see instructions) | | | | |
| d Applied to 2018 distributable amount | | | | |
| e Remaining amount distributed out of corpus .. | | | | |
| 5 Excess distributions carryover applied to 2018 | | | | |
| (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 | | | | |
| 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 2017. Subtract line 4a from line 2a. Taxable amount — see instructions | | | | |
| f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 | | | | |
| 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 2013 not applied on line 5 or line 7 (see instructions) .. | | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2014 | | | | |
| b Excess from 2015 | | | | |
| c Excess from 2016 | | | | |
| d Excess from 2017 | | | | |
| e Excess from 2018 | | | | |

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Form 990-PF (2018)

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 2/14/74

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

| | Prior 3 years | | | | (e) Total |
|--|---------------|------------|------------|------------|-------------|
| | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | 118,511. | 753,390. | 992,713. | 939,411. | 2,804,025. |
| b 85% of line 2a | 100,734. | 640,382. | 843,806. | 798,499. | 2,383,421. |
| c Qualifying distributions from Part XII, line 4 for each year listed | 3,508,416. | 3,630,565. | 3,384,454. | 3,338,964. | 13,862,399. |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | 0. |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 3,508,416. | 3,630,565. | 3,384,454. | 3,338,964. | 13,862,399. |
| 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 | 2,654,631. | 2,539,651. | 2,352,991. | 2,480,539. | 10,027,812. |
| 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 foundation 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).)

NONE

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.

NONE

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 18

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

SEE STATEMENT FOR LINE 2A

c Any submission deadlines:

SEE STATEMENT FOR LINE 2A

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

SEE STATEMENT FOR LINE 2A

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 Paid during the year SEE STATEMENT 19 | | | | |
| Total | | | 3 a | 771,000. |
| b Approved for future payment | | | | |
| Total | | | 3 b | |

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
► **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization

ALBERT & MARY LASKER FOUNDATION, INC.

Employer identification number

13-1680062

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 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 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 33-1/3% 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

| | |
|---------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| ALBERT & MARY LASKER FOUNDATION, INC. | 13-1680062 |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|---|
| 1 | CHRISTOPHER W. BRODY 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | \$ 27,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | INT'L RETINAL RESEARCH FDN 1720 UNIVERSITY BLVD BIRMINGHAM, AL 35233 | \$ 285,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ELIAS A. ZERHOUNI, M.D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | CRAIG & BARBARA BARRETT FOUNDATION 4617 E. OCOTILLO PARADISE VALLEY, AZ 85253-4032 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | TOTAL CONTRIBUTIONS UNDER \$5,000 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | \$ 10,878. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ANONYMOUS 405 LEXINGTON AVENUE, 32ND FLR NEW YORK, NY 10174 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| ALBERT & MARY LASKER FOUNDATION, INC. | 13-1680062 |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|---|
| 7 | ANTHONY ENVIN 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | \$ 47,630. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | SOL SNYDER 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | MARSHALL W. FORDYCE 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | SHERI LANSING 405 LEXINGTON AVENUE NEW YORK, NY 10174 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | PEW CHARITABLE TRUSTS 901 E STREET NW, 10TH FLOOR WASHINGTON, DC 20004 | \$ 11,764. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | GEORGE ROCHE 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---------------------------------------|--------------------------------|
| Name of organization | Employer identification number |
| ALBERT & MARY LASKER FOUNDATION, INC. | 13-1680062 |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|-------------------------------|---|
| 13 | JOSEPH GOLDSTEIN 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | ACT FOR NIH 300 INDEPENDENCE AVE, SE WASHINGTON, DC 20003 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | ALFRED SOMMER 405 LEXINGTON AVENUE, 32ND FLR NEW YORK, NY 10174 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | FIDELTY 405 LEXINGTON AVENUE, 32ND FLR NEW YORK, NY 10174 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | JAMES FORDYCE 405 LEXINGTON AVENYE, 32ND FLR NEW YORK, NY 10174 | \$ 10,000. | 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.) |

Name of organization

ALBERT & MARY LASKER FOUNDATION, INC.

Employer identification number

13-1680062

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.) \$ N/A

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|--------------------|--|
| | N/A | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.**2018**

Name

ALBERT & MARY LASKER FOUNDATION, INC.

Employer identification number

13-1680062

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

| | | | |
|----|---|----|---------|
| 1 | Total tax (see instructions) | 1 | 47,861. |
| 2a | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | |
| 2b | Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | |
| 2c | Credit for federal tax paid on fuels (see instructions) | 2c | |
| 2d | Total. Add lines 2a through 2c | 2d | |
| 3 | Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty. | 3 | 47,861. |
| 4 | Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. | 4 | 47,845. |
| 5 | Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | 47,845. |

Part II Reasons for Filing — Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

| | (a) | (b) | (c) | (d) | |
|--|-----|---------|---------|---------|----------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. | 9 | 5/15/18 | 6/15/18 | 9/15/18 | 12/15/18 |
| 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 10 | 11,961. | 11,969. | 11,965. | 11,965. |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. | 11 | 83,612. | | | |
| Complete lines 12 through 18 of one column before going to the next column. | | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | 71,651. | 59,682. | 47,717. |
| 13 Add lines 11 and 12 | 13 | | 71,651. | 59,682. | 47,717. |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | | | | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 83,612. | 71,651. | 59,682. | 47,717. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 0. | 0. | |
| 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | | | | |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column. | 18 | 71,651. | 59,682. | 47,717. | |

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 — no penalty is owed.

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|--|-----------|-----|-----|-----|
| 19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions..... | 19 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19..... | 20 | | | |
| 21 Number of days on line 20 after 4/15/2018 and before 7/1/2018..... | 21 | | | |
| 22 Underpayment on line 17 $\times \frac{\text{Number of days on line 21}}{365} \times 5\% (0.05)$ | 22 | | | |
| 23 Number of days on line 20 after 6/30/2018 and before 10/1/2018..... | 23 | | | |
| 24 Underpayment on line 17 $\times \frac{\text{Number of days on line 23}}{365} \times 5\% (0.05)$ | 24 | | | |
| 25 Number of days on line 20 after 9/30/2018 and before 1/1/2019..... | 25 | | | |
| 26 Underpayment on line 17 $\times \frac{\text{Number of days on line 25}}{365} \times 5\% (0.05)$ | 26 | | | |
| 27 Number of days on line 20 after 12/31/2018 and before 4/1/2019..... | 27 | | | |
| 28 Underpayment on line 17 $\times \frac{\text{Number of days on line 27}}{365} \times 6\% (0.06)$ | 28 | | | |
| 29 Number of days on line 20 after 3/31/2019 and before 7/1/2019..... | 29 | | | |
| 30 Underpayment on line 17 $\times \frac{\text{Number of days on line 29}}{365} \times \text{ } \% \dots$ | 30 | | | |
| 31 Number of days on line 20 after 6/30/2019 and before 10/1/2019..... | 31 | | | |
| 32 Underpayment on line 17 $\times \frac{\text{Number of days on line 31}}{365} \times \text{ } \% \dots$ | 32 | | | |
| 33 Number of days on line 20 after 9/30/2019 and before 1/1/2020..... | 33 | | | |
| 34 Underpayment on line 17 $\times \frac{\text{Number of days on line 33}}{365} \times \text{ } \% \dots$ | 34 | | | |
| 35 Number of days on line 20 after 12/31/2019 and before 3/16/2020..... | 35 | | | |
| 36 Underpayment on line 17 $\times \frac{\text{Number of days on line 35}}{366} \times \text{ } \% \dots$ | 36 | | | |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36..... | 37 | | | |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns..... | 38 | | | 0. |

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 1
FORM 990-PF, PART I, LINE 11
OTHER INCOME

| | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|------------------------------|-----------------------------|---------------------------------|-------------------------------|
| K-1 INVESTMENTS UBIT..... | \$ 25,566. | | |
| OTHER INVESTMENT INCOME..... | 840,899. | \$ 861,658. | \$ 861,658. |
| TOTAL | <u>\$ 866,465.</u> | <u>\$ 861,658.</u> | <u>\$ 861,658.</u> |

STATEMENT 2
FORM 990-PF, PART I, LINE 16A
LEGAL FEES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| GENERAL & ADMINISTRATIVE..... | \$ 8,526. | | | \$ 11,022. |
| TOTAL | <u>\$ 8,526.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 11,022.</u> |

STATEMENT 3
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING AND TAX..... | \$ 123,171. | \$ 12,847. | \$ 12,847. | \$ 108,897. |
| AUDIT..... | 40,000. | | | 33,000. |
| TOTAL | <u>\$ 163,171.</u> | <u>\$ 12,847.</u> | <u>\$ 12,847.</u> | <u>\$ 141,897.</u> |

STATEMENT 4
FORM 990-PF, PART I, LINE 16C
OTHER PROFESSIONAL FEES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| INVESTMENT ADVISORY FEES..... | \$ 254,177. | \$ 254,177. | \$ 254,177. | |
| OTHER PROGRAMS..... | 120,139. | | | \$ 128,562. |
| PUBLIC RELATIONS..... | 112,957. | | | 112,957. |
| TOTAL | <u>\$ 487,273.</u> | <u>\$ 254,177.</u> | <u>\$ 254,177.</u> | <u>\$ 241,519.</u> |

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 5
FORM 990-PF, PART I, LINE 18
TAXES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| EXCISE TAXES..... | \$ -97,155. | | | |
| FOREIGN TAXES..... | 7,048. | \$ 7,048. | \$ 7,048. | |
| PAYROLL TAXES..... | 57,387. | 7,512. | 7,512. | \$ 49,875. |
| TOTAL | <u>\$ -32,720.</u> | <u>\$ 14,560.</u> | <u>\$ 14,560.</u> | <u>\$ 49,875.</u> |

STATEMENT 7
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|----------------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| DUES & SUBSCRIPTIONS..... | \$ 120,931. | \$ 66. | \$ 66. | \$ 120,914. |
| EQUIPMENT RENTAL AND MAINT..... | 20,426. | 2,173. | 2,173. | 21,344. |
| INSURANCE..... | 24,786. | | | 20,991. |
| K1 INVESTMENT EXPENSES..... | 786,815. | 717,619. | 717,619. | |
| MEDICAL RESEARCH..... | 510,123. | | | 516,577. |
| MISCELLANEOUS..... | 43,308. | 132. | 132. | 43,527. |
| OFFICE SUPPLIES & OTHER EXP..... | 3,558. | 790. | 790. | 4,093. |
| POSTAGE & DELIVERY..... | 18,509. | 93. | 93. | 24,315. |
| PROGRAM EXPENSE..... | 96,040. | | | 82,793. |
| STORAGE..... | 8,001. | 883. | 883. | 5,495. |
| TELEPHONE..... | 14,942. | 1,617. | 1,617. | 13,849. |
| WEBSITE..... | 7,785. | | | 8,685. |
| TOTAL | <u>\$ 1,655,224.</u> | <u>\$ 723,373.</u> | <u>\$ 723,373.</u> | <u>\$ 862,583.</u> |

STATEMENT 8
FORM 990-PF, PART II, LINE 10B
INVESTMENTS - CORPORATE STOCKS

| CORPORATE STOCKS | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|------------------|---------------------|----------------------|----------------------|
| HS MANAGEMENT | MKT VAL | \$ 5,210,461. | \$ 5,210,461. |
| SMITH BARNEY | MKT VAL | 0. | 0. |
| | TOTAL | <u>\$ 5,210,461.</u> | <u>\$ 5,210,461.</u> |

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 9
FORM 990-PF, PART II, LINE 10C
INVESTMENTS - CORPORATE BONDS

| <u>CORPORATE BONDS</u> | <u>VALUATION METHOD</u> | <u>BOOK VALUE</u> | <u>FAIR MARKET VALUE</u> |
|------------------------|-----------------------------|-----------------------|------------------------------|
| SMITH BARNEY | MKT VAL | \$ 1,986,535. | \$ 1,986,535. |
| | TOTAL | <u>\$ 1,986,535.</u> | <u>\$ 1,986,535.</u> |

STATEMENT 10
FORM 990-PF, PART II, LINE 13
INVESTMENTS - OTHER

| <u>OTHER INVESTMENTS</u> | <u>VALUATION METHOD</u> | <u>BOOK VALUE</u> | <u>FAIR MARKET VALUE</u> |
|--|-----------------------------|-----------------------|------------------------------|
| VESSEY STREET FUND III, L.P. | MKT VAL | \$ 120,423. | \$ 120,423. |
| NEW ENTERPRISE ASSOCIATES 12 LP | MKT VAL | 146,861. | 146,861. |
| THE COLCHESTER GLOBAL BOND FUND | MKT VAL | 3,692,208. | 3,692,208. |
| WARBURG PINCUS 3285 | MKT VAL | 393,877. | 393,877. |
| COMMONFUND PRIVATE EQUITY PARTNERS, LP | MKT VAL | 30,501. | 30,501. |
| COMMONFUND VENTURE PARTNERS, LP | MKT VAL | 25,476. | 25,476. |
| FARALLON INVESTMENTS | MKT VAL | 71,221. | 71,221. |
| SILCHESTER TOBACCO FREE INT'L TRUST | MKT VAL | 7,041,745. | 7,041,745. |
| WARBURG PINCUS 3640 | MKT VAL | 60,494. | 60,494. |
| REGIMENT | MKT VAL | 35,400. | 35,400. |
| ABERDEEN | MKT VAL | 1,073,487. | 1,073,487. |
| WESTWOOD CAPITAL | MKT VAL | 4,617,084. | 4,617,084. |
| RCP FUND | MKT VAL | 984,291. | 984,291. |
| LONE CASCADE | MKT VAL | 2,749,993. | 2,749,993. |
| ABRAMS | MKT VAL | 3,295,870. | 3,295,870. |
| CANYON VALUE | MKT VAL | 3,171,405. | 3,171,405. |
| NEW ENTERPRISE ASSOCIATES 14LP | MKT VAL | 1,877,819. | 1,877,819. |
| WP XI PARTNERS | MKT VAL | 1,879,753. | 1,879,753. |
| CLAYTON DUBLIER | MKT VAL | 2,492,958. | 2,492,958. |
| LANDSDOWNE | MKT VAL | 2,839,364. | 2,839,364. |
| LONE SAVIN | MKT VAL | 1,178,896. | 1,178,896. |
| DEERFIELD | MKT VAL | 849,952. | 849,952. |
| HIGHBROOK | MKT VAL | 1,576,035. | 1,576,035. |
| LANDSDOWNE LONG | MKT VAL | 1,016,592. | 1,016,592. |
| TIGER GLOBAL VII | MKT VAL | 1,077,516. | 1,077,516. |
| TIGER GLOBAL IX | MKT VAL | 1,291,611. | 1,291,611. |
| WP ENERGY | MKT VAL | 712,368. | 712,368. |
| AURELIUS CAPITAL | MKT VAL | 2,111,280. | 2,111,280. |
| CEVIAN CAPITAL | MKT VAL | 3,259,750. | 3,259,750. |
| FOUR RIVERS | MKT VAL | 601,825. | 601,825. |
| NEA 15 | MKT VAL | 1,216,711. | 1,216,711. |
| PERMIAN FUND | MKT VAL | 0. | 0. |
| WP XII PARTNERS | MKT VAL | 1,177,820. | 1,177,820. |
| BERKSHIRE | MKT VAL | 389,681. | 389,681. |
| FOUR RIVERS IV | MKT VAL | 388,430. | 388,430. |
| MARBLE RIDGE | MKT VAL | 3,032,131. | 3,032,131. |
| NEA 16 | MKT VAL | 297,357. | 297,357. |
| NIPPON | MKT VAL | 1,702,587. | 1,702,587. |
| BAIN CAPITAL | MKT VAL | -1,499. | -1,499. |
| VENROCK | MKT VAL | 483,978. | 483,978. |
| TOTAL OTHER INVESTMENTS | | <u>\$ 58,963,251.</u> | <u>\$ 58,963,251.</u> |

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 10 (CONTINUED)
FORM 990-PF, PART II, LINE 13
INVESTMENTS - OTHER

OTHER PUBLICLY TRADED SECURITIES

| | | | |
|--|---------|-----------------------|-----------------------|
| BBH FUNDS | MKT VAL | \$ 3,214,538. | \$ 3,214,538. |
| TOTAL OTHER PUBLICLY TRADED SECURITIES | | <u>\$ 3,214,538.</u> | <u>\$ 3,214,538.</u> |
| TOTAL | | <u>\$ 62,177,789.</u> | <u>\$ 62,177,789.</u> |

STATEMENT 11
FORM 990-PF, PART II, LINE 14
LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY | BASIS | ACCUM. DEPREC. | BOOK VALUE | FAIR MARKET VALUE |
|-------------------------|--------------------|--------------------|-------------------|----------------------|
| FURNITURE AND FIXTURES | \$ 52,204. | \$ 50,010. | \$ 2,194. | \$ 2,194. |
| MACHINERY AND EQUIPMENT | 83,311. | 81,557. | 1,754. | 1,754. |
| IMPROVEMENTS | 20,401. | 13,226. | 7,175. | 7,175. |
| TOTAL | <u>\$ 155,916.</u> | <u>\$ 144,793.</u> | <u>\$ 11,123.</u> | <u>\$ 11,123.</u> |

STATEMENT 12
FORM 990-PF, PART II, LINE 15
OTHER ASSETS

| | BOOK VALUE | FAIR MARKET VALUE |
|-----------------------|-------------------|----------------------|
| SECURITY DEPOSIT..... | \$ 61,877. | \$ 61,877. |
| TOTAL | <u>\$ 61,877.</u> | <u>\$ 61,877.</u> |

STATEMENT 13
FORM 990-PF, PART II, LINE 22
OTHER LIABILITIES

| | |
|--------------------------|--------------------|
| DEFERRED EXCISE TAX..... | \$ 220,000. |
| TOTAL | <u>\$ 220,000.</u> |

STATEMENT 14
FORM 990-PF, PART III, LINE 5
OTHER DECREASES

| | |
|-------------------------------------|----------------------|
| UNREALIZED LOSS ON INVESTMENTS..... | \$ 6,507,976. |
| TOTAL | <u>\$ 6,507,976.</u> |

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 15
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| ALFRED SOMMER, M.D., M.H.S. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | \$ 0. | \$ 0. | \$ 0. |
| CHRISTOPHER W. BRODY 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| GEORGE ROCHE 405 LEXINGTON AVE, 32ND FLR, NEW YORK, NY 10017 | SEC & TREAS/DIR 1.00 | 0. | 0. | 0. |
| MARSHALL W. FORDYCE 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| AMB. BARBARA BARRETT 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| SOLOMON SNYDER 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JORDAN U. GUTTERMAN, M.D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| DR. CLAIRE POMEROY 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | PRESIDENT 40.00 | 424,397. | 29,708. | 0. |
| CHRIS JONES 18 BUCKINGHAM STREET, APT 3 LONDON, WC2N 6DR UNITED KINGDOM | DIRECTOR 1.00 | 0. | 0. | 0. |
| RUSSELL STEENBERG 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JOSEPH L. GOLDSTEIN, M.D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ERIN O'SHEA, PHD 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 15 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| ELIAS ZERHOUNI 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | \$ 0. | \$ 0. | \$ 0. |
| ANTHONY B. EVNIN, PH. D. 405 LEXINTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| SHERRY LANSING 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| W.J. OVERLOCK, JR. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | CHAIRMAN 2.00 | 0. | 0. | 0. |
| GEORGE P. NOON 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 | DIRECTOR 1.00 | 0. | 0. | 0. |
| TOTAL | | \$ 424,397. | \$ 29,708. | \$ 0. |

STATEMENT 16
FORM 990-PF, PART VIII, LINE 2
COMPENSATION OF FIVE HIGHEST-PAID EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| DAVID N. KEEGAN 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174 | SENIOR PROGRAM DIR 40.00 | 133,952. | 9,377. | 0. |
| LUCY J. RINALDI 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174 | CHIEF INVESTMENT 25.00 | 92,943. | 6,506. | 0. |
| BEATRICE RENAULT 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174 | STRATEGY OFFICER 16.00 | 85,448. | 5,981. | 0. |
| KRISTIE NYBO 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174 | SCIENCE WRITER 40.00 | 70,496. | 0. | 0. |
| COURTNEY NANDAGIRI 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174 | PROJECT MANAGER 40.00 | 76,672. | 5,367. | 0. |
| TOTAL | | \$ 459,511. | \$ 27,231. | \$ 0. |

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 17
FORM 990-PF, PART IX-A, LINE 1
SUMMARY OF DIRECT CHARITABLE ACTIVITIES

| <u>DIRECT CHARITABLE ACTIVITIES</u> | <u>EXPENSES</u> |
|---|-----------------|
| THE ALBERT AND MARY LASKER MEDICAL RESEARCH AWARDS RECOGNIZE AND HONOR INDIVIDUALS OR GROUPS WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS IN BASIC OR CLINICAL RESEARCH AND IN PUBLIC SERVICE ON BEHALF OF HEALTH AND MEDICAL RESEARCH IN THE DISEASES THAT ARE THE MAIN CAUSES OF DEATH AND DISABILITY. | \$ 1,836,713. |

STATEMENT 18
FORM 990-PF, PART XV, LINE 2A-D
APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:
NAME: ALBERT & MARY LASKER FOUNDATION
CARE OF:
STREET ADDRESS: 405 LEXINGTON AVENUE, 32ND FLR, SUITE A
CITY, STATE, ZIP CODE: NEW YORK, NY 10174
TELEPHONE: (212) 286-0222
E-MAIL ADDRESS:
FORM AND CONTENT: NO SPECIFIC FORM
SUBMISSION DEADLINES: NONE
RESTRICTIONS ON AWARDS: NONE

STATEMENT 19
FORM 990-PF, PART XV, LINE 3A
RECIPIENT PAID DURING THE YEAR

| <u>NAME AND ADDRESS</u> | <u>DONEE RELATIONSHIP</u> | <u>FOUND- ATION STATUS</u> | <u>PURPOSE OF GRANT</u> | <u>AMOUNT</u> |
|---|-------------------------------|------------------------------------|-----------------------------|---------------|
| IBIOLOGY GHN476D, MC 2240, 600 16TH ST SAN FRANCISCO CA 94143 | NONE | PC | YOUNG SCIENTIST SEMINAR | \$ 20,000. |
| MICHAEL GRUNSTEIN 1030 NORTH NORMAN PLACE LOS ANGELES CA 90049 | NONE | N/A | GENERAL AWARD | 125,000. |
| CHARLES D. ALLIS 450 E 63RD STREET, 11-E NEW YORK NY 10065 | NONE | N/A | GENERAL AWARD | 125,000. |
| JOHN B. GLEN 35A BEXTON ROAD, KNUTSFORD CHESIRE 160DZ UNITED KINGDOM | NONE | N/A | GENERAL AWARD | 250,000. |

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 19 (CONTINUED)
FORM 990-PF, PART XV, LINE 3A
RECIPIENT PAID DURING THE YEAR

| <u>NAME AND ADDRESS</u> | <u>DONEE RELATIONSHIP</u> | <u>FOUND- ATION STATUS</u> | <u>PURPOSE OF GRANT</u> | <u>AMOUNT</u> |
|--|-------------------------------|------------------------------------|---|--------------------|
| JOAN A. STEITZ 45 PROSPECT HILL ROAD BRANFORD CT 06405 | NONE | N/A | GENERAL AWARD | \$ 250,000. |
| BIOTECH WITHOUT BORDERS, INC 33 FLATBUSH AVENUE, 4TH FLOOR BROOKLYN NY 11217 | NONE | PC | HIGH SCHOOL STUDENTS LAB EXPERIENCE | 1,000. |
| TOTAL | | | | \$ <u>771,000.</u> |

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, _____

▶ Go to **www.irs.gov/Form990T** for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | |
|---|--|---|--|
| A <input type="checkbox"/> Check box if address changed | Print or Type ALBERT & MARY LASKER FOUNDATION, INC. 405 LEXINGTON AVENUE, 32ND FLOOR STE A NEW YORK, NY 10174 | <input type="checkbox"/> Check box if name changed and see instructions.) | D Employer identification number (Employees' trust, see instructions.) 13-1680062 |
| B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | | | E Unrelated business activity code (See instructions.) 523000 |
| C Book value of all assets at end of year 75,993,319. | F Group exemption number (See instructions.) ▶ | | |
| | G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | |

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **FROM INVESTMENTS IN PARTNERSHIPS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation ... ▶

J The books are in care of ▶ **BENCIVENGA WARD & COMPANY CPAS** Telephone number ▶ (914) 769-5005

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net | |
|--|--------------------|------------|--------------|---------|---------|
| 1 a Gross receipts or sales. | c Balance ▶ | 1 c | | | |
| b Less returns and allowances. | | | | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 | | | |
| 4 a Capital gain net income (attach Schedule D) | | 4 a | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | 4 b | | | |
| c Capital loss deduction for trusts | | 4 c | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | 5 | | | |
| 6 Rent income (Schedule C) | | 6 | | | |
| 7 Unrelated debt-financed income (Schedule E) | | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | 9 | | | |
| 10 Exploited exempt activity income (Schedule I) | | 10 | | | |
| 11 Advertising income (Schedule J) | | 11 | | | |
| 12 Other income (See instructions; attach schedule) SEE STATEMENT 1 | | 12 | 25,566. | 25,566. | |
| 13 Total. Combine lines 3 through 12 | | 13 | 25,566. | 0. | 25,566. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | | | |
|---|-------------|-------------|----------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | 14 | |
| 15 Salaries and wages | | 15 | |
| 16 Repairs and maintenance | | 16 | |
| 17 Bad debts | | 17 | |
| 18 Interest (attach schedule) (see instructions) | | 18 | |
| 19 Taxes and licenses | | 19 | |
| 20 Charitable contributions (See instructions for limitation rules) | | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22 a | 22 b | |
| 23 Depletion | | 23 | |
| 24 Contributions to deferred compensation plans | | 24 | |
| 25 Employee benefit programs | | 25 | |
| 26 Excess exempt expenses (Schedule I) | | 26 | |
| 27 Excess readership costs (Schedule J) | | 27 | |
| 28 Other deductions (attach schedule) SEE STATEMENT 2 | | 28 | 69,192. |
| 29 Total deductions. Add lines 14 through 28 | | 29 | 69,192. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 30 | -43,626. |
| 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | 31 | |
| 32 Unrelated business taxable income. Subtract line 31 from line 30 | | 32 | -43,626. |

Part III Total Unrelated Business Taxable Income

| | | | |
|-----------|--|-----------|----------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)..... | 33 | -43,626. |
| 34 | Amounts paid for disallowed fringes..... | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)..... | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34..... | 36 | -43,626. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)..... | 37 | |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36..... | 38 | -43,626. |

Part IV Tax Computation

| | | | |
|-----------|--|-----------|----|
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)..... | 39 | 0. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)..... | 40 | |
| 41 | Proxy tax. See instructions..... | 41 | |
| 42 | Alternative minimum tax (trusts only)..... | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions..... | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies..... | 44 | 0. |

Part V Tax and Payments

| | | | | |
|-------------|--|-------------|--------|--------|
| 45 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)..... | 45 a | | |
| b | Other credits (see instructions)..... | 45 b | | |
| c | General business credit. Attach Form 3800 (see instructions)..... | 45 c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827)..... | 45 d | | |
| e | Total credits. Add lines 45a through 45d..... | 45 e | | 0. |
| 46 | Subtract line 45e from line 44..... | 46 | | 0. |
| 47 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)..... | 47 | | |
| 48 | Total tax. Add lines 46 and 47 (see instructions)..... | 48 | | 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2..... | 49 | | |
| 50 a | Payments: A 2017 overpayment credited to 2018..... | 50 a | 4,840. | |
| b | 2018 estimated tax payments..... | 50 b | | |
| c | Tax deposited with Form 8868..... | 50 c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions)..... | 50 d | | |
| e | Backup withholding (see instructions)..... | 50 e | | |
| f | Credit for small employer health insurance premiums (attach Form 8941)..... | 50 f | | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total..... | 50 g | | |
| 51 | Total payments. Add lines 50a through 50g..... | 51 | | 4,840. |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached..... | 52 | | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed..... | 53 | | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid..... | 54 | | 4,840. |
| 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax 4,840. Refunded | 55 | | 0. |

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|-----------|---|------------|-----------|
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here..... | Yes | No |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file..... | | X |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year..... \$ 0. | | |

| | | | | | |
|-------------------------------|--|---|------------------------|---|----------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| | Signature of officer _____ Date _____ | | Title PRESIDENT | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | LEONARD J. BENCIVENGA, CPA | | 11/12/19 | | P00116788 |
| | Firm's name | BENCIVENGA WARD & COMPANY CPAS, PC | | Firm's EIN | 13-3274930 |
| | Firm's address | 420 COLUMBUS AVENUE, SUITE 304 VALHALLA, NY 10595-1382 | | Phone no. | (914) 769-5005 |

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

| | | | | | |
|--|----|--|---|-----|----|
| 1 Inventory at beginning of year..... | 1 | | 6 Inventory at end of year..... | 6 | |
| 2 Purchases..... | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2..... | 7 | |
| 3 Cost of labor..... | 3 | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | | | |
| b Other costs (attach sch)..... | 4b | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... | Yes | No |
| 5 Total. Add lines 1 through 4b..... | 5 | | | | X |

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

| | | |
|---|---|---|
| 1 Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2 Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ► | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)..... ► |

Schedule E – Unrelated Debt-Financed Income (see instructions)

| | | | | |
|--|--|--|---|--|
| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach sch) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals..... ► | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8..... ► | | | | |

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| Exempt Controlled Organizations | | | | | |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
| 1 Name of controlled organization | 2 Employer identification number | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

| Nonexempt Controlled Organizations | | | | |
|------------------------------------|--|------------------------------------|---|---|
| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (column 3 plus column 4) |
|-------------------------|---|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | Enter here and on page 1, Part I, line 10, column (A). | Enter here and on page 1, Part I, line 10, column (B). | | | | Enter here and on page 1, Part II, line 26. |

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | |

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4). |
|---|---|--|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | | | | | | |
| | Enter here and on page 1, Part I, line 11, column (A) | Enter here and on page 1, Part I, line 11, column (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1– 5) | | | | | | |

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| Total. Enter here and on page 1, Part II, line 14. | | | |

2018

FEDERAL STATEMENTS

PAGE 1

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

| | | |
|---------------------------|----|----------------|
| K-1 INVESTMENTS UBIT..... | \$ | 25,566. |
| TOTAL | \$ | <u>25,566.</u> |

STATEMENT 2
FORM 990-T, PART II, LINE 28
OTHER DEDUCTIONS

| | | |
|--------------------------------|----|----------------|
| K-1 OTHER DEDUCTIONS UBIT..... | \$ | 69,192. |
| TOTAL | \$ | <u>69,192.</u> |

OTHER INCOME PRODUCING ACTIVITIES
OTHER INVESTMENT INCOME [O]

| | | |
|------------------------------------|----|-----------------|
| OTHER INCOME..... | \$ | 4,807. |
| K1 ORDINARY INCOME..... | | -11,509. |
| K1 RENTAL INCOME..... | | -22,054. |
| K1 OTHER INCOME..... | | -17,896. |
| K1 INTEREST INCOME..... | | 217,460. |
| K1 DIVIDEND INCOME..... | | 695,657. |
| K-1 UNRELATED BUSINESS INCOME..... | | -25,566. |
| TOTAL | \$ | <u>840,899.</u> |

NET INVESTMENT INCOME / ADJ. NET INCOME
OTHER INVESTMENT INCOME

| | | |
|-------------------------|----|-----------------|
| K1 ORDINARY INCOME..... | \$ | -11,509. |
| K1 RENTAL INCOME..... | | -22,054. |
| K1 OTHER INCOME..... | | -17,896. |
| K1 INTEREST INCOME..... | | 217,460. |
| K1 DIVIDEND INCOME..... | | 695,657. |
| TOTAL | \$ | <u>861,658.</u> |

NET INVESTMENT INCOME / ADJ. NET INCOME
OTHER INVESTMENT INCOME

| | | |
|-------------------------|----|-----------------|
| K1 ORDINARY INCOME..... | \$ | -11,509. |
| K1 RENTAL INCOME..... | | -22,054. |
| K1 OTHER INCOME..... | | -17,896. |
| K1 INTEREST INCOME..... | | 217,460. |
| K1 DIVIDEND INCOME..... | | 695,657. |
| TOTAL | \$ | <u>861,658.</u> |

BALANCE SHEET - INVESTMENTS
FAIR MARKET VALUE AT END OF YEAR (FORM 990-PF)
VESSEY STREET FUND III,L.P.

| | | |
|-------|----|-----------------|
| | \$ | 120,423. |
| TOTAL | \$ | <u>120,423.</u> |

COMPUTATION OF 2018 NET OPERATING LOSS

| | |
|--|-----------------------|
| 1. TOTAL INCOME..... | 25,566. |
| 2. TOTAL DEDUCTIONS..... | 69,192. |
| 3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2)..... | <u>-43,626.</u> |
| 2018 NET OPERATING LOSS..... | <u><u>43,626.</u></u> |

2018

FEDERAL WORKSHEETS

PAGE 2

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

**AVERAGE MONTHLY FAIR MARKET VALUE OF SECURITIES
FORM 990-PF, PART X, LINE 1A**

[illegible]

2018

FEDERAL WORKSHEETS

PAGE 3

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

AVERAGE MONTHLY CASH BALANCES
FORM 990-PF, PART X, LINE 1B

[illegible]



Department of Taxation and Finance

Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227

Taxpayer ID: 13-1680062

Taxpayer name: ALBERT & MARY LASKER FOUNDATION, INC.

You must file this New York State corporation tax return electronically.

Individual taxpayers and paid preparers who use software to prepare their returns or their clients' returns, but file on paper, are subject to penalties.

E-filing has many advantages:

- It is fast, easy, and secure.
- There are no additional costs. Once you've paid for your New York State tax preparation software, you can e-file your New York State return for **free**.

90% of New Yorkers enjoy the benefits of e-filing.

If you are a corporation:

Because you prepared this New York State tax return using software, you **must** file it electronically.

If you are a paid preparer:

Because you prepared this return using software, you must e-file it. If you file a paper New York State tax return, you will be in violation of New York State law and subject to penalties.

If you are a corporation that used a paid preparer:

Since your preparer used software to prepare this return, it must be e-filed. If your tax return preparer gave you a paper New York State tax return with instructions to mail it, contact them and request that they file it electronically.

There is no charge for e-filing:

New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.

If you cannot e-file you must include Form CT-2:

If an individual corporation or a paid preparer does not meet the requirements to e-file, a software-generated Form CT-2, *Corporation Tax Return Summary*, **must** be included with the paper return to ensure the return is considered processible.

Questions?

Visit our website for more information about New York's e-file mandate.

**CT-2**

Department of Taxation and Finance

Corporation Tax Return Summary**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

| | | | | | | | | | | |
|-----|--|------|--------------------------------|---|---------|------------------|-----|--------|--|--|
| 1 | Legal name of corporation | 1. | ALBERT & MARY LASKER FOUNDATIO | | | Payment enclosed | 2. | | | |
| 3 | Return type | | | | | | 3. | CT13 | | |
| 4 | Employer ID number (EIN) | 4. | 13 | - | 1680062 | | | | | |
| 5 | File number (FCC) | | | | | | 5. | MM1 | | |
| 6 | Period beginning date (mm-dd-yy) | 6. | 01 | - | 01 | - | 18 | | | |
| 7 | Period ending date (mm-dd-yy) | 7. | 12 | - | 31 | - | 18 | | | |
| 8 | Amended (Y=1; N=0) | | | | | | 8. | 0 | | |
| 9 | Address change (Y=1; N=0) | | | | | | 9. | 0 | | |
| 10 | Final (Y=1; N=0) | | | | | | 10. | | | |
| 11 | NAICS code | | | | | | 11. | 523000 | | |
| 12 | MTA indicator (None=0; Y=1; N=2; Both=3) | | | | | | 12. | | | |
| 13 | Federal 1120-H filed (Y=1; N=0) | | | | | | 13. | | | |
| 14 | REIT/RIC indicator (Y=1; N=0) | | | | | | 14. | | | |
| 15 | Tax due/MTA surcharge | 15. | 250 | | | . | | | | |
| 16 | Mandatory first installment (MFI) — no extension filed and tax due is over \$1,000 | 16. | | | | . | | | | |
| 17a | Return a Gift to Wildlife | 17a. | | | | . | | | | |
| 17b | Breast Cancer Research and Education Fund | 17b. | | | | . | | | | |
| 17c | Prostate and Testicular Cancer Research and Education Fund | 17c. | | | | . | | | | |
| 17d | 9/11 Memorial | 17d. | | | | . | | | | |
| 17e | Volunteer Firefighting & EMS Recruitment Fund | 17e. | | | | . | | | | |
| 17f | Veterans Remembrance | 17f. | | | | . | | | | |
| 17g | Women's Cancers Education and Prevention Fund | 17g. | | | | . | | | | |
| 17h | New York State Veterans' Homes | 17h. | | | | . | | | | |
| 17i | Love Your Library Fund | 17i. | | | | . | | | | |
| 17j | Lupus Education and Prevention Fund | 17j. | | | | . | | | | |
| 17k | Military Family Relief Fund | 17k. | | | | . | | | | |
| 18 | Balance due | 18. | | | | . | | | | |
| 19 | Amount of overpayment credited to next period — NYS | 19. | 2,000 | | | . | | | | |
| 20 | Refund of overpayment | 20. | | | | . | | | | |
| 21 | Refund of unused tax credits | 21. | | | | . | | | | |
| 22 | Tax credits to be credited as an overpayment to next year's return | 22. | | | | . | | | | |
| 23 | Amount of overpayment credited to next period — MTA | 23. | | | | . | | | | |
| 24 | Amount of MTA surcharge retaliatory tax credit to be refunded | 24. | | | | . | | | | |
| 25 | Fixed dollar minimum | 25. | | | | . | | | | |
| 26 | Designated agent's (Article 9-A) or combined parent's (Article 33) EIN | 26. | | | | - | | | | |
| 27 | New York receipts | 27. | | | | . | | | | |
| 28 | Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)? | 28. | | | | . | | | | |
| 29 | Paid preparer's EIN | 29. | 13 | - | 3274930 | | | | | |
| 30 | Preparer's NYTPRIN | 30. | | | | | | | | |
| 31 | Excl. code | 31. | 03 | | | | | | | |

541001181032



For office use only

NYCZ1612L 11/12/18



CT-13

Department of Taxation and Finance

Unrelated Business Income
Tax ReturnAmended
return ☐

Tax Law – Article 13

All filers enter tax period:

beginning **01-01-18** ending **12-31-18**

| | | | |
|---|---|--|--|
| Employer identification number (EIN) 13-1680062 | File number MM1 | Business telephone number (212) 286-0222 | If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/> |
| Legal name of corporation ALBERT & MARY LASKER FOUNDATION, INC. | | Trade name/DBA | |
| Mailing name (if different from legal name above) c/o | | State or country of incorporation NEW YORK | Date received (for Tax Department use only) |
| Number and street or PO box 405 LEXINGTON AVENUE, 32ND FLOOR STE A | | Date of incorporation 12-31-42 | |
| City NEW YORK | State NY | ZIP code 10174 | Foreign corporations: date began business in NYS |
| NAICS business code number (from federal return) 523000 | If address/phone above is new, mark an X in the box <input type="checkbox"/> | Audit (for Tax Department use only) | |
| Principal unrelated business activity (see instructions) FROM INVESTMENTS IN PARTNERSHIPS | | If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1. | |

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization – Have you filed this New York State application for exemption? (see instructions) Yes ☒ No ☐Mark an **X** in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ☐Mark an **X** in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) ☐

| | |
|--|---------------------------|
| A Pay amount shown on line 22. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) | A Payment enclosed |
|--|---------------------------|

Computation of income and tax

| | | |
|---|----|---------|
| 1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction. | 1 | -43,626 |
| 2 New York State Article 13 and Article 23 tax deducted on federal return. | 2 | |
| 3 Additions required for shareholders of federal S corporations (see instructions). | 3 | |
| 4 Grossed-up taxes for shareholders of New York S corporations (see instructions). | 4 | |
| 5 Other additions (see instructions). | 5 | |
| 6 Add lines 1 through 5. | 6 | -43,626 |
| 7 Other income (see instructions). | 7 | |
| 8 Federal S corporation shareholder subtractions (see instructions). | 8 | |
| 9 Other subtractions (see instructions). | 9 | |
| 10 Total subtractions (add lines 7, 8, and 9). | 10 | 0 |
| 11 Taxable income before net operating loss deduction (subtract line 10 from line 6). | 11 | -43,626 |
| 12 New York net operating loss deduction (attach federal and NYS computations; see instructions). | 12 | |
| 13 Taxable income (subtract line 12 from line 11). | 13 | -43,626 |
| 14 Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed). | 14 | -43,626 |
| 15 Tax based on income (multiply line 14 by 9% (.09)). | 15 | 0 |
| 16 Minimum tax. | 16 | 250 |
| 17 Tax (line 15 or line 16, whichever is larger). | 17 | 250 |
| 18 Total prepayments from line 46. | 18 | 2,250 |
| 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17). | 19 | |
| 20 Interest on late payment (see instructions). | 20 | |
| 21 Late filing and late payment penalties (see instructions). | 21 | |
| 22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above). | 22 | |
| 23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18). | 23 | 2,000 |
| 24 Amount of overpayment on line 23 to be credited to next year. | 24 | 2,000 |
| 25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23). | 25 | |

See page 3 for third-party designee, certification, and signature entry areas.

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NYVA9712L 12/20/18

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

Have you been audited by the Internal Revenue Service in the past 5 years? Yes ☐ No ☒ If Yes, list years: _____Federal return was filed on: 990-T ☒ Other: ☐ Attach a complete copy of your federal return.**Schedule A – Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

| Average value of: | A New York State | | B Everywhere | | |
|---|---------------------|--|-----------------|--|---|
| | | | | | |
| 26 Real estate owned (see instructions)..... | 26 | | | | |
| 27 Gross rents (attach list; see instructions)..... | 27 | | | | |
| 28 Inventories owned..... | 28 | | | | |
| 29 Other tangible personal property owned (see instructions)..... | 29 | | | | |
| 30 Total (add lines 26 through 29)..... | 30 | | | | |
| 31 Percentage in New York State (divide line 30, column A, by line 30, column B)..... | 31 | | | | % |

Receipts in the regular course of business from:

| | | | | | |
|--|----|--|--|--|---|
| 32 Sales of tangible personal property shipped to points within New York State..... | 32 | | | | |
| 33 All sales of tangible personal property..... | 33 | | | | |
| 34 Services performed..... | 34 | | | | |
| 35 Rentals of property..... | 35 | | | | |
| 36 Other business receipts..... | 36 | | | | |
| 37 Total (add lines 32 through 36)..... | 37 | | | | |
| 38 Percentage in New York State (divide line 37, column A, by line 37, column B)..... | 38 | | | | % |
| 39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)..... | 39 | | | | |
| 40 Percentage in New York State (divide line 39, column A, by line 39, column B)..... | 40 | | | | % |
| 41 Total of New York State percentages (add lines 31, 38, and 40)..... | 41 | | | | % |
| 42 Business allocation percentage (divide line 41 by three or by the number of percentages)..... | 42 | | | | % |

Composition of prepayments claimed on line 18*

| | Date paid | Amount |
|--|-----------|--------|
| 43 Payment with extension request, Form CT-5, line 5..... | 43 | |
| 44a Second installment from Form CT-400..... | 44a | |
| 44b Third installment from Form CT-400..... | 44b | |
| 44c Fourth installment from Form CT-400..... | 44c | |
| 45 Amount of overpayment credited from prior years..... | 45 | 2,250 |
| 46 Total prepayments (add lines 43 through 45; enter here and on line 18)..... | 46 | 2,250 |

*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments.

If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination..... ☐ If marked, enter date of determination: • _____

Capital loss carryback..... ☐ Federal return filed..... Form 1139 • ☐

Amended Form 990-T..... ☐

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| | | | |
|---|---|--|--|
| Third - party designee (see instructions) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Designee's name (print) LEONARD J. BENCIVENGA, CPA | Designee's phone number (914) 769-5005 |
| | Designee's e-mail address | | PIN |

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

| | | | | |
|---|--|--|------------------------------------|--|
| Authorized person | Printed name of authorized person | Signature of authorized person | Official title PRESIDENT | |
| | E-mail address of authorized person | | Telephone number | Date |
| Paid preparer use only (see instr.) | Firm's name (or yours if self-employed) BENCIVENGA WARD & COMPANY CPAS, PC | | Firm's EIN 13-3274930 | Preparer's PTIN or SSN P00116788 |
| | Signature of individual preparing this return | Address 420 COLUMBUS AVENUE, SUITE 30 VALHALLA | City NY | State 10595-1382 |
| | E-mail address of individual preparing this return LEN.BENCIVENGA@BWC.US.COM | Preparer's NYTPRIN or 03 | Excl. code | Date 11-12-19 |

See instructions for where to file.

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| | | |
|---|--|---|
| <h1 style="margin: 0;">CHAR500</h1> <p style="margin: 0;">NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p> | Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005 | <h2 style="margin: 0;">2018</h2> <p style="margin: 0;">Open to Public Inspection</p> |
|---|--|---|

1. General Information

| | | |
|--|---|---|
| For Fiscal Year Beginning (mm/dd/yyyy) 01/01 /2018 and Ending (mm/dd/yyyy) 12/31/2018 | | |
| Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending | Name of Organization: ALBERT & MARY LASKER FOUNDATION, INC. Mailing Address: 405 LEXINGTON AVENUE, 32ND FLOOR STE A City / State / Zip: NEW YORK, NY 10174 Website: WWW.LASKERFOUNDATION.ORG | Employer Identification Number (EIN): 13-1680062 NY Registration Number: 00-62-64 Telephone: (212) 286-0222 Email: |
| Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com | | |

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatures.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| | | |
|---------------------------------------|---|--------------------------------------|
| President or Authorized Officer: | Signature _____ Printed Name CLAIRE POMEROY, MD | Title PRESIDENT Date _____ |
| Chief Financial Officer or Treasurer: | Signature _____ Printed Name GEORGE ROCHE | Title TREASURER Date _____ |

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ **3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ **3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

| | | |
|--|---|---|
| See the following page for a checklist of schedules and attachments to complete your filing. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4b. Did the organization receive government grants? If yes, complete Schedule 4b. |

5. Fee

| | | | | |
|---|---------------------------------|--------------------------------------|--------------------------------|--|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: \$ <u>25.</u> | EPTL filing fee: \$ <u>1,500.</u> | Total fee: \$ <u>1,525.</u> | Make a single check or money order payable to: 'Department of Law' |
|---|---------------------------------|--------------------------------------|--------------------------------|--|

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked **both** the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☐ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☐ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- ☒ Audit Report if you received total revenue and support greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☐ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☐ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☒ \$1500, if the NET WORTH is \$50,000,000 or more

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)