Form **990-PF**

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

OMB No. 1545-0047

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

Open to Public Inspection

For calendar year 2020 or tax year beginning 2020, and ending ,20 Employer identification number ALBERT & MARY LASKER FOUNDATION, INC. 13-1680062 В 405 LEXINGTON AVENUE, 32ND FLOOR STE A Telephone number (see instructions) (212) 286-0222 NEW YORK, NY 10174 С If exemption application is pending, check here.. > G Check all that apply: Initial return Initial return of a former public charity **D** 1 Foreign organizations, check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change \overline{X} Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated under section 507(b)(1)(A), check here. X Accrual Fair market value of all assets at end of year Accounting method: Cash (from Part II, column (c), line 16) Other (specify) F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ▶\$ (Part I, column (d), must be on cash basis.) 88,705,148. Part I Analysis of Revenue and (d) Disbursements Adjusted net Expenses (The total of amounts in (a) Revenue and (b) Net investment for charitable expenses per books income ińcome columns (b), (c), and (d) may not purposes necessarily equal the amounts in (cash basis only) column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule). . 238,909 2 Check ► if the foundation is not required to attach Sch. E Interest on savings and temporary cash investments. . . 22,003 22,003 22,003 Dividends and interest from securities. . . . 887,686. 887,686. 887,686. **5 a** Gross rents **b** Net rental income or (loss) $\boldsymbol{6}$ \boldsymbol{a} Net gain or (loss) from sale of assets not on line 10. 2,496,047 **b** Gross sales price for all 8,487,583 assets on line 6a 2,496,047 Capital gain net income (from Part IV, line 2) . . . 424,880 Income modifications 10a Gross sales less returns and allowances . **b** Less: Cost of Other income (attach schedule) 1,036,061 SEE STATEMENT 1 887,996 1,036,061 532,641 441,797 370,630 Total. Add lines 1 through 11...... 443,290. 448,988. 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages..... 463,033 97,741 97.741 360,510. Pension plans, employee benefits . 220,172 7,139 7,139 151,508. 16a Legal fees (attach schedule) ... SEE . ST. . 2 1,819.1,819. $\textbf{b} \text{ Accounting fees (attach sch)} \dots SEE . ST. . 3$ 173<u>,</u>765 34,754 34,754 63,244. \boldsymbol{c} Other professional fees (attach sch). . SEE . ST. . 4 955,155 699,509 699,509 283,160. 17 Interest..... 18 Taxes (attach schedule)(see instrs). . . SEE . . S.T.M. . 5 194,540 54,171 54,171 45,667. Depreciation (attach schedule) and depletion . 4,570 20 282,124 286,609. 21 Travel, conferences, and meetings..... <u>1,232</u> 23 23 8,109. 58,826 52,775. Other expenses (attach schedule) SEE STATEMENT 6 611,977. 117,474. 117,574 722,688. 24 Total operating and administrative expenses. Add lines 13 through 23. 2,425,077. 3,416,503. 1,010,811 1,010,911 20,100 20,100. Total expenses and disbursements. Add lines 24 and 25 3,436,603 1,010,811. 1,010,911 2,445,177. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 1,096,038. $3,430,98\overline{6}$ **b** Net investment income (if negative, enter -0-). . . 1,359,719. C Adjusted net income (if negative, enter -0-) . .

Par	t 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 o	
ı aı	(11	Balarice Criccis	(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
			-bearing	320,707.	246,447.	246,447.
	2	Savings and tempora	ary cash investments	3,186,362.	6,309,540.	6,309,540.
	3	Accounts receivable	<u> </u>			
				1,042,045.	154,408.	154,408.
	4	Pledges receivable.	doubtful accounts ►			
		Less: allowance for	doubtful accounts ►	5,000.	10,000.	10,000.
	5	Grants receivable		,	,	,
	6	Receivables due from offic disqualified persons (attac	ers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans reco	eivable (attach sch) ►			
		Less: allowance for	doubtful accounts ►			
	8	Inventories for sale of	or use			
	9	Prepaid expenses ar	nd deferred charges	106,051.	404,642.	404,642.
S			_	====		
Assets			and state government STATEMENT 7	1,010,385.	1,493,378.	1,493,378.
55	b	Investments — corporate	stock (attach schedule) STATEMENT 8	5,500,309.	6,333,020.	6,333,020.
4	c	: Investments — corporate	bonds (attach schedule)			
	11	Investments — land, equipment: basis				
		Less: accumulated depreciattach schedule)				
	12	Investments – morto	gage loans			
	13		(attach schedule)STATEMENT9	72,159,751.	73,679,680.	73,679,680.
	14	Land, buildings, and	equipment: basis► 130,575.			
		Less: accumulated deprec	ation SEE STMT 10 ► 118,419.	8,924.	12,156.	12,156.
	15	Other assets (descri	be SEE STATEMENT 11)	61,877.	61,877.	61,877.
		see the instructions.	completed by all filers — Also, see page 1, item l)	83,401,411.	88,705,148.	88,705,148.
	17		nd accrued expenses	289,834.	282,273.	
′ •	18	· ·				
<u>\8</u>	19					
=	20		tors, trustees, & other disqualified persons			
iabilities.	21		s payable (attach schedule)			
	22	Other liabilities (desc	cribe► <u>SEE STATEMENT</u> 12)	240,000.	300,000.	
	23	Total liabilities (add	lines 17 through 22)	529,834.	582,273.	
268		Foundations that fol and complete lines 2	llow FASB ASC 958, check here ►X 24, 25, 29, and 30.			
3alar	24	Net assets without d	onor restrictions	36,220,317.	36,073,982.	
ō	25	Net assets with dono	or restrictions	46,651,260.	52,048,893.	
Net Assets or Fund Balances		Foundations that do rand complete lines 2	not follow FASB ASC 958, check here P 26 through 30.			
ō	26	•	principal, or current funds			
윉	27		or land, bldg., and equipment fund			
28	28		ulated income, endowment, or other funds			
Ă	29	• ,	und balances (see instructions)	82,871,577.	88,122,875.	
Ž	30	Total liabilities and I	net assets/fund balances	83,401,411.	88,705,148.	
Par	t III	Analysis of Chan	ges in Net Assets or Fund Balance	es	·	
1	Total end-	net assets or fund ba	alances at beginning of year — Part II, colu d on prior year's return)	mn (a), line 29 (must ag	gree with 1	82,871,577.
2	Ente	r amount from Part I.	line 27a		2	1,096,038.
3	Other	increases not included in lin	ne 2 (itemize) SEE STATEMENT 13		3	4,155,260.
4	Add	lines 1, 2, and 3			4	88,122,875.
_	_		11 1 A S		_	,,
6	Total	net assets or fund ba	alances at end of year (line 4 minus line 5)	– Part II, column (b), li	ne 29 6	88,122,875.

-	Losses for lax on investmen		(b)	(c) Date acquired	(d) Date sold	
	(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 acquarters and D — Ponation of the property sold (for example, real estate, property sold).					
1a SEE STATEMENT 14						
b						
С						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m		
а						
b						
С						
d						
е						
Complete only for assets show	ing gain in column (h) and owned by the	e foundation on 12/31/69.		(I) Gains (Col.	(h)	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		jain minus col. (k), b an -0-) or Losses (fi		
a						
b						
С						
d						
е						
2 Capital gain net income or (r	net capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7	2		2,496,047.	
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5	5) and (6):		-	2, 130, 01, 1	
If gain, also enter in Part I. Ii	ine 8, column (c). See instructions. It	-	_ 3		424,880.	
Part V Qualification Und	er Section 4940(e) for Reduce	ed Tax on Net Investn	nent Income	1	121,000	
	4940(e) REPEALED ON DECE					
1 Reserved	HO-10(C) INCI EALED ON DEGE		THO TOOM!			
(a)	(b)	(c)		(d)		
Reserved	Reserved	Reserved		Reserve	d	
Reserved						
Reserved						
Reserved						
Reserved						
Reserved						
			2			
3 Reserved			3			
4 Reserved			4			
5 Reserved			5			
6 Reserved			6			
7 Reserved			7			
8 Reserved			8			

1 0111	15 1000002			ugc ¬
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 – see instructions)			
1 a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter 'N/A' on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)			
	Reserved		47,6	591.
(All other domestic foundations enter 1.39% 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		47,6	591.
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		47,6	91.
6	Credits/Payments:			
	a 2020 estimated tax pymts and 2019 overpayment credited to 2020			
	Exempt foreign organizations — tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d	1	96,0	149.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	1	48,3	358.
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 148, 358. Refunded 11			0.
Pai	t VII-A Statements Regarding Activities		1	
1 a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No
	participate or intervene in any political campaign?	1 a		Х
I	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?	1 6		37
	See the instructions for the definition	1 b		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.			
	Did the foundation file Form 1120-POL for this year?	1 c		X
ì	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	10		Λ_
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$			
•	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?	2		X
	If 'Yes,' attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			
		-		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
	of If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N,	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
_	If 'Yes,' attach the statement required by <i>General Instruction T</i> .			
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 legislation that effectively amends the governing instrument?		37	
_	with the state law remain in the governing instrument?	6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV	7	Χ	
0 6				
	NY			
ı	a 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	8 b	Χ	
^			23	
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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If 'Yes,' complete Part XIV.	9	Χ	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
10	and addresses.	10		X

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Par	t VII-A	Statements Regarding Activities (continued)			
11	At any ti within the	me during the year, did the foundation, directly or indirectly, own a controlled entity e meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions	11	Yes	No X
12	Did the fo	oundation make a distribution to a donor advised fund over which the foundation or a disqualified person had privileges? If 'Yes,' attach statement. See instructions	12		Х
13	Did the f	oundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
	Website	address <u> </u>			
14	The book	s are in care of ► BENCIVENGA WARD & COMPANY CPAS Telephone no. ► (914	<u>) 769</u>	<u>-500</u>)5
	Lucateu	at 420 COLUMBOS AVENUE, SUITE 304 VALHALLA NY 21 44 10535 1	<u> </u>		
15	Section 4	494/(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	IN./. <i>P</i> .	· . •	
	and ente	r the amount of tax-exempt interest received or accrued during the year			N/A
16	At any tin bank, se	ne during calendar year 2020, did the foundation have an interest in or a signature or other authority over a curities, or other financial account in a foreign country?	. 16	Yes	No X
	enter the	instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' name of the foreign country			
Par		Statements Regarding Activities for Which Form 4720 May Be Required		T	
1.		n 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
ı a	-	e year, did the foundation (either directly or indirectly): age in the sale or exchange, or leasing of property with a disqualified person?			
	-				
	(2) Borro	ow money from, lend money to, or otherwise extend credit to (or accept it from) a ualified person?			
		ish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
		compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Tran	sfer any income or assets to a disqualified person (or make any of either available ne benefit or use of a disqualified person)?			
	(6) Agre found of go	e to pay money or property to a government official? (Exception. Check 'No' if the dation agreed to make a grant to or to employ the official for a period after termination overnment service, if terminating within 90 days.)			
b	If any an Regulation	swer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in ons section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
		ations relying on a current notice regarding disaster assistance, check here			
С	: Did the f	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, e not corrected before the first day of the tax year beginning in 2020?	1c		Х
2	Taxes or private o	n failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а		nd of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and ax year(s) beginning before 2020?			
		ist the years ► 20 _ , 20 _ , 20 , 20			
b	(relating	e any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to listed, answer 'No' and attach statement — see instructions.)	. 2b	N	/A
c	-	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- 20	IN	, A
·		_ , 20 , 20 , 20			
3 a	Did the f enterpris	oundation hold more than a 2% direct or indirect interest in any business e at any time during the year?			
b	or disqua by the Co	did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation alified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved ommissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or pse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to			
	détermin	e if the foundation had excess business holdings in 2020.)	3b	N.	/A
4 a	Did the for charitable	oundation invest during the year any amount in a manner that would jeopardize its e purposes?	4a		Х
h	Did the f	oundation make any investment in a prior year (but after December 31, 1969) that could			
~	jeopardiz	e its charitable purpose that had not been removed from jeopardy before the first day of ear beginning in 2020?.	4b		Х

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Part VII-B Statements Regarding Activit		1 4/20 May Be Req	uired (continued)			
5 a During the year, did the foundation pay or incur a (1) Carry on propaganda, or otherwise attemption	•	n (section 4945(e))?	Yes X	No	Yes No	
(2) Influence the outcome of any specific pub	lic election (see section	4955); or to carry				
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,	ation drive?			No No		
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable etc. organi	zation described		No		
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific on of cruelty to children	;, literary, or or animals?		No		
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in a	f the transactions fail to current notice regarding o	qualify under the excellisaster assistance?	ptions	5 b	NI/A	
See instructions				3D	N/A	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant?		N/A. Yes	No		
6 a Did the foundation, during the year, receive an on a personal benefit contract?			Yes X	No		
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870.	iums, directly or indirec	tly, on a personal bene	fit contract?	6b	Х	
7 a At any time during the tax year, was the found						
b If 'Yes,' did the foundation receive any proceed 8 Is the foundation subject to the section 4960 tax of				√A 7b	_	
8 Is the foundation subject to the section 4960 tax or excess parachute payment(s) during the year				No		
Part VIII Information About Officers, D						_
and Contractors						_
1 List all officers, directors, trustees, and found		•		1		_
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other al	e account llowances	
SEE STATEMENT 15						
		412,260.	31,030.		0.	
2 Compensation of five highest-paid employees (o		on line 1 – see instructio	ns). If none, enter 'NONE	1		_
(a) Name and address of each employee paid more than \$50,000 SEE STATEMENT 16	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other al	e account Ilowances	
		424,908.	29,743.		0	•
Total number of other employees paid over \$50,000	D		·			0

Form 990-PF (2020) ALBERT & MARY LASKER FOUNDATION, INC. 13-1680062 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

and continuous (continuous)		
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	100,000.
BENCIVENGA WARD & COMPANY CPAS, PC		
420 COLUMBUS AVE, SUITE 304		
VALHALLA, NY 10595	ACCOUNTING & TAX	100,893.
DAVID M. OSHINSKY		
PO BOX 461		
SOLEBURY, PA 18963	CONSULTING	100,000.
CREWCIAL PARTNERS LLC		
PO BOX 2008		
RIVER VALE, NJ 07675	INVESTMENT CONSULT	148,138.
R&S CHRYSLER LLC		
RFR REALTY, 107 ELM ST, STE 4010		
STAMFORD, CT 06902	RENT	293,497.
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
Turition of Direct Charles Tourists	Т	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 SEE STATEMENT 17		
		906,298.
2 OTHER PROGRAMS SUPPORT NEW INITIATIVES THAT FU	RTHER THE FOUNDATION'S	
MISSION. THESE INITIATIVES INCLUDE EDUCATIONAL	FORUMS, SCHOLARLY	
STUDY, AND STUDY GROUPS.		402,163.
3		
4		
Part IX-B Summary of Program-Related Investments (see instru	uctions)	
Describe the two largest program-related investments made by the foundation during t	he tax year on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	·······	0.
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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 77,538,853. **b** Average of monthly cash balances..... 1 b 408 c Fair market value of all other assets (see instructions)..... 1 c 1 d d Total (add lines 1a, b, and c)..... e Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets..... 2 3 800 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)..... 4 1,167,004 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4...... 5 76,633,257 Minimum investment return. Enter 5% of line 5..... 6 3,831,663 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here | |x|| and do not complete this part.) 1 2a Tax on investment income for 2020 from Part VI, line 5...... 2a **b** Income tax for 2020. (This does not include the tax from Part VI.)..... 2b 2 c Distributable amount before adjustments. Subtract line 2c from line 1..... 3 Recoveries of amounts treated as qualifying distributions..... 4 5 Deduction from distributable amount (see instructions)..... 6 **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) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 a 2,445,177 **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..... 2 802 3 a 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 2,452,979 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 Adjusted qualifying distributions. Subtract line 5 from line 4..... 6 452 979 The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instru	ictions)	N/A		
	(a)	(b) Years prior to 2019	(c) 2019	(d)
	Corpus	Years prior to 2019	2019	2020
1 Distributable amount for 2020 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only				
b Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
4 Qualifying distributions for 2020 from Part				
XII, line 4: • \$				
a Applied to 2019, 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 2020 distributable amount				
e Remaining amount distributed out of corpus.				
5 Excess distributions carryover applied to 2020				
(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 2019. Subtract line 4a from				
line 2a. Taxable amount — see instructions				
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				
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 2015 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				
BAA				Form 990-PF (2020)

Part XIV	Private Operating Foundat	ions (see instru	ctions and Part	VII-A, question	9)	
1 a If the four	indation has received a ruling or deterive for 2020, enter the date of the	rmination letter that it	t is a private operatir	ng foundation, and th	e ruling	2/14/74
	ox to indicate whether the foundati	3			X 4942(j)(3) or	4942(j)(5)
2a Enter th	e lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
investm	from Part I or the minimum ent return from Part X for	(a) 2020	(b) 2019	(c) 2018	(d) 2017	• •
-	ar listed	1,359,719.	1,015,075.	118,511.	753,390.	3,246,695.
	line 2a	1,155,761.	862,814.	100,734.	640,382.	2,759,691.
line 4, f	ng distributions from Part XII, or each year listed	2,452,979.	3,555,681.	3,508,416.	3,630,565.	13,147,641.
for active	ncluded in line 2c not used directly conduct of exempt activities.					0.
for activ	ng distributions made directly re conduct of exempt activities. t line 2d from line 2c	2,452,979.	3,555,681.	3,508,416.	3,630,565.	13,147,641.
alternati	te 3a, b, or c for the ive test relied upon:					
	alternative test — enter:					
` '	ue of all assets					
sect	ue of assets qualifying under ion 4942(j)(3)(B)(i)					
minimum	nt' alternative test — enter 2/3 of investment return shown in Part X, each year listed	2 554 442	2 616 697	2 654 631	2 539 651	10,365,421.
•	t' alternative test – enter:	2,334,442.	2,010,057.	2,034,031.	2,333,031.	10,303,421.
(1) Tota inve divid	al support other than gross street income (interest, dends, rents, payments securities loans (section					
	(a)(5)), or royalties)					
more	ort from general public and 5 or exempt organizations as provided ction 4942(j)(3)(B)(iii)					
(3) Larg	gest amount of support from exempt organization					
(4) Gro	ss investment income					
	Supplementary Information			foundation had	\$5,000 or more	in
	assets at any time during the tion Regarding Foundation Manag	•	structions.)			_
	managers of the foundation who have		an 2% of the total co	ntributions received t	ov the foundation be	fore the
close of NONE	any tax year (but only if they have	contributed more the	han \$5,000). (See s	section 507(d)(2).)		
la 1 de la cons	f the formulation of	100/				un la line a f
a partne NONE	managers of the foundation who own ership or other entity) of which the	foundation has a 10	stock of a corporation % or greater intere	i (or an equally large st.	portion of the owne	rsnip of
Check h	ion Regarding Contribution, Grant, Gree if the foundation only males for funds. If the foundation makes	kes contributions to p	reselected charitable			
	, and d. See instructions. ie, address, and telephone number or	email address of the	nerson to whom and	olications should be a	addressed:	
- 1110 11011		oman addition of the	percent to milem app		.uu. 0000u.	
	STATEMENT 18					
b The forr	n in which applications should be s	submitted and inforn	nation and material	s they should include	de:	
	STATEMENT FOR LINE 2A					
c Any sub	mission deadlines:					
SEE S	STATEMENT FOR LINE 2A					
d Any res	trictions or limitations on awards, s	such as by geograph	iical areas, charitab	ole fields, kinds of in	nstitutions, or other	factors:
SEE S	STATEMENT FOR LINE 2A					

Form 990-PF (2020) ALBERT & MARY LASKER FOUNDATION, INC. 13-1680062 Page **11** Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, oundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or status of recipient Amount contribution Name and address (home or business) a Paid during the year РC NONE YOUNG SCIENTIST **IBIOLOGY** 20,000. GHN476D, MC 2240, 600 16TH ST SEMINAR SAN FRANCISCO CA 94143 NATIONAL ACADEMY OF MEDICINE NONE PCANNUAL FUND CAMPAIGN 100. 500 5TH STREET NW WASHINGTON DC 20001 20,100. **b** Approved for future payment

Part AVI-A Analysis of income-Producing A					
Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded I	by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)
a			code		
b					
c					
d	 				
e					
t	 				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			1.4	22 002	
4 Dividends and interest from securities			14	22,003.	
5 Net rental income or (loss) from real estate:			14	887,686.	
a Debt-financed property					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income			1.0	000 152	
8 Gain or (loss) from sales of assets other than inventory			18	890,153.	
9 Net income or (loss) from special events			18	2,496,047.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
	502000	0.157			
a <u>K-1 INVESTMENTS UBIT</u> b	523000	-2,157.			
ь с					
d					
е		_2 157		4 205 000	
e Subtotal. Add columns (b), (d), and (e)		-2,157.			4 202 722
e 12 Subtotal. Add columns (b), (d), and (e)					4,293,732.
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)	ons.)			13	4,293,732.
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	13 ses	
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations are the line No. Explain below how each activity for which in	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations are the line No. Explain below how each activity for which in	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	4,293,732. y to the instructions.)
e 12 Subtotal. Add columns (b), (d), and (e)	ons.) • Accomplis	hment of Exempt	Purpo	ses contributed importantl	y to the

Form 990-PF (2020) ALBERT & MARY LASKER FOUNDATION, INC. 13-1680062 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

							Yes	No
descril	bed in section 501(c) (other than secti	gage in any of the following w on 501(c)(3) organizations) or	ith any other organiz in section 527,	zation			
	g to political organizat		noncharitable exempt organiz	zation of:				
			nonchamable exempt organi.			1 0 (1)		37
						1 a (1)		X
	transactions:					1 a (2)		X
		charitable over	pt organization			1 h (1)		V
` '			le exempt organization			1 b (1) 1 b (2)		X
` '			assets			1 b (2)		X
` '		•				1 b (3)		X
	-					1 b (4)		X
` '	ŭ		or fundraising solicitations			1 b (6)		X
\- /			s, other assets, or paid emplo			1 c		X
• onam	ig or radiitios, oquipriit	one, maning note	o, enter assets, or para empre	, co <u>, </u>				Λ
d If the a the goo any tra	answer to any of the alods, other assets, or servansaction or sharing ar	bove is 'Yes,' covices given by the rangement, sho	omplete the following schedule e reporting foundation. If the foundation if the foundation if the value of th	e. Column (b) should indation received less the goods, other ass	d always show the fair n s than fair market value in sets, or services receive	narket valu d.	ie of	
(a) Line no.	(b) Amount involved	(c) Name of	noncharitable exempt organization	(d) Description of	of transfers, transactions, and	sharing arran	gements	S
N/A								
descri	bed in section 501(c) (other than secti	with, or related to, one or more to on 501(c)(3)) or in section 52	ax-exempt organizati 7?	ons	Yes	X	No
	complete the following	ŭ	4 > T f +	_	() December of male	All a se a la lisa		
	(a) Name of organization	on	(b) Type of organization	1	(c) Description of rela	itionsnip		
N/A								
		+						
Unde	er penalties of periury. I declare	e that I have examine	ed this return, including accompanying s	chedules and statements.	and to the best of my knowledge	and belief, it	is true.	
Sign Here	ect, and complete. Declaration	of preparer (other the	an taxpayer) is based on all information	of which preparer has any PRESIDE	knowledge.	May the IF this return preparer s	RS discu	е
Sig	gnature of officer or trustee		12/23/2021 Date /	Title		See instru		No
I	Print/Type preparer's nan	ne U	Preparer/s sj/gnature	Date	Check if	PTIN	<u> </u>	
Paid	LEONARD J. BENC	TVENGA CPA	V/ 1/1/1/1	12/23/2		P0011678	88	
Preparer		·	RD & COMPANY CPAS, PC	112/23/2	Firm's EIN ► 13-32			
Use Only	_		AVENUE, SUITE 304		13-32	1770		
Joe Only		ALHALLA, NY 1			Phone no. (914)	769-5005	5	
BAA		•			[(514)	Form 990		2020)
							(2	

Schedule B

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

Name of the organization

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

2020

Employer identification number

ALBERT & MARY LASK		13-1680062						
Organization type (check one	2):							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on						
	527 political organization							
Form 990-PF	X 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								
IXI 3	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribution	S						
Special Rules								
under sections 509(a received from any o	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin one contributor, during the year, total contributions of the greater of (1) \$5,000, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that						
during the year, tot purposes, or for the	a described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece al contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient be prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' and address), II, and III.	tific, literary, or educational						
during the year, cor \$1,000. If this box in charitable, etc., pur	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentributions exclusively for religious, charitable, etc., purposes, but no such consist checked, enter here the total contributions that were received during the year pose. Don't complete any of the parts unless the General Rule applies to this usively religious, charitable, etc., contributions totaling \$5,000 or more during the	tributions totaled more than r for an <i>exclusively</i> religious, organization because						
	t isn't covered by the General Rule and/or the Special Rules doesn't file Sched 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9							

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization							
ALBERT	&	MARY	LASKER	FOUNDATION,	INC.		

Employer identification number

13-1680062

Part I	Contributors	(see instructions).	Use duplicate	copies of Part	if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ROCHE FAMILY CHARITABLE GIFT FD		Person X
	405 LEXINGTON AVE, 32ND FLR	\$50,000.	Payroll Noncash
	NEW YORK, NY 10174		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE BLOOMBERG FAMILY FDN		Person X Payroll
	C/O GELLER & CO, 800 THIRD AVE	\$7,500.	· · · · · · · · · · · · · · · · · · ·
	NEW YORK, NY 10022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TOTAL CONTRIBUTIONS UNDER \$5,000		Person X Payroll
	405 LEXINGTON AVE, 32ND FLR	\$ <u>17,482.</u>	·
	NEW YORK, NY 10174	-	(Complete Part II for noncash contributions.)
	ALX.		4.0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4 ANTHONY ENVIN	Total	Person X
(a) No. ———————————————————————————————————	Name, address, and ZIP + 4 ANTHONY ENVIN	Total	Person X Payroll
(a) No.	Name, address, and ZIP + 4 ANTHONY ENVIN	Total contributions	Person X Payroll
(a) No.	Name, address, and ZIP + 4 ANTHONY ENVIN 405 LEXINGTON AVE, 32ND FLR	Total contributions	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 ANTHONY ENVIN 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 (b)	\$50,000.	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 ANTHONY ENVIN 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 Name, address, and ZIP + 4	\$50,000.	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 ANTHONY ENVIN 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 Name, address, and ZIP + 4 MARSHALL W. FORDYCE	\$ 50,000.	Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 ANTHONY ENVIN 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 (b) Name, address, and ZIP + 4 MARSHALL W. FORDYCE 405 LEXINGTON AVE, 32ND FLR	\$ 50,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4 ANTHONY ENVIN 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 Name, address, and ZIP + 4 MARSHALL W. FORDYCE 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 (b)	\$50,000. \$50,000. (c) Total contributions \$5,000.	Person X Payroll
(a) No. 5 (a)	Name, address, and ZIP + 4 ANTHONY ENVIN 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 Name, address, and ZIP + 4 MARSHALL W. FORDYCE 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174 Name, address, and ZIP + 4	\$50,000. \$50,000. (c) Total contributions \$5,000.	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization						
ALBERT	ኤ	MARY	T.ASKER	FOUNDATION	TNC	

2 Employer identification number

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	٦.	_	1 6	1	×			n	,

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)			
No.	Name, address, and ZIP + 4	Total			

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ACT FOR NIH 300 INDEPENDENCE AVE, SE	\$18,000.	Person X Payroll Noncash
	WASHINGTON, DC 20003		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE PEW CHARITABLE TRUSTS 901 E STREET, NW WASHINGTON, DC 20004	\$ <u>9,927.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CHARLES SCHWAB PO BOX 628291 ORLANDO, FL 32862	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	VANGUARD CHARITABLE 2670 WARWICK AVENUE WARWICK, RI 02889	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	FIDELTY CHARITABLE PO BOX 77001 CINCINATTI, OH 45277	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	JOSEPH GOLDSTEIN 405 LEXINGTON AVNEUE, 32ND FL NEW YORK, NY 10174	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

lame of organization								
AT.RFRT	۲.	MARY	TACKER	FOIINDATTON	TMC			

Employer identification number

BERT	& MARY	LASKER	FOUNDATION,	INC.	13-1680062
rt I	Contribut	tors (see ir	nstructions). Use du	uplicate copies of Part I if additional space is needed.	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	SOLOMON SNYDER 405 LEXINGTON AVENUE, 32ND FL NEW YORK, NY 10174	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

(a) No. from	(b) Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
	N/A		
_		s	
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 \$	
(a) No	(6)	(6)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		^{\$}	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		 s	
_			

ALBERT	& MARY LASKER FOUNDATION, IN	C.	13-1680062					
Part III	Exclusively religious, charitable, et	c., contributions to organizat	tions described in section 501(c)(7), (8),					
	or (10) that total more than \$1,000 for the	e year from any one contributor.	Complete columns (a) through (e) and					
	the following line entry. For organizations co contributions of \$1,000 or less for the year. (
	Use duplicate copies of Part III if additional s		tructions.)					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
No. from Part I	(b) Fulpose of gift	(c) use or grit	(a) Description of now gift is field					
	N/A							
	N/A							
	h							
		(e) Transfer of gift						
	Transferee's name, address	s. and ZIP + 4	Relationship of transferor to transferee					
		.,,						
	h							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	L							
	(e) Transfer of gift							
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee					
(0)								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	 							
								
			+					
		(a) Tuemeter of mit	I					
	(e) Transfer of gift							
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee					
	 							
	 							
(a)								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	<u> </u>							

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF

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.

OMB No. 1545-0123

Employer identification number

2020

Department of the Treasury Internal Revenue Service

Required Annual Payment

ALBERT & MARY LASKER FOUNDATION, INC. 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.

					1	
Total tax (see instructions)					1	47,691.
b 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						
Credit for federal tax paid on fuels (see instructions)			2 c			
					2 d	
					3	47,691.
Enter the tax shown on the corporation's 2019 income t zero or the tax year was for less than 12 months, skip	ax retu this lin	urn. See instruction	s. Caution: If the ta ount from line 3 on	x is line 5	4	44,702.
					5	44,702.
Reasons for Filing — Check the boxes to file Form 2220 even if it does not owe a	pelow pena	that apply. If a alty. See instruc	ny boxes are ch	ecked,	the corp	oration must
			on the prior year's ta	х.		
_	-					_
tim rigaring are emacipalities		(a)	(b)	(c)	(d)
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. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions.	9	7/15/20	7/15/20	9/1	15/20	12/15/20
column (a) only, enter the amount from line 11 on	10	11,176. 146 049	12,670.	1	1,923.	11,923.
Complete lines 12 through 18 of one column before		110,013.				
	12		134 873	12	2.203	110,280.
, ,,	13					110,280.
	14		101/0/01		2,200.	110/1001
Subtract line 14 from line 13. If zero or less, enter -0	15	146,049.	134,873.	12	2,203.	110,280.
If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0	16		0.		0.	,
10, subtract line 15 from line 10. Then go to line 12 of	1-					
, 3	1/					
line 10 from line 15. Then go to line 12 of the next column.	18	134,873.	122,203.	11	0,280.	
	Personal holding company tax (Schedule PH (Form 112 on line 1	Personal holding company tax (Schedule PH (Form 1120), line on line 1 Look-back interest included on line 1 under section 460(b)(2) long-term contracts or section 167(g) for depreciation under the forecast method. Credit for federal tax paid on fuels (see instructions). Total. Add lines 2a through 2c. Subtract line 2d from line 1. If the result is less than \$500, do does not owe the penalty. Enter the tax shown on the corporation's 2019 income tax return or the tax year was for less than 12 months, skip this line required annual payment. Enter the smaller of line 3 or line enter the amount from line 3. TIII Reasons for Filing — Check the boxes below file Form 2220 even if it does not owe a penal of the corporation is using the adjusted seasonal installment. The corporation is using the annualized income installment. The corporation is using the annualized income installment. The corporation is a "large corporation" figuring its first required the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions. 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. Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. 10 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column. 11 Add amounts on lines 16 and 17 of the preceding column. 12 Add amounts on lines 15 is zero, subtract line 13 from line 14. Otherwise, enter -0. 11 Underpayment. If line 15 is less than 1e 12 of the ext column. Otherwise, go to line 12 of the line 10 from line 15. Then go to line 12 of the	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 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. Credit for federal tax paid on fuels (see instructions). 1 Total. Add lines 2a through 2c. Subtract line 2d from line 1. If the result is less than \$500, do not complete or fil does not owe the penalty. Enter the tax shown on the corporation's 2019 income tax return. See instruction zero or the tax year was for less than 12 months, skip this line and enter the am Required annual payment. Enter the smaller of line 3 or line 4. If the corporation enter the amount from line 3. **III** Reasons for Filing — Check the boxes below that apply. If a file Form 2220 even if it does not owe a penalty. See instruction. The corporation is using the adjusted seasonal installment method. The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based **III** Figuring the Underpayment 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. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions. 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 for enter. In one of these boxes are checked, enter 25% (0.25) of line 5 above in each column. Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. 11 146, 049. Complete lines 12 through 18 of one column before going to the next column. Installment due dates. Enter in columns (a) the preceding column. 12 Add amounts on lines 16 and 17 of the preceding col	on line 1 Di 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. Credit for federal tax paid on fuels (see instructions). 17 total. Add lines 2a through 2c. Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The cordoes not owe the penalty. Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip enter the amount from line 3 The corporation is using the adjusted seasonal installment method. The corporation is using the annualized income installment method. The corporation is a large corporation figuring its first required installment based on the prior year's tax till Figuring the Underpayment 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 corporations is user. Files with installments ue on or after April 1, 2020, and before July 15, 2020, see instructions. Required installments. If the box on line 6 and/or line 7 above is checked, see instructions for 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 from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for 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 on line 1 and 12. Complete lines 12 through 18 of one column have a substract line 14 from line 13. If zero or less, enter -0. If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0. Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to l	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 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. Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Caution: If the tax is care or the tax shown on the corporation's 2019 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. 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 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 or line 4. If the corporation is required to skip line 4, enter the dates. Inter 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 to enter. Filer with installments due on or after April 1, 200, and before July 15, 2000, see instructions. Required installments. If the box on line 6 and/or line 7 above is checked, enter the amount from line 11 on line 15. See instructions. Complete lines 12 through 18 of one column before going to the next column. Complete lines 12 through 18 of one column before going to the next column. Complete lines 12 through 18	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 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. Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) Credit for federal tax paid on fuels (see instructions) 2

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.

Par	t IV Figuring the Penalty					
10	Enter the data of neumant or the 15th day of the 1th		(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. (<i>C corporations with tax years ending June</i>					
	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						
21	Number of days on line 20 after 4/15/2020 and before 7/1/2020.	21				
22	Underpayment X Number of days					
	on line 17 x on line 21 x 5% (0.05)					
		22				
23	Number of days on line 20 after 6/30/2020 and before 10/1/2020.	23				
24	Undernayment Number of days					
24	on line 17 x on line 23 x 3% (0.03)					
	366	24				
25	Number of days on line 20 after 9/30/2020 and before 1/1/2021	25				
00						
26	on line 17 x on line 25 x 3% (0.03)					
	366	26				
27	Number of days on line 20 after 12/31/2020 and					
	before 4/1/2021	27				
28	Underpayment Number of days					
	<u> </u>					
	365	28				
29	Number of days on line 20 after 3/31/2021 and	20				
	before 7/1/2021	29				
30	Underpayment X Number of days					
	on line 17	30				
21						
31	Number of days on line 20 after 6/30/2021 and before 10/1/2021.	31				
	Undernayment Number of days					
32	Underpayment x Number of days on line 17 x on line 31 x*%					
	365	32				
33	Number of days on line 20 after 9/30/2021 and					
	before 1/1/2022	33				
34	Underpayment Number of days					
•	on line 17 × s65 ×*%	24				
		34				
35	Number of days on line 20 after 12/31/2021 and before 3/16/2022.	35				
		33				
36	Underpayment Number of days on line 17 x on line 35 x *%					
	on line 17	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 t					•
	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.

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FEDERAL STATEMENTS

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CLIENT 0001786

ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

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

	 (A) REVENUE PER BOOKS	I	(B) NET NVESTMENT INCOME	_	(C) ADJUSTED NET INCOME
K-1 INVESTMENTS UBITOTHER INVESTMENT INCOMETOTAL	\$ -2,157. 890,153. 887,996.	\$	-2,157. 1,038,218. 1,036,061.	\$	-2,157. 1,038,218. 1,036,061.

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

	EXP PER	(A) PENSES BOOKS	(B) NET INVESTMENT INCOME	-	(C) ADJUSTED ET INCOME		(D) CHARITABLE PURPOSES
ADMINISTRATIONTOTAL	\$ \$	1,819. 1,819.	\$ 0	. \$	0.	\$ \$	1,819. 1,819.

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

		(A)		(B) NET		(C)		(D)
]	EXPENSES	Ι	NVESTMENT	ΑI	DJUSTED		CHARITABLE
	P	ER BOOKS		INCOME	NE'	<u> INCOME</u>	_	PURPOSES
ACCOUNTING AND TAX	\$		\$	34,754.	\$	34,754.	\$,
AUDIT		41,750.					_	41,750.
TOTAL	\$	173,765.	\$	34,754.	\$	34,754.	\$	63,244.

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

	_	(A) EXPENSES ER BOOKS	I	(B) NET NVESTMENT INCOME		(C) DJUSTED <u>T INCOME</u>		(D) CHARITABLE <u>PURPOSES</u>
CONSULTANTS - INVESTMENTS CONSULTANTS - OTHER CONSULTANTS - RETIREMENT EMPLOYMENT AGENCY	\$	148,138. 60,864. 750. 80,066.	\$	148,138.	\$	148,138.	\$	88,378. 750. 80,066.
INVESTMENT ADVISORY FEESPUBLIC RELATIONS		551,371. 113,966.	.	551,371.	,	551,371.	.	113,966.
TOTAL	Ş	955,155.	Ş	699,509.	Ş	699,509.	Ş	283,160.

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FEDERAL STATEMENTS

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ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

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

	(A)	(B) NET	(C)	(D)
	EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
	PER BOOKS	INCOME	NET INCOME	<u>PURPOSES</u>
EXCISE TAXES FOREIGN TAXES PAYROLL TAXES TOTAL	\$ 94,702. 46,292. 53,546. \$ 194,540.	\$ 46,292. 7,879. \$ 54,171.	\$ 46,292. 7,879. \$ 54,171.	\$ 45,667. \$ 45,667.

STATEMENT 6 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	 (A) EXPENSES PER BOOKS	_	(B) NET INVESTMENT INCOME	N]	(C) ADJUSTED ET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONSEOUIPMENT RENTAL AND MAINT.	\$ 106,674. 22,332.					\$ 106,538. 21,819.
FĪLING FEES	1,525.					1,525.
INSURANCEINVESTMENT EXPENSE	20,694. 114,759.	Ŝ	114,759.	\$	114,759.	20,536.
MEDICAL RESEARCH	216,021.	·	,	•	,	435,400.
MISCELLANEOUSOFFICE SUPPLIES & OTHER EXP	16,937. 4,228.					17,001. 5,232.
PAYROLL PROCESSING FEES	9,702.		2,536.		2,636.	7,166.
POSTAGE & DELIVERYPROGRAM EXPENSE	10,095. 34,500.					11,888. 37,500.
STORAGE	2,899.					2,899.
TELEPHONEWEBSITE	11,919.		179.		179.	11,916.
WEBSITE TOTAL	\$ 39,692. 611,977.	\$	117,474.	\$	117,574.	\$ 43,268. 722,688.

STATEMENT 7 FORM 990-PF, PART II, LINE 10A INVESTMENTS - U.S. AND STATE GOVERNMENT OBLIGATIONS

U.S. GOVERNMENT OBLIGATIONS	VALUATION	BOOK	FAIR MARKET
	<u>METHOD</u>	VALUE	VALUE
SMITH BARNEY - US TREASURY NOTE	MKT VAL <u>\$</u>	5 1,493,378. 5 1,493,378.	\$ 1,493,378. \$ 1,493,378.

FEDERAL STATEMENTS

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ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

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

CORPORATE STOCKS	VALUATION METHOD	 BOOK VALUE		AIR MARKET VALUE
HS MANAGEMENT SMITH BARNEY	MKT VAL MKT VAL TOTAL	\$ 6,333,020. 0. 6,333,020.	\$	6,333,020. 0. 6,333,020.

STATEMENT 9 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER INVESTMENTS			
OTHER INVESTMENTS VESSEY STREET FUND III, L.P. NEW ENTERPRISE ASSOCIATES 12 LP THE COLCHESTER GLOBAL BOND FUND WARBURG PINCUS 3285 COMMONFUND PRIVATE EQUITY PARTNERS, LP FARALLON INVESTMENTS SILCHESTER TOBACCO FREE INT'L TRUST WARBURG PINCUS 3640 REGIMENT ABERDEEN WESTWOOD CAPITAL RCP FUND ABRAMS CANYON VALUE NEW ENTERPRISE ASSOCIATES 14LP WP XI PARTNERS CLAYTON DUBLIER LANDSDOWNE DEERFIELD HIGHBROOK TIGER GLOBAL VIII TIGER GLOBAL VIII TIGER GLOBAL IX WP ENERGY AURELIUS CAPITAL CEVIAN CAPITAL FOUR RIVERS NEA 15 WP XII PARTNERS BERKSHIRE FOUR RIVERS NEA 15 WP XII PARTNERS BERKSHIRE FOUR RIVERS IV MARBLE RIDGE NEA 16 NIPPON BAIN CAPITAL VENROCK BLS	MKT VAL	\$ 67,827. 123,522. 4,396,699. 114,564. 16,062. 29,273. 7,141,073. 34,015. 0. 1,008,593. 3,651,391. 720,305. 3,105,197. 3,449,525. 2,123,667. 1,262,483. 0. 987,582. 2,128,721. 807,450. 1,221,762. 452,842. 4,138,914. 544,891. 1,884,782. 1,902,830. 853,243. 795,273. 501,837. 831,222. 1,011,334. 1,043,812. 1,772,994. 2,741,361.	\$ 67,827. 123,522. 4,396,699. 114,564. 16,062. 29,273. 7,141,073. 34,015. 0. 1,008,593. 3,651,391. 720,305. 3,105,197. 3,449,525. 2,123,667. 1,262,483. 0. 987,582. 2,128,721. 807,450. 1,221,762. 452,842. 452,842. 0. 4,138,914. 544,891. 1,884,782. 1,902,830. 853,243. 795,273. 501,837. 831,222. 1,011,334. 1,043,812. 1,772,994.
GOBI FOUR RIVERS VENTURE HELLEMAN & FRIEDMAN NEA 17 NITORIUM	MKT VAL MKT VAL MKT VAL MKT VAL MKT VAL	4,130,223. 151,032. 755,350. 313,913. 3,563,314.	4,130,223. 151,032. 755,350. 313,913.
NITORIUM	MKT VAL	3,563,314.	3,563,314.

FEDERAL STATEMENTS

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ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 9 (CONTINUED)
FORM 990-PF, PART II, LINE 13
INVESTMENTS - OTHER

OTHER INVESTMENTS	VALUATION <u>METHOD</u>	BOOK VALUE	FAIR MARKET VALUE
WP GLOBAL GROWTH CORRE OPPORTUNITIES CDR FUND IX CDR FUND X CDR FUND XI CONSONANCE FOSSE CAPITAL TOTAL OTHER	MKT VAL INVESTMENTS	\$ 703,925. 3,253,343. 2,215,078. 1,639,869. -4,725. 2,528. 2,000,000. \$ 69,588,896.	3,253,343. 2,215,078. 1,639,869. -4,725. 2,528.
OTHER PUBLICLY TRADED SECURITIES			
BBH FUNDS TOTAL OTHER PUBLICLY TRADED	MKT VAL SECURITIES	4,090,784. \$ 4,090,784.	4,090,784. \$ 4,090,784.
	TOTAL	\$ 73,679,680.	\$ 73,679,680.

STATEMENT 10 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		 BASIS	 ACCUM. DEPREC.	 BOOK VALUE	F	FAIR MARKET VALUE
FURNITURE AND FIXTURES IMPROVEMENTS		\$ 119,746. 10,829.	\$ 112,599. 5,820.	\$ 7,147. 5,009.	\$	7,147. 5,009.
	TOTAL	\$ 130,575.	\$ 118,419.	\$ 12,156.	\$	12,156.

STATEMENT 11 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

	BOOK VALUE	VALUE
SECURITY DEPOSITS TOTAL	\$ 61,877. \$ 61,877.	\$ 61,877. \$ 61,877.

STATEMENT 12 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES

DEFERRED EXCISE TAX.		\$	300,	000
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TOTAL \$ 300,000.

FEDERAL STATEMENTS

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ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

STATEMENT 13 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

STATEMENT 14 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		(B) HOW	(C) DATE	(D) DATE
ITEM	(A) DESCRIPTION	<u>ACQUIRED</u>	ACQUIRED	SOLD
1	HS MANAGEMENT SHORT TERM - SEE ATTACHMENT	PURCHASED	VARIOUS	VARIOUS
2	HS MANAGEMENT LONG TERM - SEE ATTACHMENT	PURCHASED	VARIOUS	VARIOUS
3	510 CROWSTRIKE HLDGS INC CL A	PURCHASED	VARIOUS	1/23/2020
4	79 INTUIT	PURCHASED	VARIOUS	12/16/2020
5	542 CROWSTRIKE HLDGS INC CL A	PURCHASED	VARIOUS	6/15/2020
6	2318 MERSANA THERAPEUTICS	PURCHASED	VARIOUS	4/20/2020
7	1159 MERSANA THERAPEUTICS	PURCHASED	VARIOUS	9/28/2020
8	1159 MERSANA THERAPEUTICS	PURCHASED	VARIOUS	11/20/2020
9	1159 MERSANA THERAPEUTICS	PURCHASED	VARIOUS	12/16/2020
10	1135 MERSANA THERAPEUTICS	PURCHASED	VARIOUS	12/30/2020
11	4192 UBER TECHNOLOGIES	PURCHASED	VARIOUS	12/16/2020
12	171 ARDELYX INC	PURCHASED	VARIOUS	7/24/2020
13	411 ARDELYX INC	PURCHASED	VARIOUS	7/24/2020
14	K-1 INVEST ACT SHORT TERM GAINS	PURCHASED	VARIOUS	VARIOUS
15	K-1 INVEST ACT LONG TERM GAINS	PURCHASED	VARIOUS	VARIOUS

	(E)	(F)	(G)_	(H)	(I)	(J)	(K)	(L)
	GROSS	DEPREC.	COST	GAIN	FMV	ADJ. BAS.	EXCESS	GAIN
ITEM	SALES	ALLOWED	<u>BASIS</u>	<u>(LOSS)</u>	12/31/69	12/31/69	(I) - (J)	(LOSS)
1	3602063.		3553956.	48,107.				\$ 48,107.
2	2278352.		1973478.	304,874.				304,874.
3	31,742.		30,075.	1,667.				1,667.
4	28,554.		28,216.	338.				338.
5	53,135.		52,021.	1,114.				1,114.
6	21,018.		21,859.	-841.				-841.
7	22,292.		28,013.	-5,721.				-5,721.
8	26,642.		26,564.	78.				78.
9	27,839.		30,018.	-2,179.				-2,179.
10	29,920.		28,965.	955.				955.
11	211,576.		214,218.	-2,642.				-2,642.
12	1,048.		1,223.	-175.				-175.
13	2,518.		2,930.	-412.				-412.
14	376,773.		0.	376,773.				376,773.
15	1774111.		0.	1774111.				1774111.
							TOTAL	\$ 2496047.

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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				\$ 0.
CHRISTOPHER W. BRODY 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	0.	0.	0.
WILLIAM H. HAMMOND 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	0.	0.	0.
MARSHALL W. FORDYCE, M.D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	SEC & TREAS/DIR 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.
SOLOMON SNYDER, M.D. 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.
CLAIRE POMEROY, M.D., M.B.A. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	PRESIDENT 40.00	412,260.	31,030.	0.
CHRIS JONES 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	0.	0.	0.
SUSAN HOCKFIELD, PH. D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	0.	0.	0.
RUSSELL STEENBERG 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	0.	0.	0.
ELIZABETH G. NABEL, M.D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	0.	0.	0.

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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	
MARGARET A HAMBURG, M.D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
ELIAS A. ZERHOUNI, M.D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	0.	0.	0.
ANTHONY B. EVNIN, PH. D. 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	CHAIRMAN 1.00	0.	0.	0.
SHERRY LANSING 405 LEXINGTON AVE, 32ND FLR NEW YORK, NY 10174	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 412,260.	\$ 31,030.	\$ 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		CONTRI- BUTION TO EBP & DC	
DAVID N. KEEGAN 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174	SENIOR PROGRAM DIR 40.00	142,602.	9,982.	0.
LUCY J. RINALDI 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174	CHIEF INVESTMENT 25.00	97,741.	6,842.	0.
BEATRICE RENAULT 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174	STRATEGY OFFICER 22.00	98,726.	6,910.	0.
COURTNEY NANDAGIRI 405 LEXINGTON AVE, 32ND FLR, STE NEW YORK, NY 10174	PROJECT MANAGER 40.00	85,839.	6,009.	0.
	TOTAL	\$ 424,908.	\$ 29,743.	\$ 0.

FEDERAL STATEMENTS

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ALBERT & MARY LASKER FOUNDATION, INC.

13-1680062

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

DIRECT CHARITABLE ACTIVITIES

EXPENSES

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.

Ś 906,298.

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

NEW YORK, NY 10174 (212) 286-0222 CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT: NO SPECIFIC FORM

SUBMISSION DEADLINES: NONE RESTRICTIONS ON AWARDS: NONE

Form **8868**

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automat	ic 6-Month Extension of Time. Only sub	omit origin	al (no copies needed).			
	tions required to file an income tax return other			s, RE	MICs, and	trusts must
use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
Type or						
print	ALBERT & MARY LASKER FOUNDATION, INC.		13-1680062			
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.					
	405 LEXINGTON AVENUE, 32ND FLOOR STE A City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
		aaress, see instru	ictions.			
	NEW YORK, NY 10174					
Enter the R	eturn Code for the return that this application is	for (file a se	parate application for each return)			07
Application Is For		Return Code	Application Is For			Return Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A	rm 1041-A		
Form 4720 (individual)		03	Form 4720 (other than individual)	0 (other than individual)		
Form 990-PF		04	Form 5227			10
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
If the orIf this is check to	ne No. • (914) 769-5005 rganization does not have an office or place of best for a Group Return, enter the organization's fount beautiful box •	ur digit Group	e United States, check this box	this is		
1 I required for the □	est an automatic 6-month extension of time until e organization named above. The extension is fo calendar year 20 20 or tax year beginning, 20 tax year entered in line 1 is for less than 12 months.	or the organiz _, and endir	ng, 20	zation		
	hange in accounting period	4720 or 600	50 enter the tentative tax loss any	1		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions				3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit						4,840.
c Balance due. Subtract line 3b from line 3a. Include your payment with EFTPS (Electronic Federal Tax Payment System). See instructions			with this form, if required, by using	3 с	\$	0.
Caution: If payment in	you are going to make an electronic funds withd structions.	Irawal (direct	debit) with this Form 8868, see Form 84	153-EC	and Form	8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Attachment to Form 990PF for Tax Year 2021

Albert & Mary Lasker Foundation, Inc.

EIN 13-1680062

Tax Relief for Postponement of Extended Due Date for Tax Return Filing

Taxpayer is located in New York County, NY, an area designated by the Federal Emergency Management Agency (FEMA) as adversely impacted by Hurricane Ida. Pursuant to IRS IR-2021-179 dated September 8, 2021, taxpayer's originally extended filing due date of November 15, 2021 has been extended to January 3, 2022.