| Form 990-T | Exe | еmpt Orga | | on Bus | | | | ax Return | . | OMB | No 1545-0047 |
|---|------------------------|--|----------------|----------------|-------------------|-------------|------------------------------------|---|-------------|--|---|
| Form OOO I | | | | y tax und | | | | 7003 | · | | 0.40 |
| | For calendar | ryear 20 19 or other tax ye | ar beginning | APR 1, 20 | 19 | , a | nd ending MAR | 31, 2020 | 2019 | | |
| Department of the Treasury Internal Revenue Service | ▶ Do | ► Go to www not enter SSN numbe | _ | | | | e latest inform if your organiz | | . | Open to F 501(c)(3) | Public Inspection for Organizations Only |
| A Check box if address changed | Name of organization (| | | | | | | D Employer identification number (Employees' trust, see instructions) | | | |
| B Exempt under section | Print CHARITABLE TRUST | | | | | | | | | 13-71 | |
| X 501(c 0(3) | Type | mber, street, and roon | | | x, see ir | structions | S. | | | lated busir instruction | ness activity code is) |
| 408(e) 220(e) | 23 | 0 PARK AVENUE, | | | | | | | - | | |
| 408A530(a) 529(a) | NE | y or town, state or pro W YORK, NY 10 | 169 | | r foreig | n postal co | ode | | 5259 | 90 | |
| C Book value of all assets at end of year | | Group exemption num | | | <u> </u> | F-2 | 1 === | | | | |
| 5,911,771, | | Check organization typ | | 501(c) corp | poration 1 | Х | | |) trust | | Other trust |
| H Enter the number of the contrade or business here | • | | Jusinesses. | — | | | | the only (or first) ur | | | |
| describe the first in the bl | | | us sentence | complete Pa | rts I an | d II. comp | _ | complete Parts I-V. M for each addition | | | ie, |
| business, then complete | - | , the one of the provid | 00 3011101100 | , complete i a | irto i un | a II, comp | ioto a ocinoadio | W TO Cach addition | ai ii au | , 01 | |
| I During the tax year, was | | ion a subsidiary in an | affiliated gro | oup or a parer | nt-subsi | diary cont | rolled group? | • | Y | es X | ∏ No |
| If "Yes," enter the name a | | | | | | | 3 | | | | |
| J The books are in care of | | | | | | | Teleph | one number 🕨 2 | 12-67 | 9-360 | 0 |
| Part I Unrelated | Trade o | or Business Inc | ome | | | (A) | Income | (B) Expense: | 8 | | (C) Net |
| _ 1a Gross receipts or sale | s | | | | | | | * | | | |
| b Less returns and allow | | | c Balance | • • • | 1c | | | <u> </u> | | <u> </u> | |
| 2 Cost of goods sold (S | | | | - 1 | 2 | | | <u> </u> | | _ | |
| 3 Gross profit. Subtract | | | U |) i | 3 | | 040 507 | /- ,\ <u>-</u> | | | 1/040 500 |
| 4a Capital gain net incom | • | nedule D) I, line 17) (attach Forn | a 4707\ | | 48 | | 1,949,587. | , - | | - | 1,949,587. |
| b Net gain (loss) (Form c Capital loss deduction | • | , line 17) (attach Form | 14/9/) | | 4b | • | | | | | |
| • | | or an S corporation (a | ttach statem | nent) | 4c 5 | | 882,338. | <u></u> | _ | 1 | 882,338. |
| 6 Rent income (Schedul | | or an o corporation (a | taon olaton | ioney | 6 | | | | <i></i> | | |
| 7 Unrelated debt-finance | • | Schedule E) | | | 7 | | | · · · · · · | | | |
| 8 Interest, annuities, roy | alties, and re | ents from a controlled | organization | (Schedule F) | 8 | | | | | | |
| 9 Investment income of | a section 50 | 01(c)(7), (9), or (17) o | rganization | (Schedule G) | 9 | | | | | | |
| 10 Exploited exempt activ | rity income (| Schedule I) | | | 10 | | | | | | |
| 11 Advertising income (S | | | | | 11 | | | | | | |
| 12 Other income (See ins | | | | | 12 | | | | | | |
| Part Deduction | | | 0 /0 | -4 | 13 | | 2,831,925. | | | <u> </u> | 2,831,925. |
| / (Deductions | must be di | aken Elsewher rectly connected w | th the unre | | | | deductions.) | | | T- | |
| | cers, directo | rs, and trustees (Sche | edule K) | | | | | | 14 | | |
| 15 Salaries and wages | | | | | | | | | 15 | | |
| 16 Repairs and maintena17 Bad debts | ance | | | | | | | | 16 | - | |
| 18 Interest (attach sche | tule) (see ins | structions) | | | | SI | E STATEMEN | VT 21 | 17 | | 368,398. |
| 19 Taxes and licenses | 2010) (300 111 | 30 dollo113) | | | | | | | 19 | | 10,781. |
| 20 Depreciation (attach) | Form 4562) | Г | | | | | 20 | | 10 | | |
| 21 Less depreciation cla | imed on Sch | nedule A and elsewher | e on retur | CEIVE | ED | \neg | 21a | | 21b | | |
| 22 Depletion | | i i | | | | 10 | | | 22 | | |
| 23 Contributions to defe | rred comper | nsation plans | 3 FF | B 1 6 20 | 12+ | S | | | 23 | | |
| 24 Employee benefit pro | - | i | ł | | | S-0S(| | | 24 | | |
| 25 Excess exempt exper | • | ' † | 00 | DEN, L | -l | 뜨 | | | 25 | <u> </u> | |
| 26 Excess readership co | • | · | 00 | <u>nën,</u> l | <u> </u> | | | rm 22 | 26 | <u> </u> | |
| 27 Other deductions (att28 Total deductions. Ac | | - | | | | SE | E STATEMEN | T 44 | 27 | | 40,800. |
| * | | nrougn 27 ne before net operating | i loge dadua | etion Subtract | t lina 20 | from line | 12 | | 28 | | 419,979. |
| / | | arising in tax years bei | | | | | io | | 29 | | 2,411,946. |
| (see instructions) | | | | o unoi valiudi | . y 1, ∠ ∪ | | | 1 | 30 | | 0. |
| 31 Unrelated business ta 923701 01-27-20 LHA Fo | | e. Subtract line 30 fro | | | | | | | 3/1 | <u> </u> | 2,411,946. |
| 94910101-21-20 L∏M [0 | I ehelmolk | veasenau Vet Matics | , 800 เทรเรีย | IGUONS. | | | | | | ⊦orm | 990-T (2019) |

ENVELOPE PEB 0 9 2021

| Form 990-T | (2019) THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST | • | 13-71844 | 01 Page 2 |
|--------------|--|-------------------|---------------------------|-----------------|
| Part II | ·#·• | | | |
| | otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | -32 | 2,411,946. |
| | mounts paid for disallowed fringes | | 33 | |
| 24 (1 | haritable contributions (see instructions for limitation rules) | ч | 34 | 1,446,568. |
| 35 To | otal unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of | lines 33 and 33 | 35 | 965 378. |
| | reduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | lines 32 and 35 | 36 | |
| | | \neg | 37 | 965,378. |
| | otal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | ġ | 38 | 1,000. |
| | pecific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 0 | * | |
| | nrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, nter the smaller of zero or line 37 | - 11 | 39 | 964,378. |
| | Tax Computation | 11- | 1 39 1 | |
| | | | 140 | |
| • | rganizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | | 40 | |
| 41 Tr | rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: | 1 - | | 191,831. |
| | Tax rate schedule or X Schedule D (Form 1041) | | 47 | |
| | roxy tax. See instructions | 8 | 42 | 77,121. |
| | Iternative minimum tax (trusts only) | | 4 | |
| 111 | ax on Noncompliant Facility Income. See instructions | ~ | 44 | 268,952. |
| | otál. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | \longrightarrow | A5 | 200,932. |
| Part y | | | | |
| | oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | - | |
| | ther credits (see instructions) | | - 1 | |
| - | eneral business credit. Attach Form 3800 | | - 1 | |
| | redit for prior year minimum tax (attach Form 8801 or 8827) | | - | |
| _ | otal credits. Add lines 46a through 46d | | 46e | 260 050 |
| _ | ubtract line 46e from line 45 | | 147 | 268,952. |
| | | (attach schedule) | 48 | |
| | otal tax. Add lines 47 and 48 (see instructions) | 4 | 49 | 268,952. |
| | 019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 400 040 | 50 | 0. |
| | ayments: A 2018 overpayment credited to 2019 | 403,049 | ⊣ । | |
| | 0 19 estimated tax payments | 100,000 | - | |
| | ax deposited with Form 8868 | | ⊣ | |
| d Fo | oreign organizations: Tax paid or withheld at source (see instructions) | | - | |
| | ackup withholding (see instructions) | | 4 | |
| | redit for small employer health insurance premiums (attach Form 8941) | | - | |
| g Oi | ther credits, adjustments, and payments: Form 2439 | | | |
| | Form 4136 Other Total > 51g | | - r | |
| | otal payments. Add lines 51a through 51g | | 52 | 503,049. |
| | stimated tax penalty (see instructions). Check if Form 2220 is attached | _ | 53 | |
| | ax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 10 | 54 | |
| | verpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 10 > | 55 | 234,097. |
| | | funded 🕨 | 56 | 0. |
| Part V | | ctions) | | |
| | t any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | | | Yes No |
| | ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | |
| Fı | inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | |
| | ere SEE STATEMENT 23 | | | X |
| 58 Di | uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign | gn trust? | | X |
| lf | "Yes," see instructions for other forms the organization may have to file. | | | |
| 59 Er | nter the amount of tax-exempt interest received or accrued during the tax year 🕨 💲 | | | |
| C: | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than-taxpayer) is based on all information of which preparer has any knowledge | | edge and belief, it is tr | ue, |
| Sign | $\mathcal{A} = \mathcal{A} + $ | | May the IRS discuss th | iis return with |
| Here | 1100 HCM 02/09/201 CFO | | the preparer shown be | low (see |
| | Signature of officer / Date / Title | <u>L"</u> | instructions)? X | Yes No |
| | Print/Type preparer's name Preparer's signature Date | Check | If PTIN | |
| Paid | CARRETTE W HICCING | self- employed | | |
| Prepa | rer SARRETT M. HIGGINS 01/20/2021 | | P0054320 | |
| Use O | Only Firm's name ► PKF O'CONNOR DAVIES, LLP | Firm's EIN | 27-1728 | 3945 |
| | 665 FIFTH AVENUE | | | |
| | Firm's address ► NEW YORK, NY 10022 | Phone no. 2 | 212-286-2600 | |
| 923711 01- | -27-20 | | Form \$ | 990-T (2019) |

Page 3

| Schedule A - Cost of Goods Sc | old. Enter | method of inver | ntory va | lluation N/A | | | | | |
|--|-----------------------|---|--|--|-----------|--|------------------------|---|--------|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of yea | r | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. St | ıbtract l | ine 6 | 'a · | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in f | Part I, | | | |
| 4a Additional section 263A costs | | • | line 2 | | | | 7 | | |
| (attach schedule) | 4a | | 8 Do the rules of section 263A (with respect to | | | | | Yes | No |
| b Other costs (attach schedule) | 4b | | | property produced or a | cquired | for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | | | | |
| Schedule C - Rent Income (Fro | m Real | Property and | d Pers | onal Property L | ease | d With Real Prop | erty) |) | |
| (see instructions) | | | | | | | | | |
| 1. Description of property | | | | | | | | | |
| (1) | | | | | | | - | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| 2. | Rent receive | ed or accrued | | | | 0(-)0-4-444 | | | |
| (a) From personal property (if the percentary rent for personal property is more than 10% but not more than 50%) | ge of | ` of rent for | personal p | nal property (if the percentag property exceeds 50% or if d on profit or income) | ge | 3(a) Deductions directly columns 2(a) ar | r connec nd 2(b) (i | ettach schedule) | ın |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | • | | 0. | | | | |
| (c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A) | and 2(b). En | ter > | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | | 0. |
| Schedule E - Unrelated Debt-F | inanced | Income (see | ınstruc | tions) | | | | | |
| | | | , | Gross income from | | 3. Deductions directly cont to debt-finance | | | |
| 1. Description of debt-financed | d property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | Ī | (b) Other deduction (attach schedule | |
| (1) | | | | | | | + | | |
| (2) | | | | | | - | 1 | | |
| (3) | | | 1 | | | | 1 | | |
| (4) | | | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-final | adjusted basis llocable to nced property i schedule) | 6. | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (| 8. Allocable deduction 6 x total of c 3(a) and 3(b)) | olumns |
| (1) | | | | % | | | 1 | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on pa Part I, line 7, column | |
| Totals | | | | ▶ | | 0 | | - | 0. |
| Total dividends-received deductions include | ed in column | 8 | | | | • | - | | 0. |

| rm 990-T (2019) CHARITABI | LE TRUST | | | | | | | | | 4401 | Pa |
|--|--|--|--|---|--|--|---|--------------------|----------------------|--|--|
| chedule F - Interest, | Annuities | s, Royalt | ies, an | d Rents | From Co | ntrolled | Organiza | tions | (see ins | struction | ns) |
| | | <u>, , , , , , , , , , , , , , , , , , , </u> | | · · · · · · | Controlled O | | | | | | |
| Name of controlled organize | olled organization 2. Employer 3. Net | | 3. Net unr | related income e instructions) 4. Total of specified payments made | | al of specified | 5. Part of column 4 that is included in the controlling organization's gross income | | | 6. Deductions directly connected with income in column 5 | |
| | | | | | | | | | | | |
|) | | | | | | | | | | | |
| ?) | _ | | | | | | | | | | |
| | | | | | | | | | | | |
| 3) | | | | | | - | | | | | |
| 4) | ızatıona | | | <u>i</u> | | | | L | • | | " - ' - · · · · · · · · · · · · · · · · · |
| onexempt Controlled Organ | 1 | | | | | | 40 - David - david | . 0 11- | | 44.5 | |
| 7. Taxable Income | | nrelated incom- see instructions | | y, lotai | of specified payr made | nents | 10. Part of colur in the controlli- gross | ng organ income | ization's | | eductions directly connec th income in column 10 |
| 1) | | | • | | | | | | | | - |
| 1) | 1 | | | | | | | | | | |
| 2) | | | | | | | | | | | |
| 3) | | | | | | | | | | - | |
| 4) | | | | | | | | | | - | |
| | | | | | | | Add colum Enter here and line 8, c | on page | 1, Part I, \) | | Add columns 6 and 11 here and on page 1, Part line 8, column (B) |
| otals | | | | | | <u> </u> | | | 0. | | |
| chedule G - Investme | ent Incon | ne of a S | ection | 501(c)(7 | '), (9), or (| 17) Org | anization | | | | |
| (see inst | tructions) | | | | | | | | | | |
| 1. Des | cription of inco | me | | | 2. Amount of | income | Deduction directly conner (attach sched) | cted | 4. Set- (attach s | asides schedule) | 5. Total deduction and set-aside (col. 3 plus col. |
| 1) | | | | | | | | | | | |
| <u> </u> | | | | | † — · | Ť | | | | | |
| 2) | | | | | 1 | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (3) | | - | | | Enter here and Part I, line 9, co | | | | | | Enter here and on pa Part I line 9, column |
| 3) 4) | | | | • | | | | | | | |
| 3) 4) otals | Exempt | Activity | Income | ▶ e, Other | Part I, line 9, co | lumn (A) | g Income | | | | |
| (2) (3) (4) otals Schedule I - Exploited (see instr | | Activity | Income | ► e, Other | Part I, line 9, co | lumn (A) | g Income | | | | |
| (3) (4) otals Schedule I - Exploited | | Activity | | | Than Adv | o. vertisin | g Income | | | | Part I line 9, column |
| 3) 4) otals Schedule I - Exploited | 2. G | Gross business from | 3. Ex directly o with pro | penses connected oduction elated s income | Part I, line 9, co | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat business inco | hat ed | attribut | penses lable to mn 5 | |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity | 2. G | Gross business from | 3. Ex directly o with pro | penses connected oduction related | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that |
| (1) (4) Otals Schedule I - Exploited (see instr | 2. G | Gross business from | 3. Ex directly o with pro | penses connected oduction related | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) | 2. G | Gross business from | 3. Ex directly o with pro | penses connected oduction related | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) | 2. G | Gross business from | 3. Ex directly o with pro | penses connected oduction related | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) | 2. G urrelated incom trade or t | Gross I business le from business | 3. Ex directly of with prin of uni busines | penses connected oduction elated s income | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exemy expenses (column 6 minus column: but not more that column 4) |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) | uctions) 2. Gurrelated incombands or the second trade or the seco | cross business le from business | 3. Ex directly c with pri of uni busines | penses connected oduction elated s income | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) | uctions) 2. Gurrelated incombands or the second trade or the seco | Gross business business business business business | 3. Ex directly of unit principle of unit business | penses connected oduction elated s income | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem expenses (column 6 minus column but not more tha column 4) |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) (4) | 2. Gurrelated incom trade or t | Gross business business business business business | 3. Ex directly of unit principle of unit business | penses connected oduction elated s income | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that column 4) Enter here and on page 1, |
| (3) (4) otals Schedule I - Exploited (see Instr 1. Description of exploited activity (1) (2) (3) (4) | Enter her page 1 line 10, | Dross business business business business business ce and on Part I, col (A) | 3. Extended and the second of | penses connected oduction elated s income | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput | o. vertisin ne (loss) I trade or olumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that column 4) Enter here and on page 1, |
| 1. Description of exploited activity 1. Description of exploited activity | Enter her page 1 line 10, | oross business le from business re and on 1, Part I, col (A) 0. | 3. Extending of the state of th | penses connected oduction elated s income re and on i, Part i, col (B) 0 . | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput through | tumn (A) 0. /ertisin ne (loss) It ade or lumn 2 n 3) If a a cols 5 7 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that column 4) Enter here and on page 1, |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) (4) | Enter her page 1 line 10, | oross business le from business re and on 1, Part I, col (A) 0. | 3. Extending of the state of th | penses connected oduction elated s income re and on i, Part i, col (B) 0 . | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput through | tumn (A) 0. /ertisin ne (loss) It ade or lumn 2 n 3) If a a cols 5 7 | 5. Gross inco from activity t is not unrelat | hat ed | attribut | able to | 7. Excess exem, expenses (column 6 minus column; but not more that column 4) Enter here and on page 1, |
| (3) (4) otals Schedule I - Exploited (see Instr 1. Description of exploited activity (1) (2) (3) (4) otals | Enter her page 1 line 10, | oross business le from business re and on 1, Part I, col (A) 0. | 3. Extended and the second of | penses connected oduction elated s income re and on i, Part i, col (B) 0 . | Than Adveror (toss) (col 3) If a g | tumn (A) 0. /ertisin ne (loss) It ade or It and or It | 5. Gross inco from activity t is not unrelat business inco | het ed me | attribut | lable to mn 5 | 7. Excess exemy expenses (column 6 minus column 1 but not more that column 4) Enter here and on page 1, Part II, line 25 7. Excess readersh costs (column 6 min not min 5 but not more 1 minus 1 but not min |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) (4) otals Schedule J - Advertisi Part I Income From 1. Name of periodical | Enter her page 1 line 10, | re and on , Part I, col (A) 0. The (see if cass Reports advertising advertising possible in the color of the case advertising the case of | 3. Extended and the second of | penses connected oduction elated s income re and on i, Part I, col (B) 0 . ns) n a Cons | Than Adv 4. Net inconfrom unrelated business (or minus colum gain, comput through | tumn (A) 0. /ertisin ne (loss) It ade or It and or It | 5. Gross inco from activity t is not unrelat business inco | het ed me | attribut | lable to mn 5 | 7. Excess exem, expenses (column 6 minus column 1 but not more that column 4) Enter here and on page 1, Part II, line 25 |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) (4) otals Schedule J - Advertisi Part I Income From 1. Name of periodical (1) | Enter her page 1 line 10, | re and on , Part I, col (A) 0. The (see if cass Reports advertising advertising possible in the color of the case advertising the case of | 3. Extended and the second of | penses connected oduction elated s income re and on i, Part I, col (B) 0 . ns) n a Cons | Than Adveror (toss) (col 3) If a g | tumn (A) 0. /ertisin ne (loss) It ade or It and or It | 5. Gross inco from activity t is not unrelat business inco | het ed me | attribut | lable to mn 5 | 7. Excess exemy expenses (column 6 minus column 1 but not more that column 4) Enter here and on page 1, Part II, line 25 7. Excess readersh costs (column 6 min not min 5 but not more 1 minus 1 but not min |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) (4) otals Schedule J - Advertisi Part I Income From 1. Name of periodical | Enter her page 1 line 10, | re and on , Part I, col (A) 0. The (see if cass Reports advertising advertising possible in the color of the case advertising the case of | 3. Extended and the second of | penses connected oduction elated s income re and on i, Part I, col (B) 0 . ns) n a Cons | Than Adveror (toss) (col 3) If a g | tumn (A) 0. /ertisin ne (loss) It ade or It and or It | 5. Gross inco from activity t is not unrelat business inco | het ed me | attribut | lable to mn 5 | 7. Excess exemy expenses (column 6 minus column 1 but not more that column 4) Enter here and on page 1, Part II, line 25 7. Excess readersh costs (column 6 min not min 5 but not more 1 minus 1 but not min |
| (3) (4) otals Schedule I - Exploited (see Instr) 1. Description of exploited activity (1) (2) (3) (4) otals Schedule J - Advertisi Part I Income From 1. Name of periodical (1) (2) | Enter her page 1 line 10, | re and on , Part I, col (A) 0. The (see if cass Reports advertising advertising possible in the color of the case advertising the case of | 3. Extended and the second of | penses connected oduction elated s income re and on I, Part I, col (B) 0 . ns) n a Cons | Than Adveror (toss) (col 3) If a g | tumn (A) 0. /ertisin ne (loss) It ade or It and or It | 5. Gross inco from activity t is not unrelat business inco | het ed me | attribut | lable to mn 5 | 7. Excess exemy expenses (column 6 minus column 1 but not more that column 4) Enter here and on page 1, Part II, line 25 7. Excess readersh costs (column 6 min not min 5 but not more 1 minus 1 but not min |
| (3) (4) otals Schedule I - Exploited (see instr 1. Description of exploited activity (1) (2) (3) (4) otals Schedule J - Advertisi Part I Income From 1. Name of periodical (1) | Enter her page 1 line 10, | re and on , Part I, col (A) 0. The (see if cass Reports advertising advertising possible in the color of the case advertising the case of | 3. Extended and the second of | penses connected oduction elated s income re and on I, Part I, col (B) 0 . ns) n a Cons | Than Adveror (toss) (col 3) If a g | tumn (A) 0. /ertisin ne (loss) It ade or It and or It | 5. Gross inco from activity t is not unrelat business inco | het ed me | attribut | lable to mn 5 | 7. Excess exemy expenses (column 6 minus column 1 but not more that column 4) Enter here and on page 1, Part II, line 25 7. Excess readersh costs (column 6 min not min 5 but not more 1 minus 1 but not min |

| Part II | Income From Periodicals Reported | on a Separate Basis | (For each periodical listed in P | art II, fill in |
|--|--|---------------------|----------------------------------|-----------------|
| <u>. </u> | 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 | Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|--|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | • | | | | |
| (3) | | | | | | |
| (4) | - | | | | | |
| Totals from Part I | - 0: | . 0. | NEW CONTRACTOR | 420年17年17日 | | 0: |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 26 |

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

| | 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---------------------|---------------------------------|----------|--|---|
| (1) | | | % | |
| (2) | | | % | |
| (3) | | | % | |
| (4) | | | % | |
| Total. Enter here a | and on page 1, Part II, line 14 | | | . 0. |

Form **990-T** (2019)

THE LEONA M. AND HARRY B. HELMSLEY CHARI

| FORM 990-T | INTEREST PAID | STATEMENT 21 |
|----------------------|----------------------------|--------------|
| DESCRIPTION | | AMOUNT |
| INVESTMENT INTEREST | EXPENSE - SEE ATTACHMENT E | 368,398. |
| TOTAL TO FORM 990-T, | PAGE 1, LINE 18 | 368,398. |
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 22 |
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | , | 40,800. |
| TOTAL TO FORM 990-T, | PAGE 1, LINE 27 | 40,800. |

SCHEDULE I (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Alternative Minimum Tax - Estates and Trusts

► Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2019

Employer identification number

| THE | LEONA M. AND HARRY B. HELMSLEY CHARI | 13-718 | 4401 |
|------------|---|-------------|-------------|
| JΡa | rt I Estate's or Trust's Share of Alternative Minimum Taxable Income | | |
| 1 | Adjusted total income or (loss) (from Form 1041, line 17) ESBTs, see instructions | 1 | 965,378. |
| 2 | Interest | 2 | |
| 3 | Taxes | 3 | 10,781. |
| 4 | Refund of taxes | 4 (|) |
| 5 | Depletion (difference between regular tax and AMT) | 5 | |
| 6 | Net operating loss deduction Enter as a positive amount | 6 | |
| 7 | Interest from specified private activity bonds exempt from the regular tax | 7 | • |
| 8 | Qualified small business stock (see instructions) | 8 | ··· |
| 9 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 9 | |
| 10 | Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 10 | |
| 11 | Disposition of property (difference between AMT and regular tax gain or loss) | 11 | |
| 12 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 12 | -2,884. |
| 13 | Passive activities (difference between AMT and regular tax income or loss) | 13 | 327,051. |
| 14 | Loss limitations (difference between AMT and regular tax income or loss) | 14 | |
| 15 | Circulation costs (difference between regular tax and AMT) | 15 | |
| 16 | Long-term contracts (difference between AMT and regular tax income) | 16 | |
| 17 | Mining costs (difference between regular tax and AMT) | 17 | |
| 18 | Research and experimental costs (difference between regular tax and AMT) | 18 | |
| 19 | Income from certain installment sales before January 1, 1987 | 19 (|) |
| 20 | Intangible drilling costs preference | 20 | |
| 21 | Other adjustments, including income-based related adjustments | 21 | , |
| 22 | Alternative tax net operating loss deduction (See the instructions for the limitation that applies) | 22 (| 1,300,326. |
| 23 | Adjusted alternative minimum taxable income Combine lines 1 through 22 | 23 | 1,300,320. |
| | Note: Complete Part II below before going to line 24 | | |
| 24 | meetine distribution decadesion from Fart 1, and 42 | · | |
| | Estate tax decident (norm 1641), fine 169 | 76 | |
| | Add lines 24 and 25 | 26 | 1,300,326. |
| 21 | Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23 | 21 | |
| | If line 27 is \$25,000 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't | | |
| | liable for the alternative minimum tax. | | |
| | Over \$25,000, but less than \$183,500, go to line 43 | | |
| | \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50 | | |
| | • ESBTs, see instructions | | |
| IPa | rt II Income Distribution Deduction on a Minimum Tax Basis | | |
| 28 | Adjusted alternative minimum taxable income (see instructions) | 28 | |
| 29 | Adjusted tax-exempt interest (other than amounts included on line 7) | 29 | |
| 30 | Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter 0- | 30 | |
| 31 | Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable | | |
| | purposes (from Form 1041, Schedule A, line 4) | 31 | |
| 32 | Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) | 32 | |
| 33 | Capital gains computed on a minimum tax basis included on line 23 | 33 (|) |
| 34 | Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount | 34 | |
| 35 | Distributable net alternative minimum taxable income (DNAMTI) Combine lines 28 through 34 If zero | | |
| | or less, enter -0- | 35 | |
| 36 | Income required to be distributed currently (from Form 1041, Schedule B, line 9) | 36 | |
| 37 | Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) | 37 | |

919861 12-13-19

38 39

40

Schedule I (Form 1041) (2019)

38 Total distributions Add lines 36 and 37

39 Tax-exempt income included on line 38 (other than amounts included on line 7)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

40 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38

| Sch | edule (Form 1041) (2019) THE LEONA M. AND HARRY B. HELMSLEY CHARI | | | | .3-7184401 Pag | ge 2 |
|----------|--|------------|-------------|--------------|------------------------|--------------|
| | rt II 1 Income Distribution Deduction on a Minimum Tax Basis | | • | N/A | | — |
| 41 | Tentative income distribution deduction on a minimum tax basis. Subtract line 29 | from l | ne 35 | 1 1 | | |
| | If zero or less, enter -0- | | | 41 | | |
| 42 | Income distribution deduction on a minimum tax basis. Enter the smaller of lin | e 40 o | r line 41. | 1 1 | | |
| | Enter here and on line 24 | | | 42 | | — |
| | rt III- Alternative Minimum Tax | | | 1 1 | 405.000 | _ |
| 43 | Exemption amount | ا مم ا | | 43 | \$25,000 | — |
| 44 | Enter the amount from line 27 | 44 | **** | │ | | |
| 45 | Phase-out of exemption amount | 45 | \$83,500 | | | |
| 46 | Subtract line 45 from line 44 If zero or less, enter -0- | 46 | | | | |
| 47 | Multiply line 46 by 25% (0 25) | | | 47 | | — |
| 48 | Subtract line 47 from line 43 If zero or less, enter -0- | | | 48 | 1 200 22 | _ |
| 49 | Subtract line 48 from line 44 | | | 49 | 1,300,32 | · · |
| 50 | Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or ha | | | | | |
| | of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwisi | e, it line | 49 IS: | | | |
| | • \$194,800 or less, multiply line 49 by 26% (0 26). | | | | 260 05 | : 2 |
| | Over \$194,800, multiply line 49 by 28% (0 28) and subtract \$3,896 from the result. | ilt | | 50 | 268,95 | |
| | Alternative minimum foreign tax credit (see instructions) | | | 51 | 268,95 | |
| 52 | Tentative minimum tax Subtract line 51 from line 50 | | | 52 | 191,83 | _ |
| 53 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Forei | | • | 53 | 191,03 | <u> </u> |
| 54 | Alternative minimum tax. Subtract line 53 from line 52 If zero or less, enter 0- | enter n | ere and on | | 77,12 | 1 |
| Ī Da | Form 1041, Schedule G, line 1c rt IV 1 Line 50 Computation Using Maximum Capital Gains Rate | <u> </u> | | 54 | | |
| 31.0 | Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D | | /orkah oot | | | |
| | or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the | | • | 1 1 | | |
| | | 16 111211 | uctions |] [| | |
| E E | before completing this part Enter the amount from line 49 | | | 55 | 1,300,32 | 6 |
| 55 56 | Enter the amount from line 45 Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax | 1 1 | | 33 | | ` |
| 50 | Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for | | | $ \cdot $ | | |
| | Form 1041, whichever applies (as refigured for the AMT, if necessary) | 56 | 1,134,799. | | | |
| 57 | Enter the amount from Schedule D (Form 1041), line 18b, column (2) | 30 | 7,-5,7,12,3 | : | | |
| 31 | (as refigured for the AMT, if necessary). If you didn't complete | | | | • | • |
| | Schedule D for the regular tax or the AMT, enter -0- | 57 | | | | |
| 50 | If you didn't complete a Schedule D Tax Worksheet for the regular tax or the | | | 1. 1 | | |
| 36 | AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter | | | | | |
| | the smaller of that result or the amount from line 10 of the Schedule D Tax | | | 1 | | |
| | Worksheet (as refigured for the AMT, if necessary) | 58 | 1,134,799. | . **- | | |
| 59 | Enter the smaller of line 55 or line 58 | | | 59 | 1,134,79 | 9. |
| 60 | Subtract line 59 from line 55 | | | 60 | 165,52 | |
| 61 | If line 60 is \$194,800 or less, multiply line 60 by 26% (0 26) Otherwise, multiply line | e 60 b | 1 | " | , | _ |
| ٠. | 28% (0 28) and subtract \$3,896 from the result | 0 00 0 | . | 61 | 43,03 | 7. |
| 62 | Maximum amount subject to the 0% rate | 62 | \$2,650 | - | | |
| | Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D | | | | | |
| | Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions | | |], -] | | |
| | for Form 1041, whichever applies (as figured for the regular tax). If you didn't | | | 1.5 | | |
| | complete Schedule D or either worksheet for the regular tax, enter the amount |] | | * ** | | |
| | from Form 1041, line 23; if zero or less, enter -0- | 63 | 0. | . , | | |
| 64 | Subtract line 63 from line 62. If zero or less, enter -0- | 64 | 2,650. | الرائر[| • | |
| 65 | Enter the smaller of line 55 or line 56 | 65 | 1,134,799. |] . i · | | |
| 66 | Enter the smaller of line 64 or line 65. This amount is taxed at 0% | 66 | 2,650. | , , | | |
| 67 | Subtract line 66 from line 65 | 67 | 1,132,149. | | | |
| | | | | 0-1 | ulo 1 (Form 4041) (20: | |

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Schedule I (Form 1041) (2019

Page 3 Schedule I (Form 1041) (2019) Part IV Line 50 Computation Using Maximum Capital Gains Rates (continued) \$12,950 68 Maximum amount subject to rates below 20% 2,650 69 Enter the amount from line 64 70 Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23, if zero or less, enter -0-70 2,650 71 Add line 69 and line 70 71 10,300 72 Subtract line 71 from line 68. If zero or less, enter -0-72 10,300. 73 Enter the smaller of line 67 or 72 73 1,545. 74 Multiply line 73 by 15% (0.15) 75 75 Add lines 66 and 73 If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76. 76 1,121,849 76 Subtract line 75 from line 65 224,370. 77 77 Multiply line 76 by 20% (0 20) If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78. 78 78 Add lines 60, 75, and 76 79 79 Subtract line 78 from line 55 80 80 Multiply line 79 by 25% (0 25) 268,952. 81 81 Add lines 61, 74, 77, and 80 82 If line 55 is \$194,800 or less, multiply line 55 by 26% (0 26) Otherwise, multiply line 55 by 28% (0 28) 360,195. and subtract \$3,896 from the result 82 268,952. 83 Enter the smaller of line 81 or line 82 here and on line 50 83

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2019

Employer identification number Name of estate or trust THE LEONA M. AND HARRY B. HELMSLEY 13-7184401 CHARITABLE TRUST X No Yes Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Note: Form 5227 filers need to complete only Parts I and III Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustments (h) Gain or (loss) Subtract column (e) Proceeds Cost from column (d) and to gain or loss from (sales price) (or other basis) combine the result This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part I, with column (g) line 2, column (g) 1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1 b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with 863,721. Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover, Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, 863,721. column (3) on page 2 FPart II® Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the lines below. (e) (h) Gain or (loss) (d) (g) Adjustments Subtract column (é) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. orm(s) 8949, Part II combine the result with column (g) line 2, column (g) الريوجي 8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8 b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 10 1 085 866. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 12 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 13 Capital gain distributions 13 14 Gain from Form 4797, Part I 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, 16 1,085,866. column (3) on page 2 For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2019

910841 12-09-19 LHA

THE LEONA M. AND HARRY B. HELMSLEY

| Sch | hedule D (Form 1041) 2019 CHARITABLE TRUST | | | | 13- | 71844 | 01 Page 2 |
|-----|--|--------------|----------------------------|-------------|-------------|-------------|---------------------|
| | Part III Summary of Parts I and II | | (1) Beneficiaries' | (2) | Estate | 's | (3) Total |
| | Caution: Read the instructions before completing this part | | | or | trust's | 3 | |
| 17 | Net short-term gain or (loss) | 17 | | | 863 | 721. | 863,721. |
| 18 | Net long-term gain or (loss); | | | | | | |
| | a Total for year | 18a | | 1 | ,085 | 866. | 1,085,866. |
| | b Unrecaptured section 1250 gain (see line 18 of the worksheet) | 18b | | | | | |
| | c 28% rate gain | 18c | | | | | |
| | Total net gain or (loss). Combine lines 17 and 18a | 19 | | <u> </u> | ,949 | | 1,949,587. |
| Not | te: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9 | 90-T, | Part I, line 4a) If lines | s 18a an | d 19, | column | (2), are net gains, |
| | to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete F | Part IV | and the Capital Loss (| Larryove | Work | sneet, | as necessary |
| 20 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a tru | ust), the | e smaller of | | | | |
| | a The loss on line 19, column (3) or b \$3,000 | | | | 20 | ł (|) |
| Not | te: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, lir | ne 23 (| or Form 990-T, line 3 | 89), is a l | oss, c | omplete | e the Capital |
| _ | ss Carryover Worksheet in the instructions to figure your capital loss carryover | | | | | | |
| L | Part V Tax Computation Using Maximum Capital Gains Rate | es | | | | | |
| | rm 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an | n amou | nt is entered in Part I oi | r Part II a | nd the | re is an e | entry on Form 1041, |
| | e 2b(2), and Form 1041, line 23, is more than zero. | | | | | | |
| | ution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if | • | | | | | |
| | Either line 18b, col (2) or line 18c, col (2) is more than zero, or | | | | | | |
| | Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero | | | David Lad | F 6 | 00 T - | - 4 F 000 T line |
| | rm 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified divide , is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instruc | | | | | | |
| | Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39) | | 2.5 | 4,378. | 100, 00 | 1. (2) 13 1 | more man zero. |
| | Enter the smaller of line 18a or 19 in column (2) | 21 | | 2,0,0. | ١. | | |
| 22 | but not less than zero 22 1,085,866 | ; <u> </u> | | | | 1 | |
| 23 | Enter the estate's or trust's qualified dividends from | Ħ | | | | | |
| 20 | Form 1041, line 2b(2) (or enter the qualified dividends | | | | | | |
| | included in income in Part I of Form 990-T) 23 48,933 | s. | | | | | |
| 24 | Add lines 22 and 23 24 1,134,799 | l | | | | | |
| | If the estate or trust is filing Form 4952, enter the | ╡. | | | | | |
| | - · · · · · · · · · · · · · · · · · · · | . | | | ١٠ | | |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0- | 26 | 1,134 | 4,799. |], ` | | |
| | Subtract line 26 from line 21. If zero or less, enter -0- | 27 | · . | 0. | | | |
| 28 | Enter the smaller of the amount on line 21 or \$2,650 | 28 | | 2,650. |]· , | | |
| 29 | Enter the smaller of the amount on line 27 or line 28 | 29 |) | | <u> </u> | | |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 0% | | | > | 30 | | 2,650. |
| | Enter the smaller of line 21 or line 26 | 31 | | 4,378. | | | |
| 32 | Subtract line 30 from line 26 | 32 | | 2,149. | | | |
| | Enter the smaller of line 21 or \$12,950 | 33 | · · · | 2,950. | | | |
| | Add lines 27 and 30 | 34 | | 2,650. | | | |
| | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | 300. | • | | |
| | Enter the smaller of line 32 or line 35 | 36 | | 300. | | | 1 545 |
| | Multiply line 36 by 15% (0.15) | 1 | 1 00 | 4 200 | 37 | | 1,545. |
| | Enter the amount from line 31 | 38 | | 1,378. | | | |
| | Add lines 30 and 36 | 39 | | 2,950. | ٠, | | |
| | Subtract line 39 from line 38. If zero or less, enter -0- | 40 | 11 32 | 1,428. | | | 100 286 |
| | Multiply line 40 by 20% (0.20) | ı | 1 | | 41 | | 190,286. |
| 42 | Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates | ۔. ا | | 0. | | | |
| 40 | and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 42 | | 1,831. | | | |
| | Add lines 37, 41, and 42 | 43 | 197 | .,031. | | | |
| 44 | Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates | | 250 | 5,178. | | | |
| A E | and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 44 Schodu | | , 170. | <u> </u> | | |
| 43 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, 5 | JUIRUU | 116 | | 45 | | 191.831. |

Schedule D (Form 1041) 2019

910842 12-09-19

Department of the Treasure Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

THE LEONA M. AND HARRY B. HELMSLEY

CHARITABLE TRUST

Social security number or taxpayer identification no.

13-7184401

| Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was repoi broker and may even tell you which box to check | |
|---|---------------------------------------|
| Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 85 | or which no adjustments or |
| You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form f you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) | 8949, page 1, for each applicable box |
| (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS | |

| (C) Short-term transactions not (a) Description of property (Example 100 sh XYZ Co.) | (b) Date acquired (Mo , day, yr.) | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and | loss. If y in column | nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. | (h) Gain or (loss). Subtract column (e) from column (d) & |
|--|-----------------------------------|------------------------------------|----------------------------------|--|-------------------------|--|---|
| | | (Mo , day, yr) | | see Column (e) in the instructions | (f) Code(s) | (g) Amount of adjustment | combine the result with column (g) |
| EIG ENERGY FUND XVII LP | | | | | | | <227.> |
| GENERAL ATLANTIC PARTNERS | | | | | | | |
| 100 LP | | | | | | | 795,982. |
| GOLDEN GATE CAPITAL | | | | | | | |
| OPPORTUNITY FUND, L.P. | | | | | | | 116. |
| GSO CAPITAL SOLUTIONS FUND | | | | | | | |
| II LP | | | | | | | <394.> |
| GSO CAPITAL SOLUTIONS FUND | | - | | | | | |
| III LP | | | | | | | 64,923. |
| ORBIMED ROYALTY | | | | | | | |
| OPPORTUNITIES II LP | | | | | | | 4,877. |
| PEG SECONDARY PRIVATE | | | | † | | | , , , , , , , , , , , , , , , , , , , |
| EQUITY INVESTORS II LP | | | | | | | <3.> |
| YORK DISTRESSED ASSET FUND | | | | | | | |
| III LP | | ~ | | | | | <1,344.> |
| YORK EUROPEAN DISTRESSED | | | | - | | | |
| CREDIT FUND II LP | | | | † | | | <132,> |
| YORK EUROPEAN DISTRESSED | | | | | | | |
| CREDIT FUND LP | | | | * *** | | | <77,> |
| • | | | | <u> </u> | | | |
| Video and the control of the contro | - " | | | | | | |
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| | | L | | | | | - |
| 2 Totals. Add the amounts in colum | | | | | | | |
| negative amounts) Enter each to | | - 1 | | | | | l |
| Schedule D, line 1b (If Box A abo | • | - | | | | | |
| above is checked), or line 3 (if B | ox C above is ch | ecked) | | | ' | Ī | 863,721. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

| Form 8949 (2019) | | | | | ent Sequenc | ĭ | Page 2 |
|--|----------------------|-----------------------|--------------------------------------|---|-----------------------------------|---------------------------------------|--------------------------------------|
| Name(s) shown on return Name and THE LEONA M. AND HARR | | | o. not required if s | shown on page 1 | | _ | ity number or ntification no. |
| CHARITABLE TRUST | | | | | | 13-7 | 184401 |
| Before you check Box D, E, or F belo statement will have the same informa | tion as Form 109 | ou received any | Form(s) 1099-B o show whether you | r substitute statem r basis (usually you | ent(s) from yo r cost) was rej | ur broker A su ported to the IF | bstitute RS by your |
| broker and may even tell you which be Part II Long-Term. Transaction | | l consta you hold r | nore then 1 year are | gaparally long torm (s | oo instructions) | For short-term t | raneactions |
| see page 1 | | | | | | | |
| Note. You may aggregate all codes are required. Enter the | totals directly on S | Schedule D. line 8a | , you aren't required | to report these transa | actions on Form | ı 8949 (see instru | ctions) |
| You must check Box D, E, or F below. C | heck only one bo | x. If more then one b | ox applies for your long- | term transactions, compli | ete a separate Fori | n 8949, page 2, for | sach applicable box |
| (D) Long-term transactions than will | | | | | | . | |
| (E) Long-term transactions rep | | | | | Note above, | • | |
| X (F) Long-term transactions not | ٠, | | = | ported to the into | | | |
| 1 (a) | (b) | (c) | (d) | (e) | Adjustment, if | any, to gain or | (h) |
| Description of property | Date acquired | Date sold or | Proceeds | Cost or other | | nter an amount | Gain or (loss). |
| (Example 100 sh XYZ Co) | (Mo , day, yr) | disposed of | (sales price) | basis See the | | , enter a code in ee instructions. | Subtract column (e) |
| | | (Mo , day, yr) | | Note below and | (f) | (g) | from column (d) & combine the result |
| | | | | see Column (e) In the instructions | Code(s) | Amount of adjustment | with column (g) |
| CHATHAM ASSET PARTNERS HIGH | | | | | - | aujustinent | |
| YIELD FUND, LP | | | | | | | 155. |
| EIG ENERGY FUND XVI LP | | | | | | | <44.087.> |
| GENERAL ATLANTIC PARTNERS | | | | | | | , - |
| 100 LP | | | | | | | 11,567. |
| GENERAL ATLANTIC PARTNERS | | | | | | | <u> </u> |
| 93 LP | | | | | | ····· | 29,787. |
| ORBIMED ROYALTY | | | | | | | |
| OPPORTUNITIES II LP | | | | | | | 845,638. |
| PEG SECONDARY PRIVATE | | | | | | | |
| EQUITY INVESTORS II LP | | | | | | | 53,190. |
| PEG SECONDARY PRIVATE | | | | | | | |
| EQUITY INVESTORS III LP | | | | | | | 67. |
| PEG SECONDARY PRIVATE | | | | | | | |
| EQUITY INVESTORS LLC | | | | | | | 140,460. |
| YORK DISTRESSED ASSET FUND | | | | | | | |
| III LP | | | | | | | 2,187. |
| YORK EUROPEAN DISTRESSED | | | | | | | |
| CREDIT FUND II LP | | | | | | | 30,480. |
| YORK EUROPEAN DISTRESSED | | | _ | | | | |
| CREDIT FUND LP | | | | | | | 16,422. |
| | | | | | | | |
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above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information

OMB No 1545-0895

ldentifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22

| THE] | LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST | 13 | -7184401 |
|--------|--|----------|----------|
| Part I | Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT |) | |
| | (See instructions and complete Part(s) III before Parts I and II) | , | |
| 1 | General business credit from line 2 of all Parts III with box A checked | 1 | |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked 2 343,042 | | |
| 3 | Enter the applicable passive activity credits allowed for 2019 See instructions : | 3 | 0 |
| 4 | Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with | | |
| | box C checked See instructions for statement to attach | 4 | |
| 5 | Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with | } | |
| | box D checked See instructions | 5 | ų . |
| 6 | Add lines 1, 3, 4, and 5 | 6 | |
| Part I | Allowable Credit | | |
| 7 | Regular tax before credits | , ، | |
| | • Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and | | |
| | Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form | | , |
| | 1040-NR, lines 42 and 44 | , | |
| | • Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the | <u> </u> | |
| | applicable line of your return | 7 | 191,831 |
| | • Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, | 3. | |
| | lines 1a and 1b, or the amount from the applicable line of your return | l . | |
| 8 | Alternative minimum tax | · • | |
| | • Individuals Enter the amount from Form 6251, line 11 | | |
| | • Corporations Enter -0 | 8 | 77,121 |
| | • Estates and trusts Enter the amount from Schedule I (Form 1041), line 54) | | |
| | A111 7 . 40 | 9 | 260 052 |
| 9 | Add lines 7 and 8 | 5. | 268,952 |
| 40- | Foreign tax credit | " | |
| | Foreign tax credit | 30 | |
| | Add lines 10a and 10b | 10c | |
| C | Add lines to a and too | 1.00 | |
| 11 | Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | 268,952 |
| • • | | | |
| 12 | Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12 191,831 | i, | |
| '- | | , | |
| 13 | Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See | | |
| | instructions | | |
| 14 | Tentative minimum tax | 1 : 1 | |
| | • Individuals Enter the amount from Form 6251, line 9 | _ | • |
| | • Corporations Enter -0 | ٠, | |
| | • Estates and trusts Enter the amount from Schedule I (Form 1041), | | |
| | line 52 | | |
| 15 | Enter the greater of line 13 or line 14 | 15 | 268,952 |
| 16 | Subtract line 15 from line 11 If zero or less, enter -0 | 16 | |
| 17 | Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · · | 17 | |
| •• | C corporations: See the line 17 instructions if there has been an ownership change, acquisition, | , | |

or reorganization

| Part | Allowable Credit (continued) | | |
|-------|---|--------|------------|
| lote: | If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter | er -0- | on line 26 |
| 18 | Multiply line 14 by 75% (0 75) See instructions | 18 | 201,714 |
| 19 | Enter the greater of line 13 or line 18 | 19 | 201,714 |
| 20 | Subtract line 19 from line 11 If zero or less, enter -0 | 20 | 67,238 |
| 21 | Subtract line 17 from line 20 If zero or less, enter -0 | 21 | 67,238 |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | 22 | |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked 0 | | |
| 24 | Enter the applicable passive activity credit allowed for 2019 See instructions | 24 | |
| 25 | Add lines 22 and 24 | 25 | |
| 26 | Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25 | 26 | |
| 27 | Subtract line 13 from line 11 If zero or less, enter -0 | 27 | 227,244 |
| 28 | Add lines 17 and 26 | 28 | |
| 29 | Subtract line 28 from line 27 If zero or less, enter -0 | 29 | 227,244 |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | |
| 31 | Reserved | 31 | |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked 234,880 | | |
| 33 | Enter the applicable passive activity credits allowed for 2019 See instructions | 33 | _ |
| 34 | Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach | 34 | |
| 35 | Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions | 35 | |
| 36 | Add lines 30, 33, 34, and 35 | 36 | |
| 37 | Enter the smaller of line 29 or line 36 | 37 | |
| 38 | Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c | | |
| | • Estates and trusts Form 1041, Schedule G, line 2b | 38 | |

| | | | • |
|-----|-----|---|-----|
| - 1 | an, | e | - 3 |

Form 3800 (2019) Name(s) shown on return

Identifying number

| Par | General Business Credits or Eligible Small Business Credits (see ins | structi | ons) | |
|-----------|---|------------|--|------------------------------------|
| Com | plete a separate Part III for each box checked below. See instructions | | | - |
| A | General Business Credit From a Non-Passive Activity E Reserved | | | _ |
| r | X General Business Credit From a Passive Activity F Reserved | | | • |
| c | | Busi | ness Credit Carryforwa | ards |
| ם ו | General Business Credit Carrybacks H Reserved | | , | |
| | f you are filing more than one Part III with box A or B checked, complete and attach first an a | additio | nal Part III combinino ai | mounts from all Parts |
| | II with box A or B checked Check here if this is the consolidated Part III | | | |
| | (a) Description of credit | | (b) | (c) |
| | On any line where the credit is from more than one source, a separate Part III is needed for e | each | If claiming the credit from a pass-through entity, enter the EIN | Enter the appropriate amount |
| | through entity Investment (Form 3468, Part II only) (attach Form 3468) | 1a | entity, enter the Env | amount |
| b | Reserved | 1b | • | |
| c | Increasing research activities (Form 6765) | 1c | SEE ATT. H | 108,162 |
| d | Low-income housing (Form 8586, Part I only) | 1d | 022 | |
| e | Disabled access (Form 8826) (see instructions for limitation) | 1e | - | |
| f | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | | |
| g g | Indian employment (Form 8845) | 1g | | |
| 9 h | Orphan drug (Form 8820) | 1h | | |
| i | New markets (Form 8874) | 1i | | |
| ; | Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1 <u>j</u> | | |
| , k | Employer-provided child care facilities and services (Form 8882) (see | | | |
| • | | 1k | | |
| | Instructions for limitation) | 11 | | |
| '_ | | 1m | | |
| m | | | | |
| n | Distilled spirits (Form 8906) | 1n | | |
| 0 | Nonconventional source fuel (carryforward only) | 10 | | |
| р | Energy efficient home (Form 8908) | 1p | | |
| q | Energy efficient appliance (carryforward only) | 1q | | |
| r | Alternative motor vehicle (Form 8910) | 1r | | |
| S | Alternative fuel vehicle refueling property (Form 8911) | 1s | | |
| t | Enhanced oil recovery credit (Form 8830) | 1t | | |
| u | Mine rescue team training (Form 8923) | 1u | - | |
| ٧ | Agricultural chemicals security (carryforward only) | 1v | | |
| w | Employer differential wage payments (Form 8932) | 1w | | ······ |
| X | , | | | |
| У | Qualified plug-in electric drive motor vehicle (Form 8936) | | | • |
| Z | Qualified plug-in electric vehicle (carryforward only) | 1z | | · · · |
| | Employee retention (Form 5884-A) | 1aa | | |
| | General credits from an electing large partnership (carryforward only) | 1bb | | |
| ZZ | Other Oil and gas production from marginal wells (Form 8904) and certain | | | ^ |
| | other credits (see instructions) | 1zz | | |
| 2 | Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | | 108,162 |
| 3 | Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | | |
| 4 a | Investment (Form 3468, Part III) (attach Form 3468) | 4a | | |
| b | Work opportunity (Form 5884) | 4b | SEE ATT. H | 38,207 |
| С | Biofuel producer (Form 6478) | 4c | | |
| d | Low-income housing (Form 8586, Part II) | 4d | | |
| е | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | - | |
| f | Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | | |
| g | Qualified railroad track maintenance (Form 8900) | 4 g | | |
| h | Small employer health insurance premiums (Form 8941) | 4h | SEE ATT. H | 194,757 |
| i | Increasing research activities (Form 6765) | 4i | | |
| j | Employer credit for paid family and medical leave (Form 8994) | 4j | | |
| z | Other CREDITS | 4z | SEE ATT. H | 1,916 |
| 5 | Add lines 4a through 4z and enter here and on the applicable line of Part II | 5_ | . A | 234,880 |
| 6 | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | * | 343,042 |