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

Open to Public Inspection ► Go to www.irs.gov/Form990PF for instructions and the latest information. , 2019, and ending For calendar year 2019 or tax year beginning A Employer identification number Name of foundation RICHARD H. LASDON CHARITABLE TRUST 47-6891419 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (914)234-055168 WATERMARK ROAD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ BEDFORD NY 10506 **G** Check all that apply: ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here ▶ 🔲 Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Address change Name change ▶ 🔲 check here and attach computation Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at J Accounting method: ☒ Cash ☐ Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ► \$ (Part I, column (d), must be on cash basis.) 9,861,175. Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income income purposes (cash basis only) the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► X if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 385,466. 385,466 385,466 Gross rents 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6,149. Gross sales price for all assets on line 6a 1,500,000 L-6a Stmt Capital gain net income (from Part IV, line 2) . . . 6,149. 8 Net short-term capital gain Income modifications Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 . 391,615. 385,466. 37,367. 13 Compensation of officers, directors, trustees 734. 37,367. 37,367. Operating and Administrative Expenses Other employee salaries and wage 14 NOV 18 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) 17 8,500. 18 Taxes (attach schedule) (see instructions) See, Stmt Ο. 19 Depreciation (attach schedule) and depletion . . . 20 21 Travel, conferences, and meetings . . . 22 Printing and publications 23 Other expenses (attach schedule) See. Stmt. 0. 0. 0. 24 Total operating and administrative expenses. Add lines 13 through 23 83,234. 37,367 37,367. 3<u>7,367.</u> 25 Contributions, gifts, grants paid 1,000,000 1,000,000. 26 Total expenses and disbursements. Add lines 24 and 25 1,083,234. 37,367 37,367. 1,037,367. 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -691,619 **Net investment income** (if negative, enter -0-) 354,248.

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form **990-PF** (2019)

348,099.

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Val	ue	(c) Fair Market Value
•	1	Cash-non-interest-bearing	130,283.	506,0	81.	506,081.
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
	i	Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less. allowance for doubtful accounts ▶				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments – U.S. and state government obligations (attach schedule)	1,921,476.	456,2	34.	472,759.
	ь	Investments - corporate stock (attach schedule)	515,019.	538,0		640,671.
	c	Investments – corporate bonds (attach schedule)	7,660,379.	8,035,2		8,241,664.
	11	Investments—land, buildings, and equipment. basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments - mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment. basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe >				
	16	Total assets (to be completed by all filers—see the	 			
		instructions. Also, see page 1, item l)	10,227,157.	9,535,5	38.	9,861,175.
	17	Accounts payable and accrued expenses	3,183.		83.	2,002,000
	18	Grants payable	,			
<u>ië</u>	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ap	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ►				i
	23	Total liabilities (add lines 17 through 22)	3,183.	3,1	83.	i
S		Foundations that follow FASB ASC 958, check here				
Balances		and complete lines 24, 25, 29, and 30.				
lar	24	Net assets without donor restrictions				
Ва	25	Net assets with donor restrictions				.]
		Foundations that do not follow FASB ASC 958, check here ▶ 🗵				
ַבַּ		and complete lines 26 through 30.				
ج	26	Capital stock, trust principal, or current funds	10,223,974.	9,532,3	55.	1
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
šet	28	Retained earnings, accumulated income, endowment, or other funds		<u>_</u>		
š	29	Total net assets or fund balances (see instructions)	10,223,974.	9,532,3	55.	
Net Assets or Fund	30	Total liabilities and net assets/fund balances (see		 ,		
ž		ınstructions)	10,227,157.	9,535,5	38.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		<u> </u>		
1	Tota	al net assets or fund balances at beginning of year-Part II, colur	mn (a), line 29 (mus	t agree with		
		-of-year figure reported on prior year's return)	, ,-	_	1_	10,223,974.
2		er amount from Part I, line 27a			2	-691,619.
3		and the same and the same at t			3	
4		lines 1, 2, and 3			4	9,532,355.
5	_				5	
6	Tota	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lir	ne 29	6	9,532,355.

Part	W Capital Gains and	Losses for Tax on Investment	Income				
	(a) List and describe the kind	(s) of property sold (for example, real estate, s, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation		Pate acquired o , day, yr)	(d) Date sold (mo., day, yr)
1a	JP MORGAN - VARIOUS			P	Var	ious	12/31/2019
_ <u>b</u>					<u> </u>		
<u>C</u>					 		
<u>d</u>					 		
_ <u> </u>		(f) Depreciation allowed	(a) Cost or	ather beers	┼	(h) Co	n or (loss)
	(e) Gross sales price	(i) Depreciation allowed (or allowable)		other basis nse of sale			(f) minus (g))
a	1,500,000.			1,493,851.			6,149.
b					ļ <u>-</u>		
c					ļ. .		
<u>d</u>							
<u>е</u>	Complete only for assets show	ing gain in column (h) and owned by the	e foundation	on 12/31/69			
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any		col (k), but no	I (h) gain minus t less than -0-) or rom col (h))
а		as 31 12/31/03		(), ii diry	 		6,149.
<u>u</u>			. — —				0,149.
С					\vdash		
d							
е					L.,		
2	Capital gain net income or (net capital loss) { If gain, also If (loss), enter			2		6,149.
3	If gain, also enter in Part I,	or (loss) as defined in sections 122 line 8, column (c). See instruction	2(5) and (6) is. If (loss)	: , enter -0- ın }	3		0.
Part	V Qualification Under	r Section 4940(e) for Reduced	Tax on N	let Investment		me	
Was t	s," the foundation doesn't qu	ection 4942 tax on the distributable alify under section 4940(e). Do not	complete t	his part.			☐ Yes ☐ No
1_	Enter the appropriate amou	nt in each column for each year, se	e the instru	ictions before m	aking	any entries.	(d)
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use a			tribution ratio divided by col (c))
	2018	0.		9,620,4			0.000000
	2017 2016	2,122,234.	<u> </u>	9,528,8			0.000000 0.207069
_	2015	2,122,234.		745,0			0.000000
	2014			7 1 3 7 0	/		
	- · · · · · · · · · · · · · · · · · · ·		····				
2	Total of line 1, column (d)				. [2	0.207069
3		or the 5-year base period—divide t ndation has been in existence if les				3	0.051767
4	Enter the net value of nonch	naritable-use assets for 2019 from F	Part X, line	5	. [4	9,940,716.
5	Multiply line 4 by line 3 .				.	5	514,601.
6	Enter 1% of net investment	income (1% of Part I, line 27b) .			. [6	3,542.
7	Add lines 5 and 6				. [7	518,143.
8	Enter qualifying distributions	s from Part XII, line 4				8	1,037,367.
	If line 8 is equal to or greate Part VI instructions.	er than line 7, check the box in Pari	t VI, line 1b	, and complete t	that pa	art using a 1	% tax rate. See the

Part		instru	uctio	ns)
1a	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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3,5	42.
	here ► 🗵 and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		 -	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			Ο.
3	Add lines 1 and 2		3,5	42.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		3,5	42.
6	Credits/Payments:			1
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 246.			- 1
b	Exempt foreign organizations—tax withheld at source			-
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			}
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		2	46.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			20.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		3,4	<u>1.6</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be. Credited to 2020 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities		\	
1a	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?	1a_	 -	<u>×</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1	1	1
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. ► \$	<u> </u>		ليد
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		×
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 .	3	 	<u>×</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	 	<u>×</u> _
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>×</u>
_	If "Yes," attach the statement required by General Instruction T.			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. • By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	
, 8а	Enter the states to which the foundation reports or with which it is registered. See instructions.	•		<u>j</u>
Ou.	NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b		J
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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			
4.0	complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10		×

Par	VII-A Statements Regarding Activities (continued)	T.		
_			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	L
	Website address ► N/A	004	0551	
14	The books are in care of ► TRUST Telephone no. ► (914)	234-	0551	.
45	Located at ▶ 68 WATERMARK ROAD BEDFORD NY ZIP+4 ▶ 10506			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year		•	
16			Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	100	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		l	
	the foreign country ▶			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? \square Yes \square No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ĺ	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		 ,
_	Organizations relying on a current notice regarding disaster assistance, check here			1
С	were not corrected before the first day of the tax year beginning in 2019?	1c		-
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			<u> </u>
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			}
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20			l
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 , 20 , 20 , 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		·	
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			ļ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			ł
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			لبب
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	ŀ	×

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Part	VII-B	Statements Regarding Activities			4720	May Be F	Require	ed (contir	nued)_		_	
5a	(1) Carry (2) Influer	e year, did the foundation pay or incur on propaganda, or otherwise attempt to noe the outcome of any specific publicy or indirectly, any voter registration di	to influi c elect	ence legislatio				☐ Yes	⊠ No ⊠ No		Yes	No ·
	(4) Provid	le a grant to an individual for travel, stule a grant to an organization other than 4945(d)(4)(A)? See instructions	n a cha		organiz			☐ Yes	⊠ No ⊠ No			
	(5) Provide purpos	le for any purpose other than religious ses, or for the prevention of cruelty to	childrei	n or animals?				☐Yes	⊠ No			
ь	in Regulat	wer is "Yes" to 5a(1)-(5), did any of the tions section 53.4945 or in a current no	otice re	garding disas	ter ass	istance? S	ee instr	uctions	cribed	5b		
c	If the ansi because i	ions relying on a current notice regardi wer is "Yes" to question 5a(4), does t t maintained expenditure responsibility	the fou for the	ndation claim grant?	exem	ption from			□No			
6a	Did the fo	ittach the statement required by Reguloundation, during the year, receive any onal benefit contract?					emiums	☐ Yes	⊠ No			
b		undation, during the year, pay premiur	ns, dire	ectly or indired	ctly, on	a personal	benefi	contract	? .	6b		×
7a		o 6b, file Form 8870. e during the tax year, was the foundation	a part	y to a prohibite	ed tax s	shelter trans	action?	☐ Yes	⊠ No			
b		lid the foundation receive any proceed							1? .	7b		·
- -	remunerat	ndation subject to the section 4960 ta tion or excess parachute payment(s) di	uring th	ne year?				☐ Yes				
Part		nformation About Officers, Direc	tors,	Trustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
		and Contractors										
4	liet all of	ficare directors trustage and found	lation i	managers an	d their	compane	ation (aa instru	ictions			
1	List all of	ficers, directors, trustees, and found (a) Name and address	(b) Titl	managers and e, and average are week to position	(c) Co	r compens mpensation not paid, nter -0-)	(d) (emplo	See instru Contributions byee benefit perred compe	s to plans	(e) Expe	ense acc allowan	
	List all of	(a) Name and address	(b) Titl	e, and average irs per week led to position	(c) Co	mpensation not paid,	(d) (emplo	Contributions eyee benefit	s to plans	(e) Expe		
	FREY S.	(a) Name and address	(b) Titl hou devot	e, and average irs per week ted to position TEE 4.00	(c) Co (If i er	mpensation not paid,	(d) (emplo	Contributions eyee benefit	s to plans	(e) Expe		
68 V	FREY S. NATERMAR	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 IAS	(b) Titl hou devot	e, and average ars per week ted to position TEE 4.00	(c) Co (lf ı er	mpensation not paid, nter -0-)	(d) (emplo	Contributions eyee benefit	s to plans nsation	(e) Expe		O.
_68 W _MAR _332	FREY S. WATERMAF INA THOM E. 116TH	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 MAS ST., APT 2 NEW YORK NY 10029	(b) Title hou devol	e, and average ars per week ted to position TEE 4.00	(c) Co (lf ı er	mpensation not paid, nter -0-)	(d) (emplo	Contributions eyee benefit	s to plans nsation	(e) Expe		ces
_68 W MAR1 _332 _ROBE	FREY S. WATERMAF INA THOM E. 116TH ERT G. C	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 MAS ST., APT 2 NEW YORK NY 10029	(b) Titl hou devot	e, and average ars per week ted to position TEE 4.00 TEE 4.00	(c) Co (If i er	mpensation not paid, nter -0-)	(d) (emplo	Contributions eyee benefit	s to plans nsation	(e) Expe		O.
68 V MAR 332 ROBI 36	FREY S. WATERMAF INA THOM E. 116TH ERT G. G	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 AS ST., APT 2 NEW YORK NY 10029 GRAY RIVE W. CALDWELL NJ 07006	(b) Titli hou devol TRUS TRUS	e, and average urs per week ted to position TEE 4.00 TEE 4.00 TEE 4.00	(c) Co (If I er	mpensation not paid, nter -0-) 24, 911. 24, 911.	(d) emplo and def	Contributions yee benefit i erred compe	s to plans nsation 0. 0.	(e) Expe other	allowan	0. 0.
_68 W MAR1 _332 _ROBE	FREY S. WATERMAF INA THOM E. 116TH ERT G. G	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 MAS ST., APT 2 NEW YORK NY 10029 GRAY	(b) Titli hou devol TRUS TRUS	e, and average urs per week ted to position TEE 4.00 TEE 4.00 TEE 4.00	(c) Co (If I er	mpensation not paid, nter -0-) 24, 911. 24, 911.	(d) emplo and def	Contributions typee benefit in the compensation of the compe	os to plans nsation O. O.	(e) Expe other	allowan	0. 0.
68 V MAR 332 ROBE 36	FREY S. WATERMAFINA THOM E. 116TH ERT G. G FAYLOR D Compens "NONE."	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 AS ST., APT 2 NEW YORK NY 10029 GRAY RIVE W. CALDWELL NJ 07006	(b) Titli hou devol TRUS TRUS TRUS	e, and average urs per week ted to position TEE 4.00 TEE 4.00 TEE 4.00	(c) Co (lf i er	mpensation not paid, nter -0-) 24, 911. 24, 911.	(d) emplo and def	Contributions yee benefit i erred compe	o to plans nsation O . O . uctions utions to benefit leferred	(e) Experiments (e) Experiment	one,	0. 0. count,
68 V MAR 332 ROBE 36	FREY S. WATERMAFINA THOME. 116TH ERT G. G FAYLOR D Compens "NONE."	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 AS ST., APT 2 NEW YORK NY 10029 GRAY PRIVE W. CALDWELL NJ 07006 sation of five highest-paid employed	(b) Titli hou devol TRUS TRUS TRUS	e, and average urs per week led to position TEE 4.00 TEE 4.00 TEE 4.00 TEE 4.00	(c) Co (If i er	mpensation not paid, iter -0-) 24, 911. 24, 911. 24, 911.	(d) emplo and def	Contributions yee benefit j erred compe see instru (d) Contribut employee in j enstruet plans and d	o to plans nsation O . O . uctions utions to benefit leferred	(e) Experiments (e) Experiment	one,	0. 0. count,
68 V MAR 332 ROBI 36 T	FREY S. WATERMAFINA THOME. 116TH ERT G. G FAYLOR D Compens "NONE."	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 AS ST., APT 2 NEW YORK NY 10029 GRAY PRIVE W. CALDWELL NJ 07006 sation of five highest-paid employed	(b) Titli hou devol TRUS TRUS TRUS	e, and average urs per week led to position TEE 4.00 TEE 4.00 TEE 4.00 TEE 4.00	(c) Co (If i er	mpensation not paid, iter -0-) 24, 911. 24, 911. 24, 911.	(d) emplo and def	Contributions yee benefit j erred compe see instru (d) Contribut employee in j enstruet plans and d	o to plans nsation O . O . uctions utions to benefit leferred	(e) Experiments (e) Experiment	one,	0. 0. count,
68 V MAR 332 ROBI 36 T	FREY S. WATERMAFINA THOME. 116TH ERT G. G FAYLOR D Compens "NONE."	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 AS ST., APT 2 NEW YORK NY 10029 GRAY PRIVE W. CALDWELL NJ 07006 sation of five highest-paid employed	(b) Titli hou devol TRUS TRUS TRUS	e, and average urs per week led to position TEE 4.00 TEE 4.00 TEE 4.00 TEE 4.00	(c) Co (If i er	mpensation not paid, iter -0-) 24, 911. 24, 911. 24, 911.	(d) emplo and def	Contributions yee benefit j erred compe see instru (d) Contribut employee in j enstruet plans and d	o to plans nsation O . O . uctions utions to benefit leferred	(e) Experiments (e) Experiment	one,	0. 0. count,
68 V MAR 332 ROBI 36 T	FREY S. WATERMAFINA THOME. 116TH ERT G. G FAYLOR D Compens "NONE."	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 AS ST., APT 2 NEW YORK NY 10029 GRAY PRIVE W. CALDWELL NJ 07006 sation of five highest-paid employed	(b) Titli hou devol TRUS TRUS TRUS	e, and average urs per week led to position TEE 4.00 TEE 4.00 TEE 4.00 TEE 4.00	(c) Co (If i er	mpensation not paid, iter -0-) 24, 911. 24, 911. 24, 911.	(d) emplo and def	Contributions yee benefit j erred compe see instru (d) Contribut employee in j enstruet plans and d	o to plans nsation O . O . uctions utions to benefit leferred	(e) Experiments (e) Experiment	one,	0. 0. count,
68 V MAR 332 ROBI 36 T	FREY S. WATERMAFINA THOME. 116TH ERT G. G FAYLOR D Compens "NONE."	(a) Name and address LASDON RK ROAD BEDFORD NY 10506 AS ST., APT 2 NEW YORK NY 10029 GRAY PRIVE W. CALDWELL NJ 07006 sation of five highest-paid employed	(b) Titli hou devol TRUS TRUS TRUS	e, and average urs per week led to position TEE 4.00 TEE 4.00 TEE 4.00 TEE 4.00	(c) Co (If i er	mpensation not paid, iter -0-) 24, 911. 24, 911. 24, 911.	(d) emplo and def	Contributions yee benefit j erred compe see instru (d) Contribut employee in j enstruet plans and d	o to plans nsation O . O . uctions utions to benefit leferred	(e) Experiments (e) Experiment	one,	0. 0. count,

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Form 990-PF (2	019)	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued)	nployees,
· 3 Five	nighest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		
		
Total numbe	er of others receiving over \$50,000 for professional services	0
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
2		
3		
•••		
4		
	······································	
Part IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
	/	
2		
A.H **		
All other pro	gram-related investments. See instructions	
٠		
*	······································	
Total. Add li	nes 1 through 3	
		Form 990-PF (2019

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Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	9,806,584.
b	Average of monthly cash balances	1b	285,513.
c	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	10,092,097.
e	Reduction claimed for blockage or other factors reported on lines 1a and	· · · ·	
-	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	10,092,097.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	151,381.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,940,716.
6	Minimum investment return. Enter 5% of line 5	6	497,036.
Part 1		ounda	ations
1	Minimum investment return from Part X, line 6	1	497,036.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b	1	
С	Add lines 2a and 2b	2c	3,542.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	493,494.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	493,494.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	493,494.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,037,367.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,037,367.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	3,542.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,033,825.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	
			- 000 DE

Part	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7			,	493,494.
2	Undistributed income, if any, as of the end of 2019.				
а	Enter amount for 2018 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				ļ
b	From 2015				
C	From 2016 635,722.				}
d	From 2017				
е	From 2018				
f	Total of lines 3a through e	635,722.			
4	Qualifying distributions for 2019 from Part XII, line 4. ► \$1,037,367.				
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				
е	Remaining amount distributed out of corpus	1,037,367.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	493,494.			493,494.
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,179,595.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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		0.		
е	Undistributed income for 2018. Subtract line		,		
	4a from line 2a. Taxable amount-see			_ (
	instructions			0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020	-		,	0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2020.	-			
	Subtract lines 7 and 8 from line 6a	1,179,595.			
10	Analysis of line 9:		j		
	Excess from 2015				}
	Excess from 2016 142,228. Excess from 2017 0.				
c d	Excess from 2017		1		1
	Excess from 2019 1,037,367.				

•	·				•	
orm 9	90-PF (2019) XIV Private Operating Founda	tions (see instr	uotions and Part	VIII A guestion (1)		Page 10
	If the foundation has received a ruling					N/A
	foundation, and the ruling is effective fo					
b	Check box to indicate whether the four	ndation is a privat	e operating founda		tion 🗌 4942(j)(3) or 🗌 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4, for each year listed	<u> </u>				
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter ² / ₃ of minimum investment return shown in Part X, line 6, for each year listed					
С	"Support" alternative test-enter.		-			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section, 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization			 		
Part	(4) Gross investment income XV Supplementary Information	n (Complete ti	nic port only if t	he foundation ha	d \$5,000 or mo	o in accote at
rait	any time during the year-		-	ne roundation na	α ψο,οοο οι πιοι	e iii assets at
1	Information Regarding Foundation					_
a	List any managers of the foundation vibefore the close of any tax year (but o	vho have contrib				y the foundation
]	NONE		_			
b	List any managers of the foundation ownership of a partnership or other er			-		e portion of the
]	NONE				<u> </u>	
2	Information Regarding Contribution					
	Check here ▶ ☐ If the foundation unsolicited requests for funds. If the focomplete items 2a, b, c, and d. See in	oundation makes				
а	The name, address, and telephone nu	***	dress of the perso	n to whom applicate	ons should be add	ressed

Form **990-PF** (2019)

See Supplementary Information Statement

c Any submission deadlines.

factors:

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

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

Part XV Supplementary Information (cont	inued)			
3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year STANLEY & GENE LASDON FOUNDATION 68 WATERMARK ROAD BEDFORD NY 10506	or substantial contributor	recipient	GENERAL	1,000,000
	<u> </u>			1 000 000
b Approved for future payment NONE				a 1,000,000.
Total			▶ 31	

		Analysis of Income-Producing Acts amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(e)
•			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions
1	Pro	gram service revenue.					(See Instructions
	а						
	b				<u> </u>		
	С						
	d						
	е						·- <u>-</u>
	f						<u> </u>
		Fees and contracts from government agencies					
2		mbership dues and assessments			<u> </u>	<u> </u>	
3		rest on savings and temporary cash investments			ļ		
4		dends and interest from securities		. <u>. </u>		4	385,466.
5		rental income or (loss) from real estate:			1 1		
		Debt-financed property				<u> </u>	
		Not debt-financed property			<u> </u>		<u> </u>
6		rental income or (loss) from personal property			ļ		
7		er investment income					<u> </u>
8		or (loss) from sales of assets other than inventory		<u> </u>			6,149.
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	Oth	er revenue: a			<u> </u>		
	b						
	C						
	d .						
	е						
	Sub	ototal. Add columns (b), (d), and (e)					391,615.
12		(-), (-),					
13	Tot	al. Add line 12, columns (b), (d), and (e) . . .				13	
13 See	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	s.)			13	391,615.
13 See Pal	Tot wor t X\	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot wor	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	al. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
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13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
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13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
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13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.
13 See Pal Lin	Tot worl t X\ e No.	 al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation All Relationship of Activities to the A 	s.) ccomplishm	ent of Exemp	t Purposes		391,615.

1 01111 33							
Part	XVII	Information Organization		nsfers to and Trai	nsactions and	d Relationships With Nonc	haritable Exempt
1 a	in se organ Trans (1) C	he organization of ection 501(c) (onizations?	directly or indirectly ther than section porting foundation to	engage in any of the 501(c)(3) organizat o a noncharitable ex	ions) or in se	any other organization describection 527, relating to polition of.	Yes No 1a(1) × 1a(2) ×
c	Other (1) S (2) P (3) R (4) R (5) L (6) P Sharr If the value	r transactions: ales of assets to urchases of asset ental of facilities, eimbursement ai oans or loan gua erformance of se ing of facilities, e answer to any of the goods, o	, equipment, or other rrangements rantees ervices or membersh quipment, mailing life of the above is "Ye ther assets, or servi	able exempt organizer assets		e. Column (b) should always son. If the foundation received	1b(1)
	value	in any transaction	on or sharing arrang	jement, show in colu	mn (d) the valu	e of the goods, other assets, o	r services received.
			•	ffiliated with, or rela		more tax-exempt organization	ins Yes 🗵 No
b	If "Ye	s," complete the	following schedule				
		(a) Name of organ	ızatıon	(b) Type of or	ganization	(c) Description of re	elationship
Sign Here Paid	Sign	penalties of perjury, I ce, and sympton pegl witure of officer or trus Print Type preparer ROBERT G.	aration of preparer (other the stee 's name	an taxpayer) is based on all	ompanying schedules information of which is TRUSTER Title	Date Check	the IRS discuss this return the preparer shown below? nstructions Yes No
Prepa		Firm's name	ROBERT G. GR	AY, CPA P.C.	$\overline{}$	Firm's EIN ▶ 46	
Use (niy	Firm's name	12 NORTH MAI		\bigcirc		5) 735-3535
BAA		Limin a address P	PEARL RIVER	r. Olkumi	NY 109		Form 990-PF (2019)

RICHARD H. LASDON CHARITABLE TRUST

Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding	Contribution, Grant, Giff, Loan, Scholarship, etc.		Continuation Statement
Name and Address Information	Form Information	Submission Information	Restrictions
JEFFREY S. LASDON, TRUSTEE 68 WATERMARK ROAD BEDFORD, NY 10506	LETTER WITH CURRENT FINANCIAL STATEMENTS	NONE	NONE
914-234-0551			

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
EXCISE TAX	8,500.	0.	0.	0.
Total	8,500.	0.	0.	0.

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FILING FEE	0.	0.	0.	0.
Total	0.	0.	0.	0.

Name	Employer Identification No
RICHARD H. LASDON CHARITABLE TRUST	47-6891419
Asset Information:	
Description of Property JP MORGAN SECURITIES	
Business Code Exclusion Code	
Date Acquired Various How Acquired Purchased	
Date Sold07/01/19 Name of Buyer Check Box, if Buyer is a Business	
	tion) 1 403 0E1
Sales Price1,500,000. Cost or other basis (do not reduce by deprecial	
Sales Expense . Valuation Method Total Gain (Loss)	
Description of Property	
Date Acquired How Acquired	
Date Sold Name of Buyer Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciate	tion)
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Description of Property	···
Description of Property	
Date Acquired How Acquired	
Date Sold Name of Buyer .	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciate	tion)
Sales Expense Valuation Method	,
Total Gain (Loss) Accumulated Depreciation	· ·
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold . Name of Buyer	
Check Box, if Buyer is a Business .	
Sales Price Cost or other basis (do not reduce by depreciate	tion)
Sales Expense Valuation Method	
Total Gain (Loss)	
Description of Property	
Business CodeExclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciate	
Sales Expense Valuation Method	
Total Gain (Loss)	• • • • • • • • • • • • • • • • • • • •
Totala	
Totals:	
Total Gain (Loss) of all assets	
Gross Sales Price of all assets 1,500,000.	
Unrelated Business Income	-
Excluded by section 512, 513, 514 Exclusion Code . Related/Exempt Function Income	-
Neiated/Exempt Function income 6, 149.	· · · · · · · · · · · · · · · · · · ·
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