See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))
For calendar year 2009 or other tax year beginning APR 1, 2009 and ending MAR 31, 2010

A □ Check box if address changed

B Exempt under section
X 501(c)(3)
□ 408(e)
□ 408A
□ 529(a)

C Book value of all assets at end of year
3,376,044.793

D Employer identification number (Enter instructions for Block D on page 9)
13-7184401

E Unrelated business activity code (See instructions for Block E on page 9)

F Group exemption number (See instructions for Block F)

G Check organization type
□ 501(c) corporation
□ 501(c) trust
□ 401(a) trust
□ Other trust

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

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

J The books are in care of
JACQUELINE FERRARI HEAVENS
Telephone number: 212-679-3600

Part I - Unrelated Trade or Business Income

1 a) Gross receipts or sales
b) Less returns and allowances
Balance □ 0

2 a) Cost of goods sold (Schedule A, line 7)

3 a) Gross profit
Subtract line 2 from line 1c

4 a) Capital gain net income
Attach Schedule D
b) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)
c) Capital loss deduction for trusts

5 Income (loss) from partnerships and S corporations (attach statement)

6 a) Rent income (Schedule O)

7 a) Unrelated debt-financed income (Schedule E)

8 a) Interest, annuities, royalties, and rents from controlled organizations (Sch F)

9 a) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 a) Exploited exempt activity income (Schedule I)

11 a) Advertising income (Schedule J)

12 a) Other income (See instructions, attach schedule)

13 Total, combine lines 3 through 12

Part II - Deductions Not Taken Elsewhere
(See instructions for limitations on deductions)
(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule X)

15 Salaries and wages

16 Repairs and maintenance

17 Bad debts

18 Interest (attach schedule)

19 Taxes and licenses

20 Charitable contributions (See instructions for limitations on contributions)

21 Depreciation (attach Form 4562)

22 Less depreciation claimed on Schedule A and elsewhere on return

23 Depletion

24 Contributions to deferred compensation plans

25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule)

29 Total deductions. Add lines 14 through 28

30 Unrelated business taxable income before net operating loss deduction
Subtract line 29 from line 13

31 Net operating loss deduction (limited to the amount on line 30)

32 Unrelated business taxable income before specific deduction
Subtract line 31 from line 30

33 Specific deduction (Generally $1,000, but see instructions for exceptions)

34 Unrelated business taxable income
Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

2009.05050 THE LEONA M. AND HARRY B. H 622860.1
THE LEONA M. AND HARRY B. HELMSLEY
CHARITABLE TRUST

Form 990-T (2009)

Page 2

Part III | Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation
   Controlled group members (sections 1561 and 1563) check here ▶ [ ] See instructions and
   a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order)
      (1) $ ▶ (2) $ ▶ (3) $ ▶
   b Enter organization's share of (1) Additional 5% tax (not more than $11,750) ▶ $ ▶
      (2) Additional 3% tax (not more than $100,000) ▶ $ ▶
   c Income tax on the amount on line 34 ▶ ▶ 35c

36 Trusts Taxable at Trust Rates: See instructions for tax computation Income tax on the amount on line 34 from
   ▶ [ ] Tax rate schedule or ▶ [ ] Schedule D (Form 1041) ▶ 36

37 Proxy tax. See instructions ▶ 37

38 Alternative minimum tax ▶ 38

39 Total Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39

Part IV | Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) ▶ 40a
   b Other credits (see instructions) ▶ 40b
   c General business credit Attach Form 3800 ▶ 40c
   d Credit for prior year minimum tax (attach Form 8802 or 8827) ▶ 40d
   e Total credits Add lines 40a through 40d ▶ 40e
41 Subtract line 40e from line 39 ▶ 41
42 Other taxes Check if from ▶ ▶ Form 4255 ▶ ▶ Form 8611 ▶ ▶ Form 8697 ▶ ▶ Form 8866 ▶ ▶ Other (attach schedule) ▶ 42
43 Total tax. Add lines 41 and 42 ▶ 43

44 Payments A 2008 overpayment credited to 2009
   a 2008 estimated tax payments ▶ ▶ 44a
   b 2009 estimated tax payments ▶ 44b
   c Tax deposited with Form 8866 ▶ 44c
   d Tax withheld from wages or other income ▶ 44d
   e Foreign organizations Tax paid or withheld at source (see instructions) ▶ 44e
   f Other credits and payments ▶ ▶ Form 2439 ▶ ▶ Form 4316 ▶ ▶ Other ▶ ▶ Total ▶ 44f
45 Total payments Add lines 44a through 44f ▶ 45
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ ▶ 46
47 Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47
48 Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48
49 Enter the amount of line 48 you want credited to 2010 estimated tax ▶ ▶ 49

Part V | Statements Regarding Certain Activities and Other Information

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-221, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ [ ] Yes ▶ [ ] No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file ▶ [ ] Yes ▶ [ ] No
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ ▶

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ ▶ N/A

1 Inventory at beginning of year ▶ 1
2 Purchases ▶ 2
3 Cost of labor ▶ 3
4a Additional section 263A costs ▶ 4a
4b Other costs (attach schedule) ▶ 4b
5 Total. Add lines 1 through 4b ▶ 5

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, complete, and the information of the preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of preparer ▶ ▶ [ ] Yes ▶ [ ] No
Preparer's signature ▶ ▶ [ ] Yes ▶ [ ] No
Preparer's SSN or PTIN ▶ ▶ P00234022
Preparer's name (for your firm: self-employed, address, and ZIP code) ▶ O'CONNOR DAVIES MUNNS & DOBBINS, LLP ▶ 60 EAST 42ND STREET, 36TH FL. ▶ NEW YORK, NY 10165-3698
Preparer's phone number ▶ (212) 286-2600

Form 990-T (2009)

923711 01-08-10

14400207 756359 622860 2009.05050 THE LEONA M. AND HARRY B. H 622860_1

62
## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

1. Description of property
   - (1)
   - (2)
   - (3)
   - (4)

2. Rent received or accrued
   - (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   - (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3. (a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
   - (1)
   - (2)
   - (3)
   - (4)

Total 0 0

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.
Enter here and on page 1, Part I, line 6, column (B)

Total dividends-received deductions included in column 8

## Schedule E - Unrelated Debt-Financed Income

1. Description of debt-financed property
   - (1)
   - (2)
   - (3)
   - (4)

2. Gross income from or allocable to debt-financed property
   - (a) Straight line depreciation (attach schedule)
   - (b) Other deductions (attach schedule)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)
   - (1) %
   - (2) %
   - (3) %
   - (4) %

Totals

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

1. Name of controlled organization
   - (1)
   - (2)
   - (3)
   - (4)

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

3. Nonexempt Controlled Organizations
   - Taxable Income
   - Net unrelated income (loss) (see instructions)
   - Total of specified payments made
   - Part of column 9 that is included in the controlling organization's gross income
   - Deductions directly connected with income in column 10

Totals

0 0

Form 990-T (2009)
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

<table>
<thead>
<tr>
<th></th>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
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<td>Enter here and on page 1, Part I, line 9, column (A)</td>
<td>Enter here and on page 1, Part I, line 9, column (B)</td>
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<tr>
<td>Totals</td>
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</tbody>
</table>

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

<table>
<thead>
<tr>
<th></th>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute costs 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
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<td>Enter here and on page 1, Part I, line 10, col (A)</td>
<td>Enter here and on page 1, Part I, line 10, col (B)</td>
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<td>Totals</td>
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</tbody>
</table>

Schedule J - Advertising Income (see instructions on page 21)

Part I - Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th></th>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute costs 5 through 7</th>
<th>5. Circulation Income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
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<tbody>
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<td>(1)</td>
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<td>Totals (carry to Part II, line (5))</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute costs 5 through 7</th>
<th>5. Circulation Income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
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</thead>
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<tr>
<td>(5) Totals from Part I</td>
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<td>Enter here and on page 1, Part I, line 11, col (A)</td>
<td>Enter here and on page 1, Part I, line 11, col (B)</td>
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<tr>
<td>Totals, Part II (lines 1-5)</td>
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<td></td>
</tr>
</tbody>
</table>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to unrelated business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Total</td>
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<tr>
<td></td>
<td>Enter here and on page 1, Part II, line 14</td>
<td>Enter here and on page 1, Part II, line 14</td>
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</tr>
</tbody>
</table>
The Leona M. and Harry B. Helmsley Charitable Trust
March 31, 2010
EIN # 13-7184401

2009 990-T

Passive Activity Loss

J.P. Morgan Secondary Private Equity Investors LLC $ (8,726)
Passive Activity Loss Limitation 8,726

Total per 990-T, Part I, line 5 $ -
THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST
FORM 990T
MARCH 31, 2010
EIN# 13-7184401

FORM 990-T, PART II, LINE 20: CHARITABLE CONTRIBUTIONS

CHARITABLE CONTRIBUTIONS PAID DURING FYE 3/31/10

CHARITABLE CONTRIBUTIONS (FORM 990-PF, PART I, LINE 25, COLUMN A) 113,021,042

CONTRIBUTIONS CARRYOVER

<table>
<thead>
<tr>
<th>YEAR ENDING</th>
<th>AMOUNT GENERATED</th>
<th>AMOUNT UTILIZED</th>
<th>CONVERTED TO NOL CARRYOVER</th>
<th>CARRYOVER NOT UTILIZED</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/31/2009</td>
<td>130,505,549</td>
<td>-</td>
<td>-</td>
<td>130,505,549</td>
</tr>
<tr>
<td>3/31/2010</td>
<td>113,021,042</td>
<td>-</td>
<td>-</td>
<td>243,526,591</td>
</tr>
</tbody>
</table>

EXPIRED CARRYOVER: -

TOTAL CARRIED FORWARD TO NEXT YEAR: 243,526,591
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAX PREPARATION FEES</td>
<td>9,500.</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 990-T, PAGE 1, LINE 28

9,500.
THE LÉONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST
FORM 990T
MARCH 31, 2010
EIN# 13-7184401

2009 990-T, PART II, LINE 34, UNRELATED BUSINESS TAXABLE INCOME (LOSS)  $ (9,750)

NOL CARRYFORWARD

<table>
<thead>
<tr>
<th>YEAR ENDING</th>
<th>AMOUNT GENERATED</th>
<th>NOL LIMITATION</th>
<th>AMOUNT UTILIZED</th>
<th>CARRYOVER NOT UTILIZED</th>
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</thead>
<tbody>
<tr>
<td>3/31/2010</td>
<td>(9,750)</td>
<td>-</td>
<td>-</td>
<td>(9,750)</td>
</tr>
</tbody>
</table>

EXPIRED CARRYOVER

TOTAL CARRIED FORWARD TO NEXT YEAR:  (9,750)
### Passive Activity Loss Limitations

#### Part I

**2009 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 on page 2 before completing Part I

<table>
<thead>
<tr>
<th>Rent Real Estate Activities With Active Participation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Activities with net income (enter the amount from Worksheet 1, column (a))</td>
<td>1a</td>
</tr>
<tr>
<td>b. Activities with net loss (enter the amount from Worksheet 1, column (b))</td>
<td>1b</td>
</tr>
<tr>
<td>c. Prior years unallowed losses (enter the amount from Worksheet 1, column (c))</td>
<td>1c</td>
</tr>
<tr>
<td>d. Combine lines 1a, 1b, and 1c</td>
<td>1d</td>
</tr>
<tr>
<td>Commercial Revitalization Deductions From Rental Real Estate Activities</td>
<td>2a</td>
</tr>
<tr>
<td>a. Commercial revitalization deductions from Worksheet 2, column (a)</td>
<td></td>
</tr>
<tr>
<td>b. Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)</td>
<td>2b</td>
</tr>
<tr>
<td>c. Add lines 2a and 2b</td>
<td>2c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All Other Passive Activities</th>
<th>3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Activities with net income (enter the amount from Worksheet 3, column (a))</td>
<td>3a</td>
</tr>
<tr>
<td>b. Activities with net loss (enter the amount from Worksheet 3, column (b))</td>
<td>3b</td>
</tr>
<tr>
<td>c. Prior years unallowed losses (enter the amount from Worksheet 3, column (c))</td>
<td>3c</td>
</tr>
<tr>
<td>d. Combine lines 3a, 3b, and 3c</td>
<td>3d</td>
</tr>
</tbody>
</table>

4. Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used.

#### Part II

**Special Allowance for Rental Real Estate Activities With Active Participation**

*Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.*

| Enter the smaller of the loss on line 1d or the loss on line 4 | 5 |
| Enter $150,000 if married filing separately, see page 8 | 6 |
| Enter modified adjusted gross income, but not less than zero (see page 8) | 7 |
| Subtract line 7 from line 6 | 8 |
| Multiply line 6 by 50% (5) Do not enter more than $25,000. If married filing separately, see page 8 | 9 |
| Enter the smaller of line 5 or line 9 | 10 |

#### Part III

**Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

*Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.*

| Enter $25,000 reduced by the amount, if any, on line 10 if married filing separately, see instructions | 11 |
| Enter the loss from line 4 | 12 |
| Reduce line 12 by the amount on line 10 | 13 |
| Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 |

#### Part IV

**Total Losses Allowed**

| Add the income, if any, on lines 1a and 3a and enter the total | 15 |
| Total losses allowed from all passive activities for 2009. Add lines 10, 14, and 15. See page 11 of the instructions to find out how to report the losses on your tax return | 16 |

For Paperwork Reduction Act Notice, see page 12 of the instructions.
### Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See pages 7 and 8 of the instructions)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Current year</th>
<th>Prior years</th>
<th>Overall gain or loss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Net income (line 1a)</td>
<td>(b) Net loss (line 1b)</td>
<td>(c) Unallowed loss (line 1c)</td>
</tr>
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</tbody>
</table>

Total. Enter on Form 8582, lines 1a, 1b, and 1c.

### Worksheet 2—For Form 8582, Lines 2a and 2b (See page 8 of the instructions)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Current year deductions (line 2a)</th>
<th>Prior year unallowed deductions (line 2b)</th>
<th>Overall loss (line 2c)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
<td>(c) Overall loss</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter on Form 8582, lines 2a and 2b.

### Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See page 8 of the instructions)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Current year</th>
<th>Prior years</th>
<th>Overall gain or loss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Net income (line 3a)</td>
<td>(b) Net loss (line 3b)</td>
<td>(c) Unallowed loss (line 3c)</td>
</tr>
<tr>
<td>J P MORGAN SECONDARY PRIVATE EQUITY INVESTORS LLC</td>
<td>8,726</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter on Form 8582, lines 3a, 3b, and 3c.

### Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See page 9 of the instructions)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Form or schedule and line number to be reported on (see instructions)</th>
<th>(a) Loss</th>
<th>(b) Ratio</th>
<th>(c) Special allowance</th>
<th>(d) Subtract column (c) from column (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

### Worksheet 5—Allocation of Unallowed Losses (See page 9 of the instructions)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Form or schedule and line number to be reported on (see instructions)</th>
<th>(a) Loss</th>
<th>(b) Ratio</th>
<th>(c) Unallowed loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>J P MORGAN SECONDARY PRIVATE EQUITY INVESTORS LLC</td>
<td>990-T, LINE 5</td>
<td>8,726</td>
<td>1.00</td>
<td>8,726.00</td>
</tr>
</tbody>
</table>

Total

8,726.00 1.00

Total

8,726.00
### Worksheet 6—Allowed Losses
(See pages 9 and 10 of the instructions)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Form or schedule and line number to be reported on (see instructions)</th>
<th>(a) Loss</th>
<th>(b) Unallowed loss</th>
<th>(c) Allowed loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>J P MORGAN SECONDARY PRIVATE EQUITY INVESTORS LLC</td>
<td>990-T, LINE 5</td>
<td>8,726</td>
<td>8,726</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>8,726.00</td>
<td>8,726.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules
(See page 10 of the instructions)

<table>
<thead>
<tr>
<th>Name of activity:</th>
<th>(a)</th>
<th>(b)</th>
<th>(c) Ratio</th>
<th>(d) Unallowed loss</th>
<th>(e) Allowed loss</th>
</tr>
</thead>
</table>

Form or schedule and line number to be reported on (see instructions):

1a Net loss plus prior year unallowed loss from form or schedule

1b Net income from form or schedule

1c Subtract line 1b from line 1a If zero or less, enter -0-

Form or schedule and line number to be reported on (see instructions):

1a Net loss plus prior year unallowed loss from form or schedule

1b Net income from form or schedule

1c Subtract line 1b from line 1a If zero or less, enter -0-

Form or schedule and line number to be reported on (see instructions):

1a Net loss plus prior year unallowed loss from form or schedule

1b Net income from form or schedule

1c Subtract line 1b from line 1a If zero or less, enter -0-

**Total** | | | | 1.00 |
Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II on page 2 of this form. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension must check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8870, or 8879, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST</td>
<td>13-7184401</td>
</tr>
<tr>
<td></td>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>230 PARK AVENUE, NO. 659</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10169</td>
<td></td>
</tr>
</tbody>
</table>

Check type of return to be filed (file a separate application for each return):

- [ ] Form 990
- [ ] Form 990-BL
- [ ] Form 990-EZ
- [x] Form 990-PF
- [ ] Form 990-T (corporation)
- [ ] Form 990-T (sec 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8870

CAROLYN M. WEISS, CFO
Telephone No. [212-679-3600]
Fax No. [ ]

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) [ ]. If this is for the whole group, check this box [x] if it is for part of the group, check this box [ ] and attach a list with the names and EINs of all members the extension will cover.

1. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
   - [x] calendar year 2009 or
   - [ ] tax year beginning APR 1, 2009 and ending MAR 31, 2010.

2. If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [x] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
   3a $ 20,000.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
   3b $ 20,000.

Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).
   3c $ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.
Form 8868 (Rev 4-2009)

Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

**Name of Exempt Organization**
THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST

**Employer identification number**
13-7184401

**Number, street, and room or suite no.** If a P.O box, see instructions.
230 PARK AVENUE, NO. 659

**City, town or post office, state, and ZIP code** For foreign address, see instructions.
NEW YORK, NY 10169

**Check type of return to be filed** (File a separate application for each return)

- [ ] Form 990
- [ ] Form 990-EZ
- [ ] Form 990-T (sec. 401(a) or 408(a) trust)
- [ ] Form 1041-A
- [ ] Form 5227
- [ ] Form 8870
- [ ] Form 990-BL
- [ ] Form 990-PF
- [ ] Form 990-T (trust other than above)
- [ ] Form 4720
- [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

**CAROLYN M. WEISS, CFO**

**Telephone No.** 212-679-3600 **FAX No.**

**If the organization does not have an office or place of business in the United States, check this box.**

**If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN).**

**If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension is for.**

**I request an additional 3-month extension of time until** FEBRUARY 15, 2011

**For calendar year**, or other tax year beginning APR 1, 2009, and ending MAR 31, 2010

**If this tax year is for less than 12 months, check reason:**
- [ ] Initial return
- [ ] Final return
- [ ] Change in accounting period

**State in detail why you need the extension**
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**Signature**

**Title** CPA

**Date** 11/8/10

Form 8868 (Rev 4-2009)