•=	, 990-T		Exempt Orgai	rended to Ma nization Bus	ines	5,2020 ss Income T	ax Return	1	OMB No 1545-0687
· For	, ,	_		nd proxy tax unde			1906		
,	30	For ca	lendar year 2018 or other tax yea						2018
•	27			irs gov/Form990T for in					
	artment of the Treasury nat Revenue Service	▶	Do not enter SSN number					5	pen to Public Inspection for 01(c)(3) Organizations Only
A [Check-box if		Name of organization ((Emplo	ver identification number yees' trust, see
	address changed		LAW SCHOOL			IL '		ınstruc	•
	Exempt under section	Print	C/O MARJORII			·			B-2998164 ed business activity code
<u>X</u>	. 501(c <u>03</u>)	or Type	Number, street, and room		c, see ins	structions ·			structions) \
,	408(e) 220(e)	',,,,,	662 PENN STI		-			-	1
<u> </u>			City or town, state or prov NEWTOWN, PA	vince, country, and ZIP of 18940	r toreign	postal code	١	9000	
C,B	ook value of all assets	L	F Group exemption numb		>	· · · · · · · · · · · · · · · · · · ·	•	1	·
a	298,155,1	10.	G Check organization type	x ► X 501(c) corp	oration	501(c) trust	401(a) trust	Other`trust
ΗE	ntor the number of the	organıza	tion's unrelated trades or b	usinesses 🕨	1	Describe	the unly (or first) ur	nelated	•
、 tr	ade or business here 🕽	<u> IN</u>	VESTMENT IN I	PARTNERSHIP		If only one,	, complete Parts I-V.	If more t	than one,
de	escribo the first in the b	lank spa	ce at the end of the previou	s sentence, complete Pa	rts I and	l II, complete a Schedule	M for each addition	al trade o	or h
	usiness, then complete								
			oration a subsidiary in an a		ıt-subsıd	diary controlled group?	► l	Yes	X No
			tifying number of the paren			Talaak	one number > /	215)	968-1298
			de or Business Inc			(A) Income	one number (B) Expenses		(C) Net
×11	Gross receipts or sale				\vdash	(A) meanie	C. LABORES	SECTION S	4070
	Less returns and allow			c Balance	1c				
2	Cost of goods sold (S		A line 7)	C Dalaricc	2		THE TAXABLE	47.45	Constitute in
3	Gross profit Subtract				3		PETER 2010 TO		4 - 4/4 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
,	Capital gain net incon				4a	·	PROPERTY X	2024	
b		•	art II, line 17) (attach Form	4797)	4b		16.7% P. 16.7%	CSAC.	-
C				,	4c		计程序系统和 处域	18.46	
5	Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5	239,138.	A STMT	1683	239,138.
6	Rent income (Schedu		,	•	6				
7	Unrelated debt-financ	ed incor	ne (Schedule E)		7				
8	Interest, annuities, roy	/alties, a	nd rents from a controlled o	rganization (Schedule F)	8				
0	Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule C)	2	· · · · · · · · · · · · · · · · · · ·			
10	Exploited exempt activities	-	•	^	10	<u> </u>	·		
11	Advertising income (S	-	•		11		The Court of the C	harden tissel	
, 12	Other income (See in:		•		12	220 120		1.000 m	720 120
D	Total. Combine lines		gh 12 ot Taken Elsewher	9 /Cap matriations fo	13	239,138.	l		239,138.
			utions, deductions must						
14			rectors, and trustees (Sche			;	· · · · · · · · · · · · · · · · · · ·	14	24,597.
15 16 17 18 19	Salaries and wages							15	31,197.
16	Repairs and mainten	ance						16	
7 17	Bad debts							17	
18 (گ	Interest (attach sche	dule) (s	ee instructions)	,				18	
19	Taxes and licenses							19	
20	Charitable contributi	ons (Se	e instructions for limitation	rules) STATEME	ENT	4 SEE STAT	TEMENT 2	20	2,643.
21	Depreciation (attach	Form 4	562)		-11 /1	21			
22		aimed oi	n Schedule A and elsewhere	on return RECE				22b	
23	Depletion			m		. I <u>X</u> I .		23	•
24	Contributions to defe		mpensation plans	AUG 0	5, 20	20 80-8		24	
25	Employee benefit pro		shadula IV	0		<u> </u> ≝	•	25	t
26	Excess exempt expe	•	<u>-</u>	OGDE	ENI	آ ل		26	
27	Other deductions (at					WINDS AND DESCRIPTION OF THE PERSON OF THE P	rement 3	27	131,294.
28 29	Other deductions (at Total deductions A					DEP DIVI	28	29	189,731.
30			ncomo bofore net operating	Ings deduction, Subtract	t line on	from line 13	ab	30	49,407.
31			loss arising in tax years beg				•		
32			ncome. Subtract line 31 fro		., ., 20	. = (000 mon denone)	31	32	49,407.
			work Reduction Act Notice						Form 990-T (2018)

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9	981	64	Page

Part I	C/O MMOORID MMOD DRITT	70104	
			49,407.
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	43,407.
34	Amounts paid for disallowed fringes	34	24 (20
35	Doduction for not operating loss arising in tax years beginning before January 1, 2010 (see instructions)	35	24,620.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		24 707
	lines 33 and 34	36	24,787.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	317	1,000.
38	Unrelated husinger towards income. Cubtroot line 27 from line 26. If line 27 is greater than line 26.		
	enter the smaller of zero or line 36	38	23,787.
Part I			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	4,995.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	<u> </u>	
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tay on Nancompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44/	4,995.
Part \		-1/	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
+Ja b	Other credits (see instructions) 45b	┥ │	
	General business credit Attach Form 3800 45c	։ ՝	
		┤	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits Add lines 45a through 45d	450	
e 40		45e	4,995.
46	Subtract line 45e from line 44 Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		4,333.
47		47	4,995.
48	Total tax Add lines 46 and 47 (see instructions)	48	4,993.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	<u> </u>
50 a	· · · · · · · · · · · · · · · · · · ·	┧`	
b		վ՝ վ	
C	Tax deposited with Form 8868		
đ	Foreign organizations. Tax paid or withheld at source (see instructions) 50d	_	
е	Backup withholding (see instructions) 50e	*	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	, 33ct	
g	Other credits, adjustments, and payments: Form 2439	1.4	
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	10,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔙	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 >	54	5,005.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	0.
Part \	/I Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		5 335
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	·- ·	$\overline{\mathbf{x}}$
•	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	edge and belie	<u></u>
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	- IN 11104 1 . K PMISH - III - IM - 40010N 000	•	cuss this return with own below (see
	7.1	nstructions)?	X Yes No
		if PTIN	
B / -		}	
Paid	WOWODOGWY CDA WOWODOGWY CDA 07/14/20		.273422
Prepa	A COUNTRICK LIP		1478099
Use C	Only Firm's name ► COHNREZNICK LLP Firm's EIN ►		14/0033
	101 CRAWFORDS CORNER ROAD, SUITE 2316	720 69	0 0700
000011 7:	Firm's address ► HOLMDEL , NJ 07733 Phone no. 7	134-51	8-0700

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year	1		T	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold. Si	ubtract I	ine 6			
3 Cost of labor	3		1	from line 5 Enter here					
4a Additional section 263A costs			1	line 2			7		_
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Ye	s No
b Other costs (attach schedule)	4b]	property produced or a	acquired	for resale) apply to		men Kard	
5 Total Add lines 1 through 4b	5]	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)				-					
(2)									
(3)					_				
_(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	ersonai	onal property (if the percental property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	eted with the income attach schedule)	e in
(1)									
(2)									
(3)				_					
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	income (see	ınstru	ctions)					
			,	Gross income from		3 Deductions directly cont to debt-finance	nected ved prop	with or allocable serty	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)							1		
(2)				<u> </u>		····	1		
(3)	_			· · · · · · · · · · · · · · · · · · ·					
(4)							7		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable dedu column 6 x total of 3(a) and 3(b)	columns
(1)				%					
(2)				%					
(3)			<u> </u>	%					
(4)			1	%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on part I, line 7, colum	•
Totals				•		0			0.
Total dividends-received deductions in	ncluded in column	ı 8						·······	0.
					_	<u></u>			

Form 990-T (2018) C/O MARJORIE LARUE BRITT 13-2998164 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2 Employer 4. Total of specified 5 Part of column 4 that is Net unrelated income Name of controlled organization identification (loss) (see instructions) payments made included in the controlling connected with income number organization's gross income ın column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included 7 Taxable Income 8. Net unrelated income (loss) 9 Total of specified payments 11. Deductions directly connected (see instructions) in the controlling organization's gross income with income in column 10 (1) (2)(3)(4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) 0 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions Set-asides 1 Description of income 2. Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2)(3) (4) Enter here and on page 1 Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B) 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 7 Excess exempt 3. Expenses 2 Gross from unrelated trade or . Gross income 6. Expenses expenses (column directly connected 1 Description of unrelated husiness business (column 2 from activity that with production attributable to 6 minus column 5 exploited activity minus column 3) If a gain, compute cols 5 but not more than of unrelated trade or business business income , column 4) business income (1) (2)(3)(4)Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col (A) page 1, Part I, on page 1, Part II, line 26 line 10 col (B) 0. Schedule J - Advertising Income (see instructions) Rart | Income From Periodicals Reported on a Consolidated Basis 4 Advertising gain 7. Excess readership 2 Gross 3 Direct or (loss) (col 2 minus 5 Circulation 6. Readership costs (column 6 minus 1. Name of periodical col 3) If a gain, compute column 5, but not more advertising costs costs income ıncome cols 5 through 7 than column 4) (1) (2) (3) (4) 0.

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

12420714 147227 0142253-0154443.0990

Form 990-T (2018) C/O MARJORIE LARUE BRITT

13-29981

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

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.	33447344344		27 W 80 & C. 19 19 19 19 19 19 19 19 19 19 19 19 19	0
,		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 27
Totals, Part II (lines 1-5)		0.	0.				0

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)		%	1
Total. Enter here and on page 1, Part II, line 14		` >	0.

Form 990-T (2018)

FORM 990-T INCO	ME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
STRATEGIC PRIVATE EQUITY FUNINCOME (LOSS) STRATEGIC PRIVATE EQUITY FUNINTRATEGIC PRIVATE EQUITY FUNINTRATEGIC PRIVATE EQUITY FUNINCES) TOTAL INCLUDED ON FORM 990-T	D II, LLC - DIVIDEND INCOME D II, LLC - OTHER INCOME	118,232. 4,373. 2,722. 113,811. 239,138.
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS	N/A	1,589,387.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	1,589,387.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TAX PREP INVESTMENT MANAGEMENT FEES		1,250. 130,044.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	131,294.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016			
FOR TAX YEAR 2017 1,902,866			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1,902,866 1,589,387		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	3,492,253 2,643	_	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS	3,489,610		
TOTAL EXCESS CONTRIBUTIONS	3,489,610	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		2,	643
TOTAL CONTRIBUTION DEDUCTION		2,	643

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	47,734.	23,114.	24,620.	24,620.
NOL CARRYO	VER AVAILABLE THIS	YEAR	24,620.	24,620

SCHEDUL€ D (Form 1120)

Department of the Treasury Internal Revenue Service

LAW SCHOOL ADMISSION COUNCIL

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

■ Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2018

Name

Employer identification number-

C/O MARJORIE LARUE			•	13-	2998164
Part 📖 Short-Term Capital Ga	ins and Losses (See	instructions.)	\		
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	n 19,))	(ħ) Gain or (loss) Subtract column (a) from column (d) and combine the result with column (g)
1a 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	, {-	•			
1b Totals for all transactions reported on Form(s) 8949 with Box A checked			,		
2 Totals for all transactions reported on Form(s) 8949 with Box B checked			-		
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)	SEE S'	TATEMENT 6	6	(64,105.)
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	ı h		7	-64,105.
BPant II Long-Term Capital Gai	ns and Losses (See i	nstructions.)	•		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(0) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (s	n 19. 3) `	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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					, , , , , , , , , , , , , , , , , , ,
8b Totals for all transactions reported on					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked			<u> </u>		
10 Totals for all transactions reported on Form(s) 8949 with Box F checked			,		
11 Enter gain from Form 4797, line 7 or 9	<u></u>	•	J	11	······································
12 Long-term capital gain from installment sales	from Form 6252. line 26 or 33	7 .	•	12	
13 Long-term capital gain or (loss) from like-kin	•	•		13	,
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	n h		15	,
Partill Summary of Parts I and		iiiin			· · · · · · · · · · · · · · · · · · ·
16 Enter excess of net short-term capital gain (lu		I loss (line 15)		16	

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Note: If losses exceed gains, see Capital losses in the instructions

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

Schedule D (Form 1120) 2018

0.

JWA

SCHEDULE D	C.	STATEMENT 6		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2013 2014 2015		,	
	2016 2017	64,105		64,105
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR	₹	64,105