***		EXTEN	IDED TO NOVE	EMBE	R 15, 2	019_			
Form 990-T	Exe		nization Bus				ax Return	⊢ ⊦	OMB No 1545-0687
		•	nd proxy tax und	er se	ction 6033((e))			2010
	For calendar y	year 2018 or other tax yea			and end		A	-	2018
Department of the Treasury Internal Revenue Service	▶ Do n		irs.gov/Form990T for in rs on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Nam	e of organization (Check box if name c	hanged	and see instruc	tions.)		(Empl	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print L.A.W. FOUNDATION INC.								2-3074635
X 501(c)(3)	or Num		or suite no. If a P.O. box	x, see in	structions.				ated business activity code
408(e) 220(e)	Type 82	0 MORRIS	TURNPIKE] `	•
408A 530(a) 529(a)		or town, state or prov	vince, country, and ZIP o	r foreigi	n postal code			900	099
C Book value of all assets	· · · · · · · · · · · · · · · · · · ·		per (See instructions.)	>					
<u> 182,278,3</u>			E ► X 501(c) corp	poration		c) trust	401(a)		Other trust
H Enter the number of the	-			Τ			he onlý (or first) un		46
trade or business here							complete Parts I-V.		
describe the first in the b	•	the end of the previou	is sentence, complete Pa	irts i and	d II, complete a	Schedule I	M for each addition	ai irade	or
business, then complete I During the tax year, was		nn a cubcidiany in an a	offiliated group or a parer	nt-cuhei	diany controlled	aroun?	.	☐ Ye	s X No
If "Yes," enter the name a				11-20031	ulary controlled	group.			.5 [22] 110
J The books are in care of						Telepho	ne number 🕨 2	12-	697-1000
		r Business Inc			(A) Incor	ne	(B) Expenses	;	(C) Net
1a Gross receipts or sale	es								
b Less returns and allow	wances		c Balance	1c	·				ļ
2 Cost of goods sold (S	Schedule A, lın	e 7) t (\wedge	2					
3 Gross profit. Subtract	t line 2 from lir	ne 1c		3					
4 a Capital gain net incom	•	•		4a	9,	209.	·-		9,209.
b Net gain (loss) (Form		line 17) (attach Form	1 4797)	4b					
c Capital loss deduction		0	4b4-4	4c	-19,	202	·		-19,202.
5 Income (loss) from a		r an S corporation (at	tach statement)	5 6	-15,	202.			-19,202.
6 Rent income (Schedu 7 Unrelated debt-financ		shadula E\		7					
	•	•	organization (Schedule F)	8					
_ · · · · · · · · · · · · · · · · · · ·			ganization (Schedule G)	9					
10 Exploited exempt acti			,	10					
11 Advertising income (S	Schedule J)			11					
12 Other income (See in:	structions; atta	ach schedule)		12					
13 Total. Combine lines				13		<u>993. </u>			-9,993.
Part II Deductio	ons Not I	ken_Elsewher	e_ (See-instructions fo be directly connected	or limita 1 with t	itions on dedu he unrelated b	ictions) Susiness i	income)		
				- WILL C	TIC OTTICIATES E	7431110331	moonie ,	1 44	
· ·	icers, director	s, and trustees (Sche	INI					14	
15 Salaries and wages16 Repairs and mainten	ance	900 NOV 2	5 2019 [ن]					16	
17 Bad debts	101100	\ <u>`</u>	<u></u>					17	
	dule) (see ins	tructions)OGDE	N, UT I					18	
19 Taxes and licenses								19	
20 Charitable çontributi	ons (See instr	uctions for limitation	rules)					20	
21 Depreciation (attach						21			
	aimed on Sche	edule A and elsewhere	e on return		[2	2a		22b	
23 Depletion								23	
24 Contributions to defe		sation plans						24	
25 Employee benefit pro								25	
26 Excess exempt expe								26	
27 Excess readership co					ব্দহ	ያጥ ልጥ	EMENT 14	27	26,846.
28 Other deductions (at 29 Total deductions. A					255	DIAI.	TITILITY T.	29	26,846.
			loss deduction. Subtrac	t line 29	from line 13			30	-36,839.
N .			ginning on or after Janua			ions)		31	1
	_	e. Subtract line 31 fro		, .,		· - · · - ·		32	-36,839.
823701 01-09-19 LHA FO									Form 990-T (2018)

Firm's address ► NEW YORK, NY 10017-4683

Phone no 212-697-1000

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation > N/	A			· · · · · · · · · · · · · · · · · · ·
1 Inventory at beginning of year	1		6 Inventory at end of y	ear		6	
2 Purchases	2		7 Cost of goods sold.	Subtract	line 6		
3 Cost of labor	3		from line 5. Enter he	re and in l	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	on 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced o	r acquired	I for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?	_			
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property	Lease 	d With Real Prope	erty) 	
1. Description of property							
(1)_							
(2)							
(3)	<u></u>					· · · · · · · ·	
(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%)	e than	of rent for p	and personal property (if the percer personal property exceeds 50% or nt is based on profit or income)	ntage if	3(a) Deductions directly columns 2(a) an	connected with the digital of the di	ne income in edule)
(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	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)				
			2. Gross income from		3. Deductions directly conn to debt-finance	ected with or allo	cable
1. Description of debt-fu	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Othe (attack	er deductions n schedule)
(1)				+			
(2)				1		<u> </u>	
(3)		 .		1			
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property o schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 8	able deductions x total of columns ı) and 3(b))
(1)			%	1			
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)		and on page 1, 7, column (B)
Totals			•	►L .	0.		0.
Total dividends-received deductions in	ncluded in column	8					0.

n	_	_	_	4
۲	а	a	е	4

Schedule F - Interest, A	nnuities, F	loyalties, ar					tions	(see ins	struction	s)
			Exempt	Controlled O	rganizati 1	ons	1			- ·
Name of controlled organizate	on	2 Employer identification number	3. Net unr (loss) (see	elated income instructions)		al of specified nents made	include	of column 4 ad in the conta ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)			1						<u> </u>	
(2)										
(3)										
(4)										
Nonexempt Controlled Organia	rations		<u></u>							
7. Taxable Income		ed income (loss)	Q Total	of specified pays	nents	10 Part of colu	mn 9 that	ıs ıncluded	11 De	ductions directly connected
7. 10.000		tructions)	3. 10	made		in the controll	ing organi s income	zation's		income in column 10
(1)										
(2)		•								
(3)		-	1							
(4)										· · · · ·
17			•	-		Add colur Enter here and		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
						,,,,,	V			_
Totals					_			0.		0.
Schedule G - Investme (see instr		of a Section	501(c)(7	7), (9), or (17) Org	ganization				
1. Descr	ription of income			2. Amount of	ıncome	 Deduction directly connection (attach schedule) 	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						_				
(2)										
(3)								· ·		
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited (see instru		tivity Incom	e, Other	Than Adv	ertisin/	g Income				
·		1		4. Net incom	ne (loss)					7.5
1. Description of exploited activity	2. Gross unrelated busin income from trade or busin	ess directly with p	xpenses connected roduction nrelated ss income	from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela- business inco	that ted	attribut	oenses lable to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)		<u> </u>					٠,			1
(3)										1
(4)		<u> </u>		1						
	Enter here and page 1, Part line 10, col (/	I, page A) line 10	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II line 26
Totals -		0.	0.	<u> </u>		1				0.
Schedule J - Advertisir					<u> </u>					
Part I Income From I	Periodicals	Reported o	on a Con	solidated	Basis					
1. Name of periodical	adv	Gross artising ad	3. Direct vertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5. Circula		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)		1		7						
				-		1		`		
Totals (carry to Part II, line (5))	•	0.	0							0.

Page 5

Form 990-T (2018) L.A.W. FOUNDATION INC.

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)

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. Crculation 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.				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)		r	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	Tourse			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) LEONARD WILF	TRUSTEE/CHAIR/PRES	.00%	
(2) BETH WILF	TRUSTEE/SEC/TREAS	.00%	
(3) ORIN WILF	TRUSTEE/VICE PRES	.00%	
(4) ZYGMUNT WILF	TRUSTEE	.00%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

T 7	A.W	r _	FOUNDATION	INC.
$H \cdot L$	7 6 44	•	TOUIDITITION	T11C •

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 14
DESCRIPTION		AMOUNT
INTEREST EXPENSE OTHER DEDUCTIONS		20,643. 6,203.
TOTAL TO FORM 990-T, PAG	E 1, LINE 28 ,	26,846.

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

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

Name

Employer identification number

L.A.W. FOUNDATION INC. Short-Term Capital Gains and Losses (See instructions.) 2<u>2-3074635</u>

Fait i Short-Term Dapital Ga	ins and Losses (See	instructions j			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	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					9,209.
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked		<u></u>			
3 Totals for all transactions reported on			·		
Form(s) 8949 with Box C checked			l		
4 Short-term capital gain from installment sales	s 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 ST	PATEMENT 15	6	(98,497.)
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	-89,288.
Part II Long-Term Capital Gai	ns and Losses (See	nstructions.)	γ		T
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gar or loss from Form(s) 894	n	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)) 	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					
Form(s) 8949 with Box D checked					
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				11	
12 Long-term capital gain from installment sales		7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin		n h		15	
Part III Summary of Parts I and					T
16 Enter excess of net short-term capital gain (li				16	
17 Net capital gain. Enter excess of net long-term			7)	17	
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pre	oper line on other returns.	•	18	0.
Note: If losses exceed gains, see Capital loss	ses in the instructions.				

JWA

Department of the Treasur Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

L.A.W. FOUNDATION INC. 22-3074635 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) loss. If you enter an amount Gain or (loss). Proceeds Cost or other Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example 100 sh XYZ Co) (Mo., day, yr.) disposed of Note below and from column (d) & (Mo, day, yr.) (g) combine the result see Column (e) Ir Amount of adjustment Code(s) with column (g) the instructions PARTNERSHIP 9,209. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 9.209. above is checked), or line 3 (if Box C above is checked)

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

SCHEDULE D	C	STATEMENT 15		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2013 2014 2015 2016 2017	98,497		98,497
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEA	R	98,497