-7			• • • • •							
Far 990-T	<b>Exempt Organization Business</b>	Income Tax	Return	OMB No 1545-0687						
	(and proxy tax under section		0040							
	For calendar year 2018 or other tax year beginning DEC 1, 2018	0, 201 <u>9</u>	2018							
Department of the Treasury	► Go to www irs gov/Form990T for instructions a		Open to Public Inspection for							
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Open to Public Inspection for 501(c)(3)  Open to Public Inspection for 501(c)(3)  Open to Public Inspection for 501(c)(3)									
A Check box if address changed	Name of organization ( Check box if name changed and see instructions.)  Demployer identification number (Employees' trust, see instructions)									
B Exempt under section	Print THE LAVERACK FAMILY FOUNDATI	ON		6-2307477						
X 501(c <u>0</u> 3 )	Number, street, and room or suite no. If a P O. box, see instruc		(See	lated business activity code instructions)						
408(e) 220(e)	C/O ANDERSEN, 1700 EAST PUTNAM AVE, NO. 408									
408A530(a) 529(a)	OLD GREENWICH, CT 06870	City or town, state or province, country, and ZIP or foreign postal code OLD GREENWICH. CT 06870 523000								
C Book value of all assets at end of year	F Group exemption number (See instructions )									
8,252,4		501(c) trust	401(a) trust	X Other trust						
	organization's unrelated trades or businesses.	<del></del>	ly (or first) unrelated							
	FROM PARTNERSHIP INVESTMENTS		ete Parts I-V. If more							
	ank space at the end of the previous sentence, complete Parts I and II, o	complete a Schedule M for	each additional trade	e or						
business, then complete			<b>.</b> .							
	the corporation a subsidiary in an affiliated group or a parent-subsidiary	controlled group?	▶ ∟ ∨	es X No						
	nd identifying number of the parent corporation ►  ANDERSEN TAX LLC	Tolophone nu	mber ▶ 203-	987-3660						
	Trade or Business Income	(A) Income	(B) Expenses	(C) Net						
1a Gross receipts or sale		343	Activity of the state of the st	725						
b Less returns and allow										
2 Cost of goods sold (S										
3 Gross profit. Subtract										
4a Capital gain net incom		19,493.	ary y marija	19,493.						
	4797, Part II, line 17) (attach Form 4797)	1440	Crass Carlo							
c Capital loss deduction	l i	1703								
•	partnership or an S corporation (attach statement) 5	1,375.		1,375.						
6 Rent income (Schedu										
	ed income (Schedule E)									
	alties, and rents from a controlled organization (Schedule F)		1							
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G) 9									
10 Exploited exempt activ	vity income (Schedule I)	_								
11 Advertising income (S	chedule J)									
12 Other income (See ins	tructions; attach schedule)		Moral Property							
13 Total. Combine lines	3 through 12 13	20,868.		20,868.						
	ns Not Taken Elsewhere (See instructions for limitation		•• )							
<del></del>	contributions, deductions must be directly connected with the u	inrelated business incom								
•	cers, directors, and trustees (Schedule K)		14							
15 Salaries and wages			15							
16 Repairs and mainten	ance		16							
17 Bad debts	(1)		17	<del>                                     </del>						
_ `	dule) (see instructions)		18	<del> </del>						
19 Taxes and licenses	Can year water to limited and the limited and	7	20	<del>                                     </del>						
	ons (See instructions for limitation (##\$)	10/ 101	20 \$.645."							
21 Depreciation (attach	Form 4562) FEB 07 2020	21 22a	22b	4						
	ons (See instructions)  RECEIVED  Prom 4562)  FEB 07 2020  GORDEN, UT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23							
23 Depletion	rred compensation plans	<u> </u>	24							
<ul><li>24 Contributions to defe</li><li>25 Employee benefit pro</li></ul>	orrans	7	25	<del>  .</del>						
26 Excess exempt exper		J.	26							
27 Excess readership co	•		27							
28 Other deductions (at	•		28							
·	dd lines 14 through 28		29	0.						
	nrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13									
	erating loss arising in tax years beginning on or after January 1, 2018 (s		31	SASTELLESS CARES						
	exable income. Subtract line 31 from line 30	<b>,</b>	2 32	20,868.						
	r Paperwork Reduction Act Notice, see instructions		JAN .	Form 990-T (2018)						

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SUITE 408

1700 EAST PUTNAM AVENUE,

Firm's address ► OLD GREENWICH, CT 06870

Phone no

203-987-3660

Form 990-T (2018)

823711 01-09-19

Schedule A - Cost of Good	s Sold. Enter	method of invent	tory valuation N/A					1
1 . Inventory at beginning of year 1			6 Inventory at end of year	ar		6		
2 Purchases	2	7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		from line 5 Enter here and in Part I,					
4 a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					No
<ul><li>Other costs (attach schedule)</li></ul>	4b	4b property produced or acquired for resale) apply to						<u> </u>
5 Total Add lines 1 through 4b 5 the organization?							<u></u>	<u></u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	ease	d With Real Prop	erty)		
Description of property		_						
(1)								
(2)								
(3)								
(4)								
		ed or accrued			3(a) Deductions directly	connecte	d with the income ii	n
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	i of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge	columns 2(a) ai	nd 2(b) (at	tach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.	1			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	nstructions)					
			2. Gross income from		<ol><li>Deductions directly con to debt-finance</li></ol>			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	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 deduct olumn 6 x total of co 3(a) and 3(b))	
(1)	İ		%					
(2)		•	%					
(3)			%					
(4)	1		%					
					inter here and on page 1, Part I, line 7, column (A)		nter here and on pag art I, line 7, column	
Totals			<b>.</b>		0	.		0.
Total dividends-received deductions ii	acluded in columi	18			<u> </u>	-		0.
TOTAL DISTRIBUTION TOUCHTCO OCCUPATIONS II	.c.adoc in column							

Schedule J - Advertising Income (see instructions)

Part Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (cot 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 (carry to Part II, line (5))	0.	0.	THE STATE OF THE STATE OF THE STATE OF			0.

0.

Form **990-T** (2018)

0.

**Totals** 

- = ; r==, ----

Form 990-T (2018) THE LAVER	ACK FAMILY	FOU	JNDAT	TOM				<u> 56-⊿</u>	230/4/	/	Page 5
Partill Income From Perio columns 2 through 7 on a	dicals Reporte Ine-by-line basis)	d on a	a Separ	ate Basis	(For ea	ch perio	dical listed	I in Par	t II, fill in		
1 Name of periodical	2 Gross advertising income		Direct sing costs	4. Advertising or (loss) (col 2 col 3) If a gain, cols 5 through	minus compute		rculation come		leadership costs	7. Excess reader costs (column 6 m column 5, but not than column 4	ninus more
(1)											
(2)											
(3)											
(4)											
Totals from Part I	0.		0.								0.
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, I, col (B)							Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.		0.								0.
Schedule K - Compensation	n of Officers, D	irecto	ors, and	Trustees	(see ır	structio	ns)				
1. Name				2. Title			3 Percer time devote busines	ed to		ensation attributable elated business	
(1)					ر			%			
(2)								%			
(3)						·		%			
	·							اره			

Form 990-T (2018)

Total. Enter here and on page 1, Part II, line 14

## SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

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

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

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

OMB No. 1545-0092

2018

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

THE	LAVERACK FAMILY FOUNDATION	<u> 56-</u>	2307477					
Note:	Note: Form 5227 filers need to complete only Parts I and II.							
器Pai引擎 Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (See instructions)								
	See instructions for how to figure the amounts to enter on the lines below.  (d)  Proceeds  Cost  to gain or loss f  Form(s) 8949. P				from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
			· ·	line 2, colum	n (g) ‱≪≪	with column (g)		
1 a	Totals for all short-term transactions reported on Form 1099-B for			130 144				
	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				X.#45	· —		
1 b	Totals for all transactions reported on Form(s) 8949 with							
	Box A checked							
2	Totals for all transactions reported on Form(s) 8949 with							
3	Box B checked  Totals for all transactions reported on Form(s) 8949 with	· · · · · · · · · · · · · · · · · · ·	·					
J	Box C checked		1			,		
	DOX O CHECKEU							
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4_			
5	Net short-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts	SEE STATEN	ENT 14	5	450.		
6	Short-term capital loss carryover Enter the amount, if any, from line 9 of the				<u> </u>			
Ü	Carryover Worksheet	and 2017 Capital 2000	<b>,</b> .		6	( )		
7	Net short-term capital gain or (loss) Combine lines 1a through 6 in colu	ımn (h). Enter here and	i on line 17,					
	column (3) on page 2				7	450.		
≹Ra	ț 🎼 Long-Term Capital Gains and Losses-Gene	rally Assets He	ld More Than C	ne Year (S	See ır	structions)		
See in	ts from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)						
	Totals for all loss to a formation and the form 1000 D for			line 2, colum	(9)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
ва	Totals for all long-term transactions reported on Form 1099-B for	•						
	which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all							
	these transactions on Form 8949, leave this line blank and go to line 8b							
8 b	Totals for all transactions reported on Form(s) 8949 with	-		the or product of the second of				
• 5	Box D checked					•		
9	Totals for all transactions reported on Form(s) 8949 with							
	Box E checked							
10	Totals for all transactions reported on Form(s) 8949 with							
	Box F checked				,			
			•					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11			
				45		10 042		
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts	SEE STATEM	MENT 15	12	19,043.		
13	Capital gain distributions	_13_	<del>                                     </del>					
	Gain from Form 4797, Part I				۱.,			
14	14_							
15	15	], ,						
, surjoin transmitter								
16	column (3) on page 2	onin (11). Enter here dit	a on mie 10a,	•	16	19,043.		

810841 12-21-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2018

Schedule D (Form 1041) 2018 THE LAVERACK FAMILY FOUNDATION	ON _	·		<u>56-230</u>	7477 Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2)	Estate's	(3) Total
Caution: Read the instructions before completing this part.				trust's	L ''
17 Net short-term gain or (loss)	17			450.	450.
18 Net long-term gain or (loss)					
a Total for year	18a		i	9,043.	19,043.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b				
c 28% rate gain	18c				
19 Total net gain or (loss). Combine lines 17 and 18a	19		1	9,493.	19,493.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9		Part I line 4a) If lines			<del></del>
go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete F	Part IV a	and the Capital Loss (	Carryove	r Worksheet,	as necessary
Partival Capital Loss Limitation					
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a tru	ust) the	smaller of:			
a The loss on line 19, column (3) or b \$3,000	001), 1110	omanor o.		20 (	)
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, lin	no 22 /c	or Form 000 T line 2	(Q) us a l		to the Capital
Loss Carryover Worksheet in the instructions to figure your capital loss carryover	11e 22 (C	n Follii 990-1, iine 3	O), 13 a 1	oss, compie	ite the outiliar
Part V Tax Computation Using Maximum Capital Gains Rate	es	· · · · · · · · · · · · · · · · · · ·			
Form 1041 filers Complete this part only if both lines 18a and 19 in column (2) are gains, or ar		t is entered in Part I or	Part II a	nd there is an	entry on Form 1041
line 2b(2), and Form 1041, line 22, is more than zero.	ii aiiiouii	10,0110100 1111 1111 01		110 010 0 0	, ona y o, o
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if					
	*				•
• Either line 18b, col (2) or line 18c, col (2) is more than zero, or					
<ul> <li>Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero</li> <li>Form 990-T trusts Complete this part only if both lines 18a and 19 are gains, or qualified divide</li> </ul>	ande are	included in income in	Part Lof I	Form QQA-T	and Form 990-T line
38, is more than zero. Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the instru					
		19,		(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	s more man zero
21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38)	21	<u> </u>		25.2	
22 Enter the smaller of line 18a or 19 in column (2) but not less than zero 22 29 19,043					
		6 3			
23 Enter the estate's or trust's qualified dividends from	5)4,2 4. 5,4 7,4 6	4			
Form 1041, line 2b(2) (or enter the qualified dividends					
included in income in Part I of Form 990-T)  24 Add lines 22 and 23  24 19,043			:		
	-16	Ž.			
25 If the estate or trust is filing Form 4952, enter the	. 30	3			
	_	10	042		
26 Subtract line 25 from line 24. If zero or less, enter -0-	26	19,	825.		
27 Subtract line 26 from line 21 If zero or less, enter -0-	27				
28 Enter the smaller of the amount on line 21 or \$2,600	28		600.	Y N	
29 Enter the smaller of the amount on line 27 or line 28	29	1	825.	254.71.5	1 775
30 Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 0%	1	1 10	042	30 ********	1,775.
31 Enter the smaller of line 21 or line 26	31	19,	043. 268.		
32 Subtract line 30 from line 26	32	12,			
33 Enter the smaller of line 21 or \$12,700	33		600.	1. 00 m	
34 Add lines 27 and 30	34				
35 Subtract line 34 from line 33 If zero or less, enter -0-	35	10,			
36 Enter the smaller of line 32 or line 35	36	10,	<u> 100.</u>	9:5:382	1 [1]
37 Multiply line 36 by 15% (0 15)	1	1 10	<b>1</b>	37 72.594	1,515.
38 Enter the amount from line 31	38		043.	2 4 - 16 A	
39 Add lines 30 and 36	39		875.		
40 Subtract line 39 from line 38 If zero or less, enter -0-	40	1,	<u> 168.</u>	7.7.3.2	1 121
41 Multiply line 40 by 20% (0 20)	1	1	▶	41 8×398	1,434.
42 Figure the tax on the amount on line 27 Use the 2018 Tax Rate Schedule for Estates			0.2		
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42	+	83.		
<b>43</b> Add lines 37, 41, and 42	43	3,	032.	Cart.	
44 Figure the tax on the amount on line 21 Use the 2018 Tax Rate Schedule for Estates		_	m 2 2	ari ari	
and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		738 <u>.</u>	学派第	
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041,	Schedul	e			2 020
G, line 1a (or Form 990-T, line 40)				45	3,032.
810842 12-21-18				Schedu	ile D (Form 1041) 2018

810842 12-21-18