Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								
		For ca		ear beginning OCT 1,				2 30 . 201	9	2018	
		1 0.00		v.irs.gov/Form990T for in					_		
	tment of the Treasury al Revenue Service	l ▶		ers on this form as it may					. 50	pen to Public Inspection for 1(c)(3) Organizations Only	
A	Check box if address changed		Name of organization (Check box if name changed and see instructions.) . DEmployer identification number (Employees' trust, see instructions)								
R F	xempt under section	Print	Spectrum Generations 01-03								
X	_ 41.	or		m or suite no. If a P.O. box	k. see ir	nstructions.				ed business activity code	
	408(e) 220(e)	Type		Court, No.					(388 1113	sudctions)	
	408A 530(a)	1	City or town, state or pro	ovince, country, and ZIP or	r foreig	n postal code			1	•	
]529(a)	İ	Augusta, MI	04338-258	9			_	5311		
C Bo	ok value of all assets end of year	•	F Group exemption nun		>						
	4,928,4			pe 🕨 🗶 501(c) corp	oration	n 501	(c) trust	401(a) trust	Other trust	
			ation's unrelated trades or		1			he only (or first) ur			
			ee Statement					complete Parts I-V.			
				ous sentence, complete Pa	arts I an	id II, complete a	a Schedule	M for each addition	nal trade (or	
	siness, then complete								7	1321.	
				affiliated group or a parer	nt-subs	idiary controlle	d group?	▶ l	Yes	X No	
			tifying number of the pare		•		Talaaba	ne number 🕨 2	07-6	20.1672	
			Gerard L. Qu de or Business In			(A) Inco		(B) Expense		(C) Net	
			152,011		Г	(A) 11100	71116	(D) Expense		(0) 1101	
	Gross receipts or sale			c Balance	1c	152	011.			i i	
2	Cost of goods sold (S			C balance	2		295.			i	
3	Gross profit. Subtract				3		716.			112,716.	
	Capital gain net incon				4a		682.			306,682.	
			Part II, line 17) (attach For	m 4797)	4b		, , , , ,		<u> </u>		
	_ Table 111				4c				, ,		
5			ship or an S corporation (attach statement)	5					•	
6	Rent income (Schedu		, , , , , , , , , , , , , , , , , , ,	,	6						
7	Unrelated debt-finance		me (Schedule E)		7	192,	528.	266,1	10.	-73,582.	
8	Interest, annuities, ro	yaltıes, a	and rents from a controlled	d organization (Schedule F)	8						
9	Investment income of	f a section	on 501(c)(7), (9), or (17)	organization (Schedule G)	9						
10	Exploited exempt acti	ivity inco	ome (Schedule I)		10						
11	Advertising income (Schedul	e J)		11						
12	Other income (See in				12				10	0.45	
13	Total. Combine lines				13		926.	266,1	10.	345,816.	
ი ^{[Pa}				ere (See instructions for				unaama)			
) —				st be directly connected	u willi	- unrelated	Dusiness	——————————————————————————————————————	1 44 1	 	
≥ 14 15	· ·	ticers, ai	rectors, and trustees (Sch		11 / [· n			14	50,690.	
15	Salaries and wages Repairs and mainter	22000		RECE	IAF	U			16	30,0300	
2 16 17	Bad debts	Ianut		N		ပ္တ			17		
18	Interest (attach sche	edule) (s	ee instructions)	AUG 1	3,202	50 SE			18		
19	Taxes and licenses	,,,,,,	,			121			19	3,499.	
= 20		ions (Se	e instructions for limitatio	n rues)	N	14			20		
21	Depreciation (attach	•		OGDE	Y		21			-	
22	Less depreciation cl	aimed o	n Schedule A and elsewhe	ere on return		" [22a		22b		
23	Depletion					_			23		
24	Contributions to def	erred co	mpensation plans						24		
25	Employee benefit pr	ograms							25		
26	Excess exempt expe	enses (S	chedule I)						26		
27	Excess readership c	osts (So	chedule J)	,		_			27		
28	Other deductions (a		•	•		See	State	ement 2	28	2,388.	
29	Total deductions. A								29	56,577.	
30				ng loss deduction. Subtrac					30	289,239.	
31		-		eginning on or after Janua	ry 1, 20	J18 (see instrui	ctions)	1	31	289,239.	
32			ncome. Subtract line 31 fi						32	Form 990-T (2018)	
82370	01 01-09-19 LHA F	or rape	rwork Reduction Act Noti	ce, see msudctions.						1 (2010)	

Form 990-	(2018) Spectrum Generations	01-031	8051		Page 2
Part J		01 031	.0031		
33.	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		3,3	289,2	39.
34	Amounts paid for disallowed fringes		34		
35	•	nt 3	35	289,2	39.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
00	lines 33 and 34		36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	4	37	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	v	 		
00	enter the smaller of zero or line 36		38		0.
Part I	V \Tax Computation		13* 1		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:				
70	Tax rate schedule or Schedule D (Form 1041)	•	40		
41	Proxy tax. See instructions		41		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income. See Instructions		43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
Part \	<u>-" </u>		1 77		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		1 		
	Other credits (see instructions) 45b		1		
C	General business credit. Attach Form 3800		1		
d	45.1		1		
	Total credits. Add lines 45a through 45d		45e		
46	Subtract line 45e from line 44		46		0.
47		tach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)		48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
	Payments: A 2017 overpayment credited to 2018		 " 		
	2018 estimated tax payments 50b		1		
	Tax deposited with Form 8868 50c		1		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1		
	Backup withholding (see instructions) 50e		-		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		1		
	Other credits, adjustments, and payments: Form 2439		1		
ъ	Form 4136 Other Total 50g				
51	Total payments. Add lines 50a through 50g		51		
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		54		
55		nded	55		
Part V			1 00 1		
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				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here				х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ian trust?	-	-	X
٠.	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 deliare that I have examined this return, including accompanying schedules and statements, and to the	e best of my kno	wledge and belief	, it is true,	
Sign	correct, and complete Decial ation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	9			
Here	Grand Guesla 8/13/20 President/CEO		lay the IRS discus ne preparer shown		with
	Signature of officer Daile Title			Yes [No
	Brint/Type preparer's name Preparer's signature Date C	heck	ıf PTIN		
De:-		elf- employed			
Paid	The CDA CVA / Letter / CARRENT VIO. 0 / 1 2 / 2 0			95846	
Prepa	Dundy Portons & Company	Firm's EIN 🕨		46301	
Use (130 Middle Street				
		Phone no. 2	207-775	<u>-349</u> 6	

823711 01-09-19

Phone no. 207-775-3496 Form **990-T** (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	luation N/A		-				
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	r		6			0.
2 Purchases	2	39,295.	7	Cost of goods sold. Su	btract I	ine 6				
3 Cost of labor	3			from line 5. Enter here a	and in F	Part I,				
4a Additional section 263A costs				line 2			7		_	<u>95.</u>
(attach schedule)	4a		8	Do the rules of section :	263A (\	with respect to		[_	/es	No
b Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to				1
5 Total. Add lines 1 through 4b	5	39,295.		the organization?						<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property I	Leas	ed With Real Prop	perty) 		
Description of property										
(1)						******				
(2)										
(3)										
(4)						<u></u>				
	2. Rent receiv	red or accrued				3(a) Deductions directly	connect	ed with the inc	ome in	,
rent for personal property is more than of rent for p				nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	columns 2(a) and	d 2(b) (at	tach schedule)	•
(1)										
(2)										
(3)										
(4)		<u> </u>								
Total	0.	Total			0.	.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>			0.
Schedule E - Unrelated Deb	t-Financed	Income (see 11	nstruc	tions)						
				Gross income from		3. Deductions directly conf to debt-finance				
1. Description of debt-fir	nanced property		'	or allocable to debt- financed property	(ā)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
					S	tatement 4	Sta	temen	t S	5
(1) Building, 1 West	on Cour	t,								
(2) Augusta, ME				221,347.		29,860	\cdot	276	,08	84.
(3)										
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Alfocable de olumn 6 x total 3(a) and 3	of colu	
(1)				%						
(2) 329,207.		378,492.		86.98%		192,528	•	266	,13	10.
(3)				%						
(4)		·		%						
						nter here and on page 1, Part I, line 7, column (A)		iter here and o art I, line 7, co		
Totals				▶		192,528		266	,1:	10.
Total dividends-received deductions in	cluded in colum	n 8								0.
								Form 9	an-T/	2018)

	I		Exempt (Controlled Or	ganızatio	ons	,			
Name of controlled organizati	ıden	mployer tification umber	3. Net unr (loss) (see	elated income instructions)	4. Tota payn	al of specified nents made	includ	t of column 4 t led in the contri ation's gross in	olling	6. Deductions directly connected with income in column 5
1)		_								
2)			1							
3)										<u> </u>
(4)			<u> </u>							
Ionexempt Controlled Organiz	ations									
7. Taxable Income	8. Net unrelated inc (see instruction		9. Total	of specified payn made	nents	10. Part of column the controll gross	mn 9 tha ing organ	nization's	11. Der with	ductions directly connecte income in column 10
(1)										
(2)										
(3)										
(4)					Ì					
otals ()						Add colun Enter here and line 8, 0		a 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Schedule G - Investme	nt Income of a	Sectio	n 501(c)(7), (9), or	(17) Or	ganizatior	1	0.1		
(see instri				1		- 		1		
1. Descr	ption of income			2. Amount of	income	 Deduction directly connected (attach schedule) 	cted	4. Set-a (attach so		5. Total deductions and set-asides (col 3 plus col 4)
(1)									•	
(2)										
(3)										
(4)								<u> </u>		
				Enter here and o Part I, line 9, co		•				Enter here and on page Part I, line 9, column (B
Totals			•		٥.ا					0
Schedule I - Exploited (see instru	•	ty Incor	ne, Othe	r Than Ad	vertisi	ng Income	-			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses y connected production inrelated ass income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that te d	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					Ī					
(2)										
(3)	<u> </u>									
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	nere and on a 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
Totals 🕨	0		0.	<u> </u>	<u>. </u>			<u></u>		0
Schedule J - Advertisir				10 - 1 - 4 1	<u> </u>					
Part I Income From F	Periodicals Re	ported (on a Con	solidated	Basis					
1. Name of periodical	2. Gross advertising income	_ 1	3. Direct evertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus an, comput	5. Circula income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)			•							
(3)								1		
(4)				1	<u>.</u>					
			0							
Totals (carry to Part II, line (5))	<u> </u>	0.		•1				L.——		0 Form 990-T (201

Form 990-T (2018) Spectrum Generations 01-03180 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	ï	2. Gross advertising income	3. Direct advertising costs	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.				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.		٠٤,	,	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)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1

Rental of Debt Financed Real Estate and Caterine Services
To Form 990-T, Page 1

Form 990-T Other	ctions Statement 2
Description	Amount
Utilities Office Expenses	788. 1,600.
Total to Form 990-T, Page 1, line 28	2,388.

Form 990-T	Schedule E - Depreci	E - Depreciation Deduction					
Description		Activity Number	Amount	Total	1 1		
	- SubTotal	- 1	29,860.	29,86	0.		
Total of Form 9	00-T, Schedule E, Column	1 3(a)		29,86	0.		

Form 990-T	Schedule E - Other	Deductions		Statement	5
Description		Activity Number	Amount	Total	
	- SubTotal -	1	276,084.	276,08	34.
Total of Form 990	-T, Schedule E, Column	3(b)		276,08	34.

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

Spectrum Generations
Part I Short-Term Capital Gains and Losses (See instructions) 01-0318051

Part I Short-Term Capital Gai	ns and Losses (See	instructions)			
See instructions for how to figure the amounts o enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gar or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
his form may be easier to complete if you ound off cents to whole dollars.	(sales price)	(or other basis)	Part I, fine 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					
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-kind	exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in column	i h	,	7	
Part II Long-Term Capital Gai	ns and Losses (See I	nstructions)		•	
see instructions for how to figure the amounts o enter on the lines below.	(d)	(e)	(f) Advistments to as		(h) Gain or (loss) Subtract
his form may be easier to complete if you outlined to some standard off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (s	9. 9)	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					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked	1,190,000.	883,318.			306,682
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	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824		·	13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	306,682.
Part III Summary of Parts I and					•
		il loss (line 15)		16	
16 Enter excess of net short-term capital gain (lir	ic 1) over net long term capita				
16 Enter excess of net short-term capital gain (lir 17 Net capital gain. Enter excess of net long-term	,	t short-term capital loss (line 7	7)	17	306,682.
 16 Enter excess of net short-term capital gain (lir 17 Net capital gain. Enter excess of net long-term 18 Add lines 16 and 17. Enter here and on Form 	capital gain (line 15) over net		7)	17 18	306,682

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

Schedule D (Form 1120) 2018

JWA

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

01-0318051

Spectrum Generations Before you check Box D, E, or F 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

broker and may even ten you windin							
Part II Long-Term. Transaction	ons involving capita	al assets you held r	nore than 1 year are	generally long term (see instruct	ions) For short-term	transactions,
see page 1 Note: You may aggregate al codes are required Enter th	e totals directly on	Schedule D. line 8a	a. vou aren't required	to report these tran:	sactions on	Form 8949 (see inst	ructions)
You must check Box D, E, or F below. If you have more long-term transactions than wi	Check only one bo	ox. If more than one be ne or more of the boxe	ox applies for your long- s, complete as many for	term transactions, comp ms with the same box of	ilete a separa hecked as you	e Form 8949, page 2, fo I need	r each applicable box
(D) Long-term transactions re					Note abo	ove)	
(E) Long-term transactions rep				ported to the IRS			
(F) Long-term transactions no	1				Adjustmer	nt, if any, to gain or	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	ou enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the	in column column (f)	(g), enter a code in . See instructions.	Subtract column (e)
(Example 1886)	((Mo , day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
Real Estate -	 				-	adjustifient	
Weston Court	05/14/98	06/28/19	1190000.	883,318.			306,682.
				· · · · · · · · · · · · · · · · · · ·			
·							
					_		
							<u> </u>
	-						
	 			<u> </u>			
	 						··-
	 		-				
-							
·-							
							_
		ļ				_	·
		<u> </u>					
			_				
						·	
				İ			
2 Totals. Add the amounts in colu							
negative amounts). Enter each to Schedule D. Inne 8b (if Box D ab							

Note: If you checked Box D 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

306,682.

above is checked), or line 10 (if Box F above is checked)

1190000. 883,318.