₅ _{oym} 990-T	E	xempt Organization Bus			Гах Re	turn	ı	OMB No	o 1545-0687
4	l	(and proxy tax und	ler se	ection 6033(e))				20	01 0
	For cal	endar year 2018 or other tax year beginning		, and ending			-		D18
Department of the Treasury Internal Revenue Service	>	► Go to www.irs.gov/Form990T for ir Do not enter SSN numbers on this form as it may				1(c)(3).		Open to Pu 501(c)(3) Or	iblic Inspection for ganizations Only
A Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)			Emp	loyer identifi ployees' trus uctions)	cation number it, see
B Exempt under section	Print ≤	LIBRA, FOUNDATION							26994
X 501(c)(0.3)	or Type	Number, street, and room or suite no. If a P.O. bo						lated busine instructions	ss activity code)
408(e) 220(e)	',,,,	THREE CANAL PLAZA, P.O					1		
408A530(a) 529(a)	_	City or town, state or province, country, and ZIP or PORTLAND, ME 04112-85		n postal code			900	099	_
C Book value of all assets	. .	F Group exemption number (See instructions.)	<u> </u>						
201,686,7			poration			401(a)			Other trust
	-	tion's unrelated trades or businesses.	<u> </u>		the only (or	•			
-		EE STATEMENT 22	. 4- 1		, complete Pa				,
		ce at the end of the previous sentence, complete Pa	arts I an	ia II, complete a Schedule	e M for each	addition	ai trade	or	
business, then complete		oration a subsidiary in an affiliated group or a parei	nt cube	rdiany controlled aroun?			-	es X	No
		ifying number of the parent corporation.	iit-suns	idiary controlled group?				35 <u>A</u>	ן אוט
		ERE G. MICHELSON		Telenh	one number	> 2	07-	879-0	5280
		le or Business Income		(A) Income	~~~	xpenses		1	(C) Net
1a Gross receipts or sale	es				COCK	400 CA16		XX286	AND THE R
b Less returns and allow	wances	c Balance	1c						
2 Cost of goods sold (S	chedule	A, line 7)	2				SA.	288	
3 Gross profit. Subtract	line 2 fr	om line 1c	3		337 XX				
4a Capital gain net incom	ne (attacl	n Schedule D)	4a				*. (**********		
b Net gain (loss) (Form	4797, Pa	art II, line 17) (attach Form 4797)	4b		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1000	L	
c Capital loss deduction			4c		Ser e			 	
	-	hip or an S corporation (attach statement)	5				75 A	<u> </u>	
6 Rent income (Schedul	•	or (Cabadula E)	6						
7 Unrelated debt-finance		,	7		-			<u> </u>	
•		nd rents from a controlled organization (Schedule F) in 501(c)(7), (9), or (17) organization (Schedule G)	9						
10 Exploited exempt activ			10					-	
11 Advertising income (S	•	•	11		 				
12 Other income (See ins		•	12					-	
13 Total. Combine lines		· ·	13	0.		,			
		t Taken Elsewhere (See instructions fo			•				
(Except for o	contribu	tions, deductions must be directly connected	with t	he unrelated business	income.)				
14 Compensation of offi	icers, dir	ectors, and trustees (Schedule K)					14		
15 Salaries and wages							15		
16 Repairs and maintena	ance	RECEIV	/En	5			16		
17 Bad debts				···· 1CJ1			17	 	
18 Interest (attach sched	dule) (se	e instructions)	2010				18	-	_
19 Taxes and licenses	nan (Can	instructions for limitation rules	ZUIS	2			19		
A4 DansandunaDattanh I	F 4E	201		_J <u>œ</u> ₁₃₁ 1			20		
22 Less depresiation cla	imed on	Schedule A and elsewhere on return GDEN	, U1	21 22a			22b		
23 Depletion	iiiiod oii	Conocato / and discinior of interest		[224]			23		
24 Contributions to defe	rred con	pensation plans					24		
25 Employee benefit pro		, p					25		
26 Excess exempt expen	nses (Sch	nedule I)				i	26		
27 Excess readership co	sts (Sch	edule J)					27		
28 Other deductions (att							28		
29 Total, deductions. Ad						[29		0.
		come before net operating loss deduction. Subtract				ļ	30	(8.5), (67.5)	0.
		ss arising in tax years beginning on or after Januar	y 1, 20	18 (see instructions)		,			
		come. Subtract line 31 from line 30				1	32		0.
823701 01-09-19 LHA FO	r raperv	rork Reduction Act Notice, see instructions.						Form S	90-T (2018)

Form 990-			04-662	<u> 16994</u>	Page 2
Part	II∳ Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	Instructions	s)	33	0.
34	Amounts paid for disallowed fringes			34	12,960.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	-			
	lines 33 and 34			36	12,960.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36		"	
00	enter the smaller of zero or line 36	50,		38	11,960.
:Pärt:I	Vi Tax Computation			1 30 1	11,500.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	2,512.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount of	n lina 29 fra	m:	35	2,312.
40		/// IIII6 30 IIU	·····		
44	_ , ,		· ·	40	· - ·
41	Proxy tax. See instructions Alternative measurement by (fruids early)			41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	2 512
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments			44	2,512.
		T 45. T		someti'	
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b		-	
C	General business credit. Attach Form 3800	45c	 	-	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		- 33.00	
0	Total credits. Add lines 45a through 45d			45e	0.510
46	Subtract line 45e from line 44			46	2,512.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	36 Oth	16[(attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	2,512.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
C	Tax deposited with Form 8868	50c	2,512.		
d	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			
9	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶	50g			
51	Total payments. Add lines 50a through 50g			51	2,512.
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	Enter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded >	55	
Part N	II Statements Regarding Certain Activities and Other Information	1 (see inst	tructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	r other autho	ority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				\$47 \$ \$2 \$1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fi	oreign count	ry		1.4
	here >	-			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor to, a	foreign trust?		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 state			led bna egt	lief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer to	nas any knowle	_		
Here	6.13.19 PRESIDE	NT, CO		-	discuss this return with shown below (see
	Signature of officer / Date / Title		ins	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	e	Check	f PTIN	
Deid	APPROVED GLACK AT THE FEB.	-	self- employed		
Paid	WIDE DIDUTE WITH DIDUTE	/11/19		P0	0439837
Prepa	- NARGING LLD		Firm's EIN ▶		-1986323
Use C	15 CASCO STREET				
	Firm's address ▶ PORTLAND, ME 04101		Phone no. (207)	352-7600
823711 01-			11		Form 990-T (2018)
	==				(2010)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 22
BUSINESS ACTIVITY

QUALIFIED PARKING BENEFITS PROVIDED TO EMPLOYEES

TO FORM 990-T, PAGE 1

4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property) 990-PF

Business or activity to which this form relates

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

LIBRA FOUNDATION FORM 990-PF PAGE 1 04-6626994 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,000,000. 2 Total cost of section 179 property placed in service (see instructions) 2 3 2,500,000. Threshold cost of section 179 property before reduction in limitation Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- if married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 15 7,774. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (a) Classification of property (d) Recovery period (f) Method year placed (e) Convention (a) Depreciation deduction only - see instructions) 19a 3-year property h 5-year property 7-year property c 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L q ММ 27.5 yrs. S/L Residential rental property h 27.5 yrs. MM S/L MM 39 yrs. S/L i Nonresidential real property MM Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 vrs. S/L 30-year 30 yrs MM S/L C 40-year 40 vrs ММ S/I Part IV Summary (See instructions) 23,406. 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

5

Form 4562 (2018)

44

816252 12-26-18

44 Total. Add amounts in column (f) See the instructions for where to report

FORM 4562, 1	PART V	LISTED	PROPERTY	INFORMA	rion-mori	THAN 5	50% STATEMENT 2
(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE N		(H) (I) 179 DEDUCTION ELECTER
(J) (K) AUTO TOTAI NO MILES		ESS CON	(M) MUTING PE IILES	(N) ERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	OWNER?	
VEHICLE - BLUE UTILITY	08/22/08	100.00	26,159.	26,159	. 5.00 SI	нү	1,775.
VEHICLE - UTILITY	08/25/16	100.00	53,875.	53,875	. 5.00 SL	-НҮ	3,050.
VEHICLE - JERE	08/26/16	100.00	55,415.	55,415	. 5.00 SL	-НҮ	3,050.
VEHICLE - ERIK	08/25/16	100.00	53,875.	53,875.	. 5.00 SL	-HY	3,050.
VEHICLE - OWEN	03/30/17	100.00	66,325.	66,325	5.00 SL	-HY	5,100.
VEHICLE - JERE	•	100.00	54,957.	54,957.	5.00 SL	-нү	2,748.
VEHICLE - ERIK		100.00	54,984.	54,984.	5.00 SL	-HY	2,749.
VEHICLE - CRAIG	10/23/18	100.00	56,524.	56,524.	5.00 SL	-нү	1,884.
TOTAL TO FOR	M 4562, P	ART V,	LINE 26				23,406.

LIBRA__1