

AMENDED RETURN

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Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning and ending 1812

Go to www.irs.gov/Form990T for instructions and the latest information

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) Organizations Only

Department of the Treasury Internal Revenue Service

Header section containing organization name (LIBRA FOUNDATION), address (THREE CANAL PLAZA, P.O. BOX 17516, PORTLAND, ME 04112-8516), and identification numbers.

Section C: Book value of all assets at end of year (201,686,769) and Section F: Group exemption number.

Section H: Enter the number of the organization's unrelated trades or businesses (1).

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Section J: The books are in care of JERE G. MICHELSON, Telephone number 207-879-6280

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-32.

05 Recurrence in Batch July 22 2020

SCANNED JUL 29 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax credits, payments, and tax due.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56-58 regarding foreign interests and tax-exempt interest.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 01-13-20 Title: PRESIDENT, COO, CFO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table for Preparer Information. Includes fields for Preparer's name, signature, date, firm's name, address, and phone number.

TO AMEND FORM 990-T TO REMOVE TAX ASSOCIATED WITH AMOUNTS PAID FOR DISALLOWED FRINGE BENEFITS (PARKING) ORIGINALLY REPORTED ON PART III, LINE 34 IN ACCORDANCE WITH THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT (DECEMBER 2019).