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i	Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))				ļ	OMB No 1545-0687			
		_			ier se	ction 6033(e))	IΥ	バノノ		2040		
			For calendar year 2018 or other lax year beginning and ending							2018		
•	Depar	tment of the Teasury		Go to www irs gov/Form990T for ii				- 504/-1/21	ŀ	Open to Public Inspection for		
				Do not enter SSN numbers on this form as it may	In Empl	501(c)(3) Organizations Only loyer identification number						
	A 	Check how if address changed		Name of organization (Check box if name of	changed	and see instructions)			(Emp	actions)		
	B Exempt under section Print LIBRA FOUNDATION									04-6626994		
	X 501(c)(03) or Number, street, and room or suite no. If a P.O. box, see instructions								E Unrelated business activity code (See instructions)			
		408(e) 220(e)	THREE CANAL PLAZA, P.O. BOX 17516							·		
		408A 530(a)		City or town, state or province, country, and ZIP of	•							
		529(a)		PORTLAND, ME 04112-85		900099						
	C Book value of all assets at end of year F Group exemption number (See instructions)											
				G Check organization type ► X 501(c) cor	-	1 501(c) trust		401(a)	trust	Other trust		
		er the number of the organization's unrelated trades or businesses 🕨 1 Describe the only (or first) un							related			
		de or business here 🕨						te Parts I-V		'		
				ice at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for e	ach addition	al trade	or		
		business, then complete Parts III-V										
				poration a subsidiary in an affiliated group or a pare	nt-subs	diary controlled group?			Υe	es X No		
				tifying number of the parent corporation					07	070 6000		
				JERE G. MICHELSON de or Business Income			one nun	B) Expenses	207-879-6280			
				To business income	1	(A) Income	<u> </u>	D) Expenses	'	(C) Net		
0707		Gross receipts or sales		- Polones	١							
7	_	Less returns and allow		c Balance	10							
7 7		Cost of goods sold (So Gross profit Subtract			2							
				f .	3					-		
ت آ			e (attach Schedule D) 4797, Part II, line 17) (attach Form 4797) 4b)									
		Capital loss deduction			4b)#	VID CH						
بغ		•		ship or an S corporation (attach statement)	5	CUID -						
Batching Jacobs		Rent income (Schedul	-	and or an o corporation (attach statement)	6 6	1/10 1 014	<u>کو</u>					
2		•	nced income (Schedule E)				53					
텵			alties, and rents from a controlled organization (Schedule F) a section 501(c)(7), (9), or (17) organization (Schedule G) orty income (Schedule I)									
ă	9	Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G)									
5			vity income (Schedule I)			· MO						
	11	Advertising income (S	•									
	12	Other income (See ins	truction	s, attach schedule)	12							
		Total. Combine lines		3 through 12 13 . 0 •								
	Pai			t Taken Elsewhere (See instructions for								
		(Except for c	ontribu	itions, deductions must be directly connected	with t	he unrelated business	incom	e) —————				
	14	Compensation of office	cers, dır	rectors, and trustees (Schedule K)					14			
	15	Salaries and wages							15			
	16	Repairs and maintena	ance						16			
	17	Bad debts							17			
	18′	Interest (attach sched	dule) (se	e instructions)					18			
	19	Taxes and licenses							19			
	20		•	e instructions for limitation rules)		1 1			20			
	21	Depreciation (attach f		, and the second		21			22b			
	22	_ '	ımea on	med on Schedule A and elsewhere on return								
	23	Depletion	deferred as management and an alternative state.						23 24			
	24		tions to deferred compensation plans e benefit programs									
	25 26									<u> </u>		
	26 27	Excess exempt expenses (Schedule I)						26				
	28	Excess readership costs (Schedule J) Other deductions (attach schedule)							27			
	29	•		•					28 29	0.		
	 Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 								30	0.		
	31			oss arising in tax years beginning on or after Janua					31			
	32			oss ansing in tax years beginning on or after Sanua ncome. Subtract line 31 from line 30	ıy ı, 20	יים (אבי ווואנו שכנוטווא)			32	0.		
				work Reduction Act Notice see instructions		•			υL	Form 990-T (2018)		

Form 990-T	(2018) LIBRA FOUNDATION	04-66	26994		Page 2
Part II	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruct	ions)	33		0.
	Amounts paid for disallowed fringes	,	34		
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		00		
	lines 33 and 34		26		
			36	1 00	20
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,00	<i>.</i>
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,				_
	enter the smaller of zero or line 36		38		0.
Part I					
	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:			
	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		
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
Part V		<u>, , , , , , , , , , , , , , , , , , , </u>			_
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		T^{-}		
	Other credits (see instructions) 45b		-		
			⊣		
		·····	⊣ i		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		- -		
	Total credits Add lines 45a through 45d		45e		_
	Subtract line 45e from line 44		46		0.
		Other (attach schedule)	47		
	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.
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 l	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		7		
e	Backup withholding (see instructions) 50e		7		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		7		
	Other credits, adjustments, and payments Form 2439		기		
• [Form 4136 Other Total ▶ 50g		1 1		
51	Total payments Add lines 50a through 50g		51	2,51	2.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached.		52	2,31	
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		
				2,51	2
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		
Part V	Enter the amount of line 54 you want. Credited to 2019 estimated tax	Refunded •	55	2,51	4.
		instructions)			
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other a	•		Yes	No
(over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	e to file			
ı	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign co	ountry			
I	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreign trust?			X
1	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 statements, an		edge and belief i	ıt ıs true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kn				
Here	PRESIDENT,	~~~ ~ ~ ~ •	May the IRS discu		th
	Signature of officer Date Title		instructions)?		No
			ıf PTIN	<u> </u>	
	Print/Type pdeparer's name Preparer's signature Date	Check	I		
Paid	er KIRK PURVIS KIRK PURVIS 01/16/	self- employed	1	439837	
Prepar	- WARGING TAR				•
Use O	nly Firm's name ► MARCUM LLP	Firm's EIN	- 11-1	1986323	,
	15 CASCO STREET	0.	/2071 :	250 266	
	Firm's address ► PORTLAND, ME 04101	Phone no		352-760 rm 990-T (
823711 01-0	Q. 1Q		E^-	4411-1 /	2012

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FOOTNOTES

STATEMENT 22

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).