Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

inte	mai Heve	nue Service ► Go to www.irs.gov/Form990PF fe	or instructions a	nd the late	st informati	ion. Open	to Public Inspection
		ndar year 2018 or tax year beginning		2018, and			, 20
Nan	ne of fou	indation	A Employe	er identification numb	er		
Ļу	meTV					82-3920846	
Nun	nber and	street (or P O box number if mail is not delivered to street address)	F	loom/suite	B Telephor	ne number (see instruct	tions)
PC	Box 1	5369	ŀ			5612122166	
City	or town	, state or province, country, and ZIP or foreign postal code			C If evemo	tion application is pend	ting check here
Po	rtland.	ME 04112			O II CAGIIIP	alon application is pone	ing, check here
_			n of a former pu	hlic charity	D 1 Fores	in organizations, shools	, boro
٦	Officer	Final return Amended		Diff Criainty	D 1. Foreig	n organizations, check	illere P
		Address change Name cha				in organizations meetin	
	Charl			- NJ		here and attach comp foundation status was	
<u></u>		type of organization Section 501(c)(3) exempt p		- •		507(b)(1)(A), check here	
ᆜ		on 4947(a)(1) nonexempt charitable trust			ł		
1		narket value of all assets at J Accounting method	i: 🔲 Casn 🕑	Accrual		indation is in a 60-mon	
		f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here
	line 16		on cash basis)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue an	d / /// // //		(a) Advicted not	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		t investment ncome	(c) Adjusted net income	purposes
_		the amounts in column (a) (see instructions))	DUOKS				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	36114		4		Shiftenfill Kindsfild (finite file) - 1 (#14) Million (file)
	2	Check ► ☐ if the foundation is not required to attach Sch. B		第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次 		包料设置的	
	3	Interest on savings and temporary cash investments		0	0	0	
	4	Dividends and interest from securities .		0	0	0	
	5a	Gross rents	-	0	0	0	38 14 14 14 14 14 14 14 14 14 14 14 14 14
	b	Net rental income or (loss)	Marin Production	- 7 3 72	73/18/11/1/s	**************************************	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ø	6a	Net gain or (loss) from sale of assets not on line 10	WWW. K. K. W.	0 33236	1/288344	0 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	1/////
Revenue	b	Gross sales price for all assets on line 6a	1996 S. 1977 S.	11 - 174 Bank	TU/CERCECTOR	20 to 12 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	AMMETAL SUSTIN
ē	l _	Capital gain net income (from Part IV, line 2)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	14.7	<u> </u>	Character the wee	17777772 SANGER
é	7		1658 (M26/965-17/4/2/5/2)	~ 5. CSA 3/444552	THE PROPERTY OF THE PARTY OF TH	SETE PLANT THE THEFT IN PROPERTY OF THE PROPER	SS V GOVERNOUS AV V SUNA A
_	8	Net short-term capital gain	1882 MM 8 74 872 4777 1865 MANUTUS S. 184	41/14	<mark>Marine and Americans</mark> Marines and Americans	U	200450000000000000000000000000000000000
	9	Income modifications	######################################	47-32 - 495,1465h	HIIMIYA TETESI TIYA YUU AKKISI TETESI KAPA	U 14 150,5 1110 2110 2110 2110 2110 2110 2110 211	WARRENDS FOR SALLON
	10a	Gross sales less returns and allowances	Million Crawning Com	* 1 3 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	// 经产品等的		Marie State State State
	Ь	Less: Cost of goods sold		. 'Srij-18//		Wally so of readily	CANCELL CONTRACTOR
	C	Gross profit or (loss) (attach schedule)			THE STATE OF THE S	. 0	William St.
	11	Other income (attach schedule)	105	.22	0	0	Tracking and the
	12	Total. Add lines 1 through 11	36219	.36	0	0	The the the same of the same
S	13	Compensation of officers, directors, trustees, etc.		0	0	0	0
Expenses	14	Other employee salaries and wages		0	0	0	0
ē	15	Pension plans, employee benefits RECEIVE		_0	0	Ò	0
훘	16a	Legal fees (attach schedule)		18	0	0	0
	b	Accounting fees (attach schedige)	Š	0	0	0	0
ive	С	Other professional fees (attach schedule) R. 1 9 201		55	0	0	0
Operating and Administrati	17	Interest	2	0	0	0	0
st	18	Taxes (attach schedule) (see in structions) DEN. L	29 0	0	0	0	0
Ξ	19	Depreciation (attach schedule) and depletion	2055.	40	0	0	The state of the s
틍	20	Occupancy	109.		0	0	0
ĕ	21	Travel, conferences, and meetings	2840.		0	0	0
Б	22	Printing and publications	1435.		0	0	0
ā	23	Other expenses (attach schedule)	22346.		0	0	0
ing	24	Total operating and administrative expenses.	22340.	10	<u> </u>		· · · · · ·
at	44	Add lines 13 through 23	,	20	_	_	_
ž	05		30060.	3/2 1/1 v. 36/00/48	<u> </u>	0 4.3541.71.5183.72823	0
ŏ	25	Contributions, gifts, grants paid		0 7 87 283	21-4942.62-786	1999 1997 F.C. 16 T. F. ESTARIO	0
	26	Total expenses and disbursements. Add lines 24 and 25	30060.	36 y / "/42 2	0 ************************************	0 20 3 411 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 発験機能が必必/// /・/・//
	27	Subtract line 26 from line 12:		The state of the s	an a	Windling was a state of the sta	and the state of t
	а	Excess of revenue over expenses and disbursements	61	54 miniminidatida	พื้นนานัยสัสสมัยเล่นก็เล่นก็เกิด	ใดสาสัสดอกสักสาสัสสาสัสสาสัสสาสัสสาสัสสาสัสสาสัส	and an anathral and a second
	b	Net investment income (if negative, enter -0-)	THE WALL TO SE	726	0		7/1/2016 SEE 17 \$7/65
	C	Adjusted net income (if negative, enter -0-)	SHIP SAINE			0	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2018)

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	1070.45	1070.45
	2	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ▶		器。在特殊分類	
		Less: allowance for doubtful accounts ▶	0	0	0
	4	Pledges receivable ▶		为10年10年10年1	
		Less: allowance for doubtful accounts ▶] 0	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶	0	. 0	0
2	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
As	10a	Investments—U S and state government obligations (attach schedule)	0	0	0
_	b	Investments—corporate stock (attach schedule)	0	0	0
	С	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment. basis ▶	Sár PANASTAL CARACTARTA	# 212 42 42 42 45	
	,	Less accumulated depreciation (attach schedule) ▶	0	0	0
	12	Investments—mortgage loans	0	0	0
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis ► 8945.86			CONTRACTOR OF THE STATE OF THE
		Less accumulated depreciation (attach schedule) ▶ 2055.40	0	6890.46	4472.93
	15	Other assets (describe >	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	0	7960.91	5543.38
	17	Accounts payable and accrued expenses	0	1801.91	5-3-16 E 1/16
	18	Grants payable	0		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Liabilities	19	Deferred revenue	0		Mary Company
ij	20	Loans from officers, directors, trustees, and other disqualified persons	0		Visit J. D. B. A. C. Market
ab	21	Mortgages and other notes payable (attach schedule) .	0		
	22	Other liabilities (describe ►)	0		
	23 .	Total liabilities (add lines 17 through 22)	0	1801.91	
		Foundations that follow SFAS 117, check here ▶ ☑			Att Million
es		and complete lines 24 through 26, and lines 30 and 31.			
2	24	Unrestricted	o	6159.00	19.20 A.
aga	25	Temporarily restricted	0	0	
und Balances	26	Permanently restricted	0	0	
밀		Foundations that do not follow SFAS 117, check here ▶ □			# 7,515 (); 05.45184ft
ᄪ		and complete lines 27 through 31.			
ا ة	27	Capital stock, trust principal, or current funds	N/A	N/A	
Ş	28	Paid-in or capital surplus, or land, bldg., and equipment fund	N/A	N/A	STATE OF THE
ŝ	29	Retained earnings, accumulated income, endowment, or other funds	N/A	N/A	
As	30	Total net assets or fund balances (see instructions)	0	6159.00	
Net Assets	31	Total liabilities and net assets/fund balances (see		5.55.60	
Z	•	instructions)	o	7960.91	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>		
		I net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	t agree with	
•		of-year figure reported on prior year's return)		1	O
2		r amount from Part I, line 27a		2	6159.00
3		r ingresses not inglished in line 2 (itemize)	3	0	
4		lines 1, 2, and 3		4	6159.00
5		and the state of t	· · · ·	5	0
_		eases not included in line 2 (itemize) >	Part II, column (b). III		6159.00
			1-77		

Part	V Capital Gains and	Losses for Tax on Investm	nent Income			
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How acquired P—Purchase D—Donation (m						(d) Date sold (mo , day, yr)
1a	NONE				-	
b						
<u>c</u>						
<u>d</u>						
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g))
a						·
<u>b</u>		<u> </u>				
<u> </u>						
<u> </u>		 -	<u> </u>			
<u>e</u>	Occupation and the contraction			40/04/00		
	Complete only for assets snow	wing gain in column (h) and owned				(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		t less than -0-) or rom col (h))
a			- -			
р						
<u>c</u>						
<u>d</u>						
<u>e</u>						
2	Capital gain net income or		also enter in Pai enter -0- in Par		2	
3	If gain, also enter in Part I	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss),		3	
Part		er Section 4940(e) for Redu		et Investment		
		ate foundations subject to the				
If sect	ion 4940(d)(2) applies, leave	•			·	□ Yes □ No
		ualify under section 4940(e) Do			, and a point of	
1		unt in each column for each yea			aking any entries	
Cale	(a) Base period years Indar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) noncharitable-use as	Dist	(d) ribution ratio divided by col (c))
	2017					
	2016					
	2015					
	2014					
	2013					
2	Total of line 1, column (d)				. 2	
3		for the 5-year base period—div undation has been in existence			by 3	
	·		-			
4	Enter the net value of nonc	haritable-use assets for 2018 fr	om Part X, line 5	5	4	<u> </u>
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investment	t income (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	
8	Enter qualifying distribution				. 8	
	If line 8 is equal to or great Part VI instructions.	er than line 7, check the box in	Part VI, line 1b,	and complete t	hat part using a 1	% tax rate. See the

Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ ard pate of ruling or determination letter	e cess art V, c	ary—see instruction heck	s)	1				777
Domestic foundations that meet the section 4940(e) requirements in Parhere ▶ ☐ and enter 1% of Part I, line 27b	rt V, c	check	s) }	1	10.5% 14.024	Bull of	[6] [6] 2005.	7777
here \blacktriangleright and enter 1% of Part I, line 27b			}	1	34-5723	lach', t	Int in the last	1 / / /4
All other domestic foundations enter 2% of line 27b. Exempt foreign or				Beckery	Transing.			
			. I					
Part I, line 12, col. (b)			•	Mark				26.2
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found	ations	s only, others, enter	-0-)	2				<u> </u>
Add lines 1 and 2				3				<u> </u>
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found			-0-)	4				<u> </u>
	r less	, enter -0		5	V-1, 44	ette site	111 6/121	// 144/19
· ·	1 _	1	ı	11/1/03				
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						alita Pa		7,24,2
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· · ·	<u>.</u>		•					-
		2220 is attached						<u> </u>
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• •	amou	1		_				
		Retunded	_	11				Ь
	! -						Vac	No
			lation	or a	a it	12	163	- NO
Did it spend more than \$100 during the year (either directly or indire			ses?	See	the		-	<u> </u>
				•		1b	C.21 32	
· · · · · · · · · · · · · · · · · · ·		ties and copies of	any	mater	rals		ĺ	
Did the foundation file Form 1120-POL for this year?					•	1c		~
			Ή:			~	11/10	100
· ·	_				0	A. Alle		34
Enter the reimbursement (if any) paid by the foundation during the year f	for po	litical expenditure	tax ır	npose	ed			800
							- 1 292.9% - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	لبت
Has the foundation engaged in any activities that have not previously be if "Yes," attach a detailed description of the activities.	en re	ported to the IRS?	•		•	2	és Ka	
					cles	3	4 ·	
						4a		~
· · · · · · · · · · · · · · · · · · ·						4b		~
•	on du	iring the year? .				5		~
If "Yes," attach the statement required by General Instruction T.						21 25	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	3.1
	494	5) satisfied either:				11.5		11/200
By language in the governing instrument, or						11/1/11		
By state legislation that effectively amends the governing instrument	so th	at no mandatory	direct	ions t	hat	27,21/4	THE	3 集[2]
conflict with the state law remain in the governing instrument?			٠			6	~	
				nd Parl	t XV	7	~	
Enter the states to which the foundation reports or with which it is regist	ered	See instructions.	>					
MAINE						16.6	TE.	
			orney	Gene	eral	154.2		2
(or designate) of each state as required by General Instruction G? If "No.	," atta	ach explanation				8b	~	
Is the foundation claiming status as a private operating foundation within	n the	meaning of section	n 494	12(j)(3) or			160 TO
4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"								
complete Part XIV						9	`	
				tıng ti	neır	9		
	Tax based on investment income. Subtract line 4 from line 3. If zero of Credits/Payments: 2018 estimated tax payments and 2017 overpayment credited to 2018 Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Tax due. If the total of lines 5 and 8 is more than line 7, enter amount of Overpayment. If line 7 is more than the total of lines 5 and 8, enter the Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any nation participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indire instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the published or distributed by the foundation in connection with the activity Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) if (1) On the foundation. ▶ \$ 0 (2) On foundation managers ▶ \$ 0 (2) On foundation managers ▶ \$ 0 (2) On foundation managers ▶ \$ 10 (2) On foundation managers ▶ \$ 10 (3) On the foundation made any changes, not previously reported to the IF of incorporation, or bylaws, or other similar instruments? If "Yes," attach a detailed description of the activities. Has the foundation have unrelated business gross income of \$1,000 or r (1 "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through By language in the governing instrument, or By state legislation that effectively amends the governing instrument? Did the fou	Tax based on investment income. Subtract line 4 from line 3. If zero or less Credits/Payments: 2018 estimated tax payments and 2017 overpayment credited to 2018 6a Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) 6c Backup withholding erroneously withheld 6d Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of line 10 to be Credited to 2019 estimated tax ▶ ▼III-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, sparticipate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly) or indirectly) instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposing the foundation managers ■ 0 (2) On foundation managers ■ 0 (2) On foundation managers ■ 1 (1) On the foundation engaged in any activities that have not previously been real if "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in of incorporation, or bylaws, or other similar instruments? If "Yes," attach a cord life yes," other similar instruments? If "Yes," attach a cord life yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 494 • By language in the statement required by General Instruction T. By state legislation that effectively amends the governing instrument so the conflict with the state law remain in the governing instrument? If the answer is "Yes" to line 7, has the found	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: 2018 estimated tax payments and 2017 overpayment credited to 2018 Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due. 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If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded Fither than any political campaign? During the tax year, did the foundation attempt to influence any national, state, or local legislation participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any published or distributed by the foundation in connection with the activities and copies of any published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: If "On the foundation Political expenditures (section 4955) imposed during the year: If "On the foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in on foundation managers If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument of incorporation, or bylaws, or other similar instruments? If "Yes," atta	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: 2018 estimated tax payments and 2017 overpayment credited to 2018 Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶ 111 VIFA Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or diparticipate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose on foundation managers	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments: Credits/Payments 2018 estimated tax payments and 2017 overpayment credited to 2018 Exempt foreign organizations — tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Overpayment. If line 7 is more than 11 in 1	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments: Credits/Payments 2018 estimated tax payments and 2017 overpayment credited to 2018 Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Poverpayment. If line 7 is more than line 7, enter amount overpaid Poverpayment. If line 7 is more than line 7, enter amount overpaid Poverpayment. If line 8 is not the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1 or 16, attach a detailed description of the activities. Poverpayment. If line	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments: Credits/Payments and 2017 overpayment credited to 2018 Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed Tax due, If the foundation diver 5 and 8 is more than line 7, enter amount owed Tax due, If the foundation 4 and 5 and 8 is more than line 7, enter amount owed Tax due, If the foundation 4 and 5 and 8 is more than 10 to 8 and 9 a

Pai	rt VII-A	Statements Regarding Activities (continued)				
				VAL	Yes	No
11	meanin	time during the year, did the foundation, directly or indirectly, own a controlled entity ving of section 512(b)(13)? If "Yes," attach schedule. See instructions		11		,
12		e foundation make a distribution to a donor advised fund over which the foundation or a distribution for a distribution or a distribution of a distribution or a distribution of a distribution	qualified	12		-
13		foundation comply with the public inspection requirements for its annual returns and exemption ap	plication?	13_	~	
		e address ▶ www.lymetv.org				
14		oks are in care of ► Adina Bercowicz Telephone no. ►		-212-		
4-		d at ▶ 9 Brown St #3A, Portland, ME ZIP+4 ▶		0410	1	
15		n 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	15	•		
46		ter the amount of tax-exempt interest received or accrued during the year time during calendar year 2018, did the foundation have an interest in or a signature or other			Yes	No
16	over a	bank, securities, or other financial account in a foreign country?	[16	100	V .660015
		e instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the eign country	name of			
Pai	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Marion .	Yes	No
1a	-	the year, did the foundation (either directly or indirectly):				
		gage in the sale or exchange, or leasing of property with a disqualified person? Yes	s ☑No	11/1/20		
		row money from, lend money to, or otherwise extend credit to (or accept it from) a qualified person?	s 🗹 No	7.45% 8 Xr.		11/1
		nish goods, services, or facilities to (or accept them from) a disqualified person?	= 1			14. 4. 1 14. 0
		compensation to, or pay or reimburse the expenses of, a disqualified person?	=	100		77.
		nsfer any income or assets to a disqualified person (or make any of either available for				
		benefit or use of a disqualified person)?	s 🗹 No			
		ee to pay money or property to a government official? (Exception. Check "No" if the	į			
_		ndation agreed to make a grant to or to employ the official for a period after	_	11/1/		
		nination of government service, if terminating within 90 days)	_			
b		answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions des		2	<u> </u>	1/8/12
	-	tions section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instruction zations relying on a current notice regarding disaster assistance, check here	. ▶∏	1b	Frank?	"13 m 21
	-	foundation engage in a prior year in any of the acts described in 1a, other than excepted a				
Ŭ	were no	ot corrected before the first day of the tax year beginning in 2018?	. [1c		William I
2		on failure to distribute income (section 4942) (does not apply for years the foundation was ng foundation defined in section 4942(j)(3) or 4942(j)(5)):	a private			
а		end of tax year 2018, did the foundation have any undistributed income (lines 6d and		旅游		3 2 1
		t XIII) for tax year(s) beginning before 2018?	s ☑ No	11.77		1500 1/2 to 27 1/2
		" list the years ▶ 20 , 20 , 20 , 20	0.40(-)(0)	37	1	73. 3 72.00
b		re any years listed in 2a for which the foundation is not applying the provisions of section 4 g to incorrect valuation of assets) to the year's undistributed income? (If applying section 494				
		s listed, answer "No" and attach statement—see instructions) .	2(a)(2) 10	2b		\$2.7 m
С		rovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	nere		ares	720
Ŭ		, 20 , 20 , 20		17.3		
За	Did the	foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any t	ime during the year?	s ☑ No			
b	If "Yes,	" did it have excess business holdings in 2018 as a result of (1) any purchase by the found	dation or			
		ified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approve				
		ssioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the		110		
		., 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determination had excess business holdings in 2018)	ie ir the	OL.		
4		foundation invest during the year any amount in a manner that would jeopardize its charitable pu	11000000	3b 4a		
4a b		foundation invest during the year any amount in a mainter that would jeopardize its charitable purificult foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purificulty.		70	Marily)	19/19/ A
-		ble purpose that had not been removed from jeopardy before the first day of the tax year beginning		4b	<u> </u>	- <i>Z-444</i> 441

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D	c
Page	u

Pa	t VII-B	Statements Regarding Activities	s for V	Vhich Form	4720	May Be F	Require	ed (conti	nued)			
5a	During	the year, did the foundation pay or incur	any am	ount to:						100	Yes	No
		ry on propaganda, or otherwise attempt t						☐ Yes	✓ No	1, 18	11/2	93
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,											
	dire	ctly or indirectly, any voter registration di	rive?					Yes Yes	✓ No			1111
		vide a grant to an individual for travel, stu						🗌 Yes	✓ No			
		vide a grant to an organization other than	n a cha	ırıtable, etc.,	organiz	ation desc	ribed in)	_	3		37
		tion 4945(d)(4)(A)? See instructions .						☐ Yes	✓ No	142/)	In The
		vide for any purpose other than religious poses, or for the prevention of cruelty to o					cationa	l □Yes	☑ No			
b		nswer is "Yes" to 5a(1)–(5), did any of the lations section 53.4945 or in a current no							scribed	5b		- 'Y'
	Organiz	ations relying on a current notice regardi	ng disa	ster assistar	ice, che	eck here			▶□			联合
С	If the a	nswer is "Yes" to question 5a(4), does t	the four	ndation clain	n exem	ption from	the tax	(177		[X/S]
	becaus	e it maintained expenditure responsibility	for the	grant?			•	☐ Yes	☐ No	ار برا		
	If "Yes,	attach the statement required by Regula	ations s	section 53.49	45-5(d)						
6a		foundation, during the year, receive any	funds,	directly or in	directly	, to pay pre	emiums	3				
	on a pe	rsonal benefit contract? .						☐ Yes	✓ No	· /		11.6
b		foundation, during the year, pay premiur to 6b, file Form 8870.	ns, dıre	ctly or indire	ctly, on	a persona	i benefi	t contract	?	6b	**************************************	e e e e e e e e e e e e e e e e e e e
7a		me during the tax year, was the foundation	a narty	to a prohibite	d tax sh	elter transac	ction?	☐ Yes	✓ No	器 9.4		2
b	-	' did the foundation receive any proceed							_	7b	*. ** 5 X & E	لكشحائم
8		oundation subject to the section 4960 ta								<u> </u>	, 757½	Pat 1
•		ration or excess parachute payment(s) di						☐ Yes	✓ No	A Zi		
Pai	t VIII	Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
		and Contractors										
1	List all	officers, directors, trustees, and found	lation r	nanagers ar	nd their	compens	ation. S	See instru	uctions	·.		
		(a) Name and address	hou	e, and average rs per week ed to position	(If i	mpensation not paid, iter -0-)	emple	Contribution byee benefit erred compe	plans	(e) Expe	nse acc allowan	
See A	Attached S	chedule Part VIII										
											_	`
							1					
١												
							l					
2	Compe "NONE	nsation of five highest-paid employed."	es (oth	er than tho	se incl	uded on li	ne 1—	see instr	uction	s). If no	one, o	enter ——
				(b) Title, and a	average			(d) Contribu		(e) Expe	nee acc	count
	(a) Name a	nd address of each employee paid more than \$50,00	ر 100	hours per v		(c) Compe	nsation	plans and	deferred		allowan	
					_	_		compens	sattori			
NON	<u> </u>			-								
_										_		
·											1	
			_								_	
			.									
.		6 - H		<u> </u>		<u> </u>						
rotal	number o	of other employees paid over \$50,000 .	<u> </u>		•		• •	<u> </u>	. ▶		<u> </u>	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employed and Contractors (continued)							
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	"					
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation					
NON	lE						

	I number of others receiving over \$50,000 for professional services	-					
	t IX-A Summary of Direct Charitable Activities						
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses					
1	Production Of Tick Talk Segment Series For Disseminating Information About Tick-borne Diseases	6141.60					
		ı					
2	Production Of Documentary For Awareness And Prevention	3550.79					
_	Production of Documentary For Awareness And Prevention	5556.75					
3	Lectures At Schools With Workbooks And Posters	1619.45					
	(Reached ~100 Children At 2 Schools And 1 Community Center)						
4	Public Outreach Programs	1340.21					
	(Provided Information To ~150 Individuals At 2 Separate Events)						
D	A IV D						
	t IX-B Summary of Program-Related Investments (see instructions) secribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount					
1							
^							
2							
All	other program-related investments See instructions						
3							
Tota	I. Add lines 1 through 3						
		orm 990-PF (2018)					

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Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ıgn foun	dations,
` 	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	'	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	.0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	. 0
6	Minimum investment return. Enter 5% of line 5	6	0
Part :		oundation	ons
	and certain foreign organizations, check here ► 🗹 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI) . 2b]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
•	Enter 1% of Part I, line 27b. See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
U			
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	y whethe	a the loundation
	qualities for the section horolog resident of tax in those years		rm 990-PF (2018)

Part	XII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7			ala:	0
2 a	Undistributed income, if any, as of the end of 2018. Enter amount for 2017 only			0	
b	Total for prior years: 20 , 20 , 20		0		
3	Excess distributions carryover, if any, to 2018:			74.03 YEAR TO BERTHAN	2011/31-704 TW
а	From 2013				
b	From 2014				
C	From 2015 0				
d	From 2016				
e	From 2017 0				
f	Total of lines 3a through e	0			HOGSPYCHUM
4	Qualifying distributions for 2018 from Part XII, line 4: ▶ \$				
а	Applied to 2017, but not more than line 2a .			0	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required—see instructions)	. 0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d	Applied to 2018 distributable amount		JANESAN JESTERIE	Miller Charles Commencer	O NASCONIA DE LA SULLA SULLA
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2018	1			
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a)) .		ir' irisinensi (r. 1		
6	Enter the net total of each column as indicated below:				Land Control of the C
a 5	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	10000000 P.	マー "61, フロル" TES 25421 / モノ なん	MANUAL MANUAL	100 1 200 100 100 100 100 100 100 100 10
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		٥		
a	Subtract line 6c from line 6b. Taxable		<u> </u>		6 17 (194 <i>/1944) 1945 (194</i> 3
u	amount-see instructions		0	residential de la company	The speed
е	Undistributed income for 2017. Subtract line				
	4a from line 2a. Taxable amount—see				
_	instructions	635-757-85-7458-35-748-35-747-6 6-55-5-74-7-9-5-5-8-4-4-3-7-7-4-4-4	District College Color Description Color	0 3-0944400000 200-200-200-200-200-200-200-200-20	Cast Caller Millia dichte Corpilla
f	Undistributed income for 2018. Subtract lines		的时间,那时间		
	4d and 5 from line 1. This amount must be distributed in 2019				0
_		(1) 55 5 5 5 5 5 5 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATES NEW YORK		
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section	3			
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	اه			
8	Excess distributions carryover from 2013 not				
•	applied on line 5 or line 7 (see instructions) .	ol			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	`0			
0	Analysis of line 9.				
а	Excess from 20140				
b	Excess from 20150			(4-18 7) (T	
С	Excess from 20160				
d	Excess from 2017				
е	Excess from 2018 0			1965 September 1964 September 1964	
				•	Form 990-PF (2018)

D	4	1

Part	XIV Private Operating Founda	tions (see ınstru	ctions and Part	VII-A, question 9) /	
1a	If the foundation has received a ruling	g or determination	letter that it is a	private operating		<u> </u>
	foundation, and the ruling is effective for	r 2018, enter the da	ite of the ruling	▶	02/08/	
b	Check box to indicate whether the four	ndation is a private	operating foundat		ection 🗌 4942(j)(3) or 🔲 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	each year listed	0	0			0
b	85% of line 2a	0	0			0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed .	0	0 م			0
d	Amounts included in line 2c not used directly for active conduct of exempt activities .	_0				0
e	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c	0				0
3	Complete 3a, b, or c for the		<u>U</u>			
•	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets	0	0			0
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3	0	0			0
D	of minimum investment return shown in	_	_			
	Part X, line 6 for each year listed	0	0			0
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment incôme (interest, dividends, rents, payments on					
	securities / loans (section		4070.00			20000 20
	512(a)(5)), or royalties)	36,219.36	1879.86		-	38099.22
	(2) Support from general public and 5 or more exempt					
	organizations as provided in	20 040 20	1879.86			38099.22
	section 4942(j)(3)(B)(iii) (3) Largest amount of support from	36,219.36	10/9.00			30033.22
,	an exempt organization .	o	0			0
	(4) Gross investment income .	0	<u> </u>			
Part				ne foundation h	ad \$5.000 or mo	ore in assets at
GI C	any time during the year-				,.,	
1	Information Regarding Foundation					
-	List any managers of the foundation v		ted more than 2%	of the total contr	butions received l	by the foundation
	before the close of any tax year (but o					•
Adina	Bercowicz					
	List any managers of the foundation					rge portion of the
	ownership of a partnership or other er	ntity) of which the f	foundation has a 1	10% or greater inte	erest.	
2	Information Regarding Contribution	i, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☐ If the foundation					
	unsolicited requests for funds. If the fo		gifts, grants, etc , t	to individuals or o	ganızatıons under	other conditions,
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone nu	ımber or email add	lress of the persor	n to whom applica	tions should be ad	ldressed [.]
			 			
b	The form in which applications should	l be submitted and	I information and r	materials they sho	uld include:	
						
С	Any submission deadlines:					
٠.	Annual materials and Bank-king	iordo ociab as E	, goographical	oge oboutching	alde kinde of inst	itutione or other
đ	Any restrictions or limitations on aw	varos, such as by	geographical ar	eas, charitable fie	aus, kinas ot inst	itutions, or other
	factors.					

Part	Supplementary Information (conti	nued)			_
3	Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
		or substantial contributor	recipient	CONTROLLON	
а	Name and address (home or business) Paid during the year	or substantial contributor	recipient	·	
	Total			▶ 3a	
b	Approved for future payment				
	Total			> 3b	

Part XVI-A Analysis of Income-Producing A	ctivities				
Enter gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue:					(Gee matractions)
a			ļ		
b					
C					
d					
e			 		
Topic and contracts from concernant consequen	ļ				
g Fees and contracts from government agencies2 Membership dues and assessments					
2 Membership dues and assessments3 Interest on savings and temporary cash investments	-	<u>.</u>			
4 Dividends and interest from securities			-		
5 Net rental income or (loss) from real estate:	42 72 ·	· 第二個	1-17/1- 37/1	Mary " White	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Debt-financed property	,	, / ,	7 7 2 40	, , , , , ,	~ ~
b Not debt-financed property					-
6 Net rental income or (loss) from personal property	-		 -	 -	
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
40 0 54-4-1 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Sec. B. March			0	0
	16641 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
13 Total. Add line 12, columns (b), (d), and (e)				13	0
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation	 is.)			13	0
 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the A 	is.) iccomplishm	ent of Exemp	t Purposes		
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Form 99	0-PF ((2018)											Pa	ige 13
Part	XVI	Information Organization	n Regarding Tr	ansfers to	o and Tran	saction	s and R	elationshi	ps Wi	th No	ncha	ritable	е Ехе	mpt
1	in s	section 501(c) (o anizations?	directly or indirectly other than section	n 501(c)(3) organizatio	ons) or	in section	on 527, re				u Syly u	Yes	No
а		•	porting foundation	i to a nonci		mpt orga		ΟI. 			_	1a(1)		
		Other assets .										1a(2)		~
b	Oth	er transactions										1/184 - F	. 5代 公孫女	
	(1)	Sales of assets to	a noncharitable e	exempt orga	anızation .							1b(1)		~
			ets from a noncha			tion						1b(2)		~
			, equipment, or ot			•		•	•		•	1b(3)		
			rrangements .			•		•	•		•	1b(4)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		-	rantees ervices or member						• • •	•		1b(5) 1b(6)	_	<u> </u>
С			quipment, mailing	•	-				•		•	1c		<u> </u>
d		-	of the above is "Y								s shov		faır m	arket
-	valu	e of the goods, o	ther assets, or ser	rvices givei	n by the repo	orting for	undation.	If the found	lation	receive	d less	than	faır m	arket
	valu	e in any transaction	on or sharing arrai				e value of	the goods,	other	assets,	or se	rvices	rece	ved.
(a) Line	no	(b) Amount involved	(c) Name of no	ncharitable ex	empt organization	on	(d) Descri	ption of transfe	rs, trans	actions,	and sha	aring arr	angeme	ents
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			ectly or indirectly 501(c) (other than s						npt or	ganızat	tions		- IZ	
			following schedu		. (0)(0)) 0: 0				<u>.</u> '	•		_ '	.s <u>-</u>	110
		(a) Name of organi		1	(b) Type of org	anization			(c) Desc	ription of	relatio	nship		
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		<u> </u>												
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Sign	com	er penames of penury, I rect, and complete. Decia	declare that I have exam aration of preparer (other	imed this return than taxpayer)	i, including accon is based on all in	ipanying so formation o	nequies and which prepa	statements, and irer has any kno	vledge			_		
Here					12/2/19	Q (<u>resid</u>	- A +		wr	th the p	RS discu reparer s		
Here		nature of officer or trus	stee		Date	Trtle	<u> 5⊃10</u>			Se	e instruc	ctions	_]Yes[JNo
De:-!	1	Print/Type preparer		Preparer	's signature			Date	1.	Check [ا ار ر	PTIN		
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	y	Firm's address ▶							Phone	no				
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of	the organization		-	Employer identification number
LymeTV				82-3920846
Organiz	ation type (check on	e):		
Filers o	f:	Section:		•
Form 99	00 or 990-EZ	☐ 501(c)() (enter number) organization	
		4947(a)(1) non	exempt charitable trust not treated as a private for	undation
		☐ 527 political o	rganization	
Form 99	10-PF	✓ 501(c)(3) exem	pt private foundation	
		4947(a)(1) non	exempt charitable trust treated as a private founda	ition
		☐ 501(c)(3) taxab	ole private foundation	
	nly a section 501(c)(7)		neral Rule or a Special Rule. Zation can check boxes for both the General Rule a	and a Special Rule. See
Ø		r property) from any	0-EZ, or 990-PF that received, during the year, conf one contributor. Complete Parts I and II. See insti	
Special	Rules			
	regulations under se 13, 16a, or 16b, and	ctions 509(a)(1) and that received from	n 501(c)(3) filing Form 990 or 990-EZ that met the 3 in 170(b)(1)(A)(vi), that checked Schedule A (Form 95 any one contributor, during the year, total contributorm 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line itions of the greater of (1)
	contributor, during the literary, or education	ne year, total contri al purposes, or for	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that butions of more than \$1,000 exclusively for religiou the prevention of cruelty to children or animals. Co ibutor name and address), II, and III.	is, charitable, scientific,
	contributor, during the contributions totaled during the year for an General Rule applies	ne year, contribution I more than \$1,000. In exclusively religions In to this organizations	in 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that has exclusively for religious, charitable, etc., purpose of this box is checked, enter here the total contributes, charitable, etc., purpose. Don't complete any of the because it received nonexclusively religious, charitable, etc., purpose.	es, but no such utions that were received of the parts unless the aritable, etc , contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

LymeTV Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) Total contributions Type of contribution Name, address, and ZIP + 4 No. Adına Bercowicz Person \checkmark ___1 **Payroll** 18985 71 Noncash 9 Brown St, Apt 3A (Complete Part II for Portland, ME 04101 noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash \Box (Complete Part II for noncash contributions) (b) (c) (d) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

LymeTV
Part 1, Line 11 - Other Income Schedule

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	Date	Transaction Type	Name	Memo/Description	Account	Amount	Balance
Cash Back Rewards							
	07/14/2018	Credit Card Credit	CAPITAL ONE	CAPITAL ONE CREDIT - CASH BACK REWARD	Cash Back Rewards	35 74	35 74
	07/24/2018	Credit Card Credit	CAPITAL ONE	CREDIT - CASH BACK REWARD	Cash Back Rewards	19.36	55 10
	07/26/2018	Credit Card Credit	CAPITAL ONE	CREDIT - CASH BACK REWARD	Cash Back Rewards	0 68	55 78
	09/18/2018	Credit Card Credit	CAPITAL ONE	CREDIT-CASH BACK REWARD	Cash Back Rewards	18 89	74 67
	10/31/2018	Credit Card Credit	CAPITAL ONE	CREDIT-CASH BACK REWARD	Cash Back Rewards	14 61	89 28
	11/21/2018	Credit Card Credit	CAPITAL ONE	CREDIT-CASH BACK REWARD	Cash Back Rewards	12 37	101 65
	12/15/2018	Credit Card Credit	CAPITAL ONE	CREDIT-CASH BACK REWARD	Cash Back Rewards	357	105 22
Total for Cash Back Rewards						\$ 105.22	
TOTAL					•	\$ 105.22	

LymeTV
Part 1, Line 16 - Legal and Professional Services Schedule

	Transacti					
Date	on Type	Name	Memo/Description	Account	Amount	Balance
03/30/2018	Expense	SAFE DOC	SAFEDOCS4153851795CA	Legal & Professional Services	2500	2500
06/29/2018	Expense	US PATENT OFFICE	US PATENT TRADEMARK571-272-6500VA	Legal & Professional Services	30 00	25 00
11/02/2018	Expense	HURWIT & ASSOCIATES HURWIT & ASSOCIATES	HURWIT & ASSOCIATES	Legal & Professional Services	850 00	905 00
12/13/2018	Expense	HURWIT & ASSOCIATES	HURWIT & ASSOCIATES HURWIT & ASSOCIATES	Legal & Professional Services	368 00	1,273 00
				•	\$ 1,273.00	

TOTAL

LymeTV
Part 1, Line 19 - Depreciation Schedule
January - December 2018

			PREVIOUS			
			ALLOWED	METHOD OF		DEPRECIATION
DESCRIPTION	DATE ACQUIRED	DATE ACQUIRED ORIGINAL COST	DEPRECIATION	DEPRECIATION COMPUTATION	LIFE (YRS)	THIS YEAR
MACBOOK PRO	7/24/18	3599.00	0.00	0.00 STRAIGHT-LINE	5	719.80
DRONE	7/2/18	1109.60	0.00	0.00 STRAIGHT-LINE	5	221.92
BACKDROP, WIRELESS MICS, GAFFER TAPE FOR FILMING	6/28/18	396.19	0.00	0.00 STRAIGHT-LINE	5	79.24
FILM LIGHTS	6/15/18	289.94	0.00	0.00 STRAIGHT-LINE	5	57.99
SPRING CLAMPS, STUDIO HEADPHONES, BACKDROP SUPPORT, VINYL						
BACKDROP BACKGROUND FOR FILMING. SPLIT PAYMENT WITH DEBIT						
CARD DUE TO MAX CARD	7/26/18	269.86	0.00	0.00 STRAIGHT-LINE	5	53.97
STUDIO FX SOFTBOX LIGHTING KIT, NEEWER LED LIGHTING KIT,						
EXTERNAL HARD DRIVE, USB-C HUB FOR MACBOOK, ANDYCINE FIELD						
MONITOR, HEADPHONE SPLITTER	8/17/18	691.87	0.00	0.00 STRAIGHT-LINE	5	138.37
RUN BAG	9/21/18	172.73	0.00	0.00 STRAIGHT-LINE	5	34.55
FIELD MONITOR PENDING REFUND	6/28/18	168.00				•
TOTAL WEBSITE	3/20/18	2248.67	0.00	0.00 STRAIGHT-LINE	ĸ	749.56
			:			
IO AL DEPRECIATION		8945.86				2055.40

LymeTV Expenses by Vendor Summary Part 1, Line 23 Other Expenses Schedule

	Total
ADOBE CREATIVE CLOUD	147 63
ADOBE SPARK	99 99
ADOBE STOCK	541 74
ADOBE1	573 00
AMAZON	849 61
APPLE INC.	20 05
AUDIOBLOCKS	149 00
В&Н РНОТО	97 94
CHECKS IN THE MAIL	55 38
CITY SPARK	10 00
CLARK INSURANCE	427 45
DAVID ARONSON	200 00
DECAL GIRL	32 99
DEROSIER'S	70 56
DJI	99 00
DOODLY	0 00
EDIBLE ARRANGEMENTS	73 44
ENVANTO MARKET	20 00
FACEBOOK	217 05
FEDEX	18 38
GOOGLE1	8,032 11
GRANTSTATION1	699 00
GRAPHIK WEAR	188 49
HANNAFORD1	50 00
HERSHEY	69 07
HOME DEPOT1	25 00
IKEA	405 59
INTUIT1	410 00
IRS	275 00
LUKAS KRAKORA	46 23
MAINE.GOV	3 00
MIA DAWSON	1,100 00
MICROSOFT1	588 00
MOO	160 05
MR. BAGEL1	240 00
PANERA1	1,000 00
PAYPAL	34 94
PRESSPLAY	0 00
PROSPERATIVE	133 15
RACHEL MAGNAN	1,152 48
RENYS1	50 00
SMCC	300 00
SOUNDSNAP	29 00

SPARKOL		96 00
SQUARE		16 05
SQUARE TEST		1 00
STATE OF MAINE		61 00
TECHSOUP	-	210 00
TEST MY TICK1		2,768 00
TIFFANY & CO.		131 88
USPS		19 96
VIDEOBLOCKS		39 00
WALMART		226 37
WALMART PORTLAND1		50 00
YOUCARE		32 58
TOTAL	\$	22,346.16

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Part 2, Line 14 - Accumulated Depreciation Schedule January - December 2018 LymeTV

		ACCUMULATED	END BOOK
FIXED ASSET	ORIGINAL COST	DEPRECIATION	VALUE
MACBOOK PRO	3599	719.80	2,879.20
DRONE	1109.60	221.92	897.68
BACKDROP, WIRELESS MICS, GAFFER TAPE FOR FILMING	396.19	79.24	316.95
FILM LIGHTS	289.94	57.99	231.95
SPRING CLAMPS, STUDIO HEADPHONES, BACKDROP SUPPORT, VINYL BACKDROP	0000	70 63	710
BACKGROUND FOR FILMING. SPLII PAYMENI WITH DEBII CARD DUE 10 MAX CARD	769.86	, 78.50	715.89
STUDIO FX SOFTBOX LIGHTING KIT, NEEWER LED LIGHTING KIT, EXTERNAL HARD			
DRIVE, USB-C HUB FOR MACBOOK, ANDYCINE FIELD MONITOR, HEADPHONE	•		
SPLITTER	691.87	138.37	553.50
RUN BAG	172.73	34.55	138.18
FIELD MONITOR PENDING REFUND	168	•	168.00
TOTAL WEBSITE	2248.67	749.56	1,499.11
TOTAL DEPRECIATION	8945.86	2055.40	6890.46

LymeTV Part 7A, Line 10 - List Of Substantial Contributors Schedule January - December 2018

Adina Bercowicz 9 Brown Street #3A Portland, ME 04101

SCHEDULE PART VIII

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter - 0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Adina Bercowicz PO BOX 15369 Portland, ME 04112	President 50	0	0	0
Tracy Lockwood 1379 Dilworthtown Xing Unit 146 West Chester, PA 19382	Secretary 1	0	0	0
Alison Cargo 5391 Trentham Drive Dunwoody, GA 30338	Treasurer 2	0	0	0
Yan Zelener PO BOX 15369 Portland, ME 04112	Director of Science an 10	0	0	o · · · · · · · · · · · · · · · · · · ·
Michelle Ramirez 27 Veranda Street Portland, ME 04103	Director of Marketing 1	0	0	0
Rebecca Vitsmun 5449 Dahl Drive Tacoma, WA 98406	Board Member 1	0	0	0