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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

JUL 1. 2012 and ending JUN 30, A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Address change THE LYME FOUNDATION, INC.]Name]change 02-0485328 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Termin-603-795-4534 P O BOX 292 Amended return City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-LYME. NH 03768 H(a) Is this a group return pending F Name and address of principal officer: DAVID HEWITT for affiliates? PO BOX 292, LYME, NH 03768 H(b) Are all affiliates included? 527 Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ X Trust Other > L Year of formation: 1989 M State of legal domicile: NH Corporation Association K Form of organization: Part I | Summary SEE SCHEDULE O Briefly describe the organization's mission or most significant activities: Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 40,558. 7a 0. b Net unrelated business taxable income from Form 990; in 734 7b **Prior Year Current Year** 161,207 <u>57,134.</u> Contributions and grants (Part VIII, line 1h) S OCT 2 1 2013 0 . Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3,44, and 7d) 8,734 12,129. 10 Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 28,429 169,941 97,692 Total revenue - add lines 8 through 11 (must equal Part 142,792 103,981. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part 1X, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,033. b Total fundraising expenses (Part IX, column (D), line 25) 12,482. 16,871. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 155,274, 120,852. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 14,667 -23,160. Revenue less expenses Subtract line 18 from line 12 Assets or designation of the second of the s **Beginning of Current Year End of Year** 357,809 434,285. Total assets (Part X, line 16) 0 0. 21 Total liabilities (Part X, line 26) 809 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 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 observer (other than officer) 13 based on all information of which preparer has any knowledge. Sign DAVID HEWITT Here Type or print name and title PTIN Print/Type preparer's name Preparer's P00356904 PHILIP A. LAPP, CPA Paid Firm's name | GALLAGHER , FLYNN & COMPANY Firm's EIN 03-0225774 Preparer Firm's address 45 LYME RD, SUITE 205 **Use Only** Phone no. 603.643.0043 HANOVER, NH 03755 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Part V Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		-	- 11
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	77	
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ł		
а		11a		Х
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		- 22
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1,,,,		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
12a	Schedule D, Parts XI and XII	12a		x
	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
O	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	The state of the s	14a		X
14a	Did the organization maintain an onice, employees, or agents outside or the oritical states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170	 	
ь	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	.45		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u></u>		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		_	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		
18		18		x
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		 	
19		19		x
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
		20a		
<u></u> b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2012)
		, 0111		(

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee of a family member thereof) was an officer,	∠8 0		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	990	2012\
		, OHH	550 (2012)

Form 990 (2012)

X

13a

14a

12b

13b

13c

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

00137__1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check If Schedule O contains a response to any question in this Part VI	. <u></u> .			X	
Sec	tion A. Governing Body and Management					
				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	14				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b	14				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other				
	officer, director, trustee, or key employee?		2		X	
3	Did the organization delegate control over management duties customarily performed by or under the dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	1	5		X	
6	Did the organization have members or stockholders?	i	6		_X_	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?		7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
persons other than the governing body?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t	he following;				
а	The governing body?		8a	_ X		
b	Each committee with authority to act on behalf of the governing body?		8b	X		
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		_X_	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code.)				
		ı		Yes	No	
	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of	lescribe		·		
	in Schedule O how this was done		12c	X	~	
13	Did the organization have a written whistleblower policy?		13		X	
14	Did the organization have a written document retention and destruction policy?		14			
15	Did the process for determining compensation of the following persons include a review and approval by in persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndependent				
_			15a		X	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15b		X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		130			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a				
IUa	taxable entity during the year?		16a		х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?		16b			
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 501(c)(3)s only) a	vailab	le		
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in So	hedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	•	d finar	icial		
	statements available to the public during the tax year	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
20	State the name, physical address, and telephone number of the person who possesses the books and re-	cords of the organizat	ion.	•		
	LINDY MATHER - 603-795-9329					
	PO BOX 292, LYME, NH 03768					
23200	12		Form	990	(2012)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LASZLO BARDOS	1.00	ł		x				0.	0.	0.
CHAIRMAN (2) NANCY WRAY	1.00		┢	^				0.	0.	0.
SECRETARY	1.00			x				0.	0.	0.
(3) DAVID HEWITT	1.00					Ť	T			
TREASURER				Х				0.	0.	0.
(4) PEG ACKERSON	1.00									
TRUSTEE		ļ	<u> </u>	-		 —	_	0.	0.	0.
(5) ABBE MURPHY	1.00	-							0	
TRUSTEE	1.00	\vdash	┢		-	-	├	0.	0.	0.
(6) JANE MEYER TRUSTEE	1.00	1						0.	0.	0.
(7) JOSH KILHAM	1.00	 	 						0.	<u></u>
TRUSTEE								0.	0.	0.
(8) KATIE JENKS	1.00									
TRUSTEE		-	<u> </u>	<u> </u>	ļ	<u> </u>	ļ	0.	0.	0.
(9) JEFF VALENCE	1.00	-								
TRUSTEE	1 00			-	-	┼	-	0.	0.	0.
(10) TOM YURKOSKI TRUSTEE	1.00	d						0.	0.	0.
(11) KEVIN PETERSON	1.00	1		<u> </u>		\vdash			0.	<u> </u>
TRUSTEE		1						0.	0.	0.
(12) STEPHANIE CLARK	1.00									
TRUSTEE			<u> </u>			<u> </u>		0.	0.	0.
(13) PETER GLENSHAW	1.00									_
TRUSTEE	1 00	<u> </u>			<u> </u>	╁	ļ	0.	0.	0.
(14) KAREN KEANE	1.00	┨			1	1		0.	0.	_
TRUSTEE		 -	\vdash	├	 	1	\vdash	U •	<u>0.</u>	0.
		1								
			1	<u> </u>		T^-				
		ļ -					.			
					<u> </u>		L			<u> </u>

232007 12-10-12

Form 990 (2012)

(A) . Name and title	(B) Average hours per week	box, offic	not cl unles	ss pa	ition more rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	,	Estin amoi	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	fron organ and r	nsation n the ization elated zations
											·	
								_				
1b Sub-total c Total from continuation sheets to Part V	II, Section A		<u> </u>			>		0.		0.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization 	ot limited to th	nose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	0.		0.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	· ·		e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on		з У	es No
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co							the organization		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elate	ed organization or indiv	dual for services		5	х
Complete this table for your five highest countries the organization. Report compensation for	•	-								pensat	ion froi	m
(A) Name and business			ONE					(B) Description of s		Coi	(C)	ation
							_					· -
					· -	_	-					
												<u>-</u>

232008 12-10-12

Form 990 (2012) . THE LYM
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response t	to any question i				
•		-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S, E		Fundraising events	1c					
ar J		Related organizations	1d					
S.E.	е	Government grants (contribut	ions) 1e					
rion	f	All other contributions, gifts, gran	ts, and					
P S		similar amounts not included abor	ve 1f	57,134.				
age general	g	Noncash contributions included in lines	1a-1f \$					
<u>8 0</u>	<u>h</u>	Total. Add lines 1a-1f		•	57,134.			
				Business Code				
Program Service Revenue	2 a							
e S	b							
E S	C							
Re	d							
ē	e							· · · · · · · · · · · · · · · · · · ·
_		All other program service reve	enue .			-		
		Total. Add lines 2a-2f	duudanda intara	et and				
-	3	Investment income (including other similar amounts)	ulviderids, intere	st, and	12,129.	İ	12,129.	
	4	Income from investment of ta	v-evemnt bond n	· 1	12,127.		12,127.	
	5	Royalties	x-excmpt bond p	locceds -				
	•	Hoyanics	(i) Real	(II) Personal				
	6 a	Gross rents	(V) I I Gain	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)	-	>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
,		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)	-				 	
e	8 a	Gross income from fundraisin	g events (not					
en.		including \$	of					
Other Reven		contributions reported on line	1c). See					
jer		Part IV, line 18	a					
ot		Less direct expenses	. b					
		Net income or (loss) from fund	_	P				
	у а	Gross income from gaming ac Part IV, line 19						
	L	Less direct expenses	a b					
		Net income or (loss) from garr	·-					
		Gross sales of inventory, less	-					
		and allowances	а					
	b	Less cost of goods sold	b					
		Net income or (loss) from sale		>				
		Miscellaneous Revenu		Business Code	·			
	11 a	OTHER INVESTMEN		900099	28,429.		28,429.	
	b							
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	28,429.			
	12	Total revenue. See instructions.		>	97,692.	0.	40,558.	0.
23200 12-10	9 - 12				•			Form 990 (2012)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		s Part IX	······································	·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	103,981.	103,981.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<u>.</u>
6	Compensation not included above, to disqualified			İ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			···	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,500.		1,500.	
C	Accounting Lobbying	1,500.		1,500.	
a	Professional fundraising services. See Part IV, line 17				
•	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	154.	·	154.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				<u></u>
18	Payments of travel or entertainment expenses		- "		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MANAGEMENT & GENERAL	6,435.		6,435.	- <u> </u>
b	FORUM	3,915.		3,915.	
c	INVESTMENT FEES	2,698.		2,698.	
d	FUNDRAISING	2,033.			2,033.
е	All other expenses	136.		136.	
25	Total functional expenses. Add lines 1 through 24e	120,852.	103,981.	14,838.	2,033.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Part:X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	<u> 190,956.</u>	1	104,680
2	Savings and temporary cash investments	61,212.	2	109,197
з	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,	*		
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
Ţ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
န္မ 7	Notes and loans receivable, net		7	
Assets 7	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges		9	
"	Land, buildings, and equipment: cost or other			
104	basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b	-	10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	1,105,641.	12	1,220,408
13	Investments - program-related. See Part IV, line 11	1,100,041.	13	1,220,400
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,357,809.	16	1,434,285
17	Accounts payable and accrued expenses	1,337,003.	17	1,434,203
	Grants payable	······································	18	
18	Deferred revenue		19	
l -	Tax-exempt bond liabilities	··	20	
20	·		21	
Ciabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
E 22	• •			
<u>.</u>	key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	· · · · · · · · · · · · · · · · · · ·		23	-
23	Secured mortgages and notes payable to unrelated third parties		1	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		1 1	
	parties, and other liabilities not included on lines 17-24) Complete Part X of		25	
00	Schedule D	0.	26	0.
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶		20	
	, , , , , , , , , , , , , , , , , , , ,			
8	complete lines 27 through 29, and lines 33 and 34.	190,956.	27	270,854
27	Unrestricted net assets	472,456.	27	424,365
ē 28	Temporarily restricted net assets	694,397.		739,066
P 29	Permanently restricted net assets	UJ#,JJ/_•	29	133,000
[Organizations that do not follow SFAS 117 (ASC 958), check here			
8	and complete lines 30 through 34.		20	
) 30 (1	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances 22 28 82 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Paid-in or capital surplus, or land, building, or equipment fund		31	
를 32	Retained earnings, endowment, accumulated income, or other funds	1 257 000	32	1 424 205
33	Total net assets or fund balances	1,357,809.	33	1,434,285.
34	Total liabilities and net assets/fund balances	1,357,809.	34	1,434,285

Form **990** (2012)

Form	990 (2012) THE LYME FOUNDATION, INC.	02-04	<u>85328</u>	Pa	ge 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	7,6	92.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	0,8	52.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	3,1	60.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9	9,6	36.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))						
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis							
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A 1333							
Act and OMB Circular A-133? It If If You I did the eventuation and event the required sudit or sudito? If the eventuation did not undergo the required sudit							
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schodule O and describe any steep taken to undergo such guidts.	irea auait	2.				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2012)

SCHEDULE A . (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE LYME FOUNDATION, INC. 02-0485328 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (ii) EIN (vii) Amount of monetary orgañizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support above or IRC section governing document? (i) of your support? US? (see instructions)) Yes Yes Yes No No No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 THE LYME FOUNDATION, INC. 02-0485328 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not		-					
	include any "unusual grants ")	432,308.	93,100.	111,451.	161,207.	85,563.	883,629.	
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	432,308.	93,100.	111,451.	161,207.	85,563.	883,629.	
5	The portion of total contributions							
	by each person (other than a					·		
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4						883,629.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Amounts from line 4	432,308.	93,100.	111,451.	161,207.	85,563.	883,629.	
8	Gross income from interest,		•	_		-		
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	13,168.	10,274.	8,638.	8,734.	12,129.	52,943.	
9	Net income from unrelated business		•		•	•		
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10						936,572.	
	Gross receipts from related activities	. etc (see instruction	ons)			12		
	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stop	o here			•	. , , ,	ightharpoons	
Se	ction C. Computation of Publ		rcentage					
	Public support percentage for 2012 (column (f))		14	94.35 %	
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	95.53 %	
16a	33 1/3% support test - 2012. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			$\triangleright \mathbf{X}$	
Ŀ	33 1/3% support test - 2011. If the				line 15 is 33 1/3%	or more, check th		
	and stop here. The organization qual	•				•		
17:	10% -facts-and-circumstances tes	· -			e 13, 16a, or 16b, a	and line 14 is 10%	or more.	
		_					•	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
,	10% -facts-and-circumstances tes					17a. and line 15 is	10% or	
•	more, and if the organization meets to	-						
	organization meets the "facts-and-cir				-		•	
12	Private foundation. If the organization		-				s 🔚	
10	1 114 ate 10 and ation. If the organization	did flot officer a l	20x 011 mile 10, 10	<u>., .00, .70, 01 171</u>		dule A (Form 990		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						İ
	any activity that is related to the		•				
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513			ļ			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	<u> </u>		-			
5	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge						
_	Total. Add lines 1 through 5		-		<u> </u>		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		 	 		 	
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			}			
	amount on line 13 for the year				+	-	
	Add lines 7a and 7b			<u> </u>		<u> </u>	
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	J		<u>. 1</u>	ł.,	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(a) 2000	(5) 2000	(0,20.0	(6) 2011	(0) 2012	(1) 1014
_	Gross income from interest,			 	 	 	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income						• •
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						_
	or loss from the sale of capital assets (Explain in Part IV.)		ļ.		1		
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>					
14	First five years. If the Form 990 is for	r the organization'	's first, second, thi	ırd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organiz	ation,
	check this box and stop here			_ 		·	<u> </u>
	ction C. Computation of Publ					T 1	
	Public support percentage for 2012 (•	column (f))		15	<u>%</u>
	Public support percentage from 2011					16	<u>%</u>
	ction D. Computation of Inve					145	
	Investment income percentage for 20	-		ine 13, column (1))		17	<u>%</u>
	Investment income percentage from			on line 14 and line	0 15 10 mar- three	18	% 17 is pot
198	a 33 1/3% support tests - 2012. If the						IT IS HOL
	more than 33 1/3%, check this box a						and
t	33 1/3% support tests - 2011. If the	=					
20	line 18 is not more than 33 1/3%, che		-				
	Private foundation. If the organization	ni did not check a	LOOK OF HITE 14, 15	Ja, Or 130, CHECK I		hedule A (Form 99	n or 990-E7\ 2012
2320	23 12-04-12			4 =	30	icuaic A (FOIII 99	0 01 000-LEJ 2012

SCHEDULE D.

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	THE LYME FOUNDATIO	N, INC.	02-0485328			
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, lin	e 6				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds			
	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	ised only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring			
	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	orically important land area			
	Protection of natural habitat	Preservation of a certification	ied historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last			
	day of the tax year.					
			Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic sti	2c				
d	Number of conservation easements included in (c) acquired	re				
	listed in the National Register	2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax			
	year ►					
4	Number of states where property subject to conservation ea	·				
5	Does the organization have a written policy regarding the pe	= '				
	violations, and enforcement of the conservation easements		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, and					
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(r				
_	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservat	·				
	include, if applicable, the text of the footnote to the organization easements.	tion's imancial statements that describes tr	ne organization's accounting for			
Pai	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Ot	her Similar Assets.			
· u	Complete if the organization answered "Yes" to Form					
12	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.			
	historical treasures, or other similar assets held for public ex	·				
	the text of the footnote to its financial statements that descr		, p			
ь	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical			
_	treasures, or other similar assets held for public exhibition, e	•				
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X		► \$ ► \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial				
_	the following amounts required to be reported under SFAS 1		.			
а	Revenues included in Form 990, Part VIII, line 1		▶ \$.			
	Assets included in Form 990, Part X		► \$ ► \$			

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Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 THE LYM	E FOUNDATION	ON. INC.			02-04	85328	Page 2
Par				easures, or Oth				
3	Using the organization's acquisition, accession							
	(check all that apply):		-					
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's exe	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	rt IV Escrow and Custodial Arrang				Form 990	, Part IV, I		
	reported an amount on Form 990, Par	-	3				·	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?		,				Yes	X No
b	if "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:					
	, ,		3				Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year			•	1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	X No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part XIII				
Par								
L		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	254,242.	269,785.	210 532.		86,750.		270,459.
ь		0.				•		
С	Net investment earnings, gains, and losses	35,409.	-2,793.	67,753.		31,785.		-69,709.
d	Grants or scholarships	13,000.	12,750.	8,500.		8,000.		14,000.
е	Other expenditures for facilities	•	•	,				•
	and programs							
f	Administrative expenses							_
g	End of year balance	276 651.	254,242.	269,785.	2	10 535.		186,750.
2	Provide the estimated percentage of the curr							
а	Board designated or quasi-endowment	.00	%					
b	Permanent endowment ► 100.00	%	_					
С	Temporarily restricted endowment	• 0 0 %						
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	_	
	by							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations	-					3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Pai	rt VI Land, Buildings, and Equipm	ient. See Form 990	, Part X, line 10.					
	Description of property	(a) Cost or of basis (investing		1	Accumulate epreciation	I	(d) Book	value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
_ е	Other							
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)				0.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 THE LYME FOL	UNDATION, I	INC.	02-	<u>-0485328</u>	Page 3
Part VII Investments - Other Securities. See					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	of-year market v	/alue
(1). Financial derivatives					
(2) Closely-held equity interests					
(3) Other	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
(A) INVESTMENT IN NH					
(B) CHARITABLE FUND	739,06	6. END-OF-Y	YEAR MARKET		
(C) INVESTMENT IN VANGUARD	481,34	2. END-OF-Y	YEAR MARKET	VALUE	
(D)		=			
(E)				 	
(G)					
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,220,40				
Part VIII Investments - Program Related. Se					
(a) Description of investment type	(b) Book value	(c) Method of	valuation. Cost or end	of-year market v	/alue
(1)	- ·				
(2)					
(3)					
(4)					
(5)					
(6)					
				· <u> </u>	
(8)			······································		
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line			······		
(a) [Description			(b) Book va	lue
(1)					
(2)					
(3)		· · · · · · · · · · · · · · · · · · ·			
(4)					
(5)	· · · · · · · · · · · · · · · · · · ·				
(6)					
(7)				·	
(8)					
(9)					
(10)				· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<u>▶</u>		
Part X Other Liabilities. See Form 990, Part X, II	ine 25.		,		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)			_		
(5)					
(6)					
(8)					
(9)			_		
(10)			_		
(11)					
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.) >				
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex		ne organization's financi	al statements that rep	orts the organiza	ation's
liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if the	text of the footnote has	s been provided in Pai	t XIII	
			Sche	edule D (Form 9	90) 2012
232053					

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)	02-0485328 Page 5
Part XIII Supplemental Information (continued)	
ACCORDINGLY.	
	
	100 - L. (2000-100)

% × **Employer identification number** 02-0485328 2012 Open to Public OMB No 1545-0047 NEWSLETTER PORTAL AND TEACHER PAY; SCIENCE CONNECTIVITY FOR TOWN Inspection (h) Purpose of grant or assistance IFE FUND - SPANISH Yes SAFETY REPAIRS Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ZOLL MONITOR PROJECT Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 15,000, 11,000 42,179 5 350 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant ö ö o. 0 (c) IRC section if applicable INC. THE LYME FOUNDATION Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization LYME CONGREGATIONAL CHURCH or government LYME NH FIBER NETWORK Name of the organization LYME FIREFIGHTERS Department of the Treasury 35 UNION STREET LYME, NH 03768 LYME NH 03768 Internal Revenue Service LYME SCHOOL SCHEDULE PO BOX 27 (Form 990) Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

25

Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance. 02-0485328 Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed O.CASH VALUE 0, CASH VALUE 0, CASH VALUE O.CASH VALUE (d) Amount of non-cash assistance 600. 500. 14,927 13,300 26 (c) Amount of cash grant INC. (b) Number of recipients 46 THE LYME FOUNDATION, ELDERLY CHRISTMAS GIFTS AND FINANCIAL ASSISTANCE ELDERLY CHRISTMAS GIFTS AND FINANCIAL ASSISTANCE UNDERGRADUATE SCHOLARSHIPS TO NEEDY INDIVIDUALS (a) Type of grant or assistance CITIZEN OF THE YEAR-RESIDENT Schedule I (Form 990) (2012) 232102 12-18-12 Part III

SCHEDULE O . (Form \$90 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

THE LYME FOUNDATION, INC.

Employer identification number 02-0485328

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO FURTHER SOCIAL, EDUCATIONAL, RECREATIONAL AND OTHER PROGRAMS WHICH
MAINTAIN AND ENHANCE THE QUALITY OF LIFE IN LYME, NH.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DURING FISCAL YEAR 2013, THE LYME FOUNDATION HELPED THE TOWN OF LYME
WITH GRANTS TO THE CHURCH FOR SAFETY REPAIRS AND A NEWS PORTAL FOR
COMMUNICATION, THE FIRE DEPARTMENT RECEIVED FUNDS FOR UPGRADING VITAL
EQUIPMENT, AND THE SCHOOL WS GRANTED FUNDS FOR A SCIENCE PROJECT. THE
TOWN WAS ALSO GIVEN FUNDS FOR IMPROVED WIRELESS COMMUNICATIONS. THE
LYME FOUNDATION WAS RESPONSIBLE FRO SUPPORTING A SPANISH PROGRAM IN THE
LOCAL ELEMENTARY SCHOOL, PROVIDED SCHOLARSHIPS FOR SECONDARY EDUCATION,
PROVIDED FUNDS FOR HEALTH AND SAFETY EQUIPMENT, AND HELPED SUPPORT OUR
TOWN'S NEEDY AND ELDERLY. THE LYME CITIZEN OF THE YEAR WAS ANNOUNCED
AND ACKNOWLEDGED WITH A CASH REWARD AND AN EIGHTH GRADER SHOWING
PROMISE IN ART RECEIVED A CASH AWARD FROM THE LYME FOUNDATION.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND SIGNED
BY THE TREASURER OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 12C: SECTION B - POLICIES. LINE 12B &
12C. THE MONITORING IS ONGOING TO DISCLOSE CONFLICTS OF INTEREST AND
ENFORCE COMPLIANCE.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
THE LYME FOUNDATION, INC.	02-0485328
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED LOSS ON INVESTMENTS - NHCF	50,912.
UNREALIZED LOSS ON INVESTMENTS - VANGUARD	48,724.
TOTAL TO FORM 990, PART XI, LINE 9	99,636.
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	- 14.