

# Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**2004**

Open to Public Inspection

**A For the 2004 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>THE LYME DISEASE FOUNDATION, INC.</b>		<b>D Employer identification number</b> 13-3481556
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 332</b>		<b>E Telephone number</b> (860) 870-0070
		City or town, state or country, and ZIP + 4 <b>TOLLAND, CT 06084-0332</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A  Yes  No

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ▶

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** WWW.LYME.ORG

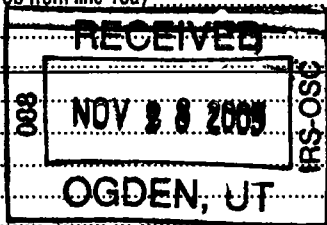
**J Organization type** (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K Check here**  If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **164,853.**

**Part Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	1a	63,834.		
	<b>b</b> Indirect public support	1b	73,634.		
	<b>c</b> Government contributions (grants)	1c			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 137,468. noncash \$ )	1d			137,468.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			16,739.
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			24.
	<b>5</b> Dividends and interest from securities	5			107.
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b> Other investment income (describe ▶ )	7				
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses	8a			
	<b>c</b> Gain or (loss) (attach schedule)	8b			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
<b>8d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	10,515.		
	<b>b</b> Less: direct expenses other than fundraising expenses	9b	3,251.		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1		7,264.
	<b>10 a</b> Gross sales of inventory, less returns and allowances	10a			
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	<b>11</b> Other revenue (from Part VII, line 103)	11			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			161,602.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13			163,103.
	<b>14</b> Management and general (from line 44, column (C))	14			7,496.
	<b>15</b> Fundraising (from line 44, column (D))	15			11,911.
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17			182,510.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18			-20,908.	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			-31,718.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2		723.
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			-51,903.



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	80,000.	68,000.	4,000.	8,000.
26 Other salaries and wages	28,373.	24,117.	1,419.	2,837.
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	6,000.	5,700.	240.	60.
32 Legal fees				
33 Supplies				
34 Telephone	6,862.	6,519.	274.	69.
35 Postage and shipping	5,943.	5,570.	191.	182.
36 Occupancy	38,253.	36,722.	1,148.	383.
37 Equipment rental and maintenance	5,791.	5,733.		58.
38 Printing and publications				
39 Travel	555.	527.		28.
40 Conferences, conventions, and meetings	381.	381.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (Itemize):				
a EDUCATIONAL PROGRAMS	4,756.	4,518.		238.
b MISC EXPENSES	5,596.	5,316.	224.	56.
c				
d				
e				
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	182,510.	163,103.	7,496.	11,911.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 4	(Grants and allocations \$ _____)	99,957.
b RESEARCH-THE LYME DISEASE FOUNDATION (LDF) CONTINUES TO FACILITATE RESEARCHERS BY PROVIDING CONTACTS AROUND THE WORLD WITH OTHER RESEARCHERS AND PATIENTS.	(Grants and allocations \$ _____)	7,260.
c EDUCATION-PROFESSIONAL: THE LDF'S JOURNAL OF SPIROCHETAL AND TICK-BORNE DISEASE IS THE FIRST AND ONLY SCIENTIFIC PEER REVIEWED JOURNAL DEDICATED TO LYME AND OTHER TICK-BORNE DISEASES.	(Grants and allocations \$ _____)	55,886.
d	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		163,103.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	40,785.	45	44,606.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable .....	1,571.		
	b Less: allowance for doubtful accounts .....		47c	1,571.
	48 a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	1,411.	53	5,500.
	54 Investments - securities <b>STMT 5</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	6,876.	54	8,229.
	55 a Investments - land, buildings, and equipment: basis .....			
	b Less: accumulated depreciation .....		55c	
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis .....				
b Less: accumulated depreciation .....		57c		
58 Other assets (describe ▶ )		58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b> .....	<b>49,072.</b>	<b>59</b>	<b>59,906.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	80,790.	60	111,809.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe ▶ )		65	
<b>66 Total liabilities (add lines 60 through 65)</b> .....	<b>80,790.</b>	<b>66</b>	<b>111,809.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	-31,718.	67	-51,903.
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
	<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b> .....	<b>-31,718.</b>	<b>73</b>	<b>-51,903.</b>
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b> .....	<b>49,072.</b>	<b>74</b>	<b>59,906.</b>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VII Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization
81a Enter direct or indirect political expenditures. See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of THOMAS E. FORSCHNER Telephone no. (860) 870-0700
Located at P.O. BOX 332, TOLLAND, CT ZIP + 4 06084-0332
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <b>MEDICAL REFERRALS</b>					1,705.
<b>b</b> <b>CONFERENCES</b>					7,085.
<b>c</b> <b>EDUCATIONAL INFO SALES</b>					7,949.
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments ...			14	24.	
<b>96</b> Dividends and interest from securities .....			14	107.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....					7,264.
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		131.	24,003.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) .....					24,134.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Date: 11-12-05  
 Type or print name and title: THOMAS FORSCHNER Executive Director

Date: 11/11/05  
 Check if self-employed   
 Preparer's SSN or PTIN: \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**THE LYME DISEASE FOUNDATION, INC.**

Employer identification number

**13 3481556**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶		0		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? .....		X
b Lending of money or other extension of credit? .....		X
c Furnishing of goods, services, or facilities? .....		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....		X
e Transfer of any part of its income or assets? .....		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) .....		X
b Do you have a section 403(b) annuity plan for your employees? .....		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	178,827.	164,877.	225,505.	421,136.	990,345.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	58,491.	71,651.	84,893.	105,205.	320,240.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	197.	504.	3,727.	3,113.	7,541.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	237,515.	237,032.	314,125.	529,454.	1,318,126.
<b>24</b> Line 23 minus line 17	179,024.	165,381.	229,232.	424,249.	997,886.
<b>25</b> Enter 1% of line 23	2,375.	2,370.	3,141.	5,295.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ <b>26a</b> 19,958.				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶ <b>26b</b> 190,084.				
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ <b>26c</b> 997,886.				
d Add: Amounts from column (e) for lines: 18 7,541. 19 22 190,084.	▶ <b>26d</b> 197,625.				
e Public support (line 26c minus line 26d total)	▶ <b>26e</b> 800,261.				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ <b>26f</b> 80.1956%				
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21	▶ <b>27c</b> N/A				
d Add: Line 27a total and line 27b total	▶ <b>27d</b> N/A				
e Public support (line 27c total minus line 27d total)	▶ <b>27e</b> N/A				
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶ <b>27f</b> N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶ <b>27g</b> N/A %				
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶ <b>27h</b> N/A %				
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  If the organization belongs to an affiliated group. Check  b  If you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38 Total lobbying expenditures (add lines 36 and 37) .....	38	
39 Other exempt purpose expenditures .....	39	
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is -		
Not over \$500,000 ..... 20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 ..... \$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 ..... \$175,000 plus 10% of the excess over \$1,000,000 .....	41	
Over \$1,500,000 but not over \$17,000,000 ..... \$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 ..... \$1,000,000 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATION-PUBLIC: THE LDF REACHES MILLIONS OF PEOPLE THROUGH ITS VARIOUS EDUCATION CAMPAIGNS. THESE CAMPAIGNS INCLUDE COMMUNITY EDUCATION PROGRAMS, SPEAKING ENGAGEMENTS, VIDEOS, SLIDE SHOWS, BROCHURES, NEWSLETTERS AND WORKING WITH MEDIA.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	<u>                    </u>	<u>99,957.</u>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	COST			8,229.	8,229.
TO FORM 990, LINE 54, COL B				<u>8,229.</u>	<u>8,229.</u>

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED INVESTMENT LOSS	<u>723.</u>
TOTAL TO FORM 990, PART IV-A	<u>723.</u>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN F. ANDERSON P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
EDWARD F. BADER P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
BERKLEY W. BEDELL P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
WILLY BURGENDORFER P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
FRANK DEMAREST P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
JOSEPH H. FISHER P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
RICHARD T. GERSTNER P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
IRA NAURER P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
JAMES N. MILLER P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
JULIE RAWLINGS P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.
RONALD F. SCHELL P.O. BOX 332 TOLLAND, CT 06084-0332	DIRECTOR 2 - AS NEEDED	0.	0.	0.

KAREN VANDERHOOK-FORSCHNER  
P.O. BOX 332  
TOLLAND, CT 06084-0332

DIRECTOR  
2 - AS NEEDED

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

0. 0. 0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 8  
PART VI, LINE 90

STATES

CONNECTICUT, NEW YORK, NEW JERSEY, PENNSYLVANIA, WASHINGTON, FLORIDA,  
WISCONSIN, MINNESOTA, MASSACHUSETTS, OREGON, MARYLAND, CALIFORNIA,  
MICHIGAN, RHODE ISLAND

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9  
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A THE ANNUAL SCIENTIFIC CONFERENCE WAS HELD IN FARMINGTON, CONNECTICUT.  
93A SPEAKERS PRESENTED THE LATEST FINDINGS ABOUT LYME DISEASE.  
93B THE LDF ANNUAL CONFERENCE IS ATTENDED BY PHYSICIANS, NURSES,  
93B RESEARCHERS AND LAY PEOPLE. THIS FURTHERS OUR EXEMPT PURPOSE BY  
93B PROVIDING A FORUM FOR THE LATEST INFORMATION ABOUT LYME DISEASE AND  
93B OTHER TICKBORNE DISEASES.  
93C SALES OF EDUCATIONAL MATERIALS, INCLUDING SLIDES, VIDEOS, BROCHURES,  
93C POSTERS, ETC. THIS FURTHERS OUR EXEMPT PURPOSE BY DISSEMINATING  
93C INFORMATION TO THE GENERAL PUBLIC.



• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

<b>Part II</b>		<b>Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>	
Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	THE LYME DISEASE FOUNDATION, INC.		13-3481556
	Number, street, and room or suite no. If a P.O. box, see instructions. 384 MERROW ROAD UNIT Z		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOLLAND, CT 06084-0432		

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THOMAS E. FORSCHNER**  
Telephone No. **860-525-2000** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**.
- 5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$ \_\_\_\_\_
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Ed Jason** Title **CFA** Date **8/15/05**

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name	C/O EDWARD JASON @ WHITTLESEY & HADLEY, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number	147 CHARTER OAK AVENUE
	City or town, province or state, and country (including postal or ZIP code)	HARTFORD, CT 06106

423832 01-10-05