Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2019 calenda		019, and ending		12/31	, 20	19
B 0	check if ap	oplicable:	C Name of organization		D Emp	loyer ide	ntification numl	per
	Address o	change		46-0864303				
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele							
Initial return Final return/terminated 131 Wicks Lane							-456-3071	
=	rinai retur Amended		City or town, state or province, country, and ZIP or foreign postal code	•	F Gro	up Exem	nption	
=		on pending	Malverne, NY, 11565		Nun	nber 🕨		
G /	Account	ting Method:	✓ Cash	Н	Check	▶ ☐ if	the organization	on is not
	Vebsite		.Lindyloo.org				ch Schedule B	
JΤ	ax-exen	npt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)	(1) or 527	(Form 9	90, 990-	-EZ, or 990-PF	·).
			✓ Corporation ☐ Trust ☐ Association ☐ Oth					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000					
(Pai	t II, col	umn (B)) are \$	6500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$		120,395
	art I		e, Expenses, and Changes in Net Assets or Fund Bala			ctions		
			the organization used Schedule O to respond to any quest	•			•	. 🗸
	1		ons, gifts, grants, and similar amounts received			1		61,100
	2		ervice revenue including government fees and contracts .			2		0
	3	•	ip dues and assessments			3		0
	4	Investment				4		873
	5a			5a	0			
	b		· · · · · · · · · · · · · · · · · · ·	5b	0			
	C		ss) from sale of assets other than inventory (subtract line 5b fro			5c		0
	6		d fundraising events:					
	a	_	ome from gaming (attach Schedule G if greater than					
ne				6a	13,200			
en	b	Gross inco	ns	-				
Revenue			aising events reported on line 1) (attach Schedule G if the					
_				6b	45,222			
	С	Less: direc	t expenses from gaming and fundraising events	6c	18,671	1		
	d		e or (loss) from gaming and fundraising events (add lines 6a	and 6b and si		-		
		line 6c) .				6d		39,751
	7a	Gross sale	s of inventory, less returns and allowances	7a	0			
	b			7b	0	-		
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a))		7c		0
	8		nue (describe in Schedule O)			8		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		101,724
	10		I similar amounts paid (list in Schedule O)			10		66,113
	11		aid to or for members			11		0
S	12		ther compensation, and employee benefits			12		0
Expenses	13		al fees and other payments to independent contractors			13		798
be	14		y, rent, utilities, and maintenance			14		1,754
Щ	15		ublications, postage, and shipping			15		0
	16		enses (describe in Schedule O) .See Schedule O, Statement 2			16		2,502
	17		enses. Add lines 10 through 16			17		71,167
'n	18		(deficit) for the year (subtract line 17 from line 9)			18		30,557
šets	19		or fund balances at beginning of year (from line 27, column					
Ass			r figure reported on prior year's return)			19		50,635
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O).			20		0
Ž	21		or fund balances at end of year. Combine lines 18 through 20			21		81,192
For	Paper		ion Act Notice, see the separate instructions.	Cat. No. 10642I			Form 990-E	

Form 990-EZ (2019) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 50,635 22 22 Cash, savings, and investments 81,192 23 0 23 Land and buildings 0 Other assets (describe in Schedule O) . . 24 0 24 0 50,635 25 25 81,192 26 Total liabilities (describe in Schedule O) 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 50.635 27 81,192 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 3 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. PROVIDE FUNDING FOR SOCIAL OPPORTUNITIES FOR INDIVIDUALS SUFFERING WITH MENTAL DISABILITIES, APPROX 5,492 INDIVIDUALS PARTICIPATED IN SOCIAL ACTIVITIES DURING 2019. (Continued on Schedule O, Statement 4) (Grants \$ 65,413) If this amount includes foreign grants, check here 28a 0 29 29a) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here . . . (Grants \$ 31a 0 32 0 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation **ELLEN M CUNNINGHAM** 3.00 0 0 0 **PRESIDENT** VINCENT T CUNNINGHAM 3.00 0 0 0 **DIRECTOR** 0 0 **ELIZABETH O CUNNINGHAM** 3.00 0 DIRECTOR MICHAEL M CUNNINGHAM 3.00 0 0 0 SECRETARY/TREASURER MEGAN L CUNNINGHAM 3.00 0 0 0 **DIRECTOR**

Form 990-EZ (2019)

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		,
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► NY			
42a	The organization's books are in care of ► MICHAEL M CUNNINGHAM Telephone no. ►	16-45	6-307°	1
	Located at ► 131 WICKS LANE, MALVERNE, NY 11565 ZIP + 4 ►	11!	65	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		. 03	
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		V

Page 3

Form 99	U-EZ (2)	J 19)							1	age -
									Yes	No
46		ne organization engage, directly or inc								
Dow!		ndidates for public office? If "Yes," co		Part I		<u> </u>		. 46	i	'
Part \		Section 501(c)(3) Organizations All section 501(c)(3) organizations		etione 47–40h an	nd 52 and	d com	nloto th	o tablos	for lin	.00
		50 and 51.	s must answer que	5110115 41 –43D att	iu 52, aric	ı COIII	piete ti i	e labies	101 1111	163
		Check if the organization used Sch	edule () to respond	to any question is	n this Part	W				
		Check if the organization asea con	cadic o to respond	to arry question in	T tillo i ait	VI .		· · ·	Yes	No
47	Did tl	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect du	ring the	tax	1.00	
		If "Yes," complete Schedule C, Part						. 47		1
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," complet	te Schedul	e E		. 48	3	~
49a		ne organization make any transfers to						. 49	а	~
b		s," was the related organization a sec								
50		olete this table for the organization's								
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org				e, enter "	None.	"
	(-)	Name and title of each applease	(b) Average	(c) Reportable		lealth be	nefits, employee	(e) Estima	ted amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit p	lans, and	d deferred		mpensa	
					- 60	mpensa	uon			
None										
		number of other employees paid ove				_				
51		olete this table for the organization's ,000 of compensation from the organ			ent contrac	ctors w	ho each	n receive	d more	e thar
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	service		(c)) Compensa	ition	
None										
						-				
						+				
				-						
d	Total	number of other independent contract	ctors each receiving	over \$100.000 .	. ▶					
52		the organization complete Schedul	=		ganization	s mus	st attach	า a		
		oleted Schedule A			_	<u></u>		. ▶ ✓ Ye	s 🗌	No
		of perjury, I declare that I have examined this re						nowledge a	nd belief	, it is
true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any kr	iowledge	ə. 			
C:		2: 1 2:				<u></u>				
Sign ⊔oro		Signature of officer				Date				
Here		Michael Cunningham, Secretrary/T Type or print name and title	reasurer							
		, ,,	Preparer's signature	Г	Date			ı PTIN		
Paid		Print/Type preparer's name Chris Clemens	. Toparor o digitature		24.0		Check Laself-emplo	l if [007237	no
Prepa		Firm's name Lindy Loo Foundation				Firm's EIN ▶				UŦ
Use (Jnly	Firm's address ► 7 Grandview Drive, W				Phone		718-93	8-1689	
May th	e IRS	discuss this return with the preparer		nstructions				►		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization LINDY LOO FOUNDATION LTD 46-0864303 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 5 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

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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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 32,445 52,384 12,851 62,575 61,100 221,355 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 32,445 52,384 12,851 62,575 61,100 221,355 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) 40,203 **Public support.** Subtract line 5 from line 4 181,152 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 32,445 52,384 12,851 62,575 61,100 221,355 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 80 90 108 274 873 1,425 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 VI.) **Total support.** Add lines 7 through 10 11 222.780 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 81.31 % 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support			, 1-	1	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support			T	1	T	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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						
10	ŭ ,						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				661		504()(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he	re				ear as a sectio	. , . ,
	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8						<u>%</u>
16	Public support percentage from 2018 Sch	nedule A, Part	III, line 15 .			16	<u>%</u>
	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (* * *	•	. , ,		%
18	Investment income percentage from 2018						%
19a	331/3% support tests—2019. If the organi						
	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this b	_	_				_
20	Private foundation. If the organization di	d not check a	box on line 14.	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
_		1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
Ju	(b) and (c) below.	3a		
L.		Ja		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
_		JU		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7		O		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-		
_		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100		50		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_u		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	. 490 1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LIND	/ LOO FOUNDATION LTD					46	-0864303			
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.			
1	Indicate whether the organization	n raised funds	through any	of the follo	owing activities. C	Check all that apply.				
а	☐ Mail solicitations		e		ion of non-goverr					
b										
С	Phone solicitations		g		fundraising event	•				
d	☐ In-person solicitations		3 _	p						
2a	Did the organization have a writ	ton or oral agra	omont with	any individ	lual (including off	icare directore true	toos			
Za	or key employees listed in Form									
L	If "Yes," list the 10 highest paid		•		•	•				
b	compensated at least \$5,000 by			araisers) pu	ursuant to agreen	nents under which tr	ie iuridraiser is to be			
	compensated at least \$5,000 by	ine organizatio	л.							
	(i) Name and address of individual	(11) A - 41: -14: -		draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to			
	or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization			
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			col. (i)				
			Yes	No	-					
1										
2										
3										
4										
5										
3										
6										
U										
7										
•										
8										
9										
•										
10										
			•	•						
Total				🕨						
3	List all states in which the orga	nization is regis	stered or lic	ensed to s	olicit contribution	ns or has been notifi	ied it is exempt from			
	registration or licensing.	3					· ·			

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 BOWLATHON	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	120,395			120,395
ш	2	Less: Contributions	61,100			61,100
		line 2)	59,295			59,295
	4	Cash prizes	0			0
	5	Noncash prizes	4,925			4,925
enses	6	Rent/facility costs	8,745			8,745
Direct Expenses	7	Food and beverages	2,485		0	2,485
Direc	8	Entertainment	720		0	720
	9	Other direct expenses .	1,796			1,796
	10 11	Direct expense summary. Ac Net income summary. Subtra				18,671 40,624
Pa	rt III		e organization answe			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a l	Enter the state(s) in which the or s the organization licensed to co f "No," explain:	onduct gaming activities	s in each of these state		☐ Yes ☐ No
10		Were any of the organization's g	aming licenses revoked	l, suspended, or termin	ated during the tax year	? . 🗌 Yes 🗌 No

Jileuu	ile Q (1 0111 330 01 330-L2) 2013		rage u
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
Part			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

LINDY LOO FOUNDATION LTD	46-0864303	
Form 990-EZ, Part I, Line 10 - ROSLYN LITTLE LEAGUE 1,500; SURFER'S WAY 1,000.; SEASIDE FOR THE	RAPEUTIC RIDING 1,000. ;	
ANCHOR PROGRAM FUND 10,000. ;TOMS RIVER FIELD OF DREAMS 2,500. ; GREAT SOUTH BAY DANCE 1,500. ; DANCIN DREAMS		
5,000. ; BACKYARD PLAYERS & FRIENDS 5,000. ; ROLLING THUNDER CLUB 2,200. ; THE CORPORATE SOURCE 2,200. ; GARDEN		
CITY CHALLENGER 1,000. ; BEST BUDDIES 12,000. ; MARY QUINN FUND 2,500. ; SOUTHERN CT. STORM	2,500. ; TOPS SOCCER	
5,000. ; EDEN 2 PROGRAM 3,013. ; MALVERNE SEPTA 2,000. ; ASSOC. FOR CHILDREN WITH DOWN SYN	DROME 2,000. ;	
SPECIALIZED AUTISM SUPPORT 2,200. TOMMY BRULL FOUNDATION 2,000.		

Schedule O, Statement 1 LINDY LOO FOUNDATION LTD

Form: **Form 990-EZ (2019)** EIN: **46-0864303**

Page: 1 Header Section

Reasonable Cause Explanations

Due to Covid Pandemic, Return was filed by revised extension due date

Explanation

Schedule O, Statement 2 LINDY LOO FOUNDATION LTD

Form: Form 990-EZ (2019) EIN: 46-0864303

Page: 1 Part I, Line 16
Other Expenses Structured Explanation

Amo	unt

CREDIT CARD FEES 2,499
INTEREST 3

Total: 2,502

Description

Schedule O, Statement 3 LINDY LOO FOUNDATION LTD

Form: Form 990-EZ (2019) EIN: 46-0864303

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

To improve the lives of mentally challenged adults living on Long Island. Through various fundraising and charitable donations we look to provide financial assistance to those in need.

Schedule O, Statement 4 LINDY LOO FOUNDATION LTD

Form: **Form 990-EZ (2019)** EIN: **46-0864303**

Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

ROSLYN LITTLE LEAGUE, ANCHOR FUND, ROLLING THUNDER, DANCING DREAMS, BEST BUDDIES, GREAT SOUTH BAY DANCE, SURFERS WAY, SEASIDE FOR THERAPEUTIC RIDING, THE CORPORATE SOURCE; GARDEN CITY CHALLENGER; SPECIALIZED AUTISM SUPPORT, TOPS SOCCER, ASSOCIATION FOR CHILDREN WITH DOWN SYNDROME; TOMMY BRULL FOIUNDATION, EDEN 2 PROGRAM; SEPTA MALVERNE, TOMS RIVER FIELD OF DREAMS; BACKYARD PLAYERS. MARY QUINN FUND