# **Short Form**

OMB No. 1545-0047 2022

# **Return of Organization Exempt From Income Tax**

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.

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990EZ for instructions and the latest informa			Inspection			
A For the 2022 calendar year, or tax year beginning 01/01/2022 and ending 12			12	/31/20	22				
BC						entification number			
<b>v</b>	Address c	change	LINDY LOO FOUNDATION LTD		4	6-0864303			
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	phone n	umber				
	nitial retur		1875 Park Street		51	6-456-3071			
		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption			
	Amended Applicatio	return on pending	Atlantic Beach, NY 11509		nber	1			
		ting Method:		H Check	lif the	organization is <b>not</b>			
		www.Line				ach Schedule B			
			uck only one) – ✓ 501(c)(3) □ 501(c) ( ) (insert no.) □ 4947(a)(1) or □ 527	(Form 9					
			Corporation □ Trust □ Association □ Other:						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets					
			500,000 or more, file Form 990 instead of Form 990-EZ		. \$	876			
Pá	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instru	ctions				
			the organization used Schedule O to respond to any question in this Par			,			
	1		ns, gifts, grants, and similar amounts received		1	752			
	2		ervice revenue including government fees and contracts		2	0			
	3	•	ip dues and assessments		3	0			
	4	Investment	•		4	124			
	5a	Gross amo	unt from sale of assets other than inventory 5a	0					
	b		or other basis and sales expenses	0					
	с		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0			
	6	Gaming an							
	а	Gross inc	oss income from gaming (attach Schedule G if greater than						
ne		\$15,000) .	\$15,000)						
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribu	tions					
Je.		from fundr							
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0					
	с	Less: direc	t expenses from gaming and fundraising events 6c	0					
	d	Net incom							
		line 6c) .			6d	0			
	7a	Gross sale	s of inventory, less returns and allowances 7a	0					
	b	Less: cost	of goods sold	0					
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0			
	8	Other reve	nue (describe in Schedule O)		8	0			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	876			
	10		I similar amounts paid (list in Schedule O)		10	38,000			
	11	•	aid to or for members		11	0			
es	12		ther compensation, and employee benefits		12	0			
Expenses	13		al fees and other payments to independent contractors		13	0			
ď	14		<i>r</i> , rent, utilities, and maintenance		14	4,408			
Ш́	15		ublications, postage, and shipping		15	136			
	16		enses (describe in Schedule O) <u> </u>		16	3,114			
	17		nses. Add lines 10 through 16		17	45,658			
ts	18		(deficit) for the year (subtract line 17 from line 9)		18	-44,782			
se	19		or fund balances at beginning of year (from line 27, column (A)) (must ag						
As		-	r figure reported on prior year's return)		19	52,980			
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	<u>· · ·</u>	20	0			
	21		or fund balances at end of year. Combine lines 18 through 20		21	8,198			
For	Paperv	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642			Form <b>990-EZ</b> (2022)			

	990-EZ (2022)					Page <b>2</b>
Pa		,		<b>-</b>		_
	Check if the organization used Schedule	O to respond to ar				
~~	Or the section of the sector sector		-	(A) Beginning of year	00	(B) End of year
22 23	Cash, savings, and investments		· · · · · ·	52,980		8,198
23 24	Land and buildings		· · · · · ·		23 24	0
24 25	Total assets		· · · · · ·	52,980		
25 26	Total liabilities (describe in Schedule O)				26	<u> </u>
27	Net assets or fund balances (line 27 of column			52,980		8,198
Par		· · ·	,			0,170
	Check if the organization used Schedule					Expenses
What		See Schedule O, Sta	• •			quired for section
	ribe the organization's program service accompli	shments for each o	f its three largest p	rogram services		(c)(3) and 501(c)(4) anizations; optional for
	leasured by expenses. In a clear and concise m				oth	ers.)
perso	ons benefited, and other relevant information for ea	ach program title.				
28	PROVIDE FUNDING FOR SOCIAL OPPORTUNITIES I	FOR INDIVIDUALS SL	IFFERING WITH MEN	TAL		
	<b>DISABILITIES, APPROX 3,214 INDIVIDUALS PARTIC</b>	IPATED IN SOCIAL A	<b>CTIVITIES DURING 2</b>	022.		
	(Continued on Schedule O, Statement 3)					
	(Grants \$ 68,000) If this amount	includes foreign gra	ints, check here .	🗆	28a	a 0
29						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	🗋	29a	3
30						
•		includes foreign gra			30a	a
31	Other program services (describe in Schedule O)					
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a t	includes foreign gra	ints, check here .	🗆	31a	-
Par					32	· ·
Far	Check if the organization used Schedule				Istru	
			(c) Reportable			
		(b) Average	compensation	(d) Health benefits, contributions to employ	~~ <b>/</b> ~	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC/ 1099-NEC)	benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio	n	
FLLF	EN M CUNNINGHAM	3.00	0		+	
	SIDENT	5.00	, i i i i i i i i i i i i i i i i i i i			
		3.00	0		+	
	CTOR	1				
	ABETH O CUNNINGHAM	3.50	0			
	CTOR					
MICH	AEL M CUNNINGHAM	3.00	0			
SEC	RETARY/TREASURER	1				
MEG	AN L CUNNINGHAM	3.00	0			
DIRE	CTOR	1				
		_				
		-				
		-				

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	
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	Yes	No V
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 c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a  0    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; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>v</b>
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved  38b    Section 501(c)(7) organizations. Enter:  39a    Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	section 4911: <u>0</u> ; section 4912: <u>0</u> ; section 4955: <u>0</u> 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    0			
е 41	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		~
42a		516-45	6-307 <sup>-</sup>	1
b	Located at: <u>1875 PARK STREET, ATLANTIC BEACH, NY 11509</u> ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	11	509 Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		<b>v</b>
	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		<b>/</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
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		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<i>v</i>
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>~</b>
	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		~

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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		V

Part VI	Section 501(c)(3) Organizations Only
	All section 501(c)(3) organizations must answer questions 47–49b and 52

All section 501(c)(3) organizations must answer questions 47–49	b and 52, and complete the tables for lines
50 and 51.	

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
<b>d</b> Total number of other independent contractors each receiving	over \$100.000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

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.

Sign Here	Signature of office				Date			
	Type or print name and title							
Paid Preparer	Print/Type preparer's name Chris Clemens		Preparer's signature	Date		Check if self-employed	PTIN P00723709	
Use Only	Firm's name	Chris Clemens	Firm's EIN					
	Firm's address 41-71 Westmoreland St, Little Neck, NY 11363					Phone no. 718-440-4195		
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions							

SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 9000

Department of the Treasur	у
Internal Revenue Service	

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.

<b>Open to Public</b>
Inspection

# Name of the organization

Employer identification number

LINDY LOO FOUNDATION LTD	46-0864303
Part I Reason for Public Charity Status. (All organizations must complete this p	part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only or	ne box.)
1 A church, convention of churches, or association of churches described in section 17	0(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1	l)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in s hospital's name, city, and state:	section 170(b)(1)(A)(iii). Enter the
5 An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)	ed by a governmental unit described in
6 A federal, state, or local government or governmental unit described in section 170(b)	(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a gover described in section 170(b)(1)(A)(vi). (Complete Part II.)	nmental unit or from the general public
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the nan university:	
10 An organization that normally receives (1) more than 33 <sup>1</sup> / <sub>3</sub> % of its support from contrib receipts from activities related to its exempt functions, subject to certain exceptions; a support from gross investment income and unrelated business taxable income (less se acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Particular Section 2009(a)(2)).	and (2) no more than 331/3% of its action 511 tax) from businesses
11 An organization organized and operated exclusively to test for public safety. See section	ion 509(a)(4).
12	ctions 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, **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, С 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. е functionally integrated, or Type III non-functionally integrated supporting organization.
- Enter the number of supported organizations . . . . . . f

Provide the following information about the supported organization(s). α

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			<i>/</i> 1	•	,	
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,575	61,100	4,375	4,575	751	133,376
2	Tax revenues levied for the organization'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	62,575	61,100	4,375	4,575	751	133,376
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						2,668
	on B. Total Support						130,708
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	62,575	61,100	4,375	4,575	751	133,376
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	274	873	811	346	124	2,428
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.)						
11	Total support. Add lines 7 through 10						135,804
12	Gross receipts from related activities, etc.		,			12	501()(0)
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re			-	ear as a sectio	
14	Public support percentage for 2022 (line 6	-		11, column (f))		14	96.25 %
15	Public support percentage from 2021 Sch	nedule A, Part I	II, line 14 .			15	<b>91.62</b> %
16a	331/3% support test-2022. If the organi						
b	box and <b>stop here</b> . The organization qua <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> - <b>2021.</b> If the organi this box and <b>stop here</b> . The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
47-							
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts- facts-and-circi	-and-circumsta umstances tes	ances test, che st. The organiz	eck this box a ation qualifies	nd <b>stop here</b> . as a publicly	Explain in supported
b	<b>10%-facts-and-circumstances test</b> — <b>26</b> 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cire	cts-and-circur cumstances te	nstances test, est. The organi	check this bo zation qualifies	x and <b>stop he</b> s as a publicly	r <b>e</b> . Explain supported
18	Private foundation. If the organization of instructions	did not check	a box on line	13, 16a, 16b,	, 17a, or 17b,	check this bo	x and see
							(Form 990) 2022

### 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						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(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						
Ŭ	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						
U							
Socti	on B. Total Support						
-		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	<b>First 5 years.</b> If the Form 990 is for the	organization'	l la first cocond	third fourth	or fifth tax yo	ar ac a cod	ion 501(0)(3)
14	organization, check this box and <b>stop he</b>	•			•		
Cost							
	on C. Computation of Public Suppor		·	10 1 (0)		45	0/
15	Public support percentage for 2022 (line					15	%
16	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2022 (			-		17	%
18	Investment income percentage from 202					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this	box and <b>stop ł</b>	<b>nere</b> . The organ	ization qualifies	s as a publicly su	pported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box a	and see inst	ructions .

Schedule A (Form 990) 2022

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- **c** 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- **c** 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on 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.*
- **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 line 10b below.
  - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

# 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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.

#### Section C. Type II Supporting Organizations

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).

#### Section 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 on line 2, above, 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.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** 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? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

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			ions A through E.
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	/	
	Other distributions (describe in <b>Part VI</b> ). See instructions.		6	
7 8	<b>Total annual distributions.</b> Add lines 1 through 6.	h the everesimetics is use	7	
0	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	in the organization is res	8 sponsive	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

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 A, Part I, Line 10 - Dancin Dreams, Best Buddies, Seaside Therapeutics, Anchor, Roslyn Challenger League. ------

SCHEDULE O	
(Form 990)	

Department of the Treasury

## 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 Form 990-EZ.

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



	Go to www.irs.gov/Form990 for the latest information.	
Name of the organization		Employer identification number
LINDY LOO FOUNDATION LTD	and Distance 10 500. Dealths: Oballismonth and 1000. A start to 500	46-0864303
	ard Players 12,500. Roslyn Challenger League 1,000. Anchor 12,500.	Dancin Dreams 5,000. Seaside
Therapeutics 1,000. Best Buddies 6,		
Form 990-F7 Part   Line 16 - Storag	je 1,929. Internet 120. Supplies 755. Registration Fee 300. Bank fees	10

Cat. No. 51056K

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#### LINDY LOO FOUNDATION LTD

EIN: 46-0864303

**Header Section** 

#### **Reasonable Cause Explanations**

#### Explanation

Extension was filed so necessary information can be available.

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#### **Primary Exempt Purpose**

LINDY LOO FOUNDATION LTD

EIN: 46-0864303

Part III

#### **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.

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Part III, Line 28

#### First Program Service Accomplishments Description

#### Description

ANCHOR, DANCING DREAMS, BEST BUDDIES, SEASIDE FOR THERAPEUTIC RIDING, ROSLYN LITTLE LEAGUE CHALLENGERS, BACKYARD PLAYERS.