** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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.

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

Inspection

OMB No. 1545-0047

Αŀ	or the	e 2019 calendar year, or tax year beginning	and	ending					
B	Check if pplicable	C Name of organization			D Employe	er identific	cation number		
	Addre	L.G.S. FOUNDATION, INC.							
	Name chang	Doing business as			26-2	2051377			
	□ Initial □ return □ Final □ return	Number and street (or P.O. box if mail is not delive 80 ORVILLE DR	,	Room/suite 100	E Telephor	ne number 74-3800			
	termir ated	City or town, state or province, country, and ZIF	or foreign postal code		G Gross receipts \$ 801,079.				
	Amen		or rereight pootal code		H(a) Is this				
F	Applic		GILMORE		1	ordinates			
	pendi	SAME AS C ABOVE			1		cluded? Yes No		
T 7	Гах-ех	empt status: X 501(c)(3)	(insert no.) 4947(a)(1)	or 527	1 ` ′		list. (see instructions)		
		te: WWW.LGSFOUNDATION.ORG	(11100111101) 10 17 (4)(1)	01 021	1		n number		
			ciation Other	1 Year	of formation: 2		State of legal domicile; NY		
	art I	Summary	Janes Carret P	L 10a1	or formation.	14	Otate of legal dofficine.		
		Briefly describe the organization's mission or most sig	inificant activities: THE LG	S FOUNDAT	ION IS DEI	DICATED			
Governance	١.	TO PROVIDING INFORMATION ABOUT LENNOX-G.							
nai	2	Check this box if the organization disconting	nued its operations or dispos	sed of more	than 25% of i	ts net ass	ets.		
Ver	3	Number of voting members of the governing body (Pa	•			1 1	8		
	4	Number of independent voting members of the gover	. , , , , , , , , , , , , , , , , , , ,				8		
જ જ		Total number of individuals employed in calendar yea					0		
iŧie		Total number of volunteers (estimate if necessary)					100		
Activities &		Total unrelated business revenue from Part VIII, colun					0.		
ď		Net unrelated business taxable income from Form 99					0.		
					Prior Yea		Current Year		
4	8	Contributions and grants (Part VIII, line 1h)			40	05,800.	767,633.		
Revenue	l					0.	0.		
eve	ı	. , , , , , , , , , , , , , , , , , , ,	ment income (Part VIII, column (A), lines 3, 4, and 7d)						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c				18,925.	6,603.		
	ı	Total revenue - add lines 8 through 11 (must equal Pa		42	24,900.	774,334.			
		Grants and similar amounts paid (Part IX, column (A),	23,750.	77,500.					
	ı	Benefits paid to or for members (Part IX, column (A), I	P (((-) (-)						
'n	45	Salaries, other compensation, employee benefits (Par				0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line				0.	0.		
ber	b	Total fundraising expenses (Part IX, column (D), line 2		0.					
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11			25	58,310.	585,608.		
		Total expenses. Add lines 13-17 (must equal Part IX, o			28	32,060.	663,108.		
	19	Revenue less expenses. Subtract line 18 from line 12			14	12,840.	111,226.		
or or		·		Ве	ginning of Curr	ent Year	End of Year		
t Assets or	20	Total assets (Part X, line 16)				20,048.	623,167.		
ASS	21	Total liabilities (Part X, line 26)			33	31,654.	236,308.		
Net		Net assets or fund balances. Subtract line 21 from lin	e 20		28	38,394.	386,859.		
Pa	art II	Signature Block							
Und	er pena	Ities of perjury, I declare that I have examined this return, inc	luding accompanying schedules	s and stateme	ents, and to the	best of my	knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) i	s based on all information of wh	nich preparer	has any knowle	edge.			
Sig	n	Signature of officer			Date	:			
Her	е	NATALIE GILMORE, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name P	eparer's signature		Date	Check if	PTIN		
Paid	I		VID LITTLE	1	1/16/20	self-employe	P01480921		
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP			Firm	's EIN 🕨	41-0746749		
Use	Only	Firm's address 5550 WILD ROSE LANE, SUITE							
_		WEST DES MOINES, IA 50266-	5304		Pho	ne no.515	-222-4400		
Ma	, tha II	RS discuss this return with the preparer shown above	(coo instructions)				X Ves No		

26-2051377

Га	Statement of Frogram Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	THE LGS FOUNDATION IS DEDICATED TO IMPROVING THE LIVES OF INDVIDUALS		
	LIVING WITH LENNOX-GASTAUT SYNDROME, A RARE AND CATASTROPHIC FORM OF		
	EPILEPSY, THROUGH RESEARCH, PROGRAMS AND EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not liste	ed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	m services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	services as measured by	evnenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocated the section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocated the section 501 (c)(4) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants are required to report the section 501 (c) (d) organization 501 (c) (
		tions to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	00) (0)
4a		00. (Revenue \$	<u> </u>
	TO PROVIDE INFORMATION ABOUT LENNOX-GASTAUT SYNDROME AS WELL AS		
	PROGRAMS AND SERVICES FOR LGS FAMILIES.		
4b	O (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e			
-10	The program control expenses p		Form 990 (2019)
			. 5

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>. </u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		\vdash
.0		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form 990 (2019) L.G.S. FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			_v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 +		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	·······		Х
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2019)

L.G.S. FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continuo

ı aı	Statements negariting other in 3 mings and Tax compliance (continued)							
		I I		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х				
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			77			
3a			3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				х			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Λ			
р	If "Yes," enter the name of the foreign country							
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		Ea		Х			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5a 5b		X			
b	14 NA		5c					
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30					
oa			6a		х			
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	<u> </u>					
-	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		0.0					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х			
b			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	1 1						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	المدا						
a	Gross income from members or shareholders	11a						
D	Gross income from other sources (Do not net amounts due or paid to other sources against	116						
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a					
b		12b	IZa					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
_	Note: See the instructions for additional information the organization must report on Schedule O.		iou					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.			000				
			Earm	990	(2010)			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	ļ.,.
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	71.		x
•		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9		OD	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		
	This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			la la
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website	d fine-	nio!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	ılal	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KEVIN MERRITT - 718-374-3800			
	80 ORVILLE DRIVE SUITE 100, BOHEMIA , NY 11716			
	· '			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an fficer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week (list any	tor					Ĺ	from the	from related organizations	other compensation
	hours for	direct				٥		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)		organization
	organizations	ll trus	nal tri		loyee	om of				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NATALIE GILMORE	line) 20.00	<u> </u>	Ë	#0	-\$	± 5	요			
PRESIDENT	0.00	Х		х				0.	0.	0.
(2) ELIZABETH TERRY	5.00	21						· · · · · · · · · · · · · · · · · · ·	· ·	<u> </u>
VICE PRESIDENT	0.00	х		x				0.	0.	0.
(3) KAREN GROFF	5.00	 -						· ·	•	· •
SECRETARY	0.00	х		x				0.	0.	0.
(4) JOHN CURRIER	5.00									
TREASUER	0.00	х		х				0.	0.	0.
(5) CHRISTOPHER MITCHELL, JD	5.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(6) DALE TODD	5.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(7) MELANIE HUNTLEY, PHD	5.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) CHRISTINA SANINOCENCIO	40.00									
EXECUTIVE DIRECTOR	0.00			Х				91,166.	0.	0.
		1								
		-								
		1								
		1								
		1								
-					\vdash	\vdash				
		1								
		1								

_ •	Section A. Officers, Directors, Trus	iees, key Emp	PIOA	ees,	anc	л ПI	gnes	<u> </u>	ompensated Employee	(continued)				
	(A)	(B)			(C)				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck) than d	one	Reportable Reportable				timate	
		hours per week					s both		compensation	compensation			ount (of
		(list any							from the	from related organizations		other compensation		tion
		hours for	direct				- - - -		organization	(W-2/1099-MIS			om the	
		related	tee or	ustee			ensate		(W-2/1099-MISC)	•	´	orga	anizati	on
		organizations	al trus	onal tr		loyee	comp						relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
		11110)	드	드	5	જ	포등	요			\dashv			
											\top			
											+			
											\dashv			
											+			
											\dashv			
1b	Subtotal							•	91,166.		0.			0.
С	Total from continuation sheets to Part VI	l, Section A						•	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	91,166.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization											ı	v 1	0
					_						П		Yes	No
3	Did the organization list any former officer,	•		•	•	•		_	• •	•				Х
4	line 1a? If "Yes," complete Schedule J for s										⊦	3		
7	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a											-		
_	rendered to the organization? If "Yes." com										[5		Х
Sec	tion B. Independent Contractors	proto correcan	<i>5</i>	<i>31 00</i>	,	0010	<u> </u>						•	
1	Complete this table for your five highest co										nsati	on fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndır	ng w	ith c	or wi	thin	the organization's tax yo (B)	ear.		(C	:)	
	Name and business	address							Description of s	ervices	Co		nsation	า
	Y DIXON-SALAZAR 7 VERACRUZ COURT, SAN DIEGO , CA	92124						ļ	RESEARCH CONSULTIN		102,083.			
	. ,													
								\dashv						

Form **990** (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

26-2051377

Form 990 (2019) L.G.S. FOUR Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ية ق		c Fundraising events 1c	25,454.				
fts,		•	20,101.				
ig ig							
ons,		e Government grants (contributions) 1e					
utic	1	f All other contributions, gifts, grants, and	7/2 170				
章		similar amounts not included above 1f	742,179.				
ont		g Noncash contributions included in lines 1a-1f		767 633			
O g		h Total. Add lines 1a-1f		767,633.			
			Business Code				
ce	2	a					
ervi	ı	b					
S c	•	c					_
ran Sev	•	d					_
Program Service Revenue	•	e					
<u>-</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)	>	98.			98.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	•				
		a Gross amount from sales of (i) Securities	(ii) Other				
	- '	assets other than inventory 7a					
		b Less: cost or other basis					
ø		and sales expenses 7b					
nu		c Gain or (loss) 7c					
eve			>				
her Revenue		d Net gain or (loss)					
	8	a Gross income from fundraising events (not					
Ò		including \$ 25,454. of					
		contributions reported on line 1c). See	0.				
		Part IV, line 18	-				
		b Less: direct expenses8b		26 745			26 745
		Net income or (loss) from fundraising events	_	-26,745.			-26,745.
	9 :	a Gross income from gaming activities. See					
	_	Part IV, line 19					
		b Less: direct expenses9b	1				
		Net income or (loss) from gaming activities	D				
	10	a Gross sales of inventory, less returns					
		and allowances10a					
	١	b Less: cost of goods sold10t	ol				
		Net income or (loss) from sales of inventory					
ွှ			Business Code				
Miscellaneous Revenue	11 :	MISC. INCOME	541610	33,348.			33,348.
ane anu	ı	b					
e Ke		c					
Aisc B	(d All other revenue					
		e Total. Add lines 11a-11d		33,348.			
	12	Total revenue. See instructions		774,334.	0.	0.	6,701.

932009 01-20-20

26-2051377

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 77,500 77,500 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 319,946. 319,946. Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 3,057 1,273. 1,784 Advertising and promotion 12 6,591 11,627. 5,036. 13 Office expenses 497 497. Information technology 14 Royalties 15 16 Occupancy 23,159, 13,609 9,550 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 204,108. 204,108. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 2,512. 2,512 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MISC. EXPENSE 17,236. 17,236 а TELEPHONE 1,541. 1,541 BANK & CREDIT CARD FEES 1,195. 1,195. С DUES & SUBSCRIPTIONS 141 141

Form **990** (2019)

All other expenses

Check here

d

е

25

589

663,108

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

41,047

589

622,061

0.

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		306,434.	1	232,779
	2	Savings and temporary cash investments		300,556.	2	211,704
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	178,684
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ		6		
δ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
ğ	9	B		12,000.	9	
	10a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	e 11		12	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	1,058.	15		
	16	Total assets. Add lines 1 through 15 (must e	620,048.	16	623,167	
	17	Accounts payable and accrued expenses		6,654.	17	36,308
	18	Grants payable			18	
	19	Deferred revenue		325,000.	19	200,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
S	22	Loans and other payables to any current or for	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
iabi		controlled entity or family member of any of t	hese persons		22	
_	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,	• •			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D		201 471	25	
	26	Total liabilities. Add lines 17 through 25		331,654.	26	236,308
S		Organizations that follow FASB ASC 958, or	check here			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.				
alar	27				27	
Ä	28	Net assets with donor restrictions			28	
Ĕ		Organizations that do not follow FASB ASC	C 958, check here ► X			
户		and complete lines 29 through 33.		^	00	^
ţ	29	Capital stock or trust principal, or current fun		0.	29	0
SSe	30	Paid-in or capital surplus, or land, building, or		0.	30	396 950
λA	31	Retained earnings, endowment, accumulated		288,394.	31	386,859
ž	32	Total net assets or fund balances		288,394.	32	386,859
	33	Total liabilities and net assets/fund balances		620,048.	33	623,167

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		774,	334.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		663,	108.		
3	Revenue less expenses. Subtract line 2 from line 1	3		111,	226.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		288,	394.		
5	Net unrealized gains (losses) on investments	5					
6							
7	Investment expenses	7					
8	Prior period adjustments	8		-12,	761.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

932012 01-20-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

26-2051377

Name of the organization

L.G.S. FOUNDATION, INC.

Public Charity Status (All organizations must complete this part.) See instructions

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The	organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative					i).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7								oublic described in				
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in conju	inction with a land-grant	college				
		or university or a non-land-g	-			=	-	-				
		university:		,								
10	X	An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	oort from c	contributio	ns, membership fees, an	d gross receipts from				
		activities related to its exem										
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.					
a		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
k	, [Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving				
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
c	i 🗆	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e	,	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.						
1	Ente	er the number of supported o	organizations									
		vide the following information			(iv) Is the oras	anization listed						
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
_												
Tot	ai						I	i .				

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	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)						
_							
	Public support. Subtract line 5 from line 4.						
		(-) 004E	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(f) T-+-!
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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					,	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	1 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶ □
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization		-	•			• • • • • • • • • • • • • • • • • • •
			,,	, ,, 11.		dule A (Form 990	

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

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

Se	ction A. Public Support		•				
Cale	ndar 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	100 501	272 225	207 045	405 000		
	include any "unusual grants.")	199,621.	278,906.	397,945.	405,800.	775,527.	2,057,799.
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	12,619.	16,000.	0.	19,000.	0.	47,619.
3	Gross receipts from activities that						_
	are not an unrelated trade or bus-						
	iness under section 513	2,000.	65,177.	42,244.	30,532.	25,454.	165,407.
4	Tax revenues levied for the organ- ization'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	214,240.	360,083.	440,189.	455,332.	800,981.	2,270,825.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2,270,825.
	· · ·	(a) 201 <i>E</i>	(h) 2016	(a) 0017	(4) 2010	(a) 2010	(f) Total
	Indar year (or fiscal year beginning in)	(a) 2015 214, 240.	(b) 2016 360,083.	(c) 2017 440,189.	(d) 2018 455,332.	(e) 2019 800,981.	(f) Total 2,270,825.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	214,240.	300,003.	440,103.	±33,332.	000,301.	2,270,023.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is	128.	76.	159.	175.	98.	636.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital		70.	133.	173.	30,	
13	assets (Explain in Part VI.)	214,368.	360,159.	440,348.	455,507.	801,079.	2,271,461.
	First five years. If the Form 990 is for			· · · · · · · · · · · · · · · · · · ·	•	· · ·	
	check this box and stop here						
Sec	ction C. Computation of Public	Support Perc	entage				
15	Public support percentage for 2019 (li	ne 8, column (f), div	vided by line 13, co	olumn (f))		15	99.97 %
16	Public support percentage from 2018	Schedule A, Part II	I, line 15			16	99.96 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	19 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	.00 %
18	Investment income percentage from 2	2018 Schedule A, F	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2019. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 30	3 1/3%, and line 17	
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the						∑ X
	line 18 is not more than 33 1/3%, chec						▶□
20	Private foundation If the organization	n did not chock a h	ov on line 14 10a	or 10h chack this	s hav and soo inst	ructions	

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

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (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).
- **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 or 990-EZ).
- 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).
- 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 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.**
- c 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.
- 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.
 - **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		
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	26		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	50		
	_		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Pai	T IV 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		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			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		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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	3		
Sec	supported organizations played in this regard. tion 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)	<i>}-</i>		
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 government entity (see inst	ructions,		N ₂
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	0-		
	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			
	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. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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	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	<u> </u>	
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 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-functional	ly integrat	ed Type III supporting orga	nization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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 the	ne organization is responsive	!	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on 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 (reason-			
	able 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 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 B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2019

L.	G.S. FOUNDATION, INC.	26-2051377			
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
· · ·	is covered by the General Rule or a Special Rule .	ule. See instructions.			
General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(1) any one contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled here the total contributions that were received during the year for an exclusively religion properties any of the parts unless the General Rule applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., it received <i>nonexclusively</i>			
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	•			

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

L.G.S. FOUNDATION, INC.

26-2051377

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 2	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	numo, uuuross, unu ZIF T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

Employer identification number

L.G.S. FOUNDATION, INC.

26-2051377

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, audress, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humo, address, and Ell TT	\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

L.G.S. FOUNDATION, INC.

Employer identification number

26-2051377

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
			1

Name of or	rganization		Employer identification number
L.G.S. F	OUNDATION, INC.		26-2051377
Part III) through (e) and the following line enticharitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

L.G.S. FOUNDATION, INC. 26-2051377 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region 0 0 0. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 0 0.

932071 10-12-19

and 3b)

Schedule F (Form 990) 2019

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

L.G.S. FOUNDATION, INC.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		245 BURGUNDY		05 000				
		STREET	RESEARCH TO STUDY LGS	25,000.		0.		
			Lecognized as charities by the f		recognized as tax-ex	ı empt		1

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019	.G.S. FOUNDATION,	INC.			26-2051377		Page :
Part III Grants and Other Assistance	ce to Individuals Outsid	e the United Sta	ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is neede		,				_
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019 IPart IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

SCHEDULE G

Department of the Treasury Internal Revenue Service

(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 Inspection

L.G.S. FOU	NDATION, INC.					26-205137	7
Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	line 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees, o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.		ontrib	utions	or has been notified	l it is e	exempt from re	gistration
-							

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and great productions.				
		or rundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			LGS AWARENESS DAY	WALK N WHEEL	1	col. (c))
Ф			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	5,593.	14,189.	5,672.	25,454.
	2	Less: Contributions	5,593.	14,189.	5,672.	25,454.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		12,598.		12,598.
	8	Entertainment				
	9	Other direct expenses		5,724.	2,661.	14,147.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	26,745.
	11					-26,745.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T	I		T=
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
03000		P-11-19			Schedule G (Ex	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 L.G.S. FOUNDATION, INC.	26-2051377	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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
12	Indicate the percentage of gaming activity conducted in:	100	
		40-	07
	The organization's facility		<u>%</u>
	o An outside facility	13b	%
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
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
	,		
	Name		
	Address ▶		
16	Gaming manager information:		
	Nome >		
	Name		
	Gaming manager compensation \$		
	<u> </u>		
	Description of services provided		
	Divertor/officer		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	·		

Schedule G (Form 990 or 990-EZ) L.G.S. FOUNDATION, INC. Part IV Supplemental Information (continued)	26-2051377	Page 4
Part IV Supplemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2019
Open to Public

Inspection

Name of the organization							Employer identification number
L.G.S. FOUNDA							26-2051377
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or ass	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monitor	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(e) NA-11 1 - 5		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NODWINDOWDN INTURDOWN							
NORTHWESTERN UNIVERSITY 303 E CHICAGO AVE WARD 9-250							
CHICAGO, IL 60611	36-2167817		0.	47,500.			RESEARCH TO STUDY LGS
CHICAGO, IL 60611	30-210/01/		0.	47,300.			RESEARCH TO STUDY LGS
							+
2 Enter total number of section 501(c)(3)	and government org	anizations listed in th	e line 1 table	<u> </u>	<u>I</u>	ı	2.
3 Enter total number of other organization	•						0.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2019)

L.G.S. FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.					
PART I, LINE 2:									
GRANT APPLICATIONS ARE RECEIVED ANNUAL AND QUALIFIE	ED APPLICANTS	AFFILIATED							
WITH AN ACCREDITED UNIVERSITY ARE REVIEWED BY AN EX	KTERNAL REVIE	W PANEL OF							
SCIENTIFIC EXPERTS. SCIENTIFIC SCORING IS BASED ON	THE NIH RO1	GRANT							
SCORING SYSTEM AND FINAL SCIENTIFIC SCORES ARE SHALL	RED WITH THE	BOARD OF							
DIRECTORS (BOD). THE LGSF BOD THEN CONSIDERS THE SO	CIENTIFIC MER	IT OF EACH							
GRANT IN THE CONTEXT OF ORGANIZATIONAL GOALS AND VO	OTES TO FUND	APPROVED							
RESEARCH GRANTS ON AN ANNUAL BASIS. GRANTEES PROVID	DE PROGRESS R	EPORTS EVERY							
6 MONTHS, WHICH ALLOWS ALLOCATION OF FUNDS FOR THE	MONTHS, WHICH ALLOWS ALLOCATION OF FUNDS FOR THE NEXT GRANT PERIOD, AND								

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on 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

Internal Revenue Service Name of the organization

Employer identification number

L.G.S. FOUNDATION, INC.	26-2051377								
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:									
FUNDS FOR RESEARCH, SERVICES AND SUPPORT FOR INDIVIDUALS LIVING WITH									
LGS AND THEIR FAMILIES.	GS AND THEIR FAMILIES.								
PART V LINE 2B									
BOARD MEMBERS ARE NOT COMPENSATED. ANY WORK OR ASSISTANCE DONE ON									
BEHALF OF THE ORGANIZATION IS DONE SO THROUGH INDEPENDENT CONTRACTORS.									
INDEPENDENT CONTRACTORS ARE COMPENSATED ACCORDING TO INDUSTRY STANDARDS									
AND THE FAIR MARKET VALUE OF THE SERVICES THEY PROVIDE TO LGSF.									
FORM 990, PART VI, SECTION A, LINE 3:									
CONTRACTORS ARE HIRED TO PERFROM RESEARCH CONSULTING TO L.G.S. FOUNDATION									
IN ORDER TO HELP ROVIDE ADDITIONAL RESEARCH AND RESOURCES FOR EXPLANATION									
IN RELATION TO LENNOX-GASTAUT SYNDROME.									
FORM 990, PART VI, SECTION B, LINE 11B:									
THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED									
ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS									
REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING. ONCE									
THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO									
THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH									
THE IRS."									
FORM 990, PART VI, SECTION C, LINE 18:									
NO DOCUMENTS AVAILABLE TO THE PUBLIC									

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

Schedule O (Form 990 or 990-EZ) (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.	30, FIEITHOC	s, and nacto			
Type or						er (TIN)		
print	L.G.S. FOUNDATION, INC.				26-2051377			
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, so 80 ORVILLE DR , NO. 100	•						
instructions								
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1		
Applicat	tion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
Telep If the	sooks are in the care of ▶ 80 ORVILLE DRIVE SUITE whone No. ▶ 718-374-3800 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶	in the Uni Group Exe	Fax No. ted States, check this box	If this is fo	r the whole group, c			
the	1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2019 or ▶ tax year beginning , and ending .							
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, by nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
	timated tax payments made. Include any prior year overp			3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa							
us	ing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	Зс	\$	0.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019

Open to Public Inspection

1. General Information			
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/2019			
Check if Applicable: Address Change	Name of Organization: L.G.S. FOUNDATION, INC.	Employer Identification Number (EIN): 26-2051377	
Name Change Initial Filing	Mailing Address: 80 ORVILLE DR , NO. 100	NY Registration Number:	
Final Filing Amended Filing	City / State / ZIP: BOHEMIA , NY 11716	Telephone: 718 374-3800	
Reg ID Pending	Website: WWW.LGSFOUNDATION.ORG	Email:	
Check your organization's			
registration category: 7A only EPTL only The problem of the confirm your Registration Category in the Charities Registry at www.Charities NYS.com.			
2. Certification			
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
President or Authorized Officer: NATALIE GILMORE PRESIDENT			
Fresident of Authorized		ame and Title Date	
	Signature Print Na	arrie and fille Date	
Chief Financial Officer or Treasurer:			
	Signature Print Na	ame and Title Date	
3. Annual Reporting Exemption			
Check the exemption(s)	that apply to your filing. If your organization is claiming an exemption under one ca	ategory (7A or EPTL only filers) or both	
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or			
additional attachments a	re required. If you cannot claim an exemption or are a DUAL filer that claims only	one exemption, you must file applicable	
schedules and attachments and pay applicable fees.			
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.			
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.			
4. Schedules and Attachments			
See the following page			
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-ve		d raising counsel or commercial co-venturer	
schedules and	for fund raising activity in NY State? If yes, complete Sched	lule 4a.	
attachments to			

7A filing fee:

EPTL filing fee:

The Exempt dategory folds to an organization's five registration status, it does not fold to its inditax designation.

Make a single check or money order

payable to:

"Department of Law"

Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

Total fee:

complete your filing.

See the checklist on the

fee(s). Indicate fee(s) you

968451 01-08-20 1019

next page to calculate your

5. Fee

125.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:			
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)		
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants			
Check the financial attachments you must submit with your CHAR500:			
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable			
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.			
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.			
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	· · · · · · · · · · · · · · · · · · ·		
Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.			
Audit Report if you received total revenue and support greater than \$750,000			
No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required			
The area a box is mist and onested box oa, no neview hopert of yadat hopert is	roquirou		
Calculate Your Fee			
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?		
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon		
	registration with the NY Charities Bureau:		
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York		
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")		
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct		
	activities for charitable purposes in NY.		
\$0, if you checked the EPTL exemption in Part 3b	DUAL filers are registered under both 7A and EPTL.		
\$25, if the NET WORTH is less than \$50,000	DOAL mers are registered under both 7A and Er TE.		
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau		
X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration Example of Charitable Organizations These		
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	<u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports		
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	but may do so voluntarily.		
\$1500, if the NET WORTH is \$50,000,000 or more	Confirm the Designation Code are and leave are about NV		
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .		
Send Your Filing	ian at <u>ministration (18.88).</u>		
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?		
	NET WORTH for fee purposes is calculated on:		
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22		
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between		
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and		
New York, NY 10005	Total Liabilities (Part II, line 23(b)).		

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

Page 2

034-0101