Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

			ar year, or tax year beginning	August 9 , 20	19, and ending	J	uly 31	, 20	20		
B Check if a		pplicable:	C Name of organization				yer identifica	tion number			
	Address change		Lesch-Nyhan Dedicated Advocates				842692	707			
V	Name cha	Hoofil/Suite					E Telephone number				
H	Initial retu	rn/terminated	934 Tarlton Road			614-354-9931					
Ħ	Amended	No. of Contract of	City or town state or previous services and ZID - feet			F Group Exemption					
	Applicatio	on pending	Circleville, OH 43113			Number ▶ ?					
G	Account	ting Method:	✓ Cash	>	н		if the o	rganization	is not		
	Website	e: ► www.	Lesch-Nyhan.com				to attach Sc	The same of the sa	?		
J 1	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🗌 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527		0, 990-EZ, c				
			Corporation Trust	Association Othe		(-,, -	1 000 11).			
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If	gross receipts are \$200,000	or more or if tota	Lassets					
(Pa	rt II, col	umn (B)) are \$	\$500,000 or more, file Form 990 instead of	Form 990-EZ			•		1102		
P	art I	Revenu	e, Expenses, and Changes in Ne	t Assets or Fund Bala	nces (see the	instruc	tions for F	Part I\	1102		
-	-	Check if	the organization used Schedule O to	o respond to any question	on in this Part I	motrao	10113 101 1	art ij			
?1	1	Contributio	ons, gifts, grants, and similar amounts	received	orran traio i diti	· · ·	1		1102		
?1	2	Program se	ervice revenue including government f	ees and contracts			2		0		
?1	3	Membersh	ip dues and assessments				3		0		
?1	4	Investment					4				
	5a	Gross amo	ount from sale of assets other than inve	entory	 Ба				0		
	b	Less: cost	or other basis and sales expenses .	sintery	5b	0					
	C	Gain or (los	ss) from sale of assets other than inver	-	5c		0				
	6	Gaming an	nd fundraising events:	n in e sa)		30		- 0			
	а		ome from gaming (attach Schedule								
ne		\$15,000) .		Sa	0						
Revenue	b		me from fundraising events (not include	of contribution	0						
Sev.		from fundraising events reported on line 1) (attach Schedule G if the									
_		sum of such gross income and contributions exceeds \$15,000) 6b									
	C		et expenses from gaming and fundraisi		SC SC	0					
	d	Net income	e or (loss) from gaming and fundraisi	ng events (add lines 6a	and 6b and sul	otract					
		line 6c) .				100	6d		0		
	7a	Gross sales	s of inventory, less returns and allowar	nces	'a		ou				
	b		of goods sold		'b	0					
	С		it or (loss) from sales of inventory (sub-				7c		0		
	8	Other rever	nue (describe in Schedule O)				8		0		
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, ar	nd 8			9		1102		
Expenses	10	Grants and	similar amounts paid (list in Schedule	0)			10		0		
	11		aid to or for members			_	11				
	12	Salaries, ot	ther compensation, and employee ben	efits 📴		_	12		0		
	13	Professiona	al fees and other payments to indepen	dent contractors		_	13		0		
	14	Occupancy					14		0		
	15		ublications, postage, and shipping .				15				
	16	Other expe	enses (describe in Schedule O) 2 .				16		0		
	17	Total expe	enses. Add lines 10 through 16			·	17				
Net Assets	18	Excess or (deficit) for the year (subtract line 17 fro	om line 9)	• • • • •		18		0		
	19	Net assets	or fund balances at beginning of year	ar (from line 27 column	(A)) (must agree	with	10		1102		
		end-of-year	r figure reported on prior year's return))	, ,, (must agree		10				
	20	Other chan	ges in net assets or fund balances (ex	plain in Schedule (1)			19		0		
Ž	21	Net assets	or fund balances at end of year. Comb	oine lines 18 through 20			20		0		
	4_91		and the state of t	on to through 20			41	1	1102		

Pa	rt II Balance Sheets (see the instructions	for Part II)				, 490
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
	(A) Beginning of y			(A) Beginning of year	r (B) End of year	
22	Cash, savings, and investments				22	110
24	Land and buildings				23	
25	Total assets				24	
26	Total liabilities (describe in Schedule O)				25	110
27	Net assets or fund balances (line 27 of column			0	26	440
Par	Statement of Program Service Accom	polishments (see the	ne instructions for l	Part III\	27	110:
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III		Expenses
Vha	t is the organization's primary exempt purpose?				(Red	quired for section
Desc	cribe the organization's program service accompli	ishments for each o	f its three largest n	rogram services		(c)(3) and 501(c)(4) anizations; optional for
as n	leasured by expenses. In a clear and concise m	nanner, describe the	e services provided	the number of	othe	
	ons benefited, and other relevant information for ea	ach program title.				
28						
?"	(Grants \$) If this amount	in all des feet				
29		includes foreign gra			28 a	1
	(Grants \$) If this amount	includes foreign gra	ents check hara		00-	
30) ii tiio airiourit	includes loreign gra	ants, check here .		29a	1
	(Grants \$) If this amount	includes foreign gra	ants, check here	• 🗖	30a	
31	Other program services (describe in Schedule O)				000	
	(Grants \$) If this amount	includes foreign gra	ints, check here		31a	
32	Total program service expenses (add lines 28a	through 31a)			32	
Par	List of Officers, Directors, Trustees, and Key	y Employees (list each	one even if not com	pensated-see the in	stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗀
	(a) Name and title	(b) Average	(c) Reportable 23	(d) Health benefits, contributions to employe	9 (9)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	1	other compensation
mv	Laws - Director/President/Treasurer		(if not paid, enter -0-)	deferred compensation	_	
illy	Laws - Director/President/Treasurer	10				
mb	er Miles - Director/Vice President)	0	(
	- Indiana in the state of the s	.50				
arv	Comer - Director/Secretary		(0	
9		.50				
					0	
		1				
					+	
		•				
					+	
					+	

Part	A total the constant of and personal benefit contract statement requirement	s in th	ne	Page 3
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Par	t V	
33	Did the organization engage in any circuitiness activity and activity		Yes	No
00	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	-	~
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	The second of th	04		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
30	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			
37a		36	S DAIL SUBSE	V
b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-POL for this year?	SHALL THE SA		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	37b		~
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b		- Cou		5,1000
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 : section 4955 ▶ 0			
b	9,000,001,400,70			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		ESCIP	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	40c reimbursed by the organization			
-	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T			
41	List the states with which a copy of this return is filed ▶ Ohio	40e		~
42a	The experimentary's harden are in a section of the first section of the section o	14-35	4 002	1
	Located at > 934 Tariton Road, Circleville, OH 43113		113	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority, over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	• •		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44b		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an	.40		
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ. See instructions			
	Form 990-EZ. See instructions	45b		~

?1

10 the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public ofice? If Yes, "complete Schedule C, Part I	40	Did the averagedian and the U						Yes	No
All section 501 (c)(3) Organizations Only All section 501 (c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170b(t)(h)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization as a chool as described in section 170b(t)(h)(A)(ii)? If "Yes," complete Schedule E 49 Did the organization as chool as described in section 527 organization? 49 Did the organization as chool as described in section 527 organization? 49 Did the organization as chool as described in section 527 organization? 49 Did the organization or organization is one exempt non-charitable related organization? the section 500 organization as section 520 organization? 49 Newrage (A) Name and title of each employee 0) Newrage	46	to candidates for public office? If "Yee"	indirectly, in political of	campaign activities on	behalf of or	in oppos	tion		
All section 501(pl(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II are the organization as can be a second of second in section 170(b)(1)/A)(ii)? If "Yes," complete Schedule E 48 V 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b V 17 ves, "own the related organization of section 52? organization? 49b V 17 ves," was the related organization as certion 52? organization? 49b V 17 ves, "own the related organization of the organization of very seven belowed where the organization is 100,000 of compensated employees (other than officers, director, trustees, and 49b V 17 very seven below where the organization is 100,000 of compensation from the organization of the organization organization of the organization or	Dart	VI Section 501(a)(2) Organization	complete Schedule C	, Part I			. 46	3	V
Su and 91. Check if the organization used Schedule O to respond to any question in this Part VI The organization engage in lobbying activities or have a section 501(h) election in effect during the tax was compared to the organization of section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 59 Complete this fable for the organizations is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 60 Name and title of each employee benefit of the organization of the organiza	rart								
Check if the organization used Schedule O to respond to any question in this Part VI Tyes No		50 and 51	ns must answer que	estions 47–49b and	52, and co	mplete th	e tables	for lin	ies
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax Yes No									
10 to the organization engage in lobbying activities or have a section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 to organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48	-	Check if the organization used Sc	chedule O to respond	to any question in t	his Part VI				
year? If "Yes," complete Schedule C, Part II ### Is the organization a shoot as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### Is the organization and shoot as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### Is the organization and the organization? ### Up the organization and the organization? ### Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ### Is the organization as exception when the organization is the properties of the organization. If the organization is the organization is the organization organization. If there is none, enter "None." ### Is the organization organization in the organization. If there is none, enter "None." ### Is the organization organization organization. If there is none, enter "None." ### Is the organization organization organization. If there is none, enter "None." ### Is the organization organization organization. If there is none, enter "None." ### Is the organization organization organization. If there is none, enter "None." ### Is the organization organization organization. If there is none, enter "None." ### Is the organization organization organization. If there is none, enter "None." ### Is the organization organ	47	Did the constitution of th						Yes	No
18 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48	47	Did the organization engage in lobbying				luring the	tax		
10 the organization make any transfers to an exempt non-charitable related organization?	40						. 47		V
b If Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average (e) Name and title of each employee (b) Average (e) Name and title of each employee (c) Reportable compensation (c) Reportable compensation (d) Realth benefits in compensation (e) Estimated amount of other employees paid over \$100,000 ▶ None Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None 1 Total number of other independent contractors (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None 1 Total number of other independent contractors each receiving over \$100,000 ▶ None 1 Total number of other independent contractors each receiving over \$100,000 ▶ None 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations to the best of my knowledge and belief, it is not to the best of my knowledge and belief, it is subject to the properties of printing in printing and fills Point organization printing and fills Point o		is the organization a school as described	in section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E		. 48	3	V
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If the compensation compensation were the compensation of the compensa		Did the organization make any transfers	to an exempt non-cha	aritable related organiz	zation?		. 49	а	V
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Name and title of each employee (c) Reportable (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred other compensation (e) Reportable (Forms W-2/1099-MISC) (f) Health benefits, and deferred other compensation (g) Reportable (Forms W-2/1099-MISC) (g) Name and title of each employees paid over \$100,000 . None f Total number of other employees paid over \$100,000 . None (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (h) Type of service (g) Compensation None d Total number of other independent contractors each receiving over \$100,000 . None 20 If the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All		If "Yes," was the related organization a s	ection 527 organization	on?			. 49	b	
(a) Name and title of each employee Description Compensation	50	Complete this table for the organization's	s five highest compen	sated employees (oth	er than office	ers, direct	ors, trust	ees, ar	nd key
(a) Name and title of each employee		employees) who each received more tha	n \$100,000 of compe	nsation from the organ	nization. If th	ere is non	e, enter "	'None.'	17
devoted to position (Forms W-2/1099-MISC) benefit plans, and deferred other compensation		4.1.1	(b) Average	(c) Reportable			79. 27	N. 10 1002a	
None Total number of other employees paid over \$100,000		(a) Name and title of each employee			honofit plane and deferred				
f Total number of other employees paid over \$100,000 . ▶ None Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation			devoted to position	(Forms W-2/1099-MISC)				mponoa	itiOi i
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Lorder penalties of perjug, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of glepaer (other than officer) is based on all information of which preparer has any knowledge. Paid Print/Type or print hame and title Print/Type preparer's name Preparer Use Only Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type prepare	None		-						
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