

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 foundation)

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the
IRS generally cannot redact the information on the form.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2019

**Open to Public
Inspection**

A
For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B
Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
APS TYPE 1 FOUNDATION
Number and street (or P. O. box, if mail is not delivered to street address) PO BOX 404
Room/suite
City or town, state or province, country, and ZIP or foreign postal code STONY BROOK, NY11790

D Employer identification number
32-0241819

E Telephone number
(631) 682-5550

F Group Exemption
Number. . . ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ apstype1.org

H Check ▶ if the organization is **not**
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ▶ insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 61,760

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1	Contributions, gifts, grants, and similar amounts received.	1	61,760
	2	Program service revenue including government fees and contracts.	2	0
	3	Membership dues and assessments.	3	0
	4	Investment income.	4	0
	5a	Gross amount from sale of assets other than inventory.	5a	0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

b Less: cost or other basis and sales expenses.	5b	0	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).			5c 0
6 Gaming and fundraising events			
a Gross income from gaming (attach Schedule G if greater than \$15,000).	6a	0	
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c Less: direct expenses from gaming and fundraising events.	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d 0
7a Gross sales of inventory, less returns and allowances.	7a	0	
b Less: cost of goods sold.	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).			7c 0
8 Other revenue (describe in Schedule O).			8 0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9		61,760

Expenses	10 Grants and similar amounts paid (list in Schedule O).	10	100,000
	11 Benefits paid to or for members.	11	0
	12 Salaries, other compensation, and employee benefits.	12	0
	13 Professional fees and other payments to independent contractors.	13	0
	14 Occupancy, rent, utilities, and maintenance.	14	0
	15 Printing, publications, postage, and shipping.	15	360
	16 Other expenses (describe in Schedule O).	16	22,995
17 Total expenses. Add lines 10 through 16.	17		123,355

Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18	-61,595
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	199,828
	20 Other changes in net assets or fund balances (explain in Schedule O).	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

(A) Beginning of year (B) End of year	
22 Cash, savings, and investments.	199,828 22 138,233
23 Land and buildings.	0230
24 Other assets (describe in Schedule O).	0240
25 Total assets.	199,828 25 138,233
26 Total liabilities (describe in Schedule O).	0260
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	199,828 27 138,233

Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
What is the organization's primary exempt purpose? <u>Raise awareness, education and research related to APS Type 1, a rare autoimmune disease.</u>			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28 Funded \$100,000 APS Type 1 Research Grant. Administered by the National Organization of Rare Disorders. This research is critical toward our foundations mission of funding research in hopes of one day finding a cure. (Grants \$ 0) If this amount includes foreign grants, check here		28a	100,000
29 Website Redesign; redesigned an educational support website for all those involved in APS Type 1 including patients, families, physicians and researchers. This website features presentations videotaped or recorded at the first, second and third APS Type 1 International Symposiums. (Grants \$ 0) If this amount includes foreign grants, check here		29a	2,503
30 2019 Symposium; The APS Type 1 Foundation organized and hosted the third APS Type 1 Symposium as part of the Immune Deficiency Foundation's Semiannual Conference at The National Harbor Washington DC. (Grants \$ 0) If this amount includes foreign grants, check here		30a	9,434
Natural History Study; Benefiting all APS Type 1 patients and researchers all over the world with vital information from patients with this rare disorder. \$2583. Hosted 2 Fundraisers in 2019 \$4580. (Grants \$ 0) If this amount includes foreign grants, check here		31a	7,163
32 Total program service expenses (add lines 28a through 31a).	32		119,100

Part IV				
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV.				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	
Yes	
No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
33	
No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
34	
No	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35a	
No	

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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
	35c
	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
	36
	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶
	37a
	0
b	Did the organization file Form 1120-POL for this year?
	37b
	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
	38a
	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved
	38b
39	Section 501(c)(7) organizations. Enter:
a	Initiation fees and capital contributions included on line 9.
	39a
b	Gross receipts, included on line 9, for public use of club facilities.
	39b
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶0 ; section 4912 ▶0 ; section 4955 ▶0
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
	40b
	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . ▶0
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
	40e
	No
41	List the states with which a copy of this return is filed. ▶NY
42a	The organization's books are in care of ▶Sherri Seyfert Telephone no. ▶(631) 682-5550

Located at PO BOX 404 STONY BROOK, NY ZIP + 4 11790

b
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Yes
No
42b
No

If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c
At any time during the calendar year, did the organization maintain an office outside the U.S.?

42c
No

If "Yes," enter the name of the foreign country:

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. 43

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
No

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
No

c
Did the organization receive any payments for indoor tanning services during the year?

44c
No

d
If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

44d

45a
Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a
No

45b
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

45b
No

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Yes
No

46
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

46
No

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

Yes
No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47
No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48
No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a
No

b If "Yes," was the related organization a section 527 organization?

49b
No

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here

Signature of officer

Sherrí Seyfert Treasurer

Type or print name and title

2020-04-07

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Form **990-EZ** (2019)

Additional Data

Software ID:

Software Version:

EIN: 32-0241819

Name: APS TYPE 1 FOUNDATION

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Todd Talarico President	10	0	0	0
Jennifer Orange Vice President	10	0	0	0
Robin Finch Secretary	10	0	0	0
Sherrí Seyfert Treasurer	10	0	0	0
Heather Talarico Board Member	5	0	0	0
David Seyfert Board Member	5	0	0	0