

Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2018

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

- Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Form 990-EZ header section including: A For the 2018 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Group Exemption Number; G Accounting Method; H Check; I Website; J Tax-exempt status; K Form of organization; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

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 [X]

Table with 21 rows detailing Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes a 'RECEIVED' stamp from OGDEN, UT dated JUN 24 2019.

LHA For Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2018)

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	32,268.	22	28,061.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	8,139.	24	5,814.
25 Total assets	40,407.	25	33,875.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,407.	27	33,875.

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	0.

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
GRACE CORRADINO				
CHAIRPERSON	2.00	0.	0.	0.
LILLI DILLER				
VICE CHAIR	2.00	0.	0.	0.
RICHARD MONTERO				
TREASURER	2.00	0.	0.	0.
JOHN COONEY				
SECRETARY	2.00	0.	0.	0.
PHELIM DOLAN				
DIRECTOR	2.00	0.	0.	0.
JULIA BOVEY				
DIRECTOR	2.00	0.	0.	0.
BOB FISCHER				
DIRECTOR	2.00	0.	0.	0.
CATHERINE O'BRIEN				
DIRECTOR	2.00	0.	0.	0.
MICHELE JOERG				
DIRECTOR	2.00	0.	0.	0.
EVE LYNES				
DIRECTOR	2.00	0.	0.	0.
KATELIN VALENTE				
DIRECTOR	2.00	0.	0.	0.
KATHLEEN SHAW				
DIRECTOR	2.00	0.	0.	0.

0

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 Sch. O to respond to any question in this Part V [X]

- 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
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)
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b 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, section 4912, section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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

Table with columns Yes and No. Rows 33-40e. Values: 33 (No), 34 (No), 35a (No), 35b (N/A), 35c (No), 36 (No), 37a (0), 37b (No), 38a (No), 38b (N/A), 39a (N/A), 39b (N/A), 40a (N/A), 40b (No), 40c (0), 40d (0), 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 THE ORGANIZATION Telephone no. 917-748-5054
Located at P.O. BOX 5336, BAY SHORE, NY ZIP + 4 11706

- 42b 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)? 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).
42c 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:

Table with columns Yes and No. Rows 42b, 42c. Values: 42b (No), 42c (No).

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 N/A

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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

Table with columns Yes and No. Rows 44a-45b. Values: 44a (No), 44b (No), 44c (No), 44d (No), 45a (No), 45b (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

Table with 2 columns: Yes, No. Row 46: Yes (empty), No (X)

Part VI 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 Sch C, Part II

Table with 2 columns: Yes, No. Row 47: Yes (empty), No (empty)

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

Table with 2 columns: Yes, No. Row 48: Yes (empty), No (empty)

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

Table with 2 columns: Yes, No. Row 49a: Yes (empty), No (empty)

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

Table with 2 columns: Yes, No. Row 49b: Yes (empty), No (empty)

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All rows contain 'N/A'.

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'N/A'.

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 (Richard Montero), Date 6/18/19, Type or print name and title: RICHARD MONTERO, TREASURER

Paid Preparer Use Only: Print/Type preparer's name: KEVIN SCHMUTZ, Preparer's signature: Kevin Schmutz, Date: 06/17/19, Check self-employed: [], PTIN: P01788093, Firm's name: SHEEHAN & COMPANY, CPA, PC, Firm's EIN: 13-2709344, Firm's address: 165 ORINOCO DR, BRIGHTWATERS, NY 11718, Phone no.: 631-665-7040

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2018

**Open to Public
Inspection**

Name of the organization

SALTAIRE CITIZENS ASSOCIATION, INC.

Employer identification number

13-3662057

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

INTEREST INCOME

14.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SALTAIRE VOLUNTEER FIRE COMPANY

GRANTEE ADDRESS: 105 BROADWAY SALTAIRE, NY 11706

DATE OF GIFT: 12/03/18

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: FIRE ISLAND ASSOCIATION

GRANTEE ADDRESS: P.O.- BOX-424-OCEAN-BEACH, NY 11770

DATE OF GIFT: 09/28/18

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: FIRE ISLAND ASSOCIATION

GRANTEE ADDRESS: P.O. BOX 424 OCEAN BEACH, NY 11770

DATE OF GIFT: 12/26/18

AMOUNT GIVEN:

1,320.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

4,320.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization SALTAIRE CITIZENS ASSOCIATION, INC.	Employer identification number 13-3662057
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DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	2,068.
OFFICE EXPENSE	2,648.
DEPRECIATION	2,326.
WEBSITE	2,850.
MEMBERSHIP SUPPLIES	250.
NYS TAX	25.
MEMBERSHIP EVENT (FIREWORKS)	15,000.
TOTAL TO FORM 990-EZ, LINE 16	25,167.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	8,139.	5,814.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 1) TO ASSIST PROPERTY

OWNERS WITHIN THE INCORPORATED VILLAGE OF SALTAIRE, NEW YORK;

~~2) TO PRESERVE THE CHARACTER OF SALTAIRE;~~

3) TO MAINTAIN AND FOSTER AN ACTIVE INTEREST IN ITS GOVERNMENT AFFAIRS;

4) TO SOLICIT SUGGESTIONS FOR ITS ADMINISTRATION AND TO ADVISE ITS

ELECTED OFFICIALS;

5) TO ADVANCE THE PROPER DEVELOPMENT OF THE AFFAIRS, PROGRESS AND

PROBLEMS IN AND OF SALTAIRE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION ACTS AS A LIAISON BETWEEN THE RESIDENTS

OF THE INC. VILLAGE OF SALTAIRE AND THE VILLAGE

GOVERNMENT. THE ORGANIZATION ALSO SPONSORS COMMUNITY

ACTIVITIES AND RAISES MONEY TO PROVIDE ADDITIONAL SERVICES FOR THE

Name of the organization

SALTAIRE CITIZENS ASSOCIATION, INC.

Employer identification number

13-3662057

VILLAGE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.