

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)

OMB No 1545-1150

2018

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning, 2018, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C EXECUTIVE CLUB OF STATEN ISLAND, INC 1000 SOUTH AVENUE #104 STATEN ISLAND, NY 10314. D Employer identification number 47-2329680. E Telephone number 347-286-4200. F Group Exemption Number.

G Accounting Method: Cash, Accrual (checked), Other. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) (checked). I Website: WWW.EXECUTIVECLUBOFISI.COM. J Tax-exempt status: 501(c)(3), 501(c)(7) (checked), 4947(a)(1), 527.

K Form of organization: Corporation (checked), 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 48,683.

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 (checked).

Table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes a 'RECEIVED' stamp dated AUG 05 2019 from IRS-OSC OGDEN, UT. Total revenue is 48,683. Total expenses is 44,498. Net assets at end of year is 46,525.

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

SCANNED

**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  | 22 22,455.            | 22 40,245.      |
| 23 Land and buildings  |                       | 23              |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O                        | 24 20,325.            | 24 7,355.       |
| 25 Total assets  | 25 42,780.            | 25 47,600.      |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O                   | 26 440.               | 26 1,075.       |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 42,340.            | 27 46,525.      |

**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"/> | 28 a | 36,836. |
| 29 DONATIONS TO VARIOUS 501(C) (3) ORGANIZATIONS   |      |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a | 4,050.  |
| 30   |      |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a |         |
| 31 Other program services (describe in Schedule O)                                       |      |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a |         |
| 32 Total program service expenses (add lines 28a through 31a)                            | 32   | 40,886. |

**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 |
|--------------------------------------|--|--|---|--|
| JAMES THOMSON<br>DIRECTOR            | 10   | 0.   | 0.  | 0.   |
| CORY SCHIFTER<br>DIRECTOR            | 10   | 0.   | 0.  | 0.   |
| JOHN TAPINIS<br>TREASURER            | 10   | 0.   | 0.  | 0.   |
| REGINA BOUKHVALOVA<br>DIRECTOR       | 10   | 0.   | 0.  | 0.   |
| DOMINICK CICCARELLI<br>PRESIDENT     | 10   | 0.   | 0.  | 0.   |
| MICHAEL SCARIMBOLO<br>VICE PRESIDENT | 10   | 0.   | 0.  | 0.   |
| PAMELA COLUMBIA<br>DIRECTOR          | 10   | 0.   | 0.  | 0.   |
|                                      |  |  |   |  |
|                                      |  |  |   |  |
|                                      |  |  |   |  |
|                                      |  |  |   |  |
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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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
39 Section 501(c)(7) organizations
40a Section 501(c)(3) organizations
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations
40e All organizations
41 List the states with which a copy of this return is filed

42a The organization's books are in care of JOHN TAPINIS & ASSOCIATES, LTD Telephone no (347) 286-4200
Located at 1000 SOUTH AVENUE SUITE 104 STATEN ISLAND NY ZIP + 4 10314

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)?
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 United States?

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

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
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?
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)?

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

|    | Yes | No |
|----|-----|----|
| 46 |     | 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 Schedule C, Part II

|      | Yes | No |
|------|-----|----|
| 47   |     |    |
| 48   |     |    |
| 49 a |     |    |
| 49 b |     |    |

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

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

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

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 |
|-------------------------------------|--|---|---|--|
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

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 |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

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.

Signature of officer: [Signature] Date: 1/31/19  
**Sign Here** JOHN TAPINIS, TREASURER  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: JOHN G TAPINIS EA  
 Preparer's signature: JOHN G TAPINIS EA  
 Date:   
 Firm's name: JOHN TAPINIS & ASSOCIATES LTD.  
 Firm's address: 1000 SOUTH AVE STE 104, STATEN ISLAND, NY 10314  
 Check  if self-employed PTIN: P00318825  
 Firm's EIN: 27-3192254  
 Phone no: (347) 286-4200

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

**SCHEDULE O.**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**EXECUTIVE CLUB OF STATEN ISLAND, INC**

Employer identification number

**47-2329680**

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

|  |           |                |
|--|-----------|----------------|
| CHARITABLE CONTRIBUTIONS               | \$        | 4,050.         |
| CONFERENCES, CONVENTIONS, AND MEETINGS |           | 9,044.         |
| EXTERNAL EVENTS                        |           | 18,959.        |
| INSURANCE                              |           | 527.           |
| MARKETING                              |           | 786.           |
| MEMBER GIFTS                           |           | 78.            |
| SOCIALS                                |           | 8,833.         |
| SUPPLIES                               |           | 333.           |
| WEBSITE                                |           | 79.            |
| <b>TOTAL</b>                           | <b>\$</b> | <b>42,689.</b> |

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

|                     | <u>BEGINNING</u>  | <u>ENDING</u>    |
|---------------------|-------------------|------------------|
| ACCOUNTS RECEIVABLE | \$ 20,325.        | \$ 7,355.        |
| <b>TOTAL</b>        | <b>\$ 20,325.</b> | <b>\$ 7,355.</b> |

**FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

|                                       | <u>BEGINNING</u> | <u>ENDING</u>    |
|---------------------------------------|------------------|------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 440.          | \$ 1,075.        |
| <b>TOTAL</b>                          | <b>\$ 440.</b>   | <b>\$ 1,075.</b> |

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE PURPOSE OF THE ORGANIZATION IS TO PROMOTE BUSINESS THROUGH COMMUNITY SERVICE.

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE EXECUTIVE CLUB OF STATEN ISLAND IS ORGANIZED FOR THE PURPOSE OF UNITING BUSINESS PEOPLE WHO PROVIDE HUMANITARIAN SERVICES, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD