

Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

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OMB No. 1545-1150

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)

2018

Open to Public Inspection

▶ 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

A For the 2018 calendar year, or tax year beginning May 01, 2018, and ending April 30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <input checked="" type="checkbox"/> inc <u>Jupiter Island Residents Association, Inc.</u>		D Employer identification number <input checked="" type="checkbox"/> inc <u>59-1004927</u>
	Number and street (or P.O. box, if mail is not delivered to street address) <input checked="" type="checkbox"/> inc <u>P.O. Box 1551</u>	Room/suite <u>04</u>	E Telephone number <u>(772) 545-0022</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Hobe Sound, FL 33475-1551</u>		F Group Exemption Number ▶ <input checked="" type="checkbox"/> inc

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ N/A

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

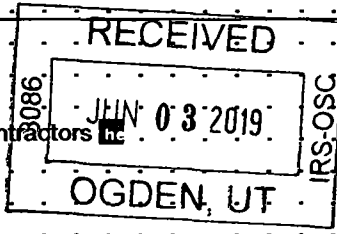
K Form of organization: Corporation Trust Association Other _____

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 78,356

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

Check if the organization used Schedule O to respond to any question in this Part I 2

		Revenue		Expenses		Net Assets	
<input checked="" type="checkbox"/>	1 Contributions, gifts, grants, and similar amounts received	1	10,512			18	10,982
<input checked="" type="checkbox"/>	2 Program service revenue including government fees and contracts	2	2,410			19	88,815
<input checked="" type="checkbox"/>	3 Membership dues and assessments	3	65,000			20	0
<input checked="" type="checkbox"/>	4 Investment income	4	434			21	99,797
	5a Gross amount from sale of assets other than inventory	5a					
	b Less: cost or other basis and sales expenses	5b					
	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					
	b Gross income from fundraising events (not including \$ _____ 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					
	c Less: direct expenses from gaming and fundraising events	6c					
	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					
	b Less: cost of goods sold	7b					
	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	78,356				
	10 Grants and similar amounts paid (list in Schedule O)	10	0				
	11 Benefits paid to or for members	11	0				
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> inc	12	0				
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> inc	13	0				
	14 Occupancy, rent, utilities, and maintenance	14	1,058				
	15 Printing, publications, postage, and shipping	15	34,080				
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> inc	16	32,236				
	17 Total expenses. Add lines 10 through 16	17	67,374				
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18					
	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					
	20 Other changes in net assets or fund balances (explain in Schedule O)	20					
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21					



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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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	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; 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	40b	<input checked="" type="checkbox"/>
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	40e	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of Jupiter Island Residents Association, Inc. Telephone no. (772) 245-8837 Located at P.O. Box 1551, Hobe Sound, FL ZIP + 4 33475-1551		
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).	42b	<input checked="" type="checkbox"/>
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	42c	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	44b	<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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 Yes No [checked]

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 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If "Yes," was the related organization a section 527 organization? 49b Yes 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."

Table with 5 columns: (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."

Table with 3 columns: (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.

Sign Here [Signature] Christopher Smith, President Date May 28, 2019

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

**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
Jupiter Island Residents Association, Inc.

Employer identification number
59-1004927

Form 990-EZ, Part I, Line 16, Other Expenses: Administration Expenses - \$13,637

Form 990-EZ, Part 1, Line 16, Other Expenses: Lecture/Entertainment Series - \$16,654

Form 990-EZ, Part 1, Line 16, Other Expenses: Liability Insurance - \$1,945

Form 990EZ, Part III, Line 31, Provide members with timely event scheduling updates - \$1,057