

Short Form Return of Organization Exempt From Income Tax

2019

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

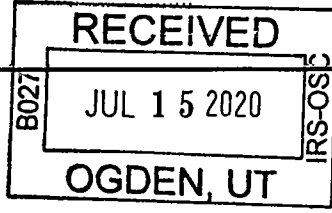
Header section A through L containing organization name (SALTAIRE CITIZENS ASSOCIATION, INC.), address (P.O. BOX 5336, BAY SHORE, NY 11706), and other identifying information.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I [X]

Main table with 21 rows detailing revenue (Total revenue: 49,490), expenses (Total expenses: 35,577), and net assets (Net assets at end of year: 47,788).

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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 | 28,061. | 22 | 43,636. |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O | 5,814. | 24 | 4,152. |
| 25 Total assets | 33,875. | 25 | 47,788. |
| 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) | 33,875. | 27 | 47,788. |

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? **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

| | | | |
|--|--|-----|----|
| 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 |
|---------------------------|--|--|---|--|
| LILLI DILLER | | | | |
| VICE CHAIR | 2.00 | 0. | 0. | 0. |
| RICHARD MONTERO | | | | |
| CHAIRPERSON AND 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 | | | | |
| VICE CHAIR | 2.00 | 0. | 0. | 0. |
| ALLISON WILLIAMS | | | | |
| DIRECTOR | 2.00 | 0. | 0. | 0. |

60

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

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
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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
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)?
42c 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? 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, No and rows 33 through 45b for recording responses to the form questions.

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 Yes/No columns and a grid for question 46. Answer: 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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns and a grid for questions 47, 48, 49a, and 49b.

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. Entry: 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." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Entry: 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, TREASURER. Date: 7/9/20

Paid Preparer Use Only: Print/Type preparer's name: KEVIN SCHMUTZ. Preparer's signature: Kevin Schmutz. Date: 06/29/20. Check self-employed: No. 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

Part III Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through col (c)) | |
|-----------------|----------------|---|--------------|------------------|---|---------|
| | | DIRECTORY ADS | | 3 | | |
| Revenue | | (event type) | (event type) | (total number) | | |
| 1 | Gross receipts | 14,930. | | 8,282. | 23,212. | |
| | 2 | Less Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 14,930. | | 8,282. | 23,212. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 5,605. | | 8,817. | 14,422. |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | | 14,422. |
| | 11 | Net income summary Subtract line 10 from line 3, column (d) | | | | 8,790. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|-----------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in

| | | |
|-----|--|---|
| 13a | | % |
| 13b | | % |

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

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.

**Open to Public
Inspection**

Name of the organization

SALTAIRE CITIZENS ASSOCIATION, INC.

Employer identification number
13-3662057

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

AMOUNT GIVEN: 2,100.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: FIRE ISLAND ASSOCIATION

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

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: FIRE ISLAND ASSOCIATION

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

AMOUNT GIVEN: 1,500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,100.

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

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|---------------------------------------|----------------|
| INSURANCE | 2,004. |
| OFFICE EXPENSE | 1,000. |
| DEPRECIATION | 1,661. |
| WEBSITE | 5,327. |
| MEMBERSHIP SUPPLIES | 1,489. |
| NYS TAX | 25. |

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

SALTAIRE CITIZENS ASSOCIATION, INC.

Employer identification number

13-3662057

MEMBERSHIP EVENT (FIREWORKS) 17,850.

BANK FEES 2.

TOTAL TO FORM 990-EZ, LINE 16 29,358.

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

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------------------|--------------|-------------|
| OTHER DEPRECIABLE ASSETS | 5,814. | 4,152. |

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

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,

