

2012

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. 1545-0047

2020

- 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 2020 calendar year, or tax year beginning , 2020, 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 07

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) (X)

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. \$ 41,000.

Part II 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 and 2 columns. Revenue section (lines 1-9) includes contributions, gaming, and total revenue of 41,000. Expenses section (lines 10-17) includes grants, salaries, and total expenses of 22,138. Net Assets section (lines 18-21) shows net assets at end of year as 63,145. Includes a 'RECEIVED' stamp dated MAY 03 2021 from OGDEN, UT.

SCANNED FEB 24 2022

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2020)

**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	35,425.22	55,875.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	8,918.24	7,270.
25 Total assets	44,343.25	63,145.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	60.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,283.27	63,145.

**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	22,139.
29 DONATIONS TO VARIOUS 501(C)(3) ORGANIZATIONS		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
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	22,139.

**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 DIRECTOR	10	0.	0.	0.
CORY SCHIFTER DIRECTOR	10	0.	0.	0.
JOHN TAPINIS TREASURER	10	0.	0.	0.
REGINA BOUKHVALOVA DIRECTOR	10	0.	0.	0.
MICHAEL SCARIMBOLO DIRECTOR	10	0.	0.	0.
PAMELA COLUMBIA PRESIDENT	10	0.	0.	0.
MICHAEL BLOOMFIELD SECRETARY	10	0.	0.	0.
MICHELE CRUPI DIRECTOR	10	0.	0.	0.
MASSIMO DIDONNA VICE PRESIDENT	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 Schedule O to respond to any question in this Part V

	Yes	No
<b>33</b> 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		X
<b>34</b> 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.		X
<b>35 a</b> 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)?		X
<b>b</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		
<b>c</b> 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		X
<b>36</b> 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		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II, and enter the total amount involved	0.	
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	0.	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	0.	
<b>40 a</b> 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>b</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		
<b>c</b> 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.	
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.	
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed		NY

**42 a** 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

	Yes	No
<b>42 b</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)? If 'Yes,' enter the name of the foreign country		X
<b>42 c</b> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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		X

**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  N/A

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

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

Sign Here

Signature of officer: [Signature] Date: 4/28/2021

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. Check  if self-employed PTIN: P00318825

Firm's address: 1000 SOUTH AVE STE 104 Firm's EIN: 27-3192254

STATEN ISLAND, NY 10314 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.

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

EXECUTIVE CLUB OF STATEN ISLAND, INC

47-2329680

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

BOOKS, SUBSCRIPTIONS, REFERENC	\$	333.
CHARITABLE CONTRIBUTIONS		10,000.
CONFERENCES, CONVENTIONS, AND MEETINGS		523.
EXTERNAL EVENTS		6,786.
INSURANCE		527.
MEMBER GIFTS		182.
OTHER COSTS		1,000.
SOCIALS		1,050.
<b>TOTAL</b>	<b>\$</b>	<b>20,401.</b>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 8,918.	\$ 7,270.
<b>TOTAL</b>	<b>\$ 8,918.</b>	<b>\$ 7,270.</b>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 60.	\$ 0.
<b>TOTAL</b>	<b>\$ 60.</b>	<b>\$ 0.</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