Extended to November 15, 2021

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	2020 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identif	ication number
	Addres change	Seatuck Environmental Association, Inc			
	Name change	Doing business as		11-29775	549
F	Initial return	T T	Room/suite	E Telephone numbe	-
	Final return/	PO Box 31			31-6908
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	879,363.
	Amend return	Islip, NY 11751-0031		H(a) Is this a group	return
	Application	F Name and address of principal officer: Alison Branco		for subordinate	s? Yes X No
_	pending	same as C above		H(b) Are all subordinates	included? Yes No
		mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527	If "No," attach	a list. See instructions
		e: ▶ www.seatuck.org		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1989	M State of legal domicile: NY
P		Summary			
ø	1 [Briefly describe the organization's mission or most significant activities: $\underline{ ext{The}}$			
anc	4	Association, Inc. is dedicated to promoti			
ern	2 (Check this box if the organization discontinued its operations or dispos		1	
Š	3 1			<u>3</u>	
<u>«</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			
Activities & Governance	6 7	Total number of volunteers (estimate if necessary)			
Ac	l /a	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			
_	"	Net difference business taxable fricome from Form 950-1, Fart 1, life 11		Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		343,946.	
Jue	9 1	Program service revenue (Part VIII, line 2g)		231,322.	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		59,588.	
å	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,975.	
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		664,831.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
Ø	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		546,359.	630,642.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	. b	otal fundraising expenses (Part IX, column (D), line 25)	10.		
Û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		161,740.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		708,099.	
_	19 F	Revenue less expenses. Subtract line 18 from line 12		-43,268.	-146,678.
Net Assets or	g		Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		1,749,308.	2,001,598.
et A	21	Total liabilities (Part X, line 26)		44,998.	
	i 22 ↑ art II	Net assets or fund balances. Subtract line 21 from line 20		1,704,310.	1,702,637.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etatomo	ante and to the heet of m	w knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			iy kilowicuyc allu bellel, it is
truc	, 0011001	L	non proparor	That any knowledge:	
Sig	n	Signature of officer		Date	
Hei	1	Alison Branco, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN
Pai		Dennis J. Lenz, CPA Dennis J. Lenz,	CPA 1	.1/12/21 if self-emplo	
Pre	parer [Firm's name ▶ Getzel Schiff & Pesce LLP		Firm's EIN ▶	
		Firm's address 100 Crossways Park West Suite 40	3		
		Woodbury, NY 11797		Phone no. 51	L6-692-8500
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ı.zu		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 4	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
D .	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		
03300	(gambling) winnings to prize winners?	1c	990	(2020)
202004	= == ==	. 0111		(-520)

15211112 759211 SEAT7549

Seatuck Environmental Association, Inc Form 990 (2020) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter:

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

Gross income from members or shareholders

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2020)

X

Х

X

12a

13a

14b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

500	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					X
Sec	tion A. Governing Body and Management					
		۱.	15	-	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1,	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1,	-		
b	Enter the number of voting members included on line 1a, above, who are independent	_1b	15	긱		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
				10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe			
	in Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	=			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
800	exempt status with respect to such arrangements?			16b		<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY	1 000	T (0 !!	\- · ·		<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	1a 990	1-1 (Section 501(c)(3)s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.	_				
40	Own website X Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	or interest policy, an	d finan	cıal	
00	statements available to the public during the tax year.	1				
20	State the name, address, and telephone number of the person who possesses the organization's book.	ks and	a records			
	Enrico Nardone - 631-581-6908 550 South Bay Avenue, Islip, NY 11751					
	550 South Bay Avenue, Islip, NY 11751					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per	more rson i	than of s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Alison Branco	6.00							_		
President		Х		Х				0.	0.	0 .
(2) Lucinda Mullin	5.00									_
Co-Vice President		Х		Х				0.	0.	0
(3) Michael Jaklitsch	5.00									_
Co-Vice President		Х		Х				0.	0.	0
(4) Betsy Mayo	5.00	1								
Treasurer		Х		Х				0.	0.	0 .
(5) Michael Reilly	5.00									
Secretary		Х		Х				0.	0.	0
(6) Sue Avery	2.00	ļ							•	
Director	0.00	Х						0.	0.	0 .
(7) Victoria Berger	2.00	.,							0	
Director	2 00	Х						0.	0.	0 .
(8) Zintis Buzermanis	2.00	. ,							0	0
Director (9) Merry Camhi	2.00	Х						0.	0.	0
Director	2.00	Х						0.	0.	0 .
(10) Peter DiMento	2.00	Δ						· ·	0.	0 .
Director	2.00	Х						0.	0.	0 .
(11) Timothy J. Dunn, III	2.00	- 22						•	0.	0
Director	2.00	Х						0.	0.	0 .
(12) Christine Costigan Genco	2.00							•	•	
Director		х						0.	0.	0
(13) Anthony Graves	2.00									
Director		х						0.	0.	0
(14) Kenneth Phalen	2.00									
Director		Х						0.	0.	0 .
(15) Charles Weiss	2.00								-	-
Director		Х						0.	0.	0 .
		-								
		1								
		1				L				000

Form 990 (2020)

	Section A. Officers, Directors, Trus		l	ees,			gnes			,				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average		not cl		more	than c		Reportable	Reportable			timate	
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation			ount (of
		week (list any		- 5, an	_ u u	5510	., ., ust	/	from	from related			other	L:
		hours for	Individual trustee or director						the	organizations (W-2/1099-MISC	″		pensa om the	
		related	ord	tee			sated		organization	(W-2/1099-WISC	"			
		organizations	ustee	trust		96	npens		(W-2/1099-MISC)			•	anizati d relate	
		below	ual tr	tional		ploye	t con	_					nizatio	
		line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ııızatı	3113
		,	=	_=	0	ž	ᄑᇴ	Œ			\dashv			
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			ļ											
1b	Subtotal						ا	>	0.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
	Total (add lines 1b and 1c)							•	0.		0.			0.
2	Total number of individuals (including but n							o re	ceived more than \$100.	000 of reportable				
	compensation from the organization						,		,					0
	oompondation nom the organization												Yes	No
3	Did the organization list any former officer,	director truste	ام م	ων c	mnl	01/0	o or	hia	hest compensated empl	ovee on	Г			
3		·	-	•	•	•	•	_		•		3		Х
	line 1a? If "Yes," complete Schedule J for si										··	3		-25
4	For any individual listed on line 1a, is the su											_		v
	and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		├	4		_X_
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes, " com	plete Schedule	J fo	or su	ıch r	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of compe	nsati	on fro	m	
	the organization. Report compensation for t	the calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax y	ear.		_		_
	(A)								(B)			(C	;)	
	Name and business	address	NO	NE	3				Description of s	ervices	Co	mper	nsation	า
								\dashv						
								\dashv						
								\dashv						
								\dashv						
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	l to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				()							
		·									F	orm	990 (2	2020)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1,726. **b** Membership dues 1b 62,916. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 400,714. 1f g Noncash contributions included in lines 1a-1f 465,356. h Total. Add lines 1a-1f **Business Code** 109,990. 109,990. 2a Lectures, Programs, et 611600 Program Service Revenue ь Environmental Consulti 541900 17,680. 17,680. f All other program service revenue 127,670. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 49,633. 49,633. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 22,350. 6 a Gross rents 0. **b** Less: rental expenses ... 22,350. c Rental income or (loss) 22,350. 22,350. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of $_{7a}|212,719.$ assets other than inventory b Less: cost or other basis 7ь 227,652. Other Revenue and sales expenses -14,933. -14,933. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 62,916. of contributions reported on line 1c). See 1,635 Part IV, line 18 **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 650,076. 150,020. 34,700. **12 Total revenue.** See instructions

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons		his Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	561,125.	390,797.	81,015.	89,313
8	Pension plan accruals and contributions (include	. ,	,	. , . = - :	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,127.	11,133.	4,281.	1,713
10	Payroll taxes	52,390.	36,487.	7,564.	1,713 8,339
11	Fees for services (nonemployees):	•	•	,	•
а	Management				
b	Legal				
С	Accounting	12,500.	3,000.	9,500.	
d	Lobbying				
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,799.	1,259.	450.	90
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,365.	780.	1,348.	237
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,290.	3,145.	3,145.	
23	Insurance	8,364.	5,855.	1,673.	836
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	D 1-14 D 1-14	60,659.	30,330.	27,296.	3,033
b	D	14,844.	11,133.	3,711.	,
c	Bank Fees and Credit Ca	13,933.	12,208.	369.	1,356
d	Investment Fees	13,289.	6,645.	6,644.	•
	All other expenses	32,069.	21,037.	9,839.	1,193
25	Total functional expenses. Add lines 1 through 24e	796,754.	533,809.	156,835.	106,110
26	Joint costs . Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Form 990 (2020)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			109,036.	1	133,968
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	72,164.	3	51,343		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied per	onssons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			2,500.	9	2,800
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	173,492. 142,448.			
	b	Less: accumulated depreciation	10b	142,448.	37,334.	10c	31,044 1,782,443
	11	Investments - publicly traded securities			1,528,274.	11	1,782,443
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	1,749,308.	16	2,001,598
	17	Accounts payable and accrued expenses			44,998.	17	57,563
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or form	ner offic	er, director,			
≝		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	241,398
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D				25	222
_	26			. •••	44,998.	26	298,961
,		Organizations that follow FASB ASC 958, che	eck here	e • X			
Š		and complete lines 27, 28, 32, and 33.			1 504 210		1 600 625
la la	27	Net assets without donor restrictions			1,704,310.	27	1,682,637
ğ	28	Net assets with donor restrictions				28	20,000
<u> </u>		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🔛			
느		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
ا ب	31	Retained earnings, endowment, accumulated in			1 504 040	31	1 500 605
Se	32	Total net assets or fund balances			1,704,310.	32	1,702,637
	33	Total liabilities and net assets/fund balances			1,749,308.	33	2,001,598. Form 990 (2020

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		50,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7:	96,7	54.
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,7	04,3	10.
5	Net unrealized gains (losses) on investments	5	1	15, 0	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,7	02,6	37.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	,	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	J	3a	. [X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	·····		
_	are suited as relation where an Cabadalla O and describe about the address the suited as a suite of suited as				

Form **990** (2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number Seatuck Environmental Association, 11-2977549 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

he	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)		
1	Ш	A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2	Ш	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3	Ш	A hospital or a cooperative					•	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from the general ¡	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		<u> </u>	L (iv) le the eras	nization listed		T
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Seatuck Environmental Association, Inc 11-2977549 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	284,587.	252,033.	284,199.	343,946.	402,440.	1567205.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	284,587.	252,033.	284,199.	343,946.	402,440.	1567205.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1567205.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	284,587.	252,033.	284,199.	343,946.	402,440.	1567205.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	54,133.	632,774.	-56,977.	259,981.	49,633.	939,544.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2506749.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	924,959.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	62.52 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	60.77 %
16a	33 1/3% support test - 2020. If the o	rganization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∐
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u></u>

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
					l
(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(4) 2010	(3) 2017	(6) 2010	(4) 2010	(0) 2020	(1) 10141
organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
					
e 8, column (f), d	livided by line 13, o	column (f))		15	
				16	
0 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
)19 Schedule A,	Part III, line 17			18	
rganization did n				33 1/3%, and line 1	7 is not
					▶□
organization did n	not check a box on	line 14 or line 19a	i, and line 16 is mo	ore than 33 1/3%, a	
	(a) 2016 (a) 2016 (a) 2016 (b) Comport Perion (c)	(a) 2016 (b) 2017 (a) 2016 (b) 2017 (b) 2017 (c) Support Percentage (e) 8, column (f), divided by line 13, control of the c	(a) 2016 (b) 2017 (c) 2018 Support Percentage Be a, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Sment Income Percentage 10 (line 10c, column (f), divided by line 13, column (f)) Organization did not check the box on line 14, and line is a stop here. The organization qualifies as a publicly so granization did not check a box on line 14 or line 19 as this box and stop here. The organization qualifies as the stop here.	(a) 2016 (b) 2017 (c) 2018 (d) 2019 organization's first, second, third, fourth, or fifth tax year as a section of the second o	(a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization Support Percentage e 8, column (f), divided by line 13, column (f) 15 ment Income Percentage 10 (line 10c, column (f), divided by line 13, column (f)) 17

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b	N E7	2020

Sche	edule A (Form 990 or 990-EZ) 2020 Seatuck Environmental Association, Inc 11-29	7754	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			ı .
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations		.,	·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Tion B. All Type III Supporting Organizations		V	
_	Did the consciention was ide to each of its supported conscientions, but the least day of the fifth wealth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)) <u>.</u>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Seatuck Environmental Association, Inc 11-2977549 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A)

2

3

<u>4</u> 5

6

Schedule A	(Form	990 or	990-EZ)	2020

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2020 Seatuck Environmental Association, Inc 11-2977549 Page 7

Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			
		(i)	(ii)		(iii)

Section E - Distribution	n Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amou	unt for 2020 from Section C, line 6			
2 Underdistributions	s, if any, for years prior to 2020 (reason-			
able cause require	ed - explain in Part VI). See instructions.			
3 Excess distribution	ns carryover, if any, to 2020			
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a th	nrough 3e			
g Applied to underd	istributions of prior years			
h Applied to 2020 d	istributable amount			
i Carryover from 20	15 not applied (see instructions)			
j Remainder. Subtra	act lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2	020 from Section D,			
line 7:	\$			
a Applied to underd	istributions of prior years			
b Applied to 2020 d	istributable amount			
c Remainder. Subtra	act lines 4a and 4b from line 4.			
5 Remaining underd	listributions for years prior to 2020, if			
any. Subtract lines	s 3g and 4a from line 2. For result greater			
than zero, explain	in Part VI. See instructions.			
6 Remaining under	listributions for 2020. Subtract lines 3h			
and 4b from line 1	. For result greater than zero, explain in			
Part VI. See instru	uctions.			
7 Excess distribution	ons carryover to 2021. Add lines 3j			
and 4c.				
8 Breakdown of line	7:			
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990 EZ) 2020 Seatuck Environmental Association, Inc 11-2977549 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Seatuck Environmental Association,

Employer identification number

11-2977549

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

Seatuck Environmental Association, Inc

11-2977549

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Long Island Community Foundation 900 Walt Whitman Road Melville, NY 11747	\$ 20,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	New York Community Trust 909 Third Avenue New York, NY 10022	\$139,337 .	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	NY Community Bank Foundation 1400 Old Northern Boulevard Roslyn, NY 11576	\$ <u>133,000.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Elizabeth Atwood PO Box 31 Islip, NY 11751	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	Christine Entenmann PO Box 31 (Actual On File) Islip, NY 11751	\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Louis Dion Inc 8 Belton CT Babylon, NY 11702	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

Seatuck Environmental Association, Inc

11-2977549

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Charles Entenmann On File at 550 S Bay Ave Islip, NY 11751	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The Bohlsen Family Foundation On File at 550 S Bay Ave Islip, NY 11751	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Glen Miiler On File at 550 S Bay Ave Islip, NY 11751	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Mark Miller On File at 550 S Bay Ave Islip, NY 11751	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	NYS Department of Conservation On File at 550 S Bay Ave Islip, NY 11751	\$9,240.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Seatuck Environmental Association, Inc

11-2977549

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	20	 \$	990 990-F7 or 990-PF) (2020)

Name of organization **Employer identification number** Seatuck Environmental Association, Inc 11-2977549 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Seatuck Environmental Association, Inc

Employer identification number 11-2977549 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

	organization answered "Yes" on Form 990, Part IV, lin	e 6		complete ii tiid
	organization answered Tes on Form 555, Fartiv, in	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			•
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in done	or advised fund	19
Ū	are the organization's property, subject to the organization's	•		
6	Did the organization inform all grantees, donors, and donor a	•		
Ū	for charitable purposes and not for the benefit of the donor o			
			•	
Pa				
1	Purpose(s) of conservation easements held by the organization		, ,	,
	Preservation of land for public use (for example, recrea		ation of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in th	ne form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	+ · · · · · · · · · · · · · · · · · · ·			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel-			zation during the tax
	year ▶	, ,	, ,	· ·
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		lling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforci	ng conservatio	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing co	onservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of secti	on 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and e	xpense statem	ent and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial	statements the	at describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue state	ement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or resea	rch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes the	ese items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue stateme	nt and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treatment	,	financial gain, _l	provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			> \$

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

044

e Other

145,854.

16,408.

11,230.

b Buildings

d Equipment

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

115,025.

16,408.

11,015.

Part VII Investments - Other Securities.		Association,		11-29775 4 9 Page 3
Complete if the organization answered "Yes				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or	end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(C)				
(D)				
(E)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		/ I'	D 1 V II 10	
Complete if the organization answered "Yes (a) Description of investment	(b) Book value			end-of-year market value
	(b) Book value	(C) Method of	valuation. COSt Of	Gira-or-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8) (9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes		/, line 11d. See Form 990	, Part X, line 15.	
(a	a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) li. Part X Other Liabilities.	ne 15.)			>
Complete if the organization answered "Yes	" on Form 990, Part IV	, line 11e or 11f. See For	m 990, Part X, line	25.
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25.)		-	>
2. Liability for uncertain tax positions. In Part XIII, provide				ts that reports the
organization's liability for uncertain tax positions unde				

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Formago for instructions and the latest information.

Employer identification number

				<u> 11-29//</u> ine 17 Form 990-F7	
i.					
e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p	tion of tion of I fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<u> </u>
(ii) Activity	(iii) fundr have con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	Yes	No			
		•			
n is registered or licensed to solicit (contrib	utions	or has been notified	it is exempt from re	gistration
		_			
	complete if the organization answer: ed funds through any of the followir e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursuorganization. (ii) Activity	Complete if the organization answered "Y ed funds through any of the following activ e Solicitation of Solicitation of g Special fundra r oral agreement with any individual (include art VII) or entity in connection with profession organization. (ii) Activity Yes	Complete if the organization answered "Yes" or ed funds through any of the following activities. Organization of non-growing solicitation of gover growing Special fundraising organization. (ii) Activity (iii) Did fundraisers fundraisers have custody or contributions? Yes No	Complete if the organization answered "Yes" on Form 990, Part IV, I is additional content of the following activities. Check all that apply. Part IV, I is additional content of the following activities. Check all that apply. Part IV, I is additional content of the following activities. Check all that apply. Part IV, I is additional content of the following activities. Check all that apply. Part IV, I is additional content of form-government grants of government grants of governm	Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ ed funds through any of the following activities. Check all that apply. e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events r oral agreement with any individual (including officers, directors, trustees, or art VII) or entity in connection with professional fundraising services? yes riduals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be organization. (iii) Did fundraiser fundraiser form activity (iv) Amount paid to (or retained by) fundraiser from activity fundraiser listed in col. (i)

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 Seatuck Environmental Association, Inc 11-2977549 Page 2 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 Eco None (add col. (a) through Carnival, Ba col. (c)) (event type) (event type) (total number) 64,551. 64,551. 1 Gross receipts 62,916. 62,916. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 1,635. 1,635. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 1,635. 1,635 Other direct expenses ,635 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain: _

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	$_{ m edule~G~(Form~990~or~990\cdot EZ)~2020}$ Seatuck Environmental Association, Inc $11-2$	<u> 1977549</u>	Page 3
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	O No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	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 \$\bigs\tau\$ 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 comings are rided .		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,
	, , , , , , , , , , , , , , , , , , , ,		

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	Seatuck	Environmental	Association,	Inc	11-2977549	Page 4
Part IV	Supplemental Infor	mation _{(contin}	ued)				
-							

SCHEDULE 0

(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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Seatuck Environmental Association, Inc **Employer identification number** 11-2977549

Form 990, Part I, Line 1, Description of Organization Mission: Island's wildlife and environment.

Form 990, Part VI, Section B, line 11b:

The independent accountants provide a copy of the financial statements and The Board then asks any questions they have and tax returns to the Board. approves the tax returns and financial statements for issuance.

Form 990, Part VI, Section B, Line 12c:

Although no conflicts of interest issues have arisen, due to the size of the Organization, these types of issues would be immeditely apparent, identified, reviewed, discussed and dealt with appropriately.

Form 990, Part VI, Section B, Line 15:

The Board of Directors reviews compensation of all employees on an annual basis unless otherwise needed. The Board looks at what other similar entities in the surrounding area are paying for similar services, current pay rates, and experience to determine what the new rate or salary should be.

Form 990, Part VI, Section C, Line 19:

The Organization has some documents available online through its website and through GuideStar and other documents like governing documents, financial statements, and tax returns are available upon request.

Form 990, Part XII, Line 2c:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Seatuck Environmental Association, Inc	Employer identification number 11-2977549
The independent accountants provide a copy of the financia	1 statements
and tax returns to the Board. The Board then asks any que	stions they
have and approves the tax returns and financial statements	for
issuance.	
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2020 DEPRECIATION AND AMORTIZATION REPORT

s Section 179 Reduction In Basis For Beginning Current Cu
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ion, GO Zone	ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revita	Bonus, Comm	* ITC, Salvage,			sposed	(D) - Asset disposed					-01-20	028111 04-01-20
142,450.	6,291.		136,159.	173,493.				173,493.					* Total 990 Page 10 Depr	
1,885.	526.		1,359.	7,887.				7,887.	16	15.00	SL	05/17/17	15 Year Property	21
1,429.	235.		1,194.	1,643.				1,643.	16	7.00	ISL	11/20/14	7 Year Property	20
1,845.	0.		1,845.	1,846.				1,846.	16	5.00	ZL	12/18/14	5 Year Property	19
7,030.	1,722.		5,308.	25,825.				25,825.	16	15.00	SL	11/16/16	15 Year Property	18
1,794.	0.		1,794.	1,794.				1,794.	16	5.00	SI	09/16/13	5 Year Property	17
15,256.	2,129.		13,127.	21,287.				21,287.	16	10.00	SL	10/18/13	10 Year Property	16
5,495.	0.		5,495.	5,495.				5,495.	16	3.00	SL	06/03/11	3 Year Software	15
1,500.	0.		1,500.	1,500.				1,500.	16	5.00	SL	03/29/11	5 Year Property	14
7,619.	0.		7,619.	7,619.				7,619.	16	7.00	SF	03/16/11	7 Year Property	13
1,278.	0.		1,278.	1,278.				1,278.	16	5.00	SL	08/23/11	5 Year Property	12
1,785.	0.		1,785.	1,785.				1,785.	16	5.00	SI	02/01/11	5 Year Property	11
5,207.	88 8.		5,119.	5,207.				5,207.	16	10.00	SL	03/08/10	10 Year Property	10
1,179.	0.		1,179.	1,179.				1,179.	16	5.00	SL	09/10/10	5 Year Property	9
46,570.	1,552.		45,018.	46,570.				46,570.	16	10.00	SL	05/01/10	10 Year Property	œ
1,578.	39.		1,539.	1,578.				1,578.	16	10.00	SL	04/11/10	10 Year Property	7
3,500.	0.		3,500.	3,500.				3,500.	16	5.00	SL	04/19/10	5 Year Property	0
37,500.	0.		37,500.	37,500.				37,500.	16	10.00	SI	01/01/10	10 Year Property	л
Ending Accumulated Depreciation	Current Year Deduction	Current Sec 179 Expense	Beginning Accumulated Depreciation	Basis For Depreciation	Reduction In Basis	Section 179 Expense	Bus % Excl	e Unadjusted Cost Or Basis	o C No.	Life	Method	Date Acquired	Description	Asset No.

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