Extended to November 15, 2022 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and e	ending		
B c	Check if pplicab	C Name of organization		D Employer identifie	cation number
	Addre	Seatuck Environmental Association, Inc			
	Name			**-***75	49
	Initial		Room/suite	E Telephone number	
	 	PO Boy 31			1-6908
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,544,573.
	Amer returr	1S11D, $NI 11751-0051$		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer. ALLSOIL DIGITCO		for subordinates	? Yes X No
	pend	^{ng} same as C above		H(b) Are all subordinates in	cluded? Yes No
<u> 1</u>	Tax-ex	empt status: 🚺 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		te: • www.seatuck.org		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year (of formation: 1989 N	1 State of legal domicile: NY
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: The S			
Governance		Association, Inc. is dedicated to promotiz			
ern (2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
Š	3				14
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $.		14	
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			22
Activities	6	Total number of volunteers (estimate if necessary)			40
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		465,356.	1,095,274.
/eni	9	Program service revenue (Part VIII, line 2g)		<u>127,670.</u> 34,700.	244,106. 123,213.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,350.	18,100.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		650,076.	1,480,693.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.076.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		630,642.	801,083.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		030,042.	0.
Expenses	10a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	20	0.	0.
Ă	17	Total fundraising expenses (Part IX, column (D), line 25) ▶ 146, 42 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		166,112.	329,950.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		796,754.	1,131,033.
	19	Revenue less expenses. Subtract line 18 from line 12		-146,678.	349,660.
78	13			ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		2,001,598.	2,406,357.
Asse Bala	20	Total liabilities (Part X, line 26)		298,961.	238,130.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,702,637.	2,168,227.
Pa	art II	Signature Block		_,,,.	_,,,
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	🔺 Alison Branco, Preside	nt						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check X PTIN					
Paid	Dennis J. Lenz, CPA	Dennis J. Lenz, CPA	11/08/22 self-employed P00851371	L				
Preparer	Firm's name 🕒 Getzel Schiff &	Pesce LLP	Firm's EIN ► **-**5844					
Use Only	Firm's address ▶ 100 Crossways Pa	rk West Suite 403.						
	Woodbury, NY 117	97	Phone no.516-692-8500					
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes	No				
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

See Schedule O for Organization Mission Statement Continuation

_	n 990 (2021) Seatuck Environmental Association, Inc **-*** rt III Statement of Program Service Accomplishments	7549 Page
	Check if Schedule O contains a response or note to any line in this Part III	Г
1	Briefly describe the organization's mission:	·····
•	The Seatuck Environmental Association, Inc. is dedicated to prov	noting
	the conservation of Long Island's wildlife and environment.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X N
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	penses, and
	revenue, if any, for each program service reported.	145 105
4a		145,195.
	Promote the conservation of Long Island's wildlife and environme	ent,
	through education and research efforts at the Suffolk County Environmental Center and the South Shore Nature Center, and enha	anging
	appreciation and preservation of the Scully Estate.	ancing
	appreciation and preservation of the bearry listate.	
4b	(Code:) (Expenses \$30,741. including grants of \$) (Revenue \$)	98,911.
4b	(Code:)(Expenses \$30,741. including grants of \$) (Revenue \$)	98,911.
4b		98,911.
	Consulting on various conservation projects.	
	Consulting on various conservation projects.	18,100.
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	Consulting on various conservation projects.	18,100.
	Consulting on various conservation projects.	18,100.
4b 4c	Consulting on various conservation projects.	18,100.
	Consulting on various conservation projects.	18,100.
	Consulting on various conservation projects.	18,100.
	Consulting on various conservation projects.	18,100.
4c	Consulting on various conservation projects.	18,100.
4c 4d	Consulting on various conservation projects.	18,100.

Form 990 (2		Environmental	Association,	Inc
Part IV	Checklist of Required Sch	edules		

			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? See instructions	2	Х	
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
'	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
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		х
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		Х
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,			
	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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	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	444		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		_X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
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	х	
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		х
20a	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	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			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the 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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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		X
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			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	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			
	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		x
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t 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 2a 22	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
	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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		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).			
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	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 members or shareholders			
a b	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1	-		
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	000	(0001)

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 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. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14		
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	direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?				X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?	-	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
D.			7b		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		10		
8			0	X	
	The governing body?				
-	Each committee with authority to act on behalf of the governing body?		<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	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?		<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics of such c	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the for	m? 11 a	Х	
b	Describe on 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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	on Schedule O how this was done	,	120	Х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
 15	Did the process for determining compensation of the following persons include a review and approval				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by macponacin			
~	The organization's CEO, Executive Director, or top management official		15a	x	
			15a 15b		
a	Other officers or key employees of the organization		150	Δ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				77
_	taxable entity during the year?		<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 50	1(c)(3)s only	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		cy, and finar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	Enrico Nardone - 631-581-6908				
	550 South Bay Avenue, Islip, NY 11751				
00000) 12-09-21		Ear	n 990	(200

Form 990 (2	(2021) Seatuck Environmental Association, Inc ""-"" 7549 P	age I						
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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar vear ending with or within the organization's tay	k vear.						

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average			(Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pei	rson i	than o s both pr/trus	n an	compensation	compensation from related	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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Alison Branco	6.00									
President		Х		X				0.	0.	0.
(2) Lucinda Mullin	5.00									
Co-Vice President		Х		X				0.	0.	0.
(3) Michael Jaklitsch	5.00									_
Co-Vice President		Х		X				0.	0.	0.
(4) Betsy Mayo	5.00									
Treasurer		Х		X				0.	0.	0.
(5) Michael Reilly	5.00									
Secretary		Х		X				0.	0.	0.
(6) Sue Avery	2.00									
Director		Х						0.	0.	0.
(7) Victoria Berger	2.00									
Director		Х						0.	0.	0.
(8) Merry Camhi	2.00									
Director		Х						0.	0.	0.
(9) Peter DiMento	2.00									
Director		Х						0.	0.	0.
(10) Timothy J. Dunn, III	2.00									
Director		Х						0.	0.	0.
(11) Christine Costigan Genco	2.00									
Director		Х						0.	0.	0.
(12) Anthony Graves	2.00									
Director		Х						0.	0.	0.
(13) Kenneth Phalen	2.00									
Director		Х						0.	0.	0.
(14) Charles Weiss	2.00									
Director		Х						0.	0.	0.
										– 000 (0001)

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	n 990 (2021)									ation, Inc	**_*	**7	549	Pa	age 8
Pa		s, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employ	````	,		<i>(</i> -)	
	(A) Name and tit	le	(B) Average hours per week	box	not c , unles	Pos heck i ss per	more rson i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount 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/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC	SC/	fr org an	pensa om the anizat d relate anizatio	e ion ed
1b	Subtotal		l				<u> </u>			0	•	0.			0.
	Total from continuation Total (add lines 1b and	sheets to Part VI	I, Section A							0		0.			0.
2	Total number of individua compensation from the c		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$10	0,000 of reportabl	e			0
3	Did the organization list a	any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated en	iployee on	ſ		Yes	No
4	line 1a? <i>If</i> "Yes," comple For any individual listed o												3		X
5	and related organizations Did any person listed on	s greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4		X
Sec	rendered to the organiza	tion? <i>If</i> "Yes." com											5		Х
1	Complete this table for y the organization. Report											pensat	tion fro	om	
	Ν	(A) lame and business	address	NC	ONE	2				(B) Description o	fservices	с) ompe	C) nsatio	n
2	Total number of indepen	dent contractors (ii	ncluding but no	ot lin	nited	d to t	thos	e lis	ted	above) who received	more than				
	\$100,000 of compensation	on from the organiz	zation				C)					Form	990 (ź	2021)

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Form	ו 990 (ג	2021) Sea	tuck Envir	onmental	Associatio	on, Inc	**-***7	549 Page 9
	rt VII							
		Check if Schedule O c	contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
n G	c			13,634.				
ifts ar A	d	Related organizations		-				
s, G mila	е	Government grants (contri						
ion r Si	f	All other contributions, gifts,	grants, and					
but		similar amounts not included	above 1f 1,	081,640.				
ontri d O	g	Noncash contributions included in I	lines 1a-1f 1g \$					
ыÇ	h	Total. Add lines 1a-1f		1	1,095,274.			
		Table Date		Business Code	145 105			
ice	2 a	Lectures, Pro		611600	145,195.	145,195. 98,911.		
erv ue	b	Environmental		541900	98,911.	90,911.		
Program Service Revenue	c d							
gra Re	u							
Pro	f	All other program service	revenue					
	g	Total. Add lines 2a-2f			244,106.			
	3	Investment income (includ						
		other similar amounts)	-	►	80,641.			80,641.
	4	Income from investment o	of tax-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
			6a 18,100. 6b 0.					
		Less: rental expenses	6b 0. 6c 18,100.					
		Rental income or (loss) Net rental income or (loss)			18,100.	18,100.		
		Gross amount from sales of	(i) Securities	(ii) Other	10,100.	10,100.		
	7 0	assets other than inventory	7a 102,966.	(.,				
	b	Less: cost or other basis						
e		and sales expenses	7b 60,394.					
venue	с	Gain or (loss)	7c 42,572.					
0	d	Net gain or (loss)		►	42,572.			42,572.
Other Re	8 a	Gross income from fundraisir						
ð		including \$ 13						
		contributions reported on		2 400				
		Part IV, line 18						
		Less: direct expenses Net income or (loss) from t		5,400.	0.			
		Gross income from gamin			••			
	5 4	Part IV, line 19	°					
	b	Less: direct expenses						
		Net income or (loss) from		>				
		Gross sales of inventory, l						
		and allowances						
	b	Less: cost of goods sold	10	b				
	с	Net income or (loss) from	sales of inventory					
S				Business Code				
leor	11 a							
Miscellaneous Revenue	b							
sce	с А	All other revenue						
Ϊ		Total. Add lines 11a-11d			<u></u>			
	12	Total revenue. See instructio			1,480,693.	262,206.	0.	123,213.
13200	9 12-09-			F			-	Form 990 (2021

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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				
	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,				
	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	688,051.	492,479.	70,324.	125,248
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			10.001	
9	Other employee benefits	52,002.	33,801.	13,001.	5,200
0	Payroll taxes	61,030.	43,683.	6,238.	11,109
1	Fees for services (nonemployees):				
а	Management	0 050		0.050	
	Legal	8,850.	2 000	8,850.	
	Accounting	21,500.	3,000.	18,500.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	0 000	1 546		110
7	Travel	2,209.	1,546.	553.	110
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials	4,149.	1,369.	2,365.	415
9	Conferences, conventions, and meetings	4,149.	1,309.	2,305.	415
20					
21	Payments to affiliates	16,156.	8,078.	8,078.	
2	Depreciation, depletion, and amortization	16,067.	11,247.	3,213.	1,607
3 4	Other expenses. Itemize expenses not covered	10,007.	11,24/•	5,215.	1,007
.4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)	172,822.	172,822.		
a b	Public Relations, Offic	23,891.	11,946.	10,750.	1,195
с С	Repairs and Maintenance	16,403.	12,302.	4,101.	-,
d	Investment Fees	15,902.	7,951.	7,951.	
	All other expenses	32,001.	20,122.	10,343.	1,536
5	Total functional expenses. Add lines 1 through 24e	1,131,033.	820,346.	164,267.	146,420
<u>6</u>	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)				

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Form **990** (2021)

Form 990 (2021) Seatuck Environmental Association, Inc Part IX Statement of Functional Expenses **<u>-***7549 Page</u> 10

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	2	Savings and temporary cash investments		······		2	
	3	Pledges and grants receivable, net			51,343.	3	10,792.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former c	officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	— · · · · · · · · · · ·			2,800.	9	0.
		Land, buildings, and equipment: cost or other			,	-	
		basis. Complete Part VI of Schedule D	10a	266,470.			
	b	Less: accumulated depreciation		266,470. 158,604.	31,044.	10c	107,866.
	11	Investments - publicly traded securities			<u>31,044.</u> 1,782,443.	11	1,999,057.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,001,598.	16	2.406.357.
	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	57,563.	17	2,406,357. 91,019.
	18	Grants payable			,	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
abil		controlled entity or family member of any of thes	e persor	าร		22	
Ë	23	Secured mortgages and notes payable to unrelation	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	third pa	arties	241,398.	24	147,111.
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D				25	
	26				298,961.	26	238,130.
<i>(</i> ^		Organizations that follow FASB ASC 958, chee	ck here				
ces		and complete lines 27, 28, 32, and 33.					
Balances	27	Net assets without donor restrictions			1,682,637.		2,033,227. 135,000.
_	28	Net assets with donor restrictions			20,000.	28	135,000.
nnc		Organizations that do not follow FASB ASC 95	58, chec	k here 🕨 🛄			
Ē		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund	30	Paid-in or capital surplus, or land, building, or eq			30		
t A:	31	Retained earnings, endowment, accumulated inc			1 700 607	31	
Ne	32	Total net assets or fund balances			1,702,637.	32	2,168,227.
	33	Total liabilities and net assets/fund balances			2,001,598.	33	2,406,357.
							Form 990 (2021)

Seatuck Environmental Association, Inc

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

Cash - non-interest-bearing

Savings and temporary cash investments

-7549 Page 11

(B) End of year

288,642.

(A) Beginning of year

133,968.

1

2

Form 990 (2021)
Part X Balance Sheet

1

2

Form	1990 (2021) Seatuck Environmental Association, Inc	**_**	7549	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		1,480		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,13		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,701		
5	Net unrealized gains (losses) on investments	5	11!	5 , 93	30.
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	2,168	3,22	27.
Pa	rt 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 on Schedule	0.			
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	on a			
	separate basis, consolidated basis, or both:				
	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	basis,			
	consolidated basis, or both:				
	X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

SCHEDULE A	Dublic Obr						OMB No. 1545-0047	
(Form 990)		Public Charity Status and Public Support omplete if the organization is a section 501(c)(3) organization or a section						
		nization is a section 501 947(a)(1) nonexempt cha			or a section		ΖυΖ Ι	
Department of the Treasury		Attach to Form 990 or F					Open to Public	
Internal Revenue Service	► Go to www.irs.go	ov/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection	
Name of the organizat	on						identification number	
	Seatuck Enviro	onmental Asso	ciatio	on, Ir	IC		*-***7549	
	for Public Charity Status.				ee instructior	าร.		
The organization is not	a private foundation because it is:	(For lines 1 through 12, c	heck only	one box.)				
	nvention of churches, or associati			on 170(b)(1	I)(A)(i).			
2 A school des	cribed in section 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)					
	a cooperative hospital service org	•			•	_		
	search organization operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
city, and stat								
	ion operated for the benefit of a co	ollege or university owned	or operat	ed by a go	vernmental L	init describe	d in	
	(b)(1)(A)(iv). (Complete Part II.)				<i>,</i> ,			
	ate, or local government or govern				.,			
-	ion that normally receives a subst	antial part of its support f	rom a gove	ernmental	unit or from t	he general p	ublic described in	
	(b)(1)(A)(vi). (Complete Part II.)							
	/ trust described in section 170(b							
-	al research organization described			-		-	-	
	or a non-land-grant college of agri	culture (see instructions).	Enter the	name, city	, and state of	the college	or	
university:								
	ion that normally receives (1) more							
	ited to its exempt functions, subje unrelated business taxable income							
	509(a)(2). (Complete Part III.)			ses acqui	red by the or	yanization a	itel Julie 30, 1973.	
	ion organized and operated exclusion	sively to test for public sa	foty Soo	soction 50	Q(a)(4)			
	ion organized and operated exclusion organized and operated exclusion					arry out the	ourposes of one or	
-	y supported organizations describ	-	-				-	
	ough 12d that describes the type						HECK THE DOX ON	
	supporting organization operated,			-		-	iivina	
	ted organization(s) the power to re	-	• • • •	-			-	
	on. You must complete Part IV, S		indjointy e				pporting	
	supporting organization supervise		tion with its	s supporte	ed organizatio	on(s), by hav	ina	
	management of the supporting or				-		-	
	on(s). You must complete Part IV	-				3		
	nctionally integrated. A support		in connect	tion with, a	and functiona	Ily integrate	d with,	
its support	ed organization(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.			
d 🗌 Type III no	on-functionally integrated. A sup	porting organization oper	ated in co	nnection w	/ith its suppo	rted organiz	ation(s)	
that is not	functionally integrated. The organ	ization generally must sat	isfy a distr	ibution rec	uirement and	d an attentiv	eness	
requireme	nt (see instructions). You must co	mplete Part IV, Sections	A and D,	and Part	v .			
e 🗌 Check this	box if the organization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
functionally integrated, or Type III non-functionally integrated supporting organization.								
f Enter the number of supported organizations								
	Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other							
(i) Name of supp organizatio		(iii) Type of organization (described on lines 1-10	in your governi	ing document?		-	(vi) Amount of other support (see instructions)	
	above (see instructions)) Yes No support (see instructions) support (see instructions)							
			ļ	ļ				

Total

Schedule A (Form 990) 2021 Seatuck Environmental Association, Inc **-***7549 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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	252,033.	284,199.	343,946.	402,440.	1081640.	2364258.		
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	252,033.	284,199.	343,946.	402,440.	1081640.	2364258.		
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.						2364258.		
	ction B. Total Support				ł				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	252,033.	284,199.	343,946.	402,440.	1081640.	2364258.		
	Gross income from interest,								
-	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	632.774.	-56,977.	259,981.	49,633.	80,641.	966,052.		
9	Net income from unrelated business						200,0020		
Ŭ	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
44	Total support. Add lines 7 through 10						3330310.		
12			(nc)			12 1	,076,466.		
	First 5 years. If the Form 990 is for th		,	outh or fifth tax y			,010,400.		
13	organization, check this box and stop	0				.,.,			
Sec	ction C. Computation of Publi								
	Public support percentage for 2021 (I			olumn (f))		14	70.99 %		
	Public support percentage for 2021 (i Public support percentage from 2020		•	())		15	62.52 %		
	33 1/3% support test - 2021. If the c								
102							N V		
	stop here. The organization qualifies		-						
Ľ	33 1/3% support test - 2020. If the c	-							
4-	and stop here. The organization qualifies as a publicly supported organization								
1/8	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
-	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
b		0					10% or		
	more, and if the organization meets th						. —		
	organization meets the facts-and-circu		•						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, check this box a				
						Schedule A	(Form 990) 2021		

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Schedule A (Form 990) 202		Environmental		Inc	**-***7549	Page 3
Part III Support Scl	hedule for Organizati	ons Described in Sec	tion 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b	L					
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, o	olumn (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	►
k	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check tł	nis box and see ins	tructions	
1320	23 01-04-22					Schedule /	A (Form 990) 2021

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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")? // "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?
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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.)

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Yes No

1

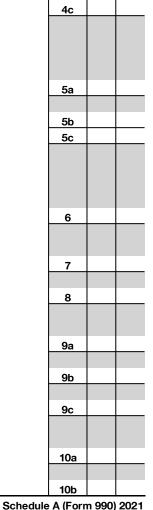
2

3a

3b

3c

4a



Sch	edule A (Form 990) 2021 Seacuck Environmental Association, Inc		9 Pa	age 5
Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
k	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
60	ation D. Type I Cypnerting Organizations			

Section B.	Type I	Supporting	Organizations

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. 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,

supervised, or controlled the supporting organ	ization.
Section C. Type II Supporting Organizat	tions

Yes No 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 the supported organization(s) 1

Section D.	All Type III 🕄	Supporting	Organizations

			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			
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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		

Section 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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes

1

2

No

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	edule A (Form 990) 2021 Seatuck Environmental		tion, Inc *	**-***7549 Page 6
1	rt V Type III Non-Functionally Integrated 509(a)(3) Support			Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
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)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

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Seatuck Environmental A	Association,	Inc '	**-***7549	Pag
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Sche Par		onmental Associ			*-***7549 Page 7
	· · · ·	(a)(5) Supporting Orga	nizations (continu	<u>led)</u>	Oursent Veer
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	or purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	of supported organizations	<u> </u>	2	
4	Amounts paid to acquire exempt-use assets	es of supported organizations		4	
- 5	Qualified set-aside amounts (prior IRS approval required - prior	avida dataila in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	a organization is responsive		_	
0	(provide details in Part VI). See instructions.	le organization is responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
 10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	Seatuck	Environme	ntal Asso	ciation,	Inc	**-**7549	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. Provid 1, 2, 3b, 3c, 4b, 4c , lines 2 and 3; Par	e the explanations , 5a, 6, 9a, 9b, 9c, t IV, Section E, line	required by Part I 11a, 11b, and 11 es 1c, 2a, 2b, 3a, a	I, line 10; Part II, c; Part IV, Sectior and 3b; Part V, lir	line 17a or ⁻ n B, lines 1 a ne 1; Part V,	17b; Part III, line 12; and 2; Part IV, Sectior Section B, line 1e; Pa	n C,
	(See instructions.)							
132028 01-04-2				21			Schedule A (Form 9	990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

Name of the organizatio	אונ ער גער גער גער גער גער גער גער גער גער ג	Employer identification num
	Seatuck Environmental Association, Inc	**-**7549
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	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), 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 \dots b \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

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Seatuck Environmental Association, Inc

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I 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	\$96,000.	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
2	New York Community Trust 909 Third Avenue New York, NY 10022	\$122,500.	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
3	Elizabeth Atwood PO Box 31 Islip, NY 11751	\$25,000.	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
4	Pritchard Charitable Trust 270 Park Avenue New York, NY 10017	\$40,000.	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	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
6	NYS Department of Conservation On File at 550 S Bay Ave Islip, NY 11751	\$ <u>87,509.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

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Seatuck Environmental Association, Inc

(c) Total contributions \$(c) Total contributions \$5,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
(c) Total contributions	Payroll
Total contributions	Type of contribution Person X Payroll
\$5,000.	Payroll Noncash
	noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$5,000.	Person X Payroll
(c) Total contributions	(d) Type of contribution
\$345,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
\$10,000.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
\$	Total contributions 5,000. (c) Total contributions 5,000. (c) Total contributions 345,000. (c) Total contributions

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Name of organization

Employer identification number

Seatuck Environmental Association, Inc

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Holiman Price 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
14	Amazon On File at 550 S Bay Ave Islip, NY 11751	\$9,902.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll O Noncash O (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

25

Schedule B (Form 990) (2021)

123452 11-11-21

(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) Io. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
a) lo. om Irt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) o. om rrt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	Schedule B (Form 990) (

Seatuck Environmental Association, Inc

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

(a)

No.

from

Part I

Employer identification number

(d)

Date received

-*7549

(c)

FMV (or estimate)

(See instructions.)

\$

17541108 759211 SEAT7549

Schedule I	B (Form 990) (2021)			Page 4				
Name of o	rganization		Employer identification nu	mber				
Seatu	ck Environmental Associ	ation. Inc	**-**7549					
Part III	Exclusively religious, charitable, etc., contribu	itions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for th	e year				
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious,	(a) through (e) and the following line en , charitable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. once.) \$					
(a) Na	Use duplicate copies of Part III if additiona	al space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
		(e) Transfer of gif	t					
-	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) Na								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gif						
	Transferee's name, address,		Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
		(e) Transfer of gif						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
123454 11-11	1-21		Schedule B (Form 990) (2021)				

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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

-*7549 Seatuck Environmental Association, Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21 28

8		
05000	CENTICE	

	dule D (Form 990) 2021 Seatuck t III Organizations Maintaining C	Environmen ollections of Ar						* * _ * * r Assets		
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t make si	gnificant ı	use of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e	• 🗌 •	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	•			•			se in Part	XIII.	
5	During the year, did the organization solicit o								7.	 .
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						Farma 000		Yes	No
ra	t IV Escrow and Custodial Arran reported an amount on Form 990, Pai		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi		liary for c	ontributions	s or other as	sets not i	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII							······ —]	
	······································								Amount	t
с	Beginning balance						1c			
d	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe								Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i									
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balance		i, column (a)) neid as:					
a L	Board designated or quasi-endowment	0/	_%							
b c	Permanent endowment Term endowment	% %								
U	The percentages on lines 2a, 2b, and 2c sho									
39	Are there endowment funds not in the posse	•	ation that	are held an	nd administer	red for th	e organiz:	ation		
0a	by:			are neia ar			ie organiza		ſ	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									•
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		ccumulate preciation	ed	(d) Bool	< value
1 a	Land									
b	Buildings									
с	Leasehold improvements				5,853.		119,4		20	5,452.
d	Equipment				9,387.		27,9		82	1,414.
e	Other			1	1,230.		11,2	30.		0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 10	0c.)				10'	7,866.

Schedule D (Form 990) 2021

Sched	ule D (Form 990) 2021 Seatuck E	nvironmental	Association	, Inc	**-***7549 Page 3
Part					
(-) D	Complete if the organization answered "Y				
	escription of security or category (including name of securi		e (c) Method	of valuation: Cost	or end-of-year market value
	nancial derivatives				
(2) Or (3) Ot	osely held equity interests				
(3) OI (A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) VIII Investments - Program Related				
Fait	Complete if the organization answered "Y		/ line 11c See Form 90	0 Part X line 13	
	(a) Description of investment	(b) Book value			: or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part			/ line 11d See Form Of	DO Dart V lina 15	
	Complete if the organization answered "Y	(a) Description			. (b) Book value
(1)					
(2)					
<u>(2)</u> (3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(Column (b) must equal Form 990, Part X, col. (B) X Other Liabilities.	line 15.)		<u></u>	🕨
Part	Complete if the organization answered "Y	os" on Form 000 Part IV	/ line 11e or 11f See E	orm 000 Port V	lino 25
4	(a) Description of liability	es on Form 990, Fait N	v, line the of this see r	01111 990, Fait A, 1	(b) Book value
<u>1.</u> (1)	Federal income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(Column (b) must equal Form 990, Part X, col. (B)	,			►
	ability for uncertain tax positions. In Part XIII, prov		-		
org	ganization's liability for uncertain tax positions ur	der FASB ASC 740. Ch	eck here if the text of th	ne footnote has be	een provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 Seatuck Environmental	Association,	Inc '	**-***7549 Page 4
	t XI Reconciliation of Revenue per Audited Financial S	Statements With Rev	enue per Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5
Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With Ex	penses per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part N			
1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, lin	ne 18.)		5
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury		Open to Public						
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		Environmental Asso	ocia	atio	on. Inc		Employer id * * _ * * * '	entification number 7 5 4 9
Part I Fundrais		Complete if the organization answe				ine 1		
required to	complete this part	t.						
 Indicate whether th a Mail solicitat 		ed funds through any of the followin e Solicitat			Check all that apply. overnment grants			
	email solicitations			•	nment grants			
c D Phone solici		g 📃 Special	fundra	lising	events			
d In-person so		or oral agreement with any individual	(includ	lina of	ficers directors trus	toos	or	
		art VII) or entity in connection with pr					Ye	s 🗌 No
•	•	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to b	e
compensated at le	east \$5,000 by the	organization.	1			1		
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr	aiser	(iv) Gross receipts	tò (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)		have c or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total								
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration
or licensing.								
	aduation Ast N-1	ing and the Instructions for Forms	00	000 -	7		Osharb	0.0 (Farm 000) 0001
	eduction ACT NOT	ce, see the Instructions for Form 9	JO OF	990-E	£.		Schedu	le G (Form 990) 2021

132081 10-21-21

-*7549 Page 2 Seatuck Environmental Association, Inc

Part II 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.

		or fullulaising event contributions and gro			venta with gross receipt	s greater than \$5,000.
			(a) Event #1 ECO	(b) Event #2	(c) Other events None	(d) Total events
						(add col. (a) through
			Carnival, Ba	(0	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	17,120.			17,120.
Ť						
	2	Less: Contributions	13,634.			13,634.
	3	Gross income (line 1 minus line 2)	3,486.			3,486.
	4	Cash prizes				
s	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				3,486.
	10	Direct expense summary. Add lines 4 through	a ())		•	3,486.
	11	Net income summary. Subtract line 10 from li				0.
Pa	rt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Beč						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	Νο	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Hot gaming moorne carmary. Cabiract mic r				I
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
10000	0 10	-21-21			Sche	dule G (Form 990) 2021

Sche	edule G (Form 990) 2021	Seatuck	Environmental	Association,	Inc **-*	***7549	Page 3
11	Does the organization conduct ga	iming activities w	ith nonmembers?			Yes	No
12	Is the organization a grantor, bene	eficiary or trustee	of a trust, or a member of a	a partnership or other enti	ty formed		
	to administer charitable gaming?					Yes	No
	Indicate the percentage of gaming						
	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of the	e person who pre	epares the organization's ga	ming/special events book	ks and records:		
	Name ►						
	Address 🕨						
15a	Does the organization have a cont	tract with a third	party from whom the organ	ization receives gaming re	evenue?	Yes [No
b	If "Yes," enter the amount of gami	ing revenue recei	ved by the organization 🕨	\$	and the amount		
	of gaming revenue retained by the						
с	If "Yes," enter name and address						
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
10	Carning manager mormation.						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		ent contractor			
17	Mandatory distributions:						
	Is the organization required under	state law to mak	e charitable distributions fr	om the gaming proceeds	to		
	retain the state gaming license?					Yes	No
b	Enter the amount of distributions	required under st	ate law to be distributed to	other exempt organizatio	ns or spent in the		
	organization's own exempt activit						
Pa			le the explanations required		ns (iii) and (v); and Pa	rt III, lines 9, 9b	, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any additional info	mation. See instructions.			
13208	3 10-21-21				Sched	lule G (Form 99	90) 2021
			34				

Schedule G	a (Form 990)	Seatuck	Environmental	Association,	Inc	**-**7549	Page 4
Part IV	Supplemental Info	rmation (contin	Environmental				<u> </u>
						Schedule G (F	orm 990)

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



-*7549

Inc

Form 990, Part I, Line 1, Description of Organization Mission:

Seatuck Environmental Association,

Island's wildlife and environment.

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

The independent accountants provide a copy of the financial statements and

tax returns to the Board. The Board then asks any questions they have and

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.
 Schedul

 132211 11-11-21
 Schedul

Schedule O (Form 990) 2021

Name of the organization		Employer identification number
Seatuck Enviro	onmental Association, Ir	nc **_**7549
The independent accountants	provide a copy of the f	inancial statements
and tax returns to the Board	. The Board then asks	any questions they
have and approves the tax re		
issuance.		
132212 11-11-21	37	Schedule O (Form 990) 202

2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Other														
5	10 Year Property	01/01/10	SL	10.00		16	37,500.				37,500.	37,500.		0.	37,500.
6	5 Year Property	04/19/10	SL	5.00		16	3,500.				3,500.	3,500.		0.	3,500.
7	10 Year Property	04/11/10	SL	10.00		16	1,578.				1,578.	1,578.		0.	1,578.
8	10 Year Property	05/01/10	SL	10.00		16	46,570.				46,570.	46,570.		0.	46,570.
9	5 Year Property	09/10/10	SL	5.00		16	1,179.				1,179.	1,179.		0.	1,179.
10	10 Year Property	03/08/10	SL	10.00		16	5,207.				5,207.	5,207.		0.	5,207.
11	5 Year Property	02/01/11	SL	5.00		16	1,785.				1,785.	1,785.		0.	1,785.
12	5 Year Property	08/23/11	SL	5.00		16	1,278.				1,278.	1,278.		0.	1,278.
13	7 Year Property	03/16/11	SL	7.00		16	7,619.				7,619.	7,619.		0.	7,619.
14	5 Year Property	03/29/11	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
15	3 Year Software	06/03/11	SL	3.00		16	5,495.				5,495.	5,495.		0.	5,495.
16	10 Year Property	10/18/13	SL	10.00		16	21,287.				21,287.	15,256.		2,129.	17,385.
17	5 Year Property	09/16/13	SL	5.00		16	1,794.				1,794.	1,794.		0.	1,794.
18	15 Year Property	11/16/16	SL	15.00		16	25,825.				25,825.	7,030.		1,722.	8,752.
19	5 Year Property	12/18/14	SL	5.00		16	1,846.				1,846.	1,845.		0.	1,845.
20	7 Year Property	11/20/14	SL	7.00		16	1,643.				1,643.	1,429.		214.	1,643.
21	15 Year Property	05/17/17	SL	15.00		16	7,887.				7,887.	1,885.		526.	2,411.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

Fc

Form 990 Page 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	5 Year Property	04/07/21	SL	5.00		16	45,345.				45,345.			6,802.	6,802.
23	5 Year Property	06/29/21	SL	5.00		16	47,634.				47,634.			4,763.	4,763.
	* 990 Page 10 Total Other * Grand Total 990 Page 10						266,472.				266,472.	142,450.		16,156.	158,606.
	Depr						266,472.				266,472.	142,450.		16,156.	158,606.
	Current Year Activity														
	Beginning balance						173,493.			0.	173,493.	142,450.			147,041.
	Acquisitions						92,979.			0.	92,979.	0.			11,565.
	Dispositions/Retired						٥.			٥.	٥.	٥.			0.
	Ending balance						266,472.			0.	266,472.	142,450.			158,606.
	Ending accum depr											158,606.			
	Ending book value											107,866.			

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone