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TIN: 11-3431872 OMB No. 1545-0047

Form 990

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Inspection

297 7,397

155

17,008

17,008

Beginning of Current Year

15,436 9,566

26,574

26,574

0

End of Year

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022 C Name of organization D Employer identification number B Check if applicable: EAST ROCKAWAY EDUCATION FOUNDATION INC O Address change 11-3431872 O Name change Doing business as O Initial return ☐ Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) Application pending (516) 364-5050 City or town, state or province, country, and ZIP or foreign postal code EAST ROCKAWAY, NY 11518 G Gross receipts \$ 25,002 Name and address of principal officer: H(a) Is this a group return for KRISTIN OCHTERA ☐Yes ✓No subordinates? 7 WELLFLEFT ROAD H(b) Are all subordinates EAST ROCKAWAY, NY 11518 ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** 4947(a)(1) or □ 527 501(c) () ◀ (insert no.) If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation: 1998 M State of legal domicile: NY K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL AND CREATIVE SUPPORT TO EAST ROCKAWAY PUBLIC SCHOOLS AND TO SUPPLEMENT THE SCHOOL BUDGET TO HELP STUDENTS Activities & Governance 2 Check this box ▶ □ 3 Number of voting members of the governing body (Part VI, line 1a) . . . 11 0 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) . 5 6 0 **6** Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 3 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year 8** Contributions and grants (Part VIII, line 1h) . . . 1,005 12,035 Revenue **9** Program service revenue (Part VIII, line 2g) . . . 0 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 3 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,545 12,964 25,002 7.552 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). . . 7,100 12,846 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **Expenses** 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,167 2,590

Signature Block

Net Assets or Fund Balances

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12 .

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20 .

20 Total assets (Part X, line 16)

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Sign	Sig	nature of office	er				Date			_		
Here	KR	ISTIN OCHTER										
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Da:-		Print/Type p	oreparer's name	Preparer's	signature	Date	Check if	PTIN P01400165				
Paid	a parer	Firm's name	≥ ► CARNEY PACHECO 8	k FRANGIOSA PO			self-employed Firm's EIN 1	1-3111355				
	Only	= 1 11										
	,	Firm's addre	ess 100 CROSSWAYS PA				Phone no. (516	6) 364-5050				
			WOODBURY, NY 11	797								
			rn with the preparer sh Act Notice, see the s		see instructions)			. Ves				
. 0	apei work	Reduction	Act Notice, see the s	eparate mst	i decions.	Cat. I	No. 11282Y	FC	orm 990 (20	JZ.		
					— Page 2 ———							
Form	000 (2021)											
	990 (2021)		f Program Service	Accomplis	hments				Pag	је		
ı aı			_	-	any line in this Part III .				[)		
1			janization's mission:	Se of flote to	any mic m chis i arem 1		<u> </u>	<u> </u>		_		
					CIAL AND CREATIVE SUP	PORT TO EAST	ROCKAWAY P	JBLIC SCHOOL	S AND TO			
SUPPL	LEMENT IH	E SCHOOL BI	UDGET TO HELP STUDI	IN 15.						_		
2	Did the or	ganization ur	ndertake any significan	t program ser	vices during the year whi	ich were not lis	sted on	_	_			
		orm 990 or 9						□ Y	es 🔽 No			
3			new services on Sche		changes in how it conduc	ete any progra	m					
3	services?	gariization ce	anization cease conducting, or make significant changes in how it conducts, any program Yes Vo									
		escribe these	changes on Schedule	0.						•		
4	•		-		nts for each of its three la	argest program	services, as r	services, as measured by expenses.				
	Section 50	1(c)(3) and		s are required	to report the amount of							
	and reven	de, ii aliy, ioi	each program service	reported.								
4a	(Code:) (Expenses \$	10,646	including grants of \$	10,646	(Revenue \$)			
	DONATIONS	TO SCHOOLS										
4b	(Code:) (Expenses \$	2,200	including grants of \$	2,200) (Revenue \$)	_		
	SCHOLARSH	HIPS		,		,			,			
										_		
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)			
										_		
										_		
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										_		
4d		-	s (Describe in Schedule	-	_) (B	_	,				
	(Expenses			ding grants of	•) (Revenue	\$)				
4e	lotal pro	gram servic	ce expenses 🕨	12,8	346			F	orm 990 (20	12.		
								'	(20	,		
					— Page 3 ———					_		
Eor	000 (2021)								_			
	990 (2021)		Required Schedule						Pag	је		
ral	rt IV <u>Ch</u>	CCRIIST UI	required Schedul	<u></u>					Yes N	_		
1	Is the orga	nization des	cribed in section 501(c	:)(3) or 4947(a)(1) (other than a priva	te foundation)	? If "Yes," com	plete	Yes			
٠	Schadula	1 📆		,	,,,,		,	1				

2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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	Yes	
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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		No				
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? <i>If "Yes," complete Schedule J</i>	23		No				
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		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	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						
25a	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? <i>If "Yes," complete Schedule L,</i> Part I	25a		No				
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No				
26	6 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or form 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							
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							
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		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No				
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
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		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
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		No				
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	Yes					
Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	· i	Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0							
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0							
c	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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— Раде 5 **—**

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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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b								
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No						
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No						
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	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?									
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		No						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as									
	required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	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?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against 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								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.									
13	L L									
	 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?									
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									
c	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15										
	parachute payment(s) during the year?	15		No						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No						
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 49532	17								

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lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	✓
ction A. Governing Body and Management			
		Yes	N
Enter the number of voting members of the governing body at the end of the tax year 11			
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 in Schedule O.			
Enter the number of voting members included in line 1a, above, who are independent 1b 0			
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		No
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $. $	4		No
Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
Did the organization have members or stockholders?	6		No
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
The governing body?	8a	Yes	
Each committee with authority to act on behalf of the governing body?	8b		No
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
Did the organization have local chanters, branches, or affiliates?	102	res	No No
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			INC
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Describe on Schedule O the process, if any, used by the organization to review this Form 990.		100	
	12a		No
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
Did the organization have a written whistleblower policy?	13		No
Did the organization have a written document retention and destruction policy?	14		No
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	15a		No
The organization's CEO, Executive Director, or top management official			No
The organization's CEO, Executive Director, or top management official	15b		
	15b		
Other officers or key employees of the organization	15b 16a		No
Other officers or key employees of the organization			No
Other officers or key employees of the organization	16a		Ne
Other officers or key employees of the organization			Ne
Other officers or key employees of the organization	16a		N
Other officers or key employees of the organization	16a		N
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O. Ontains a response or note to any line in this Part VI. Cition A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib O o office, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person.' Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? But he organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? But he organization have local chapters, branches, or affiliates? Did the organization smalling address? If "res," provide the names and addresses i	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" resp. lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0. Ontolarias a response or note to any line in this Part VI. ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent of similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent of similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent of similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent of similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent of similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent of similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent of the diversion of the direct supervision of officer, director, trustee, or key employees to a management company or other person? 3 a 10 the organization have members or stockholders? 5 bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Enter any officer, director, trustee, or key employees	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O. Contains a response or note to any line in this Parl VI. **Cition A. Governing Body and Management** Yes

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records:

 RANDI O'MOORE 54 VINCENT PLACE LYNBROOK, NY 11563 (516) 364-5050 20

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	Page 7 ———————————————————————————————————	
Form 990 (2021)	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	. 🗆
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	-

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- 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, or 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than on is b	on (do	(C o no ox, u n of) t che unles ficer rust	eck m ss per	ore son	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) RANDI O'MOORE TREASURER	4.00	Х						0	0	0
(2) ANNE MARIE BRUZZO VICE PRESIDENT	4.00	Х						0	0	0
(3) HEATHER MASSA TRUSTEE	2.00	Х						0	0	0
(4) TINA TRANTEL TRUSTEE	2.00	Х						0	0	0
(5) KENNETH PACHECO TRUSTEE	2.00	Х						0	0	0
(6) VERA GALLAGHER TRUSTEE	2.00	х						0	0	0
(7) KRISTIN OCHTERA PRESIDENT	4.00	Х						0	0	0
(8) HEIDI KREIT TRUSTEE	2.00	Х						0	0	0
(9) ERIN GINOCCHIO TRUSTEE	2.00	Х						0	0	0
(10) MICHELLE GAMACHE TRUSTEE	4.00	Х						0	0	0
(11) DAN CADACCIOLO	2.00									

	VAIN CHINACCIOLO			Х						1	0	0	0
TRUS	ΓΕΕ						H						
												Form 9	90 (2021)
					Dage	. 0							
_					Page	. 0							
	990 (2021) t VII Section A. Officers, Direct	tors, Trustees	s, Key	/ Emp	loye	es,	and	Hig	hes	t Compensate	d Employees (co	ontinued)	Page 8
	(A)	(B)			(C	,				(D)	(E)	1 (F)
	Name and title	Average hours per		tion (d	o no	t che				Reportable compensation	Reportable compensation	Estir	nated of other
		week (list any hours	ist is both an officer and a from the from related organization (W- organizations)									fror	nsation n the
		for related organizations	Indi or o	Ins	Officer	Higt emp Key			M	2/1099- ` ISC/1099-NEC)	2/1099- MISC/1099-NEC)	rel	ation and ated
		below dotted line)	Individual trustee or director	Institutional Truste	Ger.	Key employee	Highest compensated employee	Former				organi	izations
			al tru or	onal		oloye	eom						
			stee	Trust		Φ	pens						
				6			ated						
													-1
	Sub-Total						*						
	otal (add lines 1b and 1c)						٠			0	0		0
2	Total number of individuals (including of reportable compensation from the			se list	ed a	bove	e) wh	o rec	eive	d more than \$10	00,000		
-												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2											3	No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than s									the	4	No
5	Did any person listed on line 1a receiservices rendered to the organization	ve or accrue co										5	No

nom the organizat	ion. Report compensatio	A)	ear enaing with or w	idini die Organizalii	(B)	(C)
		siness address		Des	scription of services	Compensation
						+
	pendent contractors (inc	cluding but not limite	d to those listed abo	ve) who received n	nore than \$100,000	of
compensation from t	ne organization 🕶 0					Form 990 (20
			Page 9			
rm 990 (2021)						Pag
Part VIII Stateme	ent of Revenue					
Check if S	chedule O contains a re	sponse or note to an				\square
			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				exempt function	business revenue	excluded from tax under section
	<u>,</u>			revenue	revenue	512 - 514
Federated campaigns	5 <u>1a</u>					
ontributions, fts, Grants, d Membership dues	Las					
therAmt	. <u>1b</u>					
milar คือโนกุสraising events	1c					
nounts 5 5 5						
d Related organization	s 1d					
e Government grants (cor	tributions) 1e					
6 All all a second the stress	· · · · · · · · · · · · · · · · · · ·					
f All other contributions, of and similar amounts not						
above						
12,035 g Noncash contributions in	ncluded in					
lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1	.f	12,035	-			
		Business Code				
2a						
9						
Program Service Revenue						
<u> </u>		-				
lce lce						
Ser						
£		-				
5						
-		•				
f All other program						
_	2a-2f		ı		1	T
3 Investment incom similar amounts)	e (including dividends, i	nterest, and other	3		:	3
· ·	stment of tax-exempt be	ond proceeds				
5 Royalties	. <u>.</u>	🕨				
	(i) Real	(ii) Personal				
6a Gross rents	6a					
b Less: rental			†			
expenses	6Ь		İ			

	Ī		1		1		I	1	ı
	c Rental income								
	or (loss)	6c							lt.
	d Net rental inco	ome or (
		I,	(i) Secur	ities	(ii) Other	_			
	7a Gross amount from sales of	7a							
	assets other								
	than inventory					_			
	b Less: cost or other basis and	7b							
	sales expenses								
	c Gain or (loss)	7c							
	d Net gain or (lo	•		<u> </u>	>				
a	Gross income from	m fundrai	-						
ä	(not including \$ _ contributions rep	orted on I	of ine 1c).						
Devanie	See Part IV, line			8a	12,96	54			
å	b Less: direct ex	nenses		8b		0			
i d	c Net income or				nts	12,96	54		12,964
Other	The medile of	(1033) 11	om ranaraisi		iits				,
C	Gross income fr	om gami	ng activities						
	See Part IV, line			9a					
	b Less: direct ex	penses		9b		┪			
	c Net income or				es .				
		(,	99			<u> </u>			
	10a Gross sales of	inventor	y, less						
	returns and all	owances	· ·	10a					
	b Less: cost of g	oods sol	d	10b					
	c Net income or	(loss) fr	om sales of i	nvento	rv >				
	-	aneous F			Business Code				
	11a			1					
	Ь								
	С								
	d All other reven								
	e Total. Add line			I.					
	e Iotal. Add line	:S 11a-1	.1u						
	12 Total revenue	e. See in	structions .		•	25,00	12	0 3	12,964
	l					23,00	<i>52</i>	<u> </u>	Form 990 (2021)
									,
						– Page 10 –––			
	m 990 (2021)								Page 10
Р	Part IX Stateme	ent of	Functiona	(4) org	enses	complete all columns	All other organization	one must complete co	olumn (A)
								· · · · · · · · · · · · · · · · · · ·	Juliii (A).
	Check if S	Schedule	O contains	a respo	onse or note to a	ny line in this Part IX	(B)	(C)	U
	not include amou 8b, 9b, and 10b			nes 6b	,	(A) Total expenses	Program service	Management and	Fundraising
_						·	expenses	general expenses	expenses
1	 Grants and other a domestic governm 					10,646	10,646		
2	Grants and other					2,200	2,200		
_	Part IV, line 22					, , ,	,		
3	Grants and other a	assistan	ce to foreian	organi	izations, foreign				
_	governments, and	l foreign	individuals.						
	and 16			•					
4	Benefits paid to or	r for mei	mbers						
5	Compensation of o				· ·				
_	key employees .								
6	Compensation not	include	d above, to	isqual	ified persons (as				

	defined under section $4958(t)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	DLegal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	293		293	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a 5K RUN EXPENSES	2,167			2,167
	b FEES	130		130	
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,436	12,846	423	2,167
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
		•			Form 990 (2021)
		— Page 11 ———			
Forr	n 990 (2021)				Page 11
	art X Balance Sheet				rage 11
	Check if Schedule O contains a response or note to an	v line in this Dad IV			
	Check if Schedule O contains a response of note to an	y iiile iii tiiis Pait IX	(A) Beginning of	vear	(B) End of year
	1 Cash-non-interest-bearing	_	- 5	1	, - ·
	2 Savings and temporary cash investments			17,008 2	26,574
	3 Pledges and grants receivable, net			3	20,014
	4 Accounts receivable, net	•		4	_
	· ·	r officer director		- 	
	5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial of controlled entity or family member of any of these pers	contributor, or 35% sons		5	
	6 Loans and other receivables from other disqualified per section 4958(f)(1)), and persons described in section 4			6	

			Ĭ.		ī			
Assets	7	Notes and loans receivable, net			7			
	8	Inventories for sale or use			8			
	9	Prepaid expenses and deferred charges			9			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a					
	b	Less: accumulated depreciation	10b		10c			
	11	Investments—publicly traded securities .	<u>'</u>		11			
	12	Investments—other securities. See Part IV, line 11			12			
	13	Investments—program-related. See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 33)		17,008	16			26,574
	17	Accounts payable and accrued expenses			17			
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21			
Liabilities	22	Loans and other 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			22			
	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable to unrelated	d third parties		24			_
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25		0	26			0
S				-				
Balances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			27			
Ba	28	Net assets with donor restrictions		28				
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	17,008	29			26,574	
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30			0
Assets	31	Retained earnings, endowment, accumulated income, or other funds		0	31			0
A	32	Total net assets or fund balances		17,008	32			26,574
Net	33	Total liabilities and net assets/fund balances .		17,008	33			26,574
0.000		Total nublinities and free assets/runa balances		1		<u> </u>	Form 99	0 (2021)
Form	n 990	(2021)	———— Page 12 ————					Page 12
Pa	art XI	Reconcilliation of Net Assets						. 490
		Check if Schedule O contains a response or n	ote to any line in this Part XI.		_			
		eneck in Schedule o contains a response of in	oce to any mic in this rate at		T	İ		
1	Tota	otal revenue (must equal Part VIII, column (A), line 12)						25,002
2						2 15,43		15,436
3						9,566		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							17,008
5	5 Net unrealized gains (losses) on investments							
6	6 Donated services and use of facilities							
7	7 Investment expenses							
8								
9								0
10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)							26,574
Pa	art XII	Financial Statements and Reporting	9			_		_
		Check if Schedule O contains a response or	note to any line in this Part XII .					
							Yes	No
1	A	ounting mathed used to proper the Form 000.	Cach Accrual	Othor		I	1	

	Special Condition Description		
Forn	Software 1D: Software Version: n 990, Special Condition Description:		
	Software ID:		
Ad	Return to	Form	
Form	990 (2021)		
		Form	9 90 (2021
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За	No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O).	
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	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
	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:		
b	Were the organization's financial statements audited by an independent accountant?	2b	No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
	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:		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		