Return of Organization Exempt From Income Tax

OMB No. 1545-0047

(Rev.	Janua	ary 2	020)	

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

Department of the Treasury

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

Open to Public Inspection

Inter	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instru	actions and the late	est into	rmation.		Inspection
Α	For the	e 2019 calen	lar year, or tax year beginning	, 2019, and end	ding			, 20
в	Check if	f applicable:	C Name of organization Monmouth Beach Firs	t Aid Squad,	Inc		D Empl	oyer identification number
	Address	s change	Doing business as				23-7	360684
	Name c	hange	Number and street (or P.O. box if mail is not delivered to st	reet address)	Room/	/suite	E Telepl	hone number
	Initial re	eturn	26 Beach Road				(732)222-7665
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign	postal code				
	Amende	ed return	Monmouth Beach, NJ 07750				G Gross	receipts \$ 118,272.
	Applicat	tion pending	F Name and address of principal officer:					or subordinates? 🗌 Yes 🛛 No
			Ellen Marowitz, C/O 26 Beach Road, Monmo		07750	H(b) Are all su	bordinat	es included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.)] 4947(a)(1) or 🗌 52	7	If "No," a	ttach a li	st. (see instructions)
			//monmouthbeachems.org/			H(c) Group ex	emption	number 🕨
1		organization:	Corporation Trust Association Other >	L Year of for	rmation:	1958	M State	of legal domicile: NJ
Ρ	art I	Summa						
	1		cribe the organization's mission or most significa					
Activities & Governance			ing communities.It also provides emerg					
nar			tion responded to calls 24 hours,365 o					
ver	2		box \blacktriangleright if the organization discontinued its op				25% of	its net assets.
ဗိ	3		voting members of the governing body (Part VI,				3	11
<u>م</u>	4		independent voting members of the governing b		-		4	11
itie	5		per of individuals employed in calendar year 2019				5	0
čţ	6		per of volunteers (estimate if necessary)				6	30
Ă	7a		ated business revenue from Part VIII, column (C)		• • •		7a	0.
	b	Net unrelat	ed business taxable income from Form 990-T, li	ne 39			7b	0.
						Prior Year		Current Year
Pe	8		ons and grants (Part VIII, line 1h)			183,	138.	118,132.
Revenue	9	•						
ě	10		income (Part VIII, column (A), lines 3, 4, and 7d)				148.	140.
_	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			-1,	994.	-15,386.
	12		ue—add lines 8 through 11 (must equal Part VIII, o		,	181,	292.	102,886.
	13		l similar amounts paid (Part IX, column (A), lines				750.	800.
	14		aid to or for members (Part IX, column (A), line 4)					
es	15		her compensation, employee benefits (Part IX, colu		·			
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)			2,	236.	2,323.
ğ	b		aising expenses (Part IX, column (D), line 25) ►	2,323.				
ш	17	-	enses (Part IX, column (A), lines 11a–11d, 11f–24		105,		100,223.	
	18		nses. Add lines 13–17 (must equal Part IX, colum		108,		103,346.	
	19	Revenue le	ss expenses. Subtract line 18 from line 12				410.	-460.
Net Assets or Fund Balances					Begi	nning of Curre	ent Year	End of Year
sset	20		s (Part X, line 16)			507,	891.	499,306.
et A: nd B	21		ties (Part X, line 26)					
-			or fund balances. Subtract line 21 from line 20			507,	891.	499,306.
Pa	art II	Signatu	re Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

			0	5/27/2020					
Sign	Signature of officer		Dat	te					
Here	Ellen Marowitz, Treasur	er							
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if	PTIN				
Preparer	David Gallagher, CPA	08/18/2021	self-employed	P00183759					
Use Only	Firm's name 🕨 David Gallagher	Firm	Firm's EIN ► 47-1503225						
	Firm's address ► 29 Beach Rd, Suite 205, Monmouth Beach, NJ 07750 Phone no. (732)759-8907								
May the IRS	discuss this return with the preparer s	hown above? (see instructions)			🗙 Yes 🗌 No				
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 10/27/20 PRO Form 990 (2019)									

Form 99	
Part	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The organization provides emergency medical services to the residents of Monmouth beach and the surrounding communities. It also provides emergency response training and education. In 2019, the organization responded to calls 24 hours, 365 days of the year totaling more than 300 incidents
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$85,107. including grants of \$800.) (Revenue \$84,682.) Only one program service. See Line 1 above
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 85,107.
	REV 10/27/20 PRO

Form 99	0 (2019)		F	Page 3
Part	V Checklist of Required Schedules			
			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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
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		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		×
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, Part I</i>	6		×
7	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 "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
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	×	
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		×
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	×	
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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 5. Parts Land U.	4.46		
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 16		×
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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	17	×	×
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	10	~	×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

Form 99	0 (2019)		F	-age 4
Part	V Checklist of Required Schedules (continued)			
			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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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	×	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
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		
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? If "Yes," complete Schedule L, Part I	25a		×
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		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	×	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
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		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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? If "Yes," complete Schedule R, Part V, line 2	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable11a4Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	
	REV 10/27/20 PRO	Forr	n 990	(2019)

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Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Lag 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a b If at least one is reported on line 2a, did the organization file all required to e-file (see instructions) 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b c 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 3b b If "Yes," enter the name of the foreign country See See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa b Did any taxable party notify the organization file it was or is a party to a prohibited tax shelter transaction? So c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? So c Organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided t	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b b If at least one is reported on line 2a, did the organization file all required to e-file (see instructions) 2a c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a d If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country b Se See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So f If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? So d If "Yes," did the organization notify the donor of the value of the goods or services provided? To D Organizations that may receive deductibl	×	× × × ×
Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment that are turns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country where an interest in, or a signature or other authority over, a financial account in a foreign country b 3a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nolde with ever solicitation an express statement that sub contributions? 5a 6a Dees the organization include with every solicitation an express statement that sub contributions? 6a 7 Organization solid tany contribution with evers of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b 6b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c 7 Or		× × × ×
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country > 4a 5Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5D Ud any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 6D 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 or gifts were not tax deductible? 6b 7 Organization stat may receive deductible contributions under section 170(c). a 7a 7a 7a 7a 7b If "Yes," did the organization necive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," indicate the number of Forms 8282 filed during the year? 7d		× × × ×
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country lock as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization file Form 8886-T? 5a b Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b c D'rganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c 7b If a reganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282 filed during the year? 7c 7c If the organization receive a contribution of qualified intellectual property, did the organization file Form 8282 filed during the year? 7c 7d Td Td Td 7c		× × ×
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization flat it was or is a party to a prohibited tax shelter transaction? 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 or gifts were not tax deductible? 6a 7 Organization stat may receive deductible contributions under section 170(c). 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a 7c If "Yes," indicate the number of Forms 8282 filed during the year? 7d 7c If "Yes," indicate the number of forms 8282 filed during the year? 7d 7f If the organization r		× × ×
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)? 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 b Did any taxable party notify the organization file Form 8886-T? 5b c If "Yes," on time 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization nave 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? 6b 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c d If "Yes," indicate the number of Forms 8282 filed		× × ×
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a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Ga Does the organization nave 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 7 Organization stat may receive deductible contributions under section 170(c). 6b 7 Did the organization notify the donor of the value of the goods or services provided? 7a 7b Did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization notify the donor of the value of the goods or services provided? 7c c H "Yes," indicate the number of Forms 8282 filed during the year 7d 7e 7d 7c 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c c If "Yes," indicate t		× × ×
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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		
a 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 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.		
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		~
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		×
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . 14b		<u> </u>
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?		×
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 		×
If "Yes," complete Form 4720, Schedule O.	1	~ ~

Form 99	90 (2019)		F	-age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			×
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a <u>11</u> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
b	Enter the number of voting members included on line 1a, above, who are independent . 11			
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		×
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? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		×
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		×
6	Did the organization become aware during the year of a significant diversion of the organization's assets .	6	×	
7a	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	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7u 7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (<i>explain on Schedule O</i>)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,

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 ► Ellen Marowitz, C/O 26 Beach Road, Monmouth Beach, NJ 07750 (732)222-7665

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((C)					
(A)	(B)	(-1	- 4 - 1		ition	- 41		(D)	(E)	(F)
Name and title	Average	box,	unles	ss pe	erson	e than o is both	n an	Reportable	Reportable	Estimated amount
	hours per week	office	1	-	1	or/trust	<u> </u>	compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Kevin Keesheen	10.00	-								
President				×				0.	0.	0.
(2) Kevin Keesheen Chaplain	1.00	-		×				0.	0.	0.
(3) Kevin Keesheen Chief Driver	10.00	-		×				0.	0.	0.
(4) Kevin King Vice President	10.00	-		×				0.	0.	0.
(5) David Gallagher Treasurer	10.00	-		×				0.	0.	0.
(6) Steven Adams	10.00									
Trustee		×						0.	0.	0.
(7) Edward Marsh Trustee	10.00	×						0.	0.	0.
(8)Craig Ryan Trustee	10.00	×						0.	0.	0.
(9)Craig Ryan Chief Driver	10.00	-		×				0.	0.	0.
(10) Susan McDonald Educational Officer	10.00	-		×				0.	0.	0.
(11) Stephen Vertrano DO Medical Director	1.00	×						2,000.	0.	0.
(12)		-						,		
(13)		-								
(14)		-								
										- 000

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Emj	ploy	yee	s, an	d F	lighest Compe	nsated I	Employ	yees (c	contin	iued)
					•	C)								
	(A)	(B)	(do r	ot of		ition	o than		(D)	(E)			(F)	
	Name and title	Average					e than o is both		Reportable	Report		Estima		ount
		hours per week	office	er and		lirect	or/trust	т ́	compensation from the	compens from rel			other	on
		(list any	Indi or d	Inst	Officer	Key	High	Former	organization	organiza	itions	fro	om the	
		hours for related	Individual trustee or director	Institutional trustee	cer	Key employee	nest	ner	(W-2/1099-MISC)	(W-2/1099	-MISC)	organi related c	zation	
		organizations	tor tr	onal		ploy	e on					related t	nganiza	110115
		below dotted line)	uste	trus		ee	lper							
			ě	stee			Highest compensated employee							
							ă							
(15)			-											
(16)														
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(23)			_											
(24)			_											
(05)														
(25)			-											
1b	Subtotal								2,000.		0.			0.
c	Total from continuation sheets to Part								2,000.		0.			0.
d	Total (add lines 1b and 1c)								2,000.		0.			0.
	Total number of individuals (including but							-) w		e than \$1		of		<u> </u>
-	reportable compensation from the organi			1000	2 1101	.00	0	<i>, ,,</i>		σthan φr	00,000	01		
							<u> </u>						Yes	No
3	Did the organization list any former of	officer, dire	ector.	tru	iste	e. k	kev e	mpl	lovee. or hiahes	t compe	nsated			
	employee on line 1a? If "Yes," complete s											3	×	
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatic	n a	nd other compe	nsation fr	om the			
	organization and related organizations	greater th	an \$	150,	000)?	f "Ye	s,"	complete Sched	dule J fo	r such			
	individual				•	• •	• •					4		×
5	Did any person listed on line 1a receive of									ion or inc	lividual			
<u> </u>	for services rendered to the organization	? If "Yes," o	compl	ete	Scł	nedi	ule J f	for s	such person .			5		<u>×</u>
	on B. Independent Contractors													
1	Complete this table for your five high													
	compensation from the organization. Rep	ort comper	Isatio	n toi	r the	e ca	ienda	r ye		within the	e organ		s tax	year.
	(A) Name and business add	ress							(B) Description of serv	rices	C	(C) Compens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue Check if Schedule O contain

Part	: VIII	Statement of Revenue	and line in this De			—
		Check if Schedule O contains a response or note to				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts S	1a	Federated campaigns 1a				
unt	b	Membership dues	-			
, G	с	Fundraising events 1c 33,352	L.			
ifts ır A	d	Related organizations 1d				
i, G nila	е	Government grants (contributions) 1e 35,000	<u>).</u>			
ons Sir	f	All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f 49,783	<u>L.</u>			
ot	g	Noncash contributions included in				
Cor and	h	lines 1a–1f 1g 10,00 Total. Add lines 1a–1f .	▶ 118,132.			
		Business Code				
e	2a					
e vic	b					
jram Ser Revenue	с					
am eve	d					
Program Service Revenue	е					
Pr	f	All other program service revenue				
	g		►			
	3	Investment income (including dividends, interest, ar		140	0	
		other similar amounts)	140.	140.	0.	0.
	4 5	Income from investment of tax-exempt bond proceeds Royalties				
	5	(i) Real (ii) Personal				
	6a	Gross rents 6a	-			
	b	Less: rental expenses 6b	_			
	с	Rental income or (loss) 6c				
	d	Net rental income or (loss)	►			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
•		other than inventory 7a	_			
venue	b	Less: cost or other basis and sales expenses . 7b				
	c	Gain or (loss) 7c	_			
Å		Net gain or (loss) I I	•			
Other Re		Gross income from fundraising				
Ð		events (not including \$ 33,351.				
		of contributions reported on line				
).			
	b	Less: direct expenses 8b 15,386				
	C		-15,386.		0.	-15,386.
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b	-			
	c	•	•			
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b				
	С		>			
snu	44-	Business Code				
nec	11a					
scellaneo Revenue	b c					
Miscellaneous Revenue	d	All other revenue				
Σ	e		•			
	12	Total revenue. See instructions	▶ 102,886.	140.	0.	-15,386.

	90 (2019)				Page 10
	IX Statement of Functional Expenses		- + + +		(A)
Sectio	on 501(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a response	(A)			<u> </u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	800.	800.		
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 5	Benefits paid to or for members 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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b					
c b d	Legal	3,288.	0.	3,288.	0
	Professional fundraising services. See Part IV, line 17	2,323.			2,323
e f	Investment management fees	2,323.			2,323
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,000.	2,000.	0.	0
12	Advertising and promotion				
13	Office expenses	5,528.	3,175.	2,353.	0
14	Information technology				
15	Royalties				
16		6,047.	1,217.	4,830.	0
17	Travel	0,01,1	±/±±/•	1,0001	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,252.	5,789.	463.	0
20		0,232.	5,102.		0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,010.	44,516.	1,494.	0
22		3,488.	<u>44,510.</u> 0.	3,488.	0
		5,400.	0.	5,400.	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Medical Supplies	10,052.	10,052.	0.	0
b	Ambulance Operations	15,819.	15,819.	0.	0
с	Emergency Notification System	770.	770.	0.	0.
d	uniforms	969.	969.	0.	0.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	103,346.	85,107.	15,916.	2,323
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 \blacktriangleright if	103,340.		13,910.	2,323
	following ŠOP 98-2 (ASC 958-720)				

Form 990 (2019)

	n 990 (2	•			Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Par	tX (A) Beginning of year		 (B) End of year
	1	Cash-non-interest-bearing	4,876.	1	22,812.
	2	Savings and temporary cash investments	41,480.	2	37,425.
	3	Pledges and grants receivable, net	11,1001	3	0,,120,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		-	
	loa	basis. Complete Part VI of Schedule D 10a 823, 565.			
	b	Less: accumulated depreciation 10b 391,904.	454,127.	10c	431,661.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11	7,408.	13	7,408.
	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)	507,891.	16	499,306.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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	
Lial	23	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23 24	
	2 4 25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
	06	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
nces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	482,099.	27	481,607.
B	28	Net assets with donor restrictions	25,792.	28	17,699.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	507,891.	32	499,306.
Ž	33	Total liabilities and net assets/fund balances	507,891.	33	499,306.

REV 10/27/20 PRO

Form **990** (2019)

Form 99	90 (2019)			Pa	ige 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI				×
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	02,8	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	03,3	346.
3	Revenue less expenses. Subtract line 2 from line 1	3		-4	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	07,8	891.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	1	00,0	000.
7	Investment expenses	7			
8	Prior period adjustments	8		-8,1	.25.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	00,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4	99,3	806.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," en	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled 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		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?.	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	3b		
	REV 10/27/20 PRO		For	n 990	(2019)

SCH	EDUL	ΕA
(Form	990 or	· 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2019

Open to Public

Incraction

Department of the Treasury
Internal Revenue Service

(E) Total Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to *www.irs.gov/Form*990 for instructions and the latest information.

N

Name	of the o	rganization					Employer identification	number
Monr	Nonmouth Beach First Aid Squad, Inc 23-7360684							
Par		Reason for Public Cha		0			,	ns.
	-	ation is not a private founda				-		
1		church, convention of churc						
2		chool described in section						
3		nospital or a cooperative ho						(:::) Enter the
4		nedical research organization spital's name, city, and state	•	njunction with a nosp	Jilai desc			III). Enter the
5		organization operated for		college or university	owned o	r operate	d by a government	al unit described in
Ŭ		ction 170(b)(1)(A)(iv). (Com			owned o	oporato	a by a government	
6		ederal, state, or local gover		mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7		organization that normally						the general public
	de	scribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8	Ac	community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		agricultural research organ						
		university or a non-land-gra versity:	nt college of agr	iculture (see instructio	ons). Ente	r the nam	ne, city, and state of	the college or
10	🗌 An	organization that normally	receives: (1) more	e than 331/3% of its su	upport fro	m contril	outions, membership	o fees, and gross
	rec	eipts from activities related	to its exempt fur	nctions—subject to ce	ertain exc	eptions,	and (2) no more that	n 331/3% of its
		quired by the organization a						Dusinesses
11	🗌 An	organization organized and	operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12		organization organized and						
		one or more publicly suppo	•		•			
_		eck the box in lines 12a thro	-	••••••		-		-
а		Type I. A supporting organization the supported organization						
		supporting organization. Y	., .					
b		Type II. A supporting orga	-				upported organizati	on(s), by having
		control or management of						
		organization(s). You must	=					
С		Type III functionally integ						ally integrated with,
		its supported organization(
d		Type III non-functionally integration that is not functionally integrated by the second secon						
		requirement (see instructio						u an allentiveness
е		Check this box if the organ		-				II Type III
5		functionally integrated, or 7						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f		r the number of supported o						
g	Prov	ide the following information	n about the supp	orted organization(s).				
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								

Part IISupport 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.)

Secti	on A. Public Support	. ,			•	,	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,612.	37,364.	25,617.	48,138.	49,681.	189,412.
2	Tax revenues levied for the	20,012.	57,501.	23,017.	10,150.	19,001.	109,112.
	organization's benefit and either paid						
	to or expended on its behalf	25,000.	25,000.	25,000.	25,000.	25,000.	125,000.
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	10,000.	10,000.	10,000.	10,000.	1,000.	41,000.
4	Total. Add lines 1 through 3	63,612.	72,364.	60,617.	83,138.	75,681.	355,412.
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						355,412.
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	63,612.	72,364.	60,617.	83,138.	75,681.	355,412.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	191.	215.	214.	148.	140.	908.
9	Net income from unrelated business		215.		110.	110.	
-	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						356,320.
12	Gross receipts from related activities, etc		,			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth			
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			1, column (f))		14	99.75%
15	Public support percentage from 2018 Sch	nedule A, Part	II, line 14 .			15	99.73 %
16a	331/3% support test-2019. If the organ						
h	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test — 2018. If the organi this box and stop here. The organization	qualifies as a	oublicly suppo	rted organizati	on		🕨 🗌
17a	17a 10%-facts-and-circumstances test—2019. 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 — 2 15 is 10% or more, and if the organization r Explain in Part VI how the organization r supported organization	ation meets th neets the "fact	e "facts-and-c ts-and-circums	circumstances' stances" test.	' test, check ' The organizati	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization di						
	instructions				· ·		
					Sch	edule A (Form 99	0 or 990-EZ) 2019

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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	-						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1				-1
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						_
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
h							
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in 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.)						
14	First five years. If the Form 990 is for th	-			-		
Casti	organization, check this box and stop he						🕨 📘
	on C. Computation of Public Suppor Public support percentage for 2019 (line 8			12 oolumn (fl)		15	%
15 16	Public support percentage for 2019 (inte a Public support percentage from 2018 Sch	, (),	2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	%
	on D. Computation of Investment In			<u></u>			70
17	Investment income percentage for 2019 (I			ov line 13. colu	mn (f))	17	%
18	Investment income percentage from 2018			-		18	%
19a	33 ¹ / ₃ % support tests – 2019. If the organi						
-	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this k	oox and stop h	nere. The organi	ization qualifies	as a publicly s	upported org	anization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, o	check this box	and see inst	ructions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

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 in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b 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.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

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1	Check here if the organization	satisfied the Integ	ral Part Test as a	qualifying true	st on Nov. 20, 1970 (explair	i in Part VI). S	See
	instructions. All other Type III	non-functionally ir	ntegrated suppor	ting organizati	ions must complete Sectior	ns A through B	Ε.

Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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	6		
emergency temporary reduction (see instructions).	0		

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

Schedule A (Form 990 or 990-EZ) 2019

-	V Type III Non-Functionally Integrated 509(a)) Supporting Oraco	zations (continued)	Page (
Part		a supporting Organi		
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

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 impermissible private benefit? Yes No No PartII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 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 Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2 Number of conservation easements included in (a) and the tax year. a Total arcrage restricted by conservation easements. 2 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Longer of states where property subject to conservation easements it located P 4 Number of states where property subject to conservation easements in located P 5 Obes et ne organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the yea s 5 Obes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and s	SCHE	DULE D	Supplement	al Financial	Statements			0	MB No. 154	5-0047
Part W, Jine 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11d, 11b, 11c, 11d, 11d, 11b, 11d, 11d, 11d, 11d, 11d	(Forn	n 990)	► Complete if the org	anization answered	"Yes" on Form 990,				201	9
	Desertes							G		
Hommouth Beach 23-7360684 Partil Organizations Maintaing Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 900, Part IV, line 6. 1 Total number at end of year						tion.				
PartI Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	Name o	f the organization				Emplo	yer id	entification	number	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year										
I Total number at end of year (a) Domor schward funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year)	Par					s or /	Acco	ounts.		
1 Total number at end of year		Comple	ete il the organization answered				(b) E	unds and of	ber account	<u> </u>
2 Aggregate value of contributions to (during year)	1	Total number :	at end of year				(0) 1			5
3 Aggregate value of grants from (during year)			-							
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 impermissible private benefit? 7 Personal Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 historic structure ☐ Preservation of fand for public use (for example, recreation or education) ☐ Preservation of a conservation easements. 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in or the last day of the tax year. 8 Total arceage restricted by conservation easements. 2 Za 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the yea tax. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements thods? 6 Number of schemes the during the yea satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)(4)(3									
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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 certified historic structure Protection of natural habitat Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and day of the tax year. Preservation of conservation easements and a certified historic structure included in (a)		-				any c	Juner	purpose		
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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 day of the tax year. Total acreage restricted by conservation easements		Preservation	of land for public use (for example, recre	ation or education)	Preservation of	a hist	orica	lly impor	tant land a	area
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 \$	6								nts during	the year
 and section 170(h)(4)(B)(ii)?	7		enses incurred in monitoring, inspecting	g, handling of violat	ions, and enforcing co	onser	vatior	n easeme	nts during	the year
 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 or 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 or 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 X (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following and provide the following and provide of art, historical treasures, or other similar assets for financial gain, provide the following and provide the following and provide of the following and provide the followin	8	and section 17	′O(h)(4)(B)(ii)?					•••	🗌 Yes	🗌 No
 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 or 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 (ii) Assets included in Form 990, Part X (iii) Assets or held works of art, historical treasures, or other similar assets for financial gain, provide the 	9	balance sheet,	, and include, if applicable, the text of	the footnote to the						es the
 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 or 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 (iii) Assets included in Form 990, Part X (iii) Assets or art, historical treasures, or other soft art, historical treasures, or other similar assets for financial gain, provide the 	Dord	-)th or	Circo	ilor Acc		
 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 o 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 (iii) Assets included on received or held works of art, historical treasures, or other similar assets for financial gain, provide the 	Part	-	-		-	lier	3111		els.	
 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	1a	of art, historic	al treasures, or other similar assets	held for public ex	hibition, education,	or re	searc	h in furt		
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	b	art, historical t provide the fol	reasures, or other similar assets held lowing amounts relating to these item	for public exhibitions:	n, education, or rese	earch	in fur	therance	of public	service,
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the		(i) Revenue in	cluded on Form 990, Part VIII, line 1				.)	► \$		
	-	(ii) Assets inclu	uded in Form 990, Part X			•••	.)	► \$		•••
following amounts required to be reported under FASB ASC 958 relating to these items:	2	following amo	unts required to be reported under FA	ASB ASC 958 relati	ng to these items:					
a Revenue included on Form 990, Part VIII, line 1 .	_	Revenue include	ded on Form 990, Part VIII, line 1 .				.)	► \$ ► \$		

Schedu	e D (Form 990) 2019								Page 2
Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	e follov	ving that make s	ignificant u	se of its
а	Public exhibition		d		or exchange	nroar	am		
a b	Scholarly research								
c	 Preservation for future generations 		е						
			and aval	how t	hav furthar t	ho oro	enization's over	nt nurnaa	a in Dart
4	Provide a description of the organiza XIII.								emran
5	During the year, did the organization assets to be sold to raise funds rather	r than to be maint						r 🗌 Yes	🗌 No
Part	IV Escrow and Custodial Arra	•							
	Complete if the organization 990, Part X, line 21.	answered "Yes	s" on For	m 990, F	Part IV, line	9, or	reported an arr	iount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot	□ No
b	If "Yes," explain the arrangement in P								
		·		Ũ			Ar	nount	
с	Beginning balance					10	;		
d	Additions during the year					1d	I		
е	Distributions during the year					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, F	Part X, line	e 21, for e	scrow or cu	stodia	l account liability	? 🗌 Yes	🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check he	re if the e	xplanatio	n has been p	orovide	ed on Part XIII .		
Par									
	Complete if the organization	answered "Yes	<u>s" on For</u>	m 990, F	Part IV, line	10.		-	
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years back	(e) Four ye	ars 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								
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowme		%						
b	Permanent endowment	%							
С	Term endowment ►%								
	The percentages on lines 2a, 2b, and	2c should equal 1	100%.						
3a	Are there endowment funds not in the	e possession of t	he organi	zation that	at are held a	and ad	ministered for th		
	organization by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	()							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	0						3b	
4	Describe in Part XIII the intended uses		on's endo	owment fu	unds.				
Part							0 5 000		10
	Complete if the organization								
	Description of property	(a) Cost or c (investr			or other basis ther)	• •	Accumulated epreciation	(d) Book \	alue
1a	Land		0.		12,000.				,000.
b	Buildings			3	36,196.		67,973.	268	,223.
С	Leasehold improvements								
d	Equipment				27,076.		70,733.		343.
e	Other				48,293.		253,198.		,095.
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form S	990, Part 2	K, columr	n (B), line 10a	c.).	🕨	431	,661.

Schedule D (Form 990) 2019 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value 7,408. (1) Koch Excelon Restricted Shares Cost (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ 7,408. Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . 🕨 . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

Schedu	le D (Form 990) 2019				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" on Form 990			Return.	
1	Total revenue, gains, and other support per audited financial statements	s		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	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 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	e 12.) .		5	
Part				er Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV,	line 12a.		
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.)				
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, li	ine 18.) .		5	
_	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 1. Par	t IV lines 1b and 2b	· Part V lin	A: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				ie 4, Fait 7, iiie

Schedule D (Fo	rm 990) 2019 Page 5
	Supplemental Information (continued)
· -	

	EDULE G 1 990 or 990-EZ)		the organization an	swered "Yes"	on Form 990	raising or Gam	or 19, or if the	OMB No. 1545-0047
•	ment of the Treasury		•	red more that tach to Form		Form 990-EZ, line 6a 990-EZ.		2019
Interna	Revenue Service		Go to www.irs.gov/	Form990 for i	nstructions a	nd the latest informa		Open to Public Inspection
	of the organization						Employer identi	
Par		First Aid S	-		tion anou	urad "Vas" on	23-736068 Form 990, Part IV	
га		0-EZ filers are r				vereu res on	F0111 990, Fait IV	, III e 17.
1 a b	Mail solicita	0		hrough any e] Solicitati	owing activities. C on of non-govern on of governmen	•	
C	Phone solid	citations		g [undraising events	•	
d 2a	In-person s Did the organic		ten or oral agree	mont with	any individ	lual (including off	icers, directors, trus	
2a							fundraising services	
b		e 10 highest paid at least \$5,000 by			draisers) pu	irsuant to agreen	nents under which t	he fundraiser is to be
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total			1		L			
3		in which the orga		tered or lic	ensed to s	olicit contributior	ns or has been noti	fied it is exempt from
							·	

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.

		<u>.</u>	· · · · · · ·			
			(a) Event #1 Comedy Night	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
Revenue	1	Gross receipts	33,351.			33,351.
£	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	33,351.			33,351.
	4	Cash prizes	905.			905.
	5	Noncash prizes	340.			340.
es	6	Rent/facility costs				
sue						
Direct Expenses	7	Food and beverages	11,573.			11,573.
ŝct		_				
Dire	8	Entertainment	1,950.			1,950.
	9	Other direct expenses .	618.			C10
	9	Other direct expenses .	018.			618.
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	olumn (d)		15,386.
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		17,965.
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
ñ	1	Gross revenue				
	_					
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				

	6	Volunteer labor	X Yes% □ No	│	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	column (d)		
	8	Net gaming income summary	y. Subtract line 7 from I	ine 1, column (d)		
9	F	nter the state(s) in which the or	ganization conducts da	aming activities:		
-		the organization licensed to co	0 0	U	s?	🗌 Yes 🗌 No
I	b If	"No," explain:				
10	a V	/ere any of the organization's g	aming licenses revoked	d, suspended, or termin	ated during the tax year	? . 🗌 Yes 🗌 No
I	b If	"Yes," explain:				

5

Other direct expenses

Schedu	le G (Form 990 or 990-EZ) 2019 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation \$
	Description of services provided ►
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
Dout	spent in the organization's own exempt activities during the tax year ► \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHI	EDULE J	Compensat	tion Information	ON	IB No.	1545-0	047
(Form	n 990)	For certain Officers, Directors,	Trustees, Key Employees, and Highest	Ĺ	20	19)
		Complete if the organization and	sated Employees swered "Yes" on Form 990, Part IV, line 23.		en to		
	nent of the Treasury Revenue Service	► Attac ► Go to www.irs.gov/Form990 for	to Form 990. r instructions and the latest information.	-	Inspe		
	of the organization		Employer ident				
-		First Aid Squad, Inc	23-73606	84			
Par	Questic	ns Regarding Compensation				Yes	No
1a	Check the app	ropriate box(es) if the organization provided	any of the following to or for a person listed of	on Form		res	NO
	990, Part VII, S		any relevant information regarding these items				
			ousing allowance or residence for personal u				
	Travel for c	-	ayments for business use of personal residen ealth or social club dues or initiation fees	се			
			ersonal services (such as maid, chauffeur, ch	⊃f)			
				51)			
b	If any of the b	poxes on line 1a are checked, did the org	ganization follow a written policy regarding p	ayment			
			s described above? If "No," complete Pa	rt III to			
	explain			• •	1b		
2	Did the erge	aization require substantiation prior to	reimburging or ellewing expenses insurres				
2			reimbursing or allowing expenses incurrec cutive Director, regarding the items checked				
		· · · · · · · · · · · · · · · ·			2	×	
3		, if any, of the following the organization u					
			ply. Do not check any boxes for methods use O/Executive Director, but explain in Part III.	ed by a			
	-	-	/ritten employment contract				
	•		ompensation survey or study				
	-	-	pproval by the board or compensation comm	ittee			
4		r, did any person listed on Form 990, Part r a related organization:	VII, Section A, line 1a, with respect to the filir	g			
а		erance payment or change-of-control payr			4a		×
b		or receive payment from, a supplemental			4b		×
С		or receive payment from, an equity-based	compensation arrangement?		4c		×
	II Tes to any	of lines 4a-c, list the persons and provide					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organi	zations must complete lines 5–9.				
5			, line 1a, did the organization pay or acc	rue any			
	-	contingent on the revenues of:			_		
a b					5a 5b		×
D		e 5a or 5b, describe in Part III.		•••	50		
	•						
6		isted on Form 990, Part VII, Section A contingent on the net earnings of:	, line 1a, did the organization pay or acc	rue any			
а	-				6a		×
b	-	-		• •	6b		×
	If "Yes" on line	e 6a or 6b, describe in Part III.					
7			line 1a, did the organization provide any r				
			ribe in Part III.............		7		×
8			or accrued pursuant to a contract that was su ations section 53.4958-4(a)(3)? If "Yes," c				
					8		×
-							
9		-	he rebuttable presumption procedure desc				
	negulations Se		<u> </u>		9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E)	amounts for that individual.

				SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Kevin Keeshen	(i)	0.	0.	0.	0.	0.	0.	0.
1 President	(ii)	0.	0.	0.	0.	0.	0.	0.
Kevin King	(i)	0.	0.	0.	0.	0.	0.	0.
2 V. President	(ii)	0.	0.	0.	0.	0.	0.	0.
David Gallagher	(i)	0.	0.	0.	0.	0.	0.	0.
3 Treasurer	(ii)	0.	Ο.	0.	0.	0.	0.	0.
Ellen Marowitz	(i)	0.	0.	0.	0.	0.	0.	0.
4 Secretary	(ii)	0.	0.	0.	0.	0.	0.	0.
Steven Adams	(i)	0.	Ο.	Ο.	0.	0.	0.	0.
5 Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
Edward Marsh	(i)	0.	0.	0.	0.	0.	0.	0.
6 Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
Craig Ryan	(i)	0.	0.	0.	0.	0.	0.	0.
7 Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
James Dolan	(i)	0.	0.	0.	0.	0.	0.	0.
8 Captain	(ii)	0.	0.	0.	0.	0.	0.	0.
Lisa Costello	(i)	0.	0.	0.	0.	0.	0.	0.
9 1st Lieutant	(ii)	0.	0.	0.	0.	0.	0.	0.
Craig Ryan	(i)	0.	0.	0.	0.	0.	0.	0.
10 Chief Driver	(ii)	0.	0.	0.	0.	0.	0.	0.
Kevin Keeshen	(i)	0.	0.	0.	0.	0.	0.	0.
11 Chief Driver	(ii)	0.	0.	0.	0.	0.	0.	0.
Susan McDonald	(i)	0.	0.	0.	0.	0.	0.	0.
12 Education Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
Stephen Vetrano DO	(i)	0.	0.	2,000.	0.	0.	2,000.	0.
13 Medical Director	(ii)	0.	Ο.	Ο.	0.	0.	0.	0.
Kevin Keeshen	(i)	0.	Ο.	Ο.	0.	0.	0.	0.
14 Chaplin	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
15	(ii)							
	(i)							
16	(ii)							[

BAA

Schedule J (Form 990) 2019

	Form 990) 2019
Part III	Supplemental Information
Provide	the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par
for any a	dditional information.

SCHE	EDU	LE	EL
(Form	990	or	990-EZ)

Transactions With Interested Persons

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Ç

Public

	nent of the Revenue	
	6.11	

Name of the organization

Monmouth Beach First Aid Squad, Inc

Employer identification number 23-7360684

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disgualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected?			
•		organization		Yes	No			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year							
	under section 4958							
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization							

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?		ard or	(i) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$		•				•

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. REV 10/27/20 PRO BAA

Schedule L (Form 990 or 990-EZ) 2019

Part III

Part IVBusiness Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?		
				Yes	No	
(1) David Gallagher CPA	Treasurer	3,558.	Tax and Accounting		×	
(2) James Dolan	Captain		CPR Training		×	
(3) James Dolan	Captain	1,130.	Medical Supplies		×	
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V Supplemental Information. Provide additional information formation for a formation fo						
read at monthly meetings and		ra				
2: CPR training and Certifica	tions at standard	billing rates	s less discounts.Invoi	ces		
read at monthly meetings and	approved my membe	rs.				
3: Medical Supplies purchased	through Employer	at standard	billing rates less			
discounts.Invoices read at mo	nthly meetings an	d approved my	members.			

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZOMB No. 1545-0Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.2019			
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection	
Name of the organization		Employer identifica		
Monmouth Beach	First Aid Squad, Inc	23-7360684		
Pt VI, Line 11	o: One week prior to filing a digital copy of the t	he return i	S	
posted on the s	squads computer for review. An email is sent to eac	h member in	forming	
them on posted	for review. Any comments or questions are directed	l to the Tre	easurer	
and Accountant				
Pt VI, Line 19	Upon request			
Pt XI: Donated	Services \$100,000(Expenses)Donated Fuel & Utilitie	ès \$10,000 (Expenses)	
Pt XI: Insurace	e Reimbursment for prior year garage door damage ar	nd book/tax		
depreciation				
Pt VI, Line 6:	The Organization has members			
Pt VI, Line 7a	The Governing Body is elected by the general memb	pership.		
Pt VI, Line 7b	All decisions governace decisions are made by the	voted and		
approved by the	e general membership			
Pt VI, Line 8a	Yes			
Pt VI, Line 8b	Yes			
Pt VI, Line 120	c: As per squad policies, any conflict of interest	must be bro	ought	
to members' at	cention immediately.			
Pt VI, Line 18	Form 990 is published on the organization's websi	te and also)	
provided upon	request.			

Form	887	9-E0
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Department of the Treasury

Internal Revenue Service

Name and title of officer

IRS *e-file* Signature Authorization for an Exempt Organization

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

For calendar	year 2019,	or fiscal	year	beginning	

or fiscal year beginning ______, 2019, and ending ______, **Do not send to the IRS. Keep for your records.**

2019

Name of exempt organization

Monmouth Beach First Aid Squad, Inc

Employer identification number

23-7360684

Ellen Marowitz, Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .	. 1	b	102,886.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	. 2	2b	
3a	Form 1120-POL check here Figure b Total tax (Form 1120-POL, line 22)	. 3	b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	. 4	łb	
5a	Form 8868 check here B Balance Due (Form 8868, line 3c)	. 5	ib ¯	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

🗙 I authorize	David Gallagher CPA	to enter my PIN 0 7 7 5 0 as my signature
	ERO firm name	Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►	Date ► 05/27/2020
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	2 0 8 1 4 0 7 2 6 5 7
	Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ►

Date ► 08/18/2021

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BAA

Form 8879-EO (2019)

4562	

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Depreciation and Amortization

		(Including Info	rmation on L	isted Prope	erty)		2019
Department of the Treasury	► Attach to your tax return.						Attachment
Internal Revenue Service (99)	► Go to	www.irs.gov/Form456					Sequence No. 179
Name(s) shown on return		Busine	Identifying number				
	n First Aid Squad, Inc Form 990 / Form 990EZ						7360684
		rtain Property Un					
Note: If y	ou have any list	ed property, compl	ete Part V b	efore you c	omplete Part I.		
 Maximum amou 	nt (see instruction	ıs)				1	
						2	
3 Threshold cost of	of section 179 pro	perty before reductio	n in limitation	(see instruct	ions)	3	
						4	
					er -0 If married filing		
separately, see i	nstructions .					5	
<u>6</u> (a) Description of proper	rty	(b) Cost (busi	ness use only)	(c) Elected cost		-
							-
							-
		from line 29					
		1 5	,	. ,,	d7	8	
						9	
•		•				10	
					or line 5. See instructions	11	
					ne <u>11</u>	12	
·		n to 2020. Add lines 9			13		
Note: Don't use Part							
					ude listed property. See	instr	uctions.)
					erty) placed in service		
						14	
						15	
16 Other depreciati	on (including ACF	RS)				16	
Part III MACRS	Depreciation (D	Oon't include listed	property. Se	e instructio	ns.)		
			Section A			_	1
					19	17	0.
•			•	•	to one or more general		
asset accounts,							
Sectio			g 2019 Tax Y	ear Using th	e General Depreciation	n Syst	em
(a) Classification of prope	erty (b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Conventio	on (f) Method	(g) 🗆	Depreciation deduction
19a 3-year proper	:y						
b 5-year proper	:y						
c 7-year proper	:y						
d 10-year propert	у						
e 15-year propert	у						
f 20-year propert	у						
g 25-year propert	у		25 yrs.		S/L		
h Residential rent	al		27.5 yrs.	MM	S/L		
property							
i Nonresidential r	eal		39 yrs.	MM	S/L		
property				MM	S/L		
Section	C-Assets Place	ed in Service During	2019 Tax Ye	ar Using the	Alternative Depreciation	on Sy	stem
20a Class life					S/L		
			12 yrs.		S/L		
b 12-year			-				
b 12-year c 30-year			30 yrs.	MM	S/L		
			-	MM MM			
c 30-year	y (See instruction	ons.)	30 yrs.		S/L		
c 30-year d 40-year Part IV Summar 21 Listed property.	Enter amount from	m line 28	30 yrs. 40 yrs.	MM	S/L S/L	21	
c 30-year d 40-year Part IV Summar 21 Listed property. 22 Total. Add amo	Enter amount from punts from line 12	m line 28	30 yrs. 40 yrs.	MM 20 in colum	S/L S/L 	21	
 c 30-year d 40-year Part IV Summar 21 Listed property. 22 Total. Add among here and on the 	Enter amount from punts from line 12 appropriate lines	m line 28	30 yrs. 40 yrs. , lines 19 and erships and S	MM 20 in colum corporations	S/L S/L n (g), and line 21. Enter —see instructions	21 22	0.
 c 30-year d 40-year Part IV Summar 21 Listed property. 22 Total. Add among here and on the 23 For assets show 	Enter amount from punts from line 12 appropriate lines n above and place	m line 28	30 yrs. 40 yrs. , lines 19 and erships and S the current ye	MM 20 in colum corporations ear, enter the	S/L S/L n (g), and line 21. Enter —see instructions		0.

For Paperwork Reduction Act Notice, see separate instructions. BAA

OMB No. 1545-0172

Form 4562

Depreciation and Amortization Report Tax Year 2019

2019

Keep for your records

Page 1 of 1

Name as Shown on Return Monmouth Beach First Aid Squad, Inc									Identifying Number 23-7360684						
QuickZoom here to QuickZoom here to Activity: Form 9	o set N	1AC	CRS conve	ention fo			ed in 20								
Asset Description			Date In Service	Cos (Net Land	of	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Metho Conver		Prior Depreciation	Current Depreciation
DEPRECIATION					/										
Pagers			12/10/12		419		100.00			419	5.00	200DB/	/HY	419	0
SUBTOTAL PRIOR	YEAR				419	0		0	0	419				419	0
TOTALS					419	0		0	0	419				419	0

Additional information from your 2019 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Part XI, Line 8	Itemization Statement
Description	Amount
Insurance Proceeds for Door Damage	-8,200.
Depreciation Book /Tax	75.
Total	-8,125.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities Event 1 Other Direct Exp. Itemization Statement

Description	Amount
Community Awareness	618.
Total	618.