Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

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

2020 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the 202	calendar year, or tax year beginning	, and ending			
В	Check if applicable	C Name of organization FIRE ISLA	ND PINES PROPERTY OWNERS	3	D Employe	r identification number
	Address change	ASSOCIATION	ON, INC.			
\Box	Name shares	Doing business as			l 11-6	039010
	Name change	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephor	e number
	Initial return	P.O. BOX 5305			631-	<u>597-6060</u>
	Final return/ terminated	City or town, state or province, country, and ZIP or	r foreign postal code			
		FIRE ISLAND PINES	NY 11782-0999		G Gross red	eipts\$ 665,564
	Amended return	F Name and address of principal officer:				
	Application pendir	Henry Robin		H(a) Is this a gr	oup return for	subordinates? Yes X No
		291 7th Ave Apt 3		H(b) Are all su	bordinates inc	luded? Yes No
		New York	NY 10001			See instructions
_					, andon a not	
_	Tax-exempt stat		(insert no.) 4947(a)(1) or 527			
	Website:	WWW.FIPPOA.org		H(c) Group ex		er 🕨
K	Form of organization	ion: X Corporation Trust Association	Other L	Year of formation: 1	.953	M State of legal domicile: NY
P	Part I	Summary				
	1 Briefly	describe the organization's mission or most	significant activities:			
ė		cablished to maintain, imp		ote the		
Ĕ		mon good and general wel:				
Governance		munity.	rare or the rire rorana	1.1.1.6.5		
Š		· · · · · · · · · · T . <u>· · ·</u> · · · · · · · · · · · · · · · ·				
ၓ	1	this box ▶ if the organization discontinu		in 25% of its net a		4 =
		er of voting members of the governing body				15
es	4 Number	er of independent voting members of the go	verning body (Part VI, line 1b)		4	15
ξ	5 Total r	umber of individuals employed in calendar	year 2020 (Part V, line 2a)		5	6
Activities &		umber of volunteers (estimate if necessary)				9
⋖		nrelated business revenue from Part VIII, c			7a	0
	h Notur	related business taxable income from Form	000 T Port Llino 11		7b	0
	D Net un	elated business taxable income from Form	990-1, Fait i, iiile 11	Prior Ye	/ / // ar	Current Year
	O Contril	outions and grants (Part VIII, line 1h)			2,400	119,400
ne	1	·		30	3,321	
Revenue	_					370,939
è		nent income (Part VIII, column (A), lines 3,		15.	3,991	88,076
-	11 Other	evenue (Part VIII, column (A), lines 5, 6d, 8	sc, 9c, 10c, and 11e)		5,173	87,149
	12 Total r	evenue – add lines 8 through 11 (must equa	al Part VIII, column (A), line 12)	69	4,885	665,564
	13 Grants	and similar amounts paid (Part IX, column	(A), lines 1–3)			0
	1	s paid to or for members (Part IX, column (* * * * * * * * * * * * * * * * * * * *			0
G		s, other compensation, employee benefits (15.	4,987	143,272
Expenses	16 Oaland				1,50,	143/2/2
en	16aProfes	sional fundraising fees (Part IX, column (A),	* * * * * * * * * * * * * * * * * * * *			<u> </u>
×	b lotal t	undraising expenses (Part IX, column (D), li			<i>-</i>	200 566
ш	17 Other	expenses (Part IX, column (A), lines 11a–11			6,685	302,766
	18 Total e	xpenses. Add lines 13–17 (must equal Part	IX, column (A), line 25)		1,672	446,038
	19 Reven	ue less expenses. Subtract line 18 from line	. 12	25	3,213	219,526
or Sec	<u> </u>			Beginning of Cu		End of Year
Net Assets or Fund Balances	20 Total a	ssets (Part X, line 16)			0,079	2,049,358
AS	21 Total li	L'''' (D. 1)(I'. 00)			9,931	39,684
E.E.	22 Net as	sets or fund balances. Subtract line 21 from		1,79	0,148	2,009,674
		Signature Block		· · · · · · · · · · · · · · · · · · ·	_	, ,
		of perjury, I declare that I have examined this ref	turn, including accompanying schedules and s	tatements, and to the	ne heet of m	v knowledge and belief it is
		d complete. Declaration of preparer (other than o				y knowledge and belief, it is
_	, ==, ===	. , , , , , , , , , , , , , , , , , , ,	,	,		
٠.		0				
Sig		Signature of officer			Date	
He	re	Henry Robin	Pres	sident		
		Type or print name and title				
	Print/	ype preparer's name	Preparer's signature	Date	Check	if PTIN
Pai	d CART	R. GRAVANO, CPA	CARL R. GRAVANO, CPA	11/12	/21 self-en	ployed P00255344
Pre	naror	TODOGTEO THO			Firm's EIN	11-2998486
	e Only	267 CARLETON A			IIIIS EIN 🚩	<u> </u>
	١ -					621_207 0250
		address > CENTRAL ISLIP		I	Phone no.	631-297-8350
Ma	y the IRS disc	cuss this return with the preparer shown abo	ove? See instructions			X Yes No

	INES PROPERTY OWNERS	5 11-6039010	Page 2
	Service Accomplishments		
	<u> </u>	y line in this Part III	<u></u>
Briefly describe the organization's missing Established to maint		for and promote the	
common good and gene			
Community		TIE ISTANG FINES	
Community.			
Did the organization undertake any sigr	nificant program services during the year	which were not listed on the	
			Yes X No
If "Yes," describe these new services of			
Did the organization cease conducting,	or make significant changes in how it co	nducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sci	hedule O.		
Describe the organization's program se	rvice accomplishments for each of its thr	ee largest program services, as measure	d by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report t	he amount of grants and allocations to otl	ners,
the total expenses, and revenue, if any,	, for each program service reported.		
(Code:) (Expenses \$	214,067 including grants of \$) (Revenue \$	370,939)
Harbor- Established	to own, maintain, in	prove & beautify	
the Fire Island Pine	s Harbor property.		
(Code:) (Expenses \$	63,391 including grants of \$) (Revenue \$	600)
Beach & Community Cl		······ -	· · · · · · · · · · · · · · · · · · ·
surrounding beach co	mmunity.		
(Code: \(\frac{1}{2}\)	14 198 including grapts of \$) (Payanua \$	119 400
(Code:) (Expenses \$	14,198 including grants of \$) (Revenue \$	
(Code:)(Expenses\$	14,198 including grants of \$ njunction with the o)(Revenue \$	119,400) nunity center.
(Code:)(Expenses\$	14,198 including grants of \$ njunction with the c) (Revenue \$	119,400) nunity center.
(Code:)(Expenses \$	14,198 including grants of \$) (Revenue \$	119,400 munity center.
(Code:)(Expenses \$ Costs incurred in co	14,198 including grants of \$) (Revenue \$	119,400) nunity center.
(Code:)(Expenses \$ Costs incurred in co	14,198 including grants of \$) (Revenue \$	119,400 munity center.
(Code:)(Expenses\$	14,198 including grants of \$)(Revenue \$	119,400) nunity center.
(Code:)(Expenses\$	14,198 including grants of \$)(Revenue \$	119,400) nunity center.
(Code:)(Expenses \$ Costs incurred in co	14,198 including grants of \$ njunction with the o) (Revenue \$	119,400 munity center.
(Code:)(Expenses \$	14,198 including grants of \$ njunction with the o) (Revenue \$	119,400) nunity center.
(Code:)(Expenses \$ costs incurred in co	14,198 including grants of \$) (Revenue \$ peration of the comm	119,400 munity center.
(Code:)(Expenses \$	14,198 including grants of \$ njunction with the o) (Revenue \$	119,400) nunity center.
costs incurred in co	njunction with the o) (Revenue \$	119,400) nunity center.
(Code:)(Expenses \$ Costs incurred in co: Other program services (Describe on S (Expenses \$	njunction with the o) (Revenue \$	119,400) nunity center.

Part IV 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5	x	
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		х
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</i> "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	44.		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			.,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundroising event gross income and contributions on	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		├ ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Voc" to line 200, did the experimentary ettach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form **990** (2020)

Form 990 (2020) FIRE ISLAND PINES PROPERTY OWNERS 11-6039010

Part IV Checklist of Required Schedules (continued)

<u>.</u>	oneckiist of Required Schedules (Continued)				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als o	n		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensations	ted				
	employees? If "Yes," complete Schedule J			23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin	nes 2	24b			١,,
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the	e yea	ır	240		
ч	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24c 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exce		henefit	24u		
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	C33 I	Jeneni	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	 n a n	rior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	-				
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	· · · · · / cur	rent			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	,				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust	ee, l	кеу			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	е				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	se				
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	e L, I	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 contribut	tor?	lf			
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	? If				۱
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu		1	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualific	ea		20		
24	conservation contributions? If "Yes," complete Schedule M		N. Dort I	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedo</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>		N, Part i	31		
32	complete Schedule N, Part II			32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg	 ulati	one			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	uiati	OHS	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	 † 11. 1	 II.			
• •	or IV, and Part V, line 1	, .	,	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	 a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line	2		35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charita	ble				
	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 organ	nizat	ion			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, I	Part	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	11b a	and			
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	. ,				
	Check if Schedule O contains a response or note to any line in this Part	V	<u></u>			
	Enterthe combination of the Devil of Enterthe Control of the Contr	ایہ	7		Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	1a	7			
b	—	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	x	
	roportable garring (garriening) with migd to phate with old:					

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X **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 X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X **c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or X gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X d If "Yes," indicate the number of Forms 8282 filed during the year _____ X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 13b c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? X If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) FIRE ISLAND PINES PROPERTY OWNERS 11-6039010 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 15 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 15 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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? X 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? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such 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. X **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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

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

Ken Pollard

Fire Island Pines

Box 5305

Page 7

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

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

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

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

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

(A) Name and title	(B) Average			Pos	C) ition		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week (list any	box	, unle	ess pe	rson irecto	than one is both an or/trustee)	compensation from the organization	compensation from related organizations	of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)Allan Baum									
Vice President	2.00	x		x			0	o	0
(2) Gary Clinton									
-	0.00								
Director	0.00	X					0	0	0
(3) Tami Hausman	0.00								
Secretary	2.00	x		x			0	o	0
(4) Greg Henniger	0.00	^		^			0	0	0
(i) oreg inclininger	0.00								
Director	0.00	X					0	0	0
(5) Jim Vandernoth									
	0.00								
Director	0.00	X					0	0	0
(6) Chris Lovito	0.00								
Director	0.00	x					0	0	0
(7) Chris Mai	0.00	^					0	0	<u> </u>
(/) CIIIIS Mai	0.00								
Director	0.00	x					0	0	0
(8) Jay Pagano									
	0.00								
Director	0.00	X					0	0	0
(9) Tad Paul									
	2.00								
Secretary	0.00	X		X			0	0	0
(10)Leland Rechis	0.00								
Director	0.00	x					0	0	0
(11) Henry Robin	0.00								
. ,	2.00								
President	0.00	X		X			0	0	0
									Form QQN (2020)

Form 990 (2020) FIRE	TSTAND	PINES	PROPERTY	OWNERS	11-	603901	10
1 01111 330 (2020) E 111	TOTICITO	ETNES	EVOERVE	CMMETCO		002202	ᆫ

Part VII Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ied)	
(A) Name and title	(B) Average hours per week (list any	box	k, unle	Pos check ess pe	rson	than is both	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated a of othe compense	er ation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organizatio related orgar	
(12) Russell Sara	V 0.00 0.00	x						0	0		0
(13) Eric Sawyer Treasurer	2.00	x		x				0	0		0
(14) Edwin Schulh	afer 0.00								3		
Director (15) Matt Tague	0.00	X						0	0		0
Director	0.00	x						0	0		0
1b Subtotal c Total from continuation sho d Total (add lines 1b and 1c)							> > >				
Total number of individuals (ii reportable compensation from	ncluding but not	limit	ed to			sted	abo	ove) who received more that	an \$100,000 of		Yes No
 3 Did the organization list any for employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization." 	<i>" complete Sche</i> ne 1a, is the sum	<i>dule</i> of r	J for	o <i>r su</i> table	ch ir. e coi	ndivid mper	<i>dual</i> nsat	ion and other compensation	on from the	3	X
5 Did any person listed on line for services rendered to the o	organization? <i>If "</i>								or individual	5	X
Complete this table for your fix compensation from the organ	ive highest com ization. Report							ndar year ending with or w	ithin the organization's tax		
Name and	(A) I business address							Descrip	(B) tion of services	Con	(C) mpensation
2 Total number of independent									0		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (A) Total revenue (B) Related or exempt function revenue (C) Unrelated from tax under sections 512-514 business revenue Contributions, Gifts, Grants and Other Similar Amounts **1a** Federated campaigns 1a **b** Membership dues 119,400 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) **f** All other contributions, gifts, grants, and similar amounts not included above 1f 1g |\$ g Noncash contributions included in lines 1a-1f 119,400 h Total. Add lines 1a-1f Business Code 230,988 230,988 Program Service Revenue Harbor Fees 139,951 139,951 Boat Slip Fees **f** All other program service revenue 370,939 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 13,302 13,302 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) **7a** Gross amount from (ii) Other (i) Securities sales of assets 74,774 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b 7с 74,774 c Gain or (loss) 74,774 74,774 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 64,804 64,804 11a Miscellaneous Income 22,345 22,345 PPP Loan d All other revenue 87,149 e Total. Add lines 11a-11d 665,564 458,088 0 88,076 Total revenue. See instructions

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			mplete column (A).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	100 212	02 (50	44 662	
7	Other salaries and wages	128,313	83,650	44,663	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,959	9,260	5,699	
10	Payroll taxes	14,959	9,260	5,699	
11	Fees for services (nonemployees):				
a	Management	17,192	14,058	3,134	
b	<u> </u>	6,750	14,038	6,750	
G C	Accounting	0,730		0,730	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	3,485		3,485	
13	Office expenses	3,103		3,103	
14	Information technology				
15	Royalties				
16	Occupancy	30,794	30,794		
17	Tuescal	7,738	4,600	3,138	
	Payments of travel or entertainment expenses	.,		0,200	
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,592	38,401	191	
23	Insurance	60,052	24,782	35,270	
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	· · · · · · · · · · · · · · · · · · ·	58,637	57,621	1,016	
b	Miscellaneous Expenses	48,836	4,559	44,277	
С	Postage	14,531	14,531		
d	Credit Card	9,268	4,456	4,812	
е	All other expenses	6,891	4,944	1,947	
25		446,038	291,656	154,382	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			221,417	1	261,257
2				423,261	2	623,474
3					3	•
4	A · · · · · · · · · - · - · · - ·			113,879	4	48,996
5				·		·
	trustee, key employee, creator or founder, substar	ntial contribu	or, or 35%			
	controlled entity or family member of any of these	persons			5	
6						
:	under section 4958(f)(1)), and persons described	in section 49	58(c)(3)(B)		6	
7				2,566	7	
8					8	
9				12,899	9	40,304
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	735,724			
1	b Less: accumulated depreciation	1	496,338	277,979	10c	239,386
11	Investments—publicly traded securities			748,078	11	835,941
12	Investments—other securities. See Part IV, line 1	1			12	
13		11			13	
14	14				14	
15	Other assets. See Part IV, line 11				15	
16				1,800,079	16	2,049,358 36,364
17	Accounts payable and accrued expenses			9,931	17	36,364
18					18	
19					19	
20	Tax-exempt bond liabilities		L		20	
21	Escrow or custodial account liability. Complete Pa	rt IV of Sche	lule D		21	
22	Loans and other payables to any current or former	r officer, dire	tor,			
	trustee, key employee, creator or founder, substan	ntial contribu	or, or 35%			
22	controlled entity or family member of any of these				22	
23	Secured mortgages and notes payable to unrelate	ed third partie	S		23	
24	Unsecured notes and loans payable to unrelated t	third parties			24	
25	Other liabilities (including federal income tax, paya	ables to relat	d third			
	parties, and other liabilities not included on lines 1	7-24). Comp	ete Part X			
	of Schedule D				25	3,320
26				9,931	26	39,684
.	Organizations that follow FASB ASC 958, che	ck here X				
	and complete lines 27, 28, 32, and 33.					
27				1,790,148	27	2,009,674
28			<u></u>		28	
	Organizations that do not follow FASB ASC 9	58, check h	re ▶			
	and complete lines 29 through 33.					
29	· · · · · · · · · · · · · · · · · · ·				29	
30	1 1 7 7 07 1				30	
27 28 29 30 31 32	3 ·	ome, or other	funds	4 300 5 5	31	0.000.00
32				1,790,148		2,009,674
່∣33	Total liabilities and net assets/fund balances			1,800,079	33	2,049,358

Form **990** (2020)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6		<u> 564</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>038</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>526</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,7	90,:	<u> 148</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,0	09,	<u>674</u>
Pa	art 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

	If the organization answered "Yes,	" on Form 990. Part IV.	line 4. or Form 990-EZ. Pa	art VI. line 47 (Lo	obbying Activities)	. ther
--	------------------------------------	-------------------------	----------------------------	---------------------	---------------------	--------

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

,	Costion FO1(a)(4) (5) or (6) organizations: Complete Port I	11			
	Section 501(c)(4), (5), or (6) organizations: Complete Part I e of organization FIRE ISLAND PINES P			Employer iden	tification number
IVAIII	ASSOCIATION, INC.	ROPERTI OWNERS		11-60390	
Dai	rt I-A Complete if the organization is exe	mnt under section 501	(c) or is a sec		
1	Provide a description of the organization's direct and indir				<u> Lationi</u>
•	definition of "political campaign activities")	ect political campaign activitie	S III Fait IV. (See	IIIStructions for	
2				▶ ¢	
3	Political campaign activity expenditures (See instructions) Volunteer hours for political campaign activities (See instructions)	untions)		• • · · · · ·	
	rt I-B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the organi				
2	Enter the amount of any excise tax incurred by organization	on managers under section 40		• • · · · · · · · • •	
3	If the organization incurred a section 4955 tax, did it file F	orm 4720 for this year?		• •	Yes No
	If "Yes," describe in Part IV.				
	rt I-C Complete if the organization is exe	mpt under section 501	(c), except se	ection 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	-			
-	activities	· ·		> \$	
2	Enter the amount of the filing organization's funds contribution	uted to other organizations for	section		
	5 5	· · · · · · · · · · · · · · · · · · ·		▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. Er				
_	line 17b		•	▶\$	<u></u> <u></u>
4	Did the filing organization file Form 1120-POL for this year	ar?			
5	Enter the names, addresses and employer identification r				🗀 🗀
	organization made payments. For each organization listed	` '			~
	the amount of political contributions received that were pr	•	0 0		
	as a separate segregated fund or a political action commi	•	•	•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	· ·	(2)	(3)	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
(2)					
(2)					
(3)					
(4)					
<u></u>					
(5)					
(6)					
					l

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

Schedule C (Form 990 or 990-EZ) 2020

Sch	edule C (Form 990 or 990-EZ) 2020 FIRE	ISLAND PI	INES PROPER	TY OWNE	RS 11-603901	.0 Page 2		
	art II-A Complete if the organize section 501(h)).							
A	Check ▶ ☐ if the filing organization	-			each affiliated group m	nember's name,		
_	address, EIN, expenses			,	l			
<u> </u>	Check ▶ ☐ if the filing organization			" provisions a	арріу.	Г		
	Limits on Lobb (The term "expenditures" m	eans amounts	paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals		
	a Total lobbying expenditures to influence pu							
ı	b Total lobbying expenditures to influence a l	egislative body (d	lirect lobbying)					
(Total lobbying expenditures (add lines 1a a	ınd 1b)						
	d Other exempt purpose expenditures							
•	Total exempt purpose expenditures (add ling)	nes 1c and 1d)						
	f Lobbying nontaxable amount. Enter the am							
	columns.							
	If the amount on line 1e, column (a) or (b) is:	The lobbying n	ontaxable amount is:					
	Not over \$500,000							
	Over \$500,000 but not over \$1,000,000	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	0% of the excess over \$	1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5	% of the excess over \$1	500,000.				
	Over \$17,000,000	\$1,000,000.						
	g Grassroots nontaxable amount (enter 25%							
	n Subtract line 1g from line 1a. If zero or less	t O						
	i Subtract line 1f from line 1c. If zero or less,	enter -0-						
	j If there is an amount other than zero on eit				20			
	reporting section 4911 tax for this year?					Yes No		
		_	ing Period Under		• •			
	(Some organizations that made a	-	-		='	lumns below.		
	See	the separate i	instructions for lir	ies 2a throug	gn 2f.)			
	Lobl	ying Expendit	tures During 4-Yea	r Averaging	Period			
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 201	9 (d) 2020	(e) Total		
28	a Lobbying nontaxable amount							
	Lobbying ceiling amount (150% of line 2a, column (e))							
	C Total lobbying expenditures							
	d Grassroots nontaxable amount							
_	Grassroots ceiling amount (150% of line 2d, column (e))							

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020 FIRE ISLAND PINES PROPERTY OWNERS 11-6039010

For e	(election under section 501(h)).	•		orm (0/68		
1 01 0	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	ription of the lobbying activity.	Yes	No		Amo	unt	
	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
	Volunteers?						
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	Media advertisements?						
	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	011 111 0						
	Total Add lines to through ti						
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If W/- " - ut-outlet						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	01(c)	(5), c	r sec	tion		
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	X	
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year till-B Complete if the organization is exempt under section 501(c)(4), section 50			<u> </u>	3		X
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members	" OR	(b)	Part II	I-A, I	ine 3	3, is
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
b	Carryover from last year		2b				
	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditure next year?		4	<u> </u>			
	Taxable amount of lobbying and political expenditures (See instructions)		5				
	Tayahla amount of labbuing and political expanditures (Cap instructions)			Į.			

Schedule C (Form	1 990 or 990-EZ) 20	20 FIRE	TOTAND I	SINES D	ROPERTY	OWNERS	11-6039010	Page 4
Part IV	Supplemen	<u>tal Informat</u>	ion (continu	ıed)				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	of the organization		Employer identification number
F	IRE ISLAND PINES PROPERTY OWNERS		
	SSOCIATION, INC.		11-6039010
Pa	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors i	n writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	
			Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply).	
	Preservation of land for public use (for example, recreation or edu	ucation) Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified hi	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a con	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic structure in	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25	5/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organi	zation during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	s located	
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	n easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of vi-	olations, and enforcing conservation eas	sements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easer	·	
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	t describes the
n.	organization's accounting for conservation easements.	4 Historical Transcrutes on Oth	an Cincilan Assats
Pä	organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or		ier Similar Assets.
4.			
Ίа	If the organization elected, as permitted under FASB ASC 958, not to	-	
	of art, historical treasures, or other similar assets held for public exhibs service, provide in Part XIII the text of the footnote to its financial state.		ice of public
h	If the organization elected, as permitted under FASB ASC 958, to rep		s shoot works of
U	art, historical treasures, or other similar assets held for public exhibition		
		on, education, or research in furtherance	or public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 900 Part VIII. line 1		L \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain	
2	•	<u> </u>	provide trie
•	following amounts required to be reported under FASB ASC 958 relat		L \$
a h	Revenue included on Form 990, Part VIII, line 1		\$
U	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2020 FIRE ISLAND PINES PROPERTY OWNERS 11-6039010

Page 2

Pa	art III Organizations Maintainin	g Collections	of Art, Historica	al Treasures	s, or Other S	imila	ır Ass	ets (cor	itinu	ed)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other reco	ords, check any of the	following that i	make significant	use of	its			
а	Public exhibition	d 🗌	Loan or exchange p	rogram						
b	Scholarly research	е 🗌	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expl	lain how they further t	he organizatior	n's exempt purpo	se in I	Part			
5	During the year, did the organization solicit o	r receive donation	ns of art, historical trea	asures, or othe	r similar					
	assets to be sold to raise funds rather than to							Yes		No
Pa	art IV Escrow and Custodial Ar	rangements.								
	Complete if the organization 990, Part X, line 21.	n answered "Y	es" on Form 990	, Part IV, lind	e 9, or reporte	ed ar	n amo	unt on F	orm	
1a	Is the organization an agent, trustee, custodi	an or other interm	ediary for contributior	ns or other asse	ets not					
	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following table:							
								Amount		
	Beginning balance					1c				
d	Additions during the year					1d 1e				
e	Distributions during the year					1e 1f				
า ว _ิ	Ending balance Did the organization include an amount on F	orm 000 Part V li	ino 21 for escrow or	custodial accou	unt lighility?			Yes		— No
	If "Yes," explain the arrangement in Part XIII.								' H	140
	art V Endowment Funds.	CHOOK HOLD II THE	CAPIGNATION NGO DOC	ii piovided eii i	are Am					
	Complete if the organization	n answered "Y	es" on Form 990	, Part IV, line	e 10.					
		(a) Current year	(b) Prior year	(c) Two year		ee year	s back	(e) Four y	ears b	ack
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
f	programsAdministrative expenses									
'	End of year balance									
2	Provide the estimated percentage of the curi	rent vear end hala	nce (line 1a. column (a)) held as:				1		
a	Board designated or quasi-endowment		rice (iiile 1g, coluiliii (a)) field as.						
b	Dormanant andowment									
	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse		ization that are held a	and administere	ed for the					
	organization by:	_							'es	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as red	quired on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		ndowment funds.							
Pa	art VI Land, Buildings, and Equ	•	" F 000	D (D/ E	44 0 5	,	D	() / "		
	Complete if the organization						190, P			J
	Description of property	(a) Cost or other (investmen	' '	r other basis ther)	(c) Accumulate depreciation	eu		(d) Book va	aue	
10	Land	(iiivoouiioii	,	/	23pi colation					
	Land Buildings									
	Leasehold improvements									
	Equipment		-	735,724	496	.33	8	239	9 . 3	86
	Other		<u> </u>	33,123		, 55	1		. , J	
	II. Add lines 1a through 1e. (Column (d) must	equal Form 990, F	Part X, column (B), lin	e 10c.))	-	239	9,3	86

Part VII	Investments - Other Securities.		11-6039010	Page 3
	Complete if the organization answered "Yes" or			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial o	d autorationa		00010101101170	a.ret value
• •	erivatives eld equity interests			
	and equity interests			
/ A \				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" or	n Form 990, Part IV, I	ine 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	E 000 D (IV/	· 4410 E 000	D (V ! 45
	Complete if the organization answered "Yes" or	n Form 990, Part IV, I	ine 11d. See Form 990	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990 Part IV	line 11e or 11f See Fo	rm 990 Part X
	line 25.		111111111111111111111111111111111111111	
1. (1) Fadamal	(a) Description of liability			(b) Book value
	income taxes FROM PAC			3 330
_ (/	TION FAC			3,320
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 25.)		.	3,320
	uncertain tax positions. In Part XIII. provide the text of the foo	atnote to the organization's	financial statements that ren	

Schedule D (Form 990) 2020 FIRE ISLAND PINES PROPERTY OWNERS 11-6039010 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 665,564 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 665,564 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 665,564 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 446,038 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities _____ 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 446,038 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 446,038 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2: Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2020	FIRE IS	SLAND PINES	S PROPERTY	OWNERS	11-6039010	Page 5
Part XIII	Suppleme	ental Informa	tion (continued)			11-6039010	
•							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047
2020

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 FIRE ISLAND PINES PROPERTY OWNERS
ASSOCIATION, INC.

Employer identification number
11-6039010

Form 990, Part VI, Line 7a - Election of Members and Their Rights Election of members of the governing board are by association members Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Members vote on items required by the bylaws Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Organization uses its Audit and Finance Committee of the Board of Directors to review the Form 990 return. The Audit and Finance Committee has been delegated this authority by the Board of Directors in its charter and terms of reference. The Organization's financial staff is responsible for gathering the key components and supporting schedule information for the Form 990. Organization's audit firm of independent public accountants prepares the Form 990 and it goes through a review process to ensure it is completed accurately. The draft Form 990 is returned to the Organization where it is thoroughly reviewed. The Audit and Finance Committee receives a copy of the draft returns for its review and comment. The full return is then presented to the Board of Directors for additional review and comment. After this process is completed, the Organization files the informational return with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CONFLICT OF INTEREST POLICY OF FIRE ISLAND PINES PROPERTY OWNERS'

ASSOCIATION, INC. THE PINES FOUNDATION, INC. FIRE ISLAND

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

FIRE ISLAND PINES PROPERTY OWNERS 11-6039010

PINES POLITICAL ACTION COMMITTEE INC.

Preamble

Directors, officers and staff members of Fire Island Pines Property

Owners' Association, Inc., the Pines Foundation, Inc.,

and the Fire Island Pines Political Action Committee

Inc. (collectively known as the "Organizations") owe a duty of loyalty to
the Organizations. This duty requires that they do not use their

positions, or information gained through their positions, about the

Organizations or its property to secure benefits for themselves; rather,
they must act in the interests of the Organizations and not in their
personal interests.

It is impossible to delineate all possible conflicts of interest and the provisions below focus on ensuring that directors, officers and staff members do not use their positions to profit economically. However, it is the policy of the Organizations that none of its actions or transactions be tainted by an actual or perceived conflict of interest of any sort. A director, officer or staff member with a non-economic conflict (e.g., opposition by a director's clients to a proposed policy of the Organizations) is expected to bring the conflict to the attention of the Organizations (generally, the chair of the audit committee and the President) and seek guidance on the appropriate response, which generally will include refusal from decision-making on the issue giving rise to the conflict.

Section 1. Definitions

Insider. Insiders are: all members of the boards of directors
 ("boards") of the Organizations, all officers named in the bylaws of the
 Organizations; and all employees of the Organizations

Name of the organization

FIRE ISLAND PINES PROPERTY OWNERS

Employer identification number

11-6039010

- 2. Family Member. A Family Member is: (a) a spouse, life partner, domestic partner, parent, sibling or child of an Insider; or (b) another relative who lives on a regular basis in the household of an Insider.
- 3. Related Entity. A Related Entity is a for-profit or not-for-profit enterprise in which an Insider or Family Member has an ownership interest, from which an Insider or Family Member receives compensation or for which an Insider or Family Member serves as a director or officer.
- 4. Interest. An Insider has an Interest in a matter, as that term is used for purposes of this Policy, if the Insider, a Family Member or a Related Entity would be affected economically, whether directly or indirectly, by a decision on the matter by the board or any committee of the board ("committee") of any of the Organizations. For purposes of this Policy, an Insider shall not be deemed to have an Interest in a matter to the extent that the economic impact of the decision in question would also impact other similarly situated property owners within the Fire Island Pines community.

Section 2. Disclosure

- 1. Upon first being elected or appointed as an Insider and annually thereafter, each Insider shall disclose in writing, to the best of his or her knowledge, any Related Entity: (a) which provides goods or services to the Organizations for a fee or other compensation; or (b) receives funding, services or space from the Organizations; or (c) any other Interest which may pose a conflict of interest for the Insider. Disclosure shall be made to the chair of the audit committee and to the President or to their designees.
- 2. An Insider who acquires an Interest which may pose a conflict of interest shall promptly disclose that Interest in writing to the chair of

Name of the organization

FIRE ISLAND PINES PROPERTY OWNERS

Employer identification number

11-6039010

the audit committee and to the President or to their designees.

- 3. When any matter in which an Insider has an Interest comes before the board or any committee for decision or approval, the Insider shall immediately disclose the Interest to the board or the committee.

 Section 3. Procedures to Address Actual or Potential Conflicts of Interest
- 1. When an Interest which may pose an actual or potential conflict of interest is brought to the attention of the President and chair of the audit committee, he or she shall take appropriate steps to address the conflict, including, when appropriate, bringing the conflict to the attention of the board or a committee of the board.
- 2. When a matter involving an Interest comes before the board or a committee for decision, the board or committee shall proceed as follows:
- a. Non-Participation. The board or committee may, by majority vote, ask any Insider who has an Interest in a matter not to participate in a discussion of the matter or to leave the room in which discussion is carried on. Insiders shall not be present for discussions of their own compensation or that of a Family Member.
- b. Voting. A director with an Interest in a matter shall not vote on the matter unless the board or committee, without the vote of the director with an Interest, decides that the Interest does not present a conflict of interest. A director shall not vote on his or her own compensation or that of a Family Member.
- c. Proposed Contracts or Transactions with Insiders, Family Members or Related Entities. If an Insider, Family Member or Related Entity is a party to a proposed contract or transaction (other than an employment contract), the board or committee shall not approve the contract unless: (a) the board or committee determines that the contract is fair and reasonable to the

Organizations; and (b) a disinterested person or committee (generally the audit committee or its chair) has investigated alternatives to the proposed contract or transaction and determined that the Organizations could not obtain, through reasonable efforts, a more advantageous contract or transaction.

- d. Minutes. The minutes of the board or committee meeting at which a matter involving an Interest was discussed shall include: (1) the name of the Insider who disclosed an Interest and the nature of the Interest; (2) the decision of the board or committee as to whether the Interest presented a conflict of interest; (3) the names of those present for the discussion and their votes on the matter; (4) any alternatives to a proposed contract or transaction considered by the board or committee.
- Section 4. Annual Statements. Each Insider annually shall sign and give to the chair of the audit committee and the President a statement affirming that he or she has received and read this conflict of interest policy, agrees to comply with the policy and has submitted the information called for by Section 2(1) of this policy.
- Section 5. Loans. The Organizations shall make no loans to an Insider, Family Member or Related Entity.
- Section 6. Staff. The president and Executive Committee shall establish a comparable conflict of interest policy for staff members who are not Insiders.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No Formal governing documents are available to the public but the

Organization does disclose its conflict of interest policy via the Form 990

(see above) and the audited financial statement. These documents are

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2
FIRE ISLAND PINES PROPERTY OWNERS	Employer identification number 11-6039010
FIRE ISLAND FINES PROPERTI OWNERS	11-0039010
available to the public on the organizations website a	t www.fippoa.org.
	Page 5 of 5

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FIRE ISLAND PINES PROPERTY OWNERS ASSOCIATION, INC.

Employer identification number

11-6039010

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

(g) Section 512(b)(13) controlled entity? Legal domicile (state Name, address, and EIN of related organization Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) Yes No The Pines Foundation P.O. Box 5305 11-3488704 Fire Island Pines 7 NY 10172 Charitable 501c3 N/A NY Х (2) FIPPOA PAC P.O. Box 5305 Fire Island Pines NY 10172 PAC NY N/A X (3) (4) (5)

Schedule R (Form 990) 2020 FIRE ISLAND PINES PROPERTY OWNERS 11-6039010 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (h) (k) (g) (j) Predominant Code V-UBI Name, address, and EIN of Primary activity Legal Direct controlling Share of total Share of end-of-Dispro-General or Percentage income (related, related organization year assets ownership entity income domicile portionate amount in box 20 managing unrelated. (state or of Schedule K-1 alloc.? partner? excluded from foreign (Form 1065) tax under sections 512-514) country) Yes No Yes No (1) (3) (4) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (c) (f) (g) (h) (i) Section Type of entity Direct controlling Share of total Share of Name, address, and EIN of related organization Primary activity Legal domicile Percentage 512(b)(13) entity end-of-year assets ownership (C corp, S corp, income (state or controlled or trust) foreign country) entity? Yes No (2) (3)

(4)

Schedule R (Form 990) 2020 FIRE ISLAND PINES PROPERTY OWNERS 11-6039010

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

NI.	to Complete line 1 if any entity is listed in Parte II. III. or IV of this caled us		,	· · · · · · · · · · · · · · · · · · ·		Yes	No
	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more re	olotod organizations list	nd in Porto II IV/2			162	INO
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
a h	Ciff. grant or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s)				1c		X
4	Gift, grant, or capital contribution from related organization(s)				1d		X
u	Loans or loan guarantees to or for related organization(s)	• • • • • • • • • • • • • • • • • • • •			1e		X
C	Loans or loan guarantees by related organization(s)						
f	Dividends from related organization(s)				1f		х
	Dividends from related organization(s) Sale of assets to related organization(s)				1g		X
9 h	Purchase of assets from related organization(s)				1h		Х
ï	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		х
,	25000 of Idollinos, equipment, of early about to folded organization(e)				-		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
o	Sharing of paid employees with related organization(s)				10		Х
	• • • • • • • • • • • • • • • • • • • •						
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses						X
·					_		
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	is line, including covere	d relationships and trans	action thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining an	nount invol	ved	
		3,4- ()					
(1)							
(2)							
(2)							
(3)							
(0)							
(4)							
. ,							
(5)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part		(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
11)													
•													

Schedule R (Form 990) 2020	FIRE I	SLAND E	PINES P	ROPERTY	OWNERS	11-603901	O Page 5
Part VII	Suppleme Provide a	ental Inform dditional info	ation. rmation for	responses	to question	ıs on Schedı	ıle R. See instruc	tions.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

FIRE ISLAND PINES PROPERTY OWNERS

Identifying number 11-6039010 ASSOCIATION, INC. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1

1,040,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,590,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS)

38,592

MACRS Depreciation (Don't include listed property. See instructions.)

Section	Α
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17 MACRS deductions for assets placed in service in tax years beginning before 2020 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System									
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction		
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property			25 yrs.		S/L			
h	Residential rental property			27.5 yrs.	MM	S/L			
				27.5 yrs.	MM	S/L			
i	Nonresidential real property			39 yrs.	MM	S/L			
					MM	S/L			
	Section C. Accests Blood in Service During 2020 Tay Very Heing the Alternative Depresenting System								

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System Class life 20a S/I 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year 40 yrs. MM

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28					
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter					

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

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