

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2002 calendar year, or tax year beginning 08/01, 2002, and ending 07/31, 2003

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CONCERNED CITIZENS OF MONTAUK, INC.	D Employer identification number 11-2517191
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 915	E Telephone number (631) 668-6473
		City or town, state or country, and ZIP + 4 MONTAUK, NY 11954-	F Enter 4-digit (GEN) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G** Accounting method Cash Accrual Other (specify) ▶

I Web site ▶ **H** Check If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 42,868

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

1	Contributions, gifts, grants, and similar amounts received	1	14,660
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	17,044
4	Investment income	4	929
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule)		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	10,235
6b	Less: direct expenses other than fundraising expenses	6b	4,209
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	6,026
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	38,659
10	Grants and similar amounts paid (attach schedule)	10	22,550
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	24,368
14	Occupancy, rent, utilities, and maintenance	14	2,266
15	Printing, publications, postage, and shipping	15	2,685
16	Other expenses (describe ▶ EDUCATION, ADVERTISING, INSURANCE & SUPPLIES)	16	10,578
17	Total expenses (add lines 10 through 16)	17	62,447
18	Excess or (deficit) for the year (line 9 less line 17)	18	-23,788
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	101,669
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	77,881

Part II Balance Sheets (If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. See page 39 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	101,669	77,881
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	101,669	77,881
26 Total liabilities (describe ▶ _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,669	77,881

SCANNED DEC 31 2003

RECEIVED
DEC 31 2003
CGD/ET

12

Part III Statement of Program Service Accomplishments (See page 39 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? ENVIRONMENTAL PRESERVATION			
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	ACTIONS TAKEN TO PRESERVE LAKE MONTAUK AND MONTAUK IN GENERAL, INCLUDING LEGAL PROCEEDING AND SIGNAGE, AS WELL AS SUPPORT TO THE LOCAL FIRE DEPARTMENT AND VILLAGE ASSOCIATION. (Grants \$ 22,550)	28a	24,368
29	PREPARATION AND PRINTING OF NEWSLETTERS ON ENVIRONMENTAL ISSUES. (Grants \$)	29a	3,259
30	TO INFORM THE COMMUNITY-AT-LARGE ON MONTAUK ENVIRONMENTAL ISSUES. (Grants \$)	30a	2,161
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	29,788

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT.....		0		
.....				
.....				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		X
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b		X
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a		X
b	Gross receipts, included on line 9, for public use of club facilities 39b		X
40a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		X
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed ▶ NEW YORK		
42	The books are in care of ▶ SHIRLEY KATZ Telephone no ▶ (631) 668-3422 Located at ▶ PO BOX 915, MONTAUK, NY ZIP + 4 ▶ 11954		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		

Including accompanying schedules and statements, and to the best of my knowledge (or that of the preparer or other person whose name is on the return, if other than officer) is based on all information of which preparer has any knowledge

Date **12/12/03**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CONCERNED CITIZENS OF MONTAUK, INC.

Employer identification number

11 2517191

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	15,784	21,521	12,800	35,728	85,833
16 Membership fees received	9,900	19,635	15,951	12,820	58,306
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,854	4,256	3,272	2,372	11,754
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets				3,700	3,700
23 Total of lines 15 through 22	27,538	45,412	32,023	54,620	159,593
24 Line 23 minus line 17	27,538	45,412	32,023	54,620	159,593
25 Enter 1% of line 23	275	454	320	546	

26 Organizations described on lines 10 or 11:	a	Enter 2% of amount in column (e), line 24.	▶	26a	
	b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.	▶	26b	
	c	Total support for section 509(a)(1) test. Enter line 24, column (e).	▶	26c	
	d	Add amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	
	e	Public support (line 26c minus line 26d total)	▶	26e	
	f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2001) 13,000 (2000) 15,500 (1999) 12,500 (1998) 17,500

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2001) (2000) (1999) (1998)

c Add amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c	144,139
d Add line 27a total _____ and line 27b total _____	▶	27d	58,500
e Public support (line 27c total minus line 27d total)	▶	27e	85,639
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).	▶	27f	159,593
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).	▶	27g	53.660875 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	7.364985 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check a If the organization belongs to an affiliated group Check b If you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	
38 Total lobbying expenditures (add lines 36 and 37)		38	
39 Other exempt purpose expenditures		39	
40 Total exempt purpose expenditures (add lines 38 and 39)		40	
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is—	The lobbying nontaxable amount is—		
Not over \$500,000	20% of the amount on line 40		
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% 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		
42 Grassroots nontaxable amount (enter 25% of line 41)			
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		43 0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		44 0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Form 990-EZ	Supplemental Schedule	For Tax Year 2002
Name CONCERNED CITIZENS OF MONTAUK, INC		Employer ID Number 11-2517191

990-EZ, Page 1, Part I, Line 6

ANNUAL BENEFIT GALA & POSTER SALES

Gross Receipts	10,235
Less Contributions	
Gross Revenue	<u>10,235</u>
Less Direct Expenses	<u>(4,209)</u>
Net Income (or loss)	6,026
Total Net Income(or loss)	<u><u>\$ 6,026</u></u>

Form 990-EZ	Supplemental Schedule	For Tax Year 2002
Name CONCERNED CITIZENS OF MONTAUK, INC		Employer ID Number 11-2517191

990-EZ, Page 1, Part I, Line 10

Cash

Class of activity ENVIRONMENTAL PRESERVATION
Donees name EAST LAKE DRIVE ASSOCIATION
Donees address
Donees csz
Amount given 5,450
Relationship NONE
Description of property
Book value
How BV determined
Fair market value
How FMV determined
Date of Gift
Affiliate's name
Affiliate's address
Affiliate's city, state and zip
Purpose of payment
Amount of Payment

Class of activity ENVIRONMENTAL PRESERVATION
Donees name ST THERESA'S BUILDING FUND
Donees address
Donees csz
Amount given 500
Relationship NONE
Description of property
Book value
How BV determined
Fair market value
How FMV determined
Date of Gift
Affiliate's name
Affiliate's address
Affiliate's city, state and zip
Purpose of payment
Amount of Payment

Class of activity ENVIRONMENTAL PRESERVATION
Donees name THIRD HOUSE NATURE CENTER
Donees address
Donees csz
Amount given 1,000

Form 990-EZ	Supplemental Schedule	For Tax Year 2002
Name CONCERNED CITIZENS OF MONTAUK, INC		Employer ID Number 11-2517191

Relationship NONE

Description of property

Book value

How BV determined

Fair market value

How FMV determined

Date of Gift

Affiliate's name

Affiliate's address

Affiliate's city, state and zip

Purpose of payment

Amount of Payment

Class of activity ENVIRONMENTAL PRESERVATION

Donees name GROUP FOR THE SOUTH FORK

Donees address

Donees csz

Amount given 5,500

Relationship NONE

Description of property

Book value

How BV determined

Fair market value

How FMV determined

Date of Gift

Affiliate's name

Affiliate's address

Affiliate's city, state and zip

Purpose of payment

Amount of Payment

Class of activity ENVIRONMENTAL PRESERVATION

Donees name MONTAUK SCHOOLS

Donees address

Donees csz

Amount given 5 000

Relationship NONE

Description of property

Book value

How BV determined

Fair market value

How FMV determined

Date of Gift

Affiliate's name

Affiliate's address

Affiliate's city, state and zip

Form 990-EZ	Supplemental Schedule	For Tax Year 2002
Name CONCERNED CITIZENS OF MONTAUK, INC		Employer ID Number 11-2517191

Purpose of payment
Amount of Payment

Class of activity	ENVIRONMENTAL PRESERVATION	
Donees name	COMMUNITY PRESERVATION FUND	
Donees address		
Donees csz		
Amount given		5,000
Relationship	NONE	
Description of property		
Book value		
How BV determined		
Fair market value		
How FMV determined		
Date of Gift		
Affiliate's name		
Affiliate's address		
Affiliate's city, state and zip		
Purpose of payment		
Amount of Payment		

Class of activity	ENVIRONMENTAL PRESERVATION	
Donees name	MONTAUK FIRE DEPARTMENT	
Donees address	SOUTH EDGEMERE RD	
Donees csz	MONTAUK, NY 11954	
Amount given		100
Relationship	NONE	
Description of property		
Book value		
How BV determined		
Fair market value		
How FMV determined		
Date of Gift		
Affiliate's name		
Affiliate's address		
Affiliate's city, state and zip		
Purpose of payment		
Amount of Payment		

Total

\$ 22,550

Form 990-EZ	Supplemental Schedule	For Tax Year 2002
Name CONCERNED CITIZENS OF MONTAUK, INC	Employer ID Number 11-2517191	

990-EZ, Page 1, Part I, Line 16

Description	Amount
EDUCATION	2,161
ADVERTISING	574
INSURANCE	1,380
OFFICE EXPENSE	6,463
Total	<u>\$ 10,578</u>

<u>Name</u> <u>Address</u>	<u>Position</u>	<u>Compensation</u>	<u>Contributions to Employee Plans</u>	<u>Expense Allowances</u>
Bill Akin 10 Flanders Rd, Montauk, NY 11954	President	NONE	NONE	NONE
Dorothy Disken 21 Pinetree Dr, Montauk, NY 11954	Vice-President	NONE	NONE	NONE
Celine Keating Atlantic Bluff Club B10, Montauk, NY 11954	Vice-President	NONE	NONE	NONE
Peter Lowenstein 84 Surfside Ave, Montauk, NY 11954	Vice-President	NONE	NONE	NONE
Martin Post 11 East Lake Dr, Montauk, NY 11954	Vice-President	NONE	NONE	NONE
Shirley Katz 119 East Lake Dr, Montauk, NY 11954	Treasurer	NONE	NONE	NONE
Rita McKernan 115 East Lake Dr, Montauk, NY 11954	Secretary	NONE	NONE	NONE
Hy Brodsky 90 Laurel Dr , Montauk, NY 11954	Board Member	NONE	NONE	NONE
Kay Carley 277 East Lake Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Bill Chornooky 58 Cleveland Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Ray Cortell 33 Grant Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Conrad Costanzo 54 Surfside Ave, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Lillian Disken 21 Pinetree Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Julie Evans- Brumm 24 S Dewey Pl, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Jean Fischer 19 Big Reed Path, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Rav Freidel 677 Old Montauk Hwy, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Veronica Garvey 61 Pinetree Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE

Lisa Greci 135 Tuthill Rd, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Richard Kahn 224 West Lake Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Maria Lubinska 359 Old Montauk Hwy, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Hilary Molnar 152 S Fairview, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Carol Morrison 20 Hamilton Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Ed Porco 148 Monroe Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Larry Smith 17 Beech St, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Eugene White 240 Old Montauk Hwy, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Gene Wolsk 187 Old Montauk Hwy, Montauk, NY 11954	Board Member	NONE	NONE	NONE
Chris Yula 42 Grant Dr, Montauk, NY 11954	Board Member	NONE	NONE	NONE