

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 8/01/08, and ending 7/31/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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		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 631-668-3422
		City or town, state or country, and ZIP + 4 MONTAUK NY 11954		F Group Exemption Number _____

● 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 Website: ▶ WWW.CCOM-MONTAUK.ORG
J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **40,919**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,000
	2	Program service revenue including government fees and contracts	2	4,079
	3	Membership dues and assessments	3	19,675
	4	Investment income	4	2,165
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	40,919	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	18,210
	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	15,042
	14	Occupancy, rent, utilities, and maintenance	14	244
	15	Printing, publications, postage, and shipping	15	7,672
	16	Other expenses (describe ▶ SEE STATEMENT 3)	16	10,921
17	Total expenses. Add lines 10 through 16	17	52,089	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,170
	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	152,104
	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	140,934

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

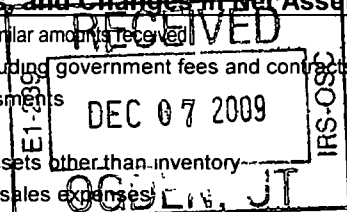
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	152,104	140,934
23 Land and buildings		
24 Other assets (describe _____)		
25 Total assets	152,104	140,934
26 Total liabilities (describe _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	152,104	140,934

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

SCANNED DEC 30 2009



SEE STATEMENT 1

SEE STATEMENT 2

SEE STATEMENT 3

29 24

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 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," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ NY		
42a	The books are in care of ▶ SHIRLEY KATZ Telephone no ▶ _____ PO BOX 2150 Located at ▶ MONTAUK, NY ZIP + 4 ▶ 11954		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			<input checked="" type="checkbox"/>
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		<input checked="" type="checkbox"/>
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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(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				

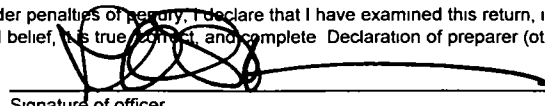
Total number of other employees paid over \$100,000 ▶

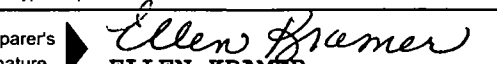
51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over \$100,000 ▶

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

Sign Here
 Signature of officer: 
 Date: 11/21/09
 Type or print name and title: ROBERT STERN, PRESIDENT

Paid Preparer's Use Only
 Preparer's signature:  ELLEN KRAMER
 Date: 11/20/09
 Check if self-employed:
 Preparer's Identifying Number (See instr.): P00413701
 Firm's name (or yours if self-employed), address, and ZIP + 4: KANDELL, FARNWORTH & PUBINS, CPA'S, P.C., 727 UNION AVE, RIVERHEAD, NY 11901-4645
 EIN: 11-2701159
 Phone no: 631-722-5300

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

CONCERNED CITIZENS OF MONTAUK

Employer identification number
11-2517191

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 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 exempt 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). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally Integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	74,701	57,106	59,002	41,942	34,675	267,426
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			6,960	6,369	4,079	17,408
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	74,701	57,106	65,962	48,311	38,754	284,834
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000	10,000	10,000	10,000	10,000	50,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000			1,960	1,369		3,329
c Add lines 7a and 7b	10,000	10,000	11,960	11,369	10,000	53,329
8 Public support (Subtract line 7c from line 6)	64,701	47,106	54,002	36,942	28,754	231,505

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	74,701	57,106	65,962	48,311	38,754	284,834
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,161	1,805	4,594	2,740	2,165	12,465
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,161	1,805	4,594	2,740	2,165	12,465
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	75,862	58,911	70,556	51,051	40,919	297,299

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	77.8694 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	64.4324 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.1927 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.4349 %

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIPS	\$ 19,675
TOTAL	\$ <u>19,675</u>

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Description of Property	Cash Contribution	Noncash Contribution	Relationship to Organization	Class of Activity	Date of Gift	Purpose
					Book Value Explanation	FMV Explanation	
GROUP FOR THE EAST END PO BOX 569 BRIDGEHAMPTON, NY 11932		12,500			ENVIRONMENTAL PRESER		
		12,500					
TOTAL		12,500					

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
INSURANCE	1,258
POSTAGE	1,668
PRINTING	1,210
EDUCATION /MEETINGS/EARTH	6,467
WEBSITE	318
TOTAL	<u>\$ 10,921</u>

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

ACTIONS TAKEN TO PRESERVE LAKE MONTAUK AND MONTAUK IN GENERAL, INCLUDING LEGAL PROCEEDINGS AND SIGNAGE, AS WELL AS SUPPORT TO THE LOCAL FIRE DEPARTMENT AND VILLAGE ASSOCIATION.

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ABI PRINCE 75 BRYAN RD MONTAUK, NY 11954	BOARD MEMBER		0	0	0
CAROL MORRISON PO BOX 329 MONTAUK, NY 11954	BOARD MEMBER		0	0	0
CELINE KEATING PO BOX 1093 MONTAUK, NY 11954	VP		0	0	0
CHRISTOPHER YULA 42 GRAND DR MONTAUK, NY 11954	BOARD MEMBER		0	0	0
CONRAD COSTANZO PO BOX 1063 MONTAUK, NY 11954	BOARD MEMBER		0	0	0
DR ROBERT STERN PO BOX 1671 MONTAUK, NY 11954	PRESIDENT		0	0	0
ED PORCO 148 MONROE DR. MONTAUK, NY 11954	VP		0	0	0
EDWARD BRAUN 16 FIR LANE MONTAUK, NY 11954	BOARD MEMBER		0	0	0
EUGENE WHITE 240 OLD MONTAUK HWY MONTAUK, NY 11954	BOARD MEMBER		0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GENE WOLSK 187 OLD MONTAUK HWY MONTAUK, NY 11954	VP		0	0	0
HARRY ELLIS PO BOX 5026 MONTUAK, NY 11954	BOARD MEMBER		0	0	0
HY BRODSKY P O BOX 2446 MONTAUK, NY 11954	BOARD MEMBER		0	0	0
JAY LEVINE PO BOX 2150 MONTAUK, NY 11954	VP		0	0	0
JEAN FISCHER 19 BIG REED PATH MONTAUK, NY 11954	BOARD MEMBER		0	0	0
JEROME TAUBER 10 HUDSON RD MONTAUK, NY 11954	BOARD MEMBER		0	0	0
JOHN CHIMPLES 75 SOUTH FAIRVIEW AVE MONTAUK, NY 11954	BOARD MEMBER		0	0	0
JULIE EVANS-BRUMM PO BOX 1264 MONTAUK, NY 11954	BOARD MEMBER		0	0	0
LISA GRENCI PO BOX 866 MONTAUK, NY 11954	BOARD MEMBER		0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MARLENE COCO 8 OLD WEST LAKE DR MONTAUK, NY 11954	BOARD MEMBER	0	0	0	0
MARTHA KRISSEL 23 OLD WEST LAKE DR MONTAUK, NY 11954	BOARD MEMBER	0	0	0	0
MIKE MAHONEY PO BOX 2760 MONTAUK, NY 11954	BOARD MEMBER	0	0	0	0
NANCY KEESHAN PO BOX 452 MONTAUK, NY 11954	BOARD MEMBER	0	0	0	0
PETER LOWENSTEIN 11 EAST LAKE DR. MONTAUK, NY 11954	VP	0	0	0	0
RAV FREIDEL PO BOX 733 MONTAUK, NY 11954	BOARD MEMBER	0	0	0	0
RAYMOND CORTELL PO BOX 448 MONTAUK, NY 11954	BOARD MEMBER	0	0	0	0
RICHARD KAHN 224 WEST LAKE DR. MONTAUK, NY 11954	BOARD MEMBER	0	0	0	0
SHIRLEY KATZ PO BOX 2150 MONTAUK, NY 11954	SEC/TREAS	0	0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
WILLIAM CHORNOOKY PO BOX 2534 MONTAUK, NY 11954	BOARD MEMBER		0	0	0