



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.**
 Number and street (or P.O. box, if mail is not delivered to street address): **P.O. BOX 5336**
 City or town, state or country, and ZIP + 4: **BAY SHORE, NY 11706**

D Employer identification number: **13-3662057**

E Telephone number: **718-788-4264**

F Group Exemption Number: **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

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

I Website: **▶ WWW.SALTAIRECITIZENS.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 31,298.**

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received		1 50.
2 Program service revenue including government fees and contracts		2
3 Membership dues and assessments		3 14,450.
4 Investment income	SEE SCHEDULE O	4 83.
5a Gross amount from sale of assets other than inventory	5a	5c
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)		
6 Gaming and fundraising events		6d 4,202.
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 16,715.	
c Less: direct expenses from gaming and fundraising events	6c 12,513.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances	7a	7c
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		8
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 18,785.
10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	10 8,965.
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 1,482.
14 Occupancy, rent, utilities, and maintenance		14
15 Printing, publications, postage, and shipping		15 649.
16 Other expenses (describe in Schedule O)	SEE SCHEDULE O	16 3,917.
17 Total expenses Add lines 10 through 16		17 15,013.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 3,772.
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 28,603.
20 Other changes in net assets or fund balances (explain in Schedule O)		20 0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21 32,375.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

032171
02-02-11

PM

**SALTAIRE CITIZENS ADVISORY
ASSOCIATION, INC.**

Form 990-EZ (2010)

13-3662057 Page 2

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,603.	32,375.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	28,603.	32,375.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,603.	32,375.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**
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, and other relevant information for each program title

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
BURTON BARNETT, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	CHAIRMAN 0.00	0.	0.	0.
JOAN COX, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	VICE-PRESIDENT 0.00	0.	0.	0.
STANLEY KARP, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	TREASURER 0.00	0.	0.	0.
ELLEN ANDERSON, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	SECRETARY 0.00	0.	0.	0.
GRACE CORRADINO, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	MEMBER 0.00	0.	0.	0.
CAROL PERLBERGER, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	MEMBER 0.00	0.	0.	0.
PHILIP GOLUB, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	MEMBER 0.00	0.	0.	0.
PATRICIA HENNESSEY, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	MEMBER 0.00	0.	0.	0.
BOBBIE LEIGH, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	MEMBER 0.00	0.	0.	0.
CAROLYN WISE, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	MEMBER 0.00	0.	0.	0.
APRYL MONTERO, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	MEMBER 0.00	0.	0.	0.
STACY WOLF, C/O SCAA P.O. BOX 5336, BAY SHORE, NY 11706	MEMBER 0.00	0.	0.	0.

032172
02-02-11

Form 990-EZ (2010)

SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.

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

Check if the organization used Schedule O to respond to any question in this Part V

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33. No is marked with X.

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Table with columns Yes, No and row 34. No is marked with X.

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, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a. No is marked with X.

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b. N/A is marked.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36. No is marked with X.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a 0.

Table with columns Yes, No and row 37a. No is marked with X.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b. No is marked with 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 outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a. No is marked with X.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b. N/A is marked.

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

N/A

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

Table with columns Yes, No and row 40e. No is marked with X.

41 List the states with which a copy of this return is filed. NY

42a The organization's books are in care of THE ORGANIZATION

Telephone no. 718-788-4264

Located at P.O. BOX 5336, BAY SHORE, NY

ZIP + 4 11706

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)?

Table with columns Yes, No and row 42b. No is marked with X.

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes, No and row 42c. No is marked with X.

If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a. No is marked with X.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b. No is marked with X.

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c. No is marked with X.

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d.

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 - a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
 - b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's 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
N/A				

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

51 Complete this table for the organization's 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
N/A		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here Date 5/12/11
 Signature of officer: [Signature]
 Type or print name and title: STANLEY KARP, TREASURER

Paid Preparer Use Only

Print/Type preparer's name WILLIAM A. WEISS	Preparer's signature <u>William A. Weiss</u>	Date <u>5/12/11</u>	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ SHEEHAN & COMPANY, CPA, PC		Firm's EIN ▶		
Firm's address ▶ 230 PARK AVENUE, 23RD FLOOR NEW YORK, NY 10169-0124		Phone no. 212-962-4470		

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

SALTAIRE CITIZENS ADVISORY

Schedule G (Form 990 or 990-EZ) 2010

ASSOCIATION, INC.

13-3662057 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DIRECTORY ADS		4	(add col (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts	7,840.		8,875.	16,715.
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	7,840.		8,875.	16,715.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	6,214.		6,299.	12,513.
10	Direct expense summary Add lines 4 through 9 in column (d)				(12,513)
11	Net income summary Combine line 3, column (d), and line 10				4,202.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
		1	Gross revenue		
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				()
8	Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC. Employer identification number 13-3662057

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: AMOUNT:
CITIBANK INTEREST 83.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: FIRE ISLAND ASSOCIATION

GRANTEE ADDRESS: P.O. BOX 424 OCEAN BEACH, NY 11770

AMOUNT GIVEN: 3,465.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SALTAIRE VOLUNTEER FIRE COMPANY

GRANTEE ADDRESS: 100 BROADWAY SALTAIRE, NY 11706

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: FIRE ISLAND WILDLIFE FOUNDATION

GRANTEE ADDRESS: 218 LAFAYETTE STREET NEW YORK, NY 11706

AMOUNT GIVEN: 2,500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 8,965.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:
INSURANCE 1,681.

MISCELLANEOUS EXPENSES 1,500.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization	SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.	Employer identification number	13-3662057
--------------------------	---	--------------------------------	-------------------

BANK FEES	34.
DOCTOR'S OFFICE	644.
MEALS	23.
NYS FILING FEE	35.
TOTAL TO FORM 990-EZ, LINE 16	3,917.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 1) TO ASSIST PROPERTY OWNERS WITHIN THE INCORPORATED VILLAGE OF SALTAIRE, NEW YORK;

2) TO PRESERVE THE CHARACTER OF SALTAIRE;

3) TO MAINTAIN AND FOSTER AN ACTIVE INTEREST IN ITS GOVERNMENT AFFAIRS;

4) TO SOLICIT SUGGESTIONS FOR ITS ADMINISTRATION AND TO ADVISE ITS ELECTED OFFICIALS;

5) TO ADVANCE THE PROPER DEVELOPMENT OF THE AFFAIRS, PROGRESS AND PROBLEMS IN AND OF SALTAIRE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION ACTS AS A LIAISON BETWEEN THE RESIDENTS OF THE INC. VILLAGE OF SALTAIRE AND THE VILLAGE GOVERNMENT. THE ORGANIZATION ALSO SPONSORS COMMUNITY ACTIVITIES AND RAISES MONEY TO PROVIDE ADDITIONAL SERVICES FOR THE VILLAGE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

