

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form 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.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
EMPIRE STATE ACADEMY OF COSMETIC DENTISTRY

Number and street (or P O box, if mail is not delivered to street address) Room/suite
274 OLD NYACK TURNPIKE

City or town, state or province, country, and ZIP or foreign postal code
SPRING VALLEY, NY 10977

D Employer identification number
61-1552746

E Telephone number
(845) 445-5400

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ WWW.ESACD.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (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 Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 69,552

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	36,652
	3 Membership dues and assessments	3	
	4 Investment income	4	
	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)	5c	
	6 Gaming and fundraising events		
	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	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8	32,900	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	69,552	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	2,125
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	71,683
17 Total expenses. Add lines 10 through 16 ▶	17	73,808	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,256
	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	35,804
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	31,548

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	36,939	22 37,248
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	36,939	25 37,248
26 Total liabilities (describe in Schedule O).	1,135	26 5,700
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,804	27 31,548

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, optional for others)
What is the organization's primary exempt purpose? TO PROVIDE OPPORTUNITIES TO ADVANCE DENTISTS' KNOWLEDGE, PROVIDE PEER SUPPORT, AND ESTABLISH A VITAL LINK BETWEEN FINE LECTURERS, LABORATORIES, AND COLLEAGUES		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 Additional Data Table		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 See Additional Data Table		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DR STACIE CALIAN	000 00	0		
VICE PRESIDE				
DR MICHAEL TEITELBAUM	000 00	0		
PRESIDENT				
DR BARBARA OLLECH	000 00	0		
TREASURER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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 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 *****
Signature of officer
Date 2018-05-10
DR BARBARA OLLECH TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name ANDREW J PAVLOFF
Preparer's signature
Date 2018-05-10
Check if self-employed
PTIN P00081564
Firm's name WASCHITZ PAVLOFF CPA LLP
Firm's EIN 82-2240084
Firm's address PO BOX 871
MONTICELLO, NY 12701
Phone no (845) 794-2200

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

Additional Data

Software ID:

Software Version:

EIN: 61-1552746

Name: EMPIRE STATE ACADEMY OF COSMETIC
DENTISTRY

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SEMINARS TO PROMOTE THE ART AND SCIENCE OF COSMETIC DENTISTRY IN THE TRI-STATE AREA (Grants \$)	28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 SEMINARS TO PROMOTE THE ART AND SCIENCE OF COSMETIC DENTISTRY IN THE TRI- STATE AREA (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>29a</p>	

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.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
EMPIRE STATE ACADEMY OF COSMETIC
DENTISTRY

Employer identification number

61-1552746

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PAGE 1, ITEM C	GREATER NEW YORK ACADEMY OF COSMETIC DENTISTRY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	SPONSOR REVENUE 32,900 TOTAL 32,900

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING & MAILINGS 11,324 OFFICE EXPENSE 182 TRAVEL EXPENSES 1,688 SPEAKERS 1,000 HOTEL CHARGES 32,537 SET UP CHARGES 8,232 INSURANCE - DIRECTORS 1,235 BANK & CREDIT CARD CHARGE 1,474 BOARD MEETING EXPENSES 3,026 DUES 985 TOTAL 71,683

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 1,135 5,700

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO PROVIDE OPPORTUNITIES TO ADVANCE DENTISTS' KNOWLEDGE, PROVIDE PEER SUPPORT, AND ESTABLISH A VITAL LINK BETWEEN FINE LECTURERS, LABORATORIES, AND COLLEAGUES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	SEMINARS TO PROMOTE THE ART AND SCIENCE OF COSMETIC DENTISTRY IN THE TRI- STATE AREA