

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

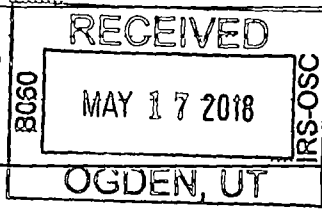
Open to Public Inspection

Form 990-EZ header section including fields for Name of organization (SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.), Employer identification number (13-3662057), Telephone number (917-748-5054), Website (WWW.SALTAIRECITIZENS.ORG), and Accounting Method (Cash).

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 [X]

Table with 21 rows detailing Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Total revenue is 28,183 and total expenses are 31,350, resulting in a net asset change of -3,167.



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

Form 990-EZ (2017)

SCANNED AUG 14 2018

SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.

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	32,179.	32,268.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	11,395.	8,139.
25 Total assets	43,574.	40,407.
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)	43,574.	40,407.

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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 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 0.

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
GRACE CORRADINO CHAIRPERSON	0.00	0.	0.	0.
LILLI DILLER VICE CHAIR	0.00	0.	0.	0.
RICHARD MONTERO TREASURER	0.00	0.	0.	0.
JOHN COONEY SECRETARY	0.00	0.	0.	0.
PHELIM DOLAN DIRECTOR	0.00	0.	0.	0.
JULIA BOVEY DIRECTOR	0.00	0.	0.	0.
BOB FISCHER DIRECTOR	0.00	0.	0.	0.
MELISSA HAVERCROFT DIRECTOR	0.00	0.	0.	0.
MICHELE JOERG DIRECTOR	0.00	0.	0.	0.
EVE LYNES DIRECTOR	0.00	0.	0.	0.
KATELIN VALENTE DIRECTOR	0.00	0.	0.	0.
KATHLEEN SHAW DIRECTOR	0.00	0.	0.	0.

SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.

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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 Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	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 outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	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	
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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		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
	Located at	P.O. BOX 5336, BAY SHORE, NY	917-748-5054
			ZIP + 4
			11706
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
42c	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
43	At any time during the calendar year, did the organization maintain an office outside the United States?		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		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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 (see instructions)		

Form 990-EZ (2017)

	Yes	No
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	X

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch 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	

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 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
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" N/A

(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: Type or print name and title: RICHARD MONTERO TREASURER	Date: 5/14/18
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Paid Preparer Use Only	Print/Type preparer's name: KEVIN SCHMUTZ	Preparer's signature:	Date: 05/08/18	Check <input type="checkbox"/> if self-employed	PTIN: P01788093
	Firm's name ▶ SHEEHAN & COMPANY, CPA, PC			Firm's EIN ▶ 13-2709344	
	Firm's address ▶ 165 ORINOCO DR BRIGHTWATERS, NY 11718			Phone no 631-665-7040	

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

SALTAIRE CITIZENS ADVISORY

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		SALTAIRE MUSIC & ARTS (event type)	(event type)	6 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	5,200.	26,212.	31,412.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	5,200.	26,212.	31,412.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	6,503.	20,281.	26,784.
	10	Direct expense summary Add lines 4 through 9 in column (d)			26,784.
	11	Net income summary. Subtract line 10 from line 3, column (d)			4,628.

Part III Gaming. Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct 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 _____

SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.

Schedule G (Form 990 or 990-EZ) 2017

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information

Name

Gaming manager compensation

Description of services provided

- Director/officer
Employee
Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

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.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization	SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.	Employer identification number	13-3662057
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FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SALTAIRE VOLUNTEER FIRE COMPANY

GRANTEE ADDRESS: 105 BROADWAY SALTAIRE, NY 11706

DATE OF GIFT: 08/31/17

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: FIRE ISLAND ASSOCIATION

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

DATE OF GIFT: 09/10/17

AMOUNT GIVEN: 3,550.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: THE VILLAGE OF SALTAIRE

GRANTEE ADDRESS: P.O. BOX 5551 BAY SHORE, NY 11706

DATE OF GIFT: 04/28/17

AMOUNT GIVEN: 7,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: THE VILLAGE OF SALTAIRE

GRANTEE ADDRESS: P.O. BOX 5551 BAY SHORE, NY 11706

DATE OF GIFT: 06/06/17

AMOUNT GIVEN: 225.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 13,275.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization	SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.	Employer identification number	13-3662057
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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	1,940.
OFFICE EXPENSE	872.
DEPRECIATION	3,256.
WEBSITE	2,820.
MEMBERSHIP SUPPLIES	1,894.
TOTAL TO FORM 990-EZ, LINE 16	10,782.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	11,395.	8,139.

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

Name of the organization SALTAIRE CITIZENS ADVISORY ASSOCIATION, INC.	Employer identification number 13-3662057
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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, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

