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# SCANNED MAR 0 2 2015

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 private foundations)

2013

OMB No. 1545-1150

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service , 20 A For the 2013 calendar year, or tax year beginning July 01 . 2013, and ending June 30 C Name of organization D Employer identification number B Check if applicable: Address change St. Patrick Celebrations, Inc. 91-2134337 Room/suite E Telephone number Name change Number and street (or P.O. box, if mail is not delivered to street address) Instal return 410-337-5446 803 Stone Barn Rd. Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Towson Maryland 21286 H Check ▶ ☐ if the organization is not Website: ▶ Irishparade.net required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 J Tax-exempt status (check only one) — 🗹 501(c)(3) 🔲 501(c) ( K Form of organization: 

✓ Corporation Association ☐ Other ☐ Trust 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 . . . . . . . . . . . . . . . 102,968 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. П Contributions, gifts, grants, and similar amounts received . . . . . 22.271 Program service revenue including government fees and contracts 2 2 39,786 3 3 4 Investment income . . . . . . . Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a 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 40,528 c Less: direct expenses from gaming and fundraising events . . . 60 5,850 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 34,678 Gross sales of inventory, less returns and allowances . . . 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe in Schedule O) . . . . . . Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 97.118 Grants and similar amounts paid (list in Schedule O) 10 10 21,724 11 11 Benefits paid to or for members . . . . . . . . . 12 12 Salaries, other compensation, and employee benefits . . . 13 Professional fees and other payments to independent contracto 13 14 Occupancy, rent, utilities, and maintenance . . . . . 14 15 15 Printing, publications, postage, and shipping . . . . 33 16 Other expenses (describe in Schedule O) . . 16 56,820 Total expenses. Add lines 10 through 16 . . . 17 17 78,577 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . 18 18,541 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 188,214 20 Set 20 Other changes in net assets or fund balances (explain in Schedule O) . . . Net assets or fund balances at end of year. Combine lines 18 through 20 21 206,755

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

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۲a	<ul> <li>Balance Sheets (see the Instructions Check if the organization used Schedule</li> </ul>		ny avostion in this	Dort II		_
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year	ı <del>· ·</del>	(B) End of year
22	Cash, savings, and investments			188,214	22	206,755
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		(		24	
25	Total assets			188,214		206,755
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			188,214	27	206,755
Par		-				Expenses
\A/ha	Check if the organization used Schedule t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
						nizations and section
as r	cribe the organization's program service accomplinessured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe th				7(a)(1) trusts, optional others.)
28	Parade Expenses (see schedule O)					
					i	
	(Grants \$ ) If this amount				28a	56,820
29						1
20	(Grants \$ 21,724) If this amount	t includes foreign gra	ants, check here .	<u></u> ▶ 📙	29a	21,724
30						
	•					
	(Grants \$ ) If this amount	t includes foreign gra	ants, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	78,544
Par	List of Officers, Directors, Trustees, and Ke					-
	Check if the organization used Schedule		ny question in this	Part IV	<del></del>	🗹
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(.,	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-			other compensation
Arth	ır C. Casserly (Chairman)				1	
131511	2.1	2.0		9	0	0
Thor	nas D. Fitzsimmons (Treasurer)	- 2.0				
				0	0	0
Jane	Bailey (Secretary)	- 2.0		1	ļ	
				0	0	0
Deni	us Finnegan (Board Member)					
A	McDonneil (Board Member)	2.0		0	0	0
AIII.	ACDOMINEM (BOSIC MEMBER)	2.0	ļ .	o	0	0
Kevi	n Reed (Board Member)	1.0		<u> </u>	1	
		2.0	{	o (	o	0
Johr	Kerney (Board Member)					
		2.0		0	0	0
Timo	thy Harvey (Board Member)	]				
		2.0		D	<u> </u>	0
Kevi	n Leonard (Board Member)	4	1			
Will:	um McCarthy (Roard Manhar)	<del>                                     </del>	<del>                                     </del>	+	+	
PF 1111	am McCarthy (Board Member)	2.0		<u>,</u>	0	0
		2.0		<del>* </del>	+	
		-	L		1	
		I	i	i	- 1	

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Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	_	
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	33	Yes	No
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)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		<b>√</b>
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		<b>✓</b>
b C	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	35c		1
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		. 3.	T 2
b	Did the organization file Form 1120-POL for this year?	37b		1
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?	38a		1
_	If "Yes," complete Schedule L, Part II and enter the total amount involved	\`	,	,
39	Section 501(c)(7) organizations. Enter:	, -	-	
a b	Initiation fees and capital contributions included on line 9	7.	1.	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 / ;		
	section 4911 $\triangleright$ 0; section 4912 $\triangleright$ 0; section 4955 $\triangleright$ 0	-	-	
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	40ъ		, •
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	, ,	2.	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			- /.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			٠,
е	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	40e	, s. ; * '	1
41	List the states with which a copy of this return is filed ▶ MD			
42a	The organization's books are in care of ▶ Thomas Fitzsimmons  Telephone no. ▶  Located at ▶ 803 Stone Barn Rd Towson  ZIP + 4 ▶	110-33		5
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	21286	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>√</b>
	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	1 3	1.5	`
	and Financial Accounts.		,	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	* /	1
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			<del></del>
44	Did the assessment assistation and desired finds during the uses if the same con-	<del>- :-</del>	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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	44b	^	1
	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
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	44d	,	, ,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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		1,	7.
	Form 990-EZ (see instructions)	45b		✓

Form 99	0-EZ (20	Q13)				_		F	age 4	
46		ne organization engage, directly or in ndidates for public office? If "Yes," c						Yes	No	
Part '	_	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			·	tables f	or lin	es . 🗸	
47								Yes	No	
47	year?	he organization engage in lobbying I If "Yes," complete Schedule C, Part	:N				47		1	
48 49a		organization a school as described in ne organization make any transfers to		•					1	
	If "Ye Comp	is," was the related organization a se plete this table for the organization's oyees) who each received more than	ction 527 organization five highest compen	on?	other than	officers, directo	49b ors, truste			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributi benefit pla	aith benefits, ons to employee ans, and deferred opensation	(e) Estimate other con			
							-			
							,			
				<del> </del>						
				-			<del></del>			
f 51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest comp	ensated independe one, enter "None."	ent contract	_ fors who each	received	more	than	
	(a) Name and business address of each independent contractor			(b) Type of service		(c) Compensation				
				-		,	12.12.10.72			
					~ <del>~~</del>				<del></del>	
				1						
d 52	Did t	number of other independent contra he organization complete Schedule A xempt charitable trusts must attach	A? Note. All section 5	601(c)(3) organizatio	. ► ons and 494		► ✓ Yes	. 🗆	 No	
Under p		of perjury, I declare that I have examined this rule complete. Declaration of preparer (other than							rt ıs	
	T	Thomas Fizantimons	be with the state of			2/12/2	OK			
Sign Here		Signature of officer  Thomas Fitzsimmons Treasurer				Date *		·	. <b></b>	
		Type or print name and title  Print/Type preparer's name	Preparer's signature		Date		PTIN			
Paid Prep	arer	нализура расрытет в пыпе				Check L self-employ	if			
Use		Firm's name  Firm's address				Firm's EIN ▶ Phone no				
May t	he IRS	B discuss this return with the preparer shown above? See instructions								

Form **990-EZ** (2013)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

20**14** 

Open to Public Inspection

Employer identification number

ST PATRICK CELEBRATIONS, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (vi) Amount of (iii) Type of organization (iv) is the organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (described on lines 1-9) listed in your governing support (see other support (see document? instructions) instructions) above or IRC section. (see instructions)) Yes No (A) (B) (C) (D) (E)

Part II

·	(Complete only if you checked the Part III. If the organization fails to						lify under
Secti	on A. Public Support	. ,		···	•		
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,566	38,374	64,644	61,436	62,057	258,077
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 through 3	41,566	38,374	54,644	61,436	62,057	268,077
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.	, , , , , , , ,	1 2	17.	2. 2. 2.		268,077
Secti	on B. Total Support		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	41,566	38,374	64,644	61,436	62,057	268,077
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,160	980	525	730	383	3,777
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,,,,,,	300	520	,,00	555	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,133	29,887	30,230	31,073	34,67B	151 <u>,</u> 001
11	Total support. Add lines 7 through 10	1	1,25 >	` .	` - "	<u> </u>	422,855
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secon			ear as a section	
Secti	on C. Computation of Public Suppor						<del>_</del>
14	Public support percentage for 2014 (line	<del></del>		1, column (f))		14	63.4 %
15 16a	Public support percentage from 2013 Sci 331/a% support test—2014. If the organi- box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 331		
b	331/2% support test—2013. If the organicheck this box and stop here. The organicheck	nization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	id <mark>stop here.</mark> E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization	tion meets the neets the "facts	e "facts-and-ci s-and-circumst	rcumstances" ances" test. T	test, check th	is box and sto	and line p here.
18	Private foundation. If the organization di				, or 17b, chec	k this box and	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if	you checked the box o	on line 9 of Part I or if the organization f	ailed to qualify under Part II
If the organization	fails to qualify under t	he tests listed below, please complete	Part II.)

	if the organization rails to quality	under the tes	SIS IISIEU DEII	w, picase cu	implete i art i	<i>1.</i> ]	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			l	. {	Į	
	received. (Do not include any "unusual grants.")						
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					}	
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513	ļ			İ	- 1	
4	Tax revenues levied for the						
7	organization's benefit and either paid	}				ነ	
	to or expended on its behalf						
_							<del></del>
5	The value of services or facilities				ļ	}	
	furnished by a governmental unit to the organization without charge	į l		-		ŀ	
_							
6 	Total. Add lines 1 through 5						
<i>r</i> a	Amounts included on lines 1, 2, and 3					ì	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				l	1	
	received from other than disqualified				j	ļ	
	persons that exceed the greater of \$5,000			i		į	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	9.034.7				*** *** *** *** *** *** *** *** *** **	
	line 6.)					,	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalthes and income from similar sources .	i			·	}	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					J	
С	Add lines 10a and 10b					i	
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on			1	. <b>i</b>	\ \	
12	Other income. Do not include gain or					<u> </u>	
	loss from the sale of capital assets					İ	
	(Explain in Part VI.)				ļ	]	
13	Total support. (Add lines 9, 10c, 11,				<u> </u>		
	and 12.)					1	
14	First five years. If the Form 990 is for the	e organization	's first secon	d third fourth	or fifth tax ve	ear as a section	501(c)(3)
• •	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line to			3, column (fl)		15	%
16	Public support percentage from 2013 Sch		-			16	%
	on D. Computation of Investment In					<del>-1 1</del>	
17	Investment income percentage for 2014 (			y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2013. If the organiz						
_	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instruc	tions 🕨 🔲

### Part IV

### **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Orga	inizations
--------------------------------	------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		12/3 - *
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		717
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	 	1, 7,
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		1, 1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	,	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	- - - -	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the chantable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	7 1	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	£ 4,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	-	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9ь	7	
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	,	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	: «·	. '7
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	,	15.7

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	L	
c		11c	L	L
Sect	ion B. Type I Supporting Organizations		\ <b>V</b>	
_	Did the directors, trustees, or membership of one or more supported organizations have the power to	<del></del>	Yes	No
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			- '
	controlled the organization's activities. If the organization had more than one supported organization,			12
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		À.	
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	25.	1.15	· 1/2
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	155		
	supervised, or controlled the supporting organization.	2	'	
Sect	ion C. Type II Supporting Organizations	-	<u> </u>	<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	2	2	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		453
	or management of the supporting organization was vested in the same persons that controlled or managed	.	<b>'</b>	-
0 - 4	the supported organization(s).	<u> </u>	l	L
Sect	ion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	,
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		1:	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ŀ	ŀ	ļ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	,
3	By reason of the relationship described in (2), did the organization's supported organizations have a	19.5	<del>                                     </del>	. ;
3	significant voice in the organization's investment policies and in directing the use of the organization's	- 2		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- ,	1.	1
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b				
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	Structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а		1 -,		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	1	: :
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		7.7.3	4.5	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	1	
	activities but for the organization's involvement.	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	1.00		15
а			1	1525
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	1000	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	ľ.	15.00

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			nstructions. All
Section A - Adjusted Net Income	,	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	1-	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			21 315
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	٠		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	27 77 2 2 2 2 2	
4 Enter greater of line 2 or line 3	4	. 700	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ır	ntegrated Type III supportin	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes	<u>.</u>	
2		empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is re	sponsive	
	(provide details in Part VI). See instructions.			<u> </u>
9	Distributable amount for 2014 from Section C, line 6			·····
10	Line 8 amount divided by Line 9 amount	T	ro.	an a
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		}	
3	Excess distributions carryover, if any, to 2014:		and the second of the	
а		1, - 1, - 1		- 3 8 5 3 3 3 3 3 4 5
b		1 2 3 1 1 2		<ul><li>・1 と, 感が入れ、 。</li></ul>
С				
d				
е	From 2013			
f	Total of lines 3a through e		/ * . \	
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D. line 7: \$			
	Applied to underdistributions of prior years		3- 1 1 1	
<u></u> b	Applied to 2014 distributable amount			- 35 - 1 1 1 - 1
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if	3. 34-27 - 4		- 1
	any. Subtract lines 3g and 4a from line 2 (if amount	1 7 3 3 1 1 1		
	greater than zero, see instructions).	The second second		, ,
6	Remaining underdistributions for 2014. Subtract lines 3h	1.	erer i jakeri i	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j		`. `.	1000 1000
	and 4c.		2 - 2 2 - 2 1 1 1	
8	Breakdown of line 7:	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		
а				
b		11.25	125,803-112	100
C				
<u>d</u>	Excess from 2013			
е	Excess from 2014	2.5%,2		A 2/5

	onn 990 or 990-EZ) 2014 Page	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	I
Pub Fundra	isers \$24,264 and a parade guide (\$16,264 in revenue less \$5,850 in expenses)	<b>-</b>
		<b>.</b>

### 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.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ. Inspection Employer identification number

ST. PATRICK CELEBRATIONS, INC.	91-2134337
Expenses line 10 includes the following charitable donations; Athlete's Serving Athlete's 5,262, Team 0	Challenge 5,262,
Baltimore Community Foundation 1,000, Baltimore Basilica 1,000, Calvert Hall College 1,000, Johns Ho	
Little Sisters of the Poor 1,000, Mercy Health Foundation 1,000, Monsignor Burke Scholarship Fund 1,0	00, Mount Vernon Place 1,000,
Peabody Development Office 1,000, The Railroad Historical District 1,000, Walters Art Gallery 1,000, Br	other Kevin Strong 200
Expenses line 16 includes the following costs to put on the parade; 20 bands 23,650, Various Grandsta	nd expenses 6,000, Floats 6,660,
Municipal expenses 11,260, Insurance 2,100, Catering 1,880, Two way radios 1,000, Portable Potties 60	0, Golf cart rental 520, Photography 500
Storage fees 420, Trophies 400, and other expenses each less than 300.	
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