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SCAMPLED DEC 3 2 2013

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)

OMB No. 1545-1150

Open to Public Inspection

▶ 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/form990.

A	For the	2014 calend	ar year, or tax year beginning July 1 , 2014, a	nd ending	Jı	ine 30	, 20	15
В	Check if ap	applicable: C Name of organization D Emp		D Emplo	ryer ident	ification number	er	
	Address o	schange St. Patrick Celebrations, Inc.				91-2	134337	
	Name cha	hange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E.T.				one num	ber	
H	initial retu		803 Stone Barn Rd.	1		410-3	337-5446	
H		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	p Exemp	otion	
H	Amended Application		Towson MD 21286	i		ber ▶		
G		ing Method:	✓ Cash Accrual Other (specify)	н	Check >	Htt	ne organization	is not
	Vebsite		parade net				n Schedule B	
			eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or				Z, or 990-PF).	
			: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore or if total	assets			
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			> .		86,500
	art I		e, Expenses, and Changes in Net Assets or Fund Balance			tions fo		00,300
	arti							153
	T-4		the organization used Schedule O to respond to any question in					<u>. </u>
	1		ons, gifts, grants, and similar amounts received			1 -		22,149
	2		service revenue including government fees and contracts		· · }	2		39,765
	3		nip dues and assessments			3		
	4	Investmen				4		553
	5a		ount from sale of assets other than inventory 5a			ļ		
	b		or other basis and sales expenses			j		
	C		ss) from sale of assets other than inventory (Subtract line 5b from lin	ю 5а)		5c		
	6	_	nd fundraising events		1	[
_	а	Gross inc	come from gaming (attach Schedule G if greater than		1	- 1		
ž	Į					1		
Revenue	Ь	Gross inco	ome from fundraising events (not including \$ of	contribution	s			
æ	1		raising events reported on line 1) (attach Schedule G if the		- 1	- }		
	1	sum of suc	ch gross income and contributions exceeds \$15,000) 6b		24,033	j		
	C	Less: direc	ct expenses from gaming and fundraising events 6c		5,750			
	d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and	6b and sub	otract	j		
	j	line 6c)				6d		18,283
	7a	Gross sale	es of inventory, less returns and allowances		Γ			
	Ь	Less: cost	of goods sold			-		
	c	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c		
	8					8_		
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	RECEI	VEN	9		80,750
_	10		d similar amounts paid (list in Schedule O)			70		22,610
	11		11/-1	שבט ש ש		121	.,	
ø	12	•	aid to or for members	8 E 33Q	2015	127		
nses	13		nal fees and other payments to independent contractors.		·	3		
	14		y, rent, utilities, and maintenance	CORN		14		
Expe	15		ublications, postage, and shipping	<u>IGDEN</u>	<u>. U</u>	15		8
_	16		enses (describe in Schedule O)			16		63,384
	17					17		86,002
_	140	Fyecos se	enses. Add lines 10 through 16					
ş	18 19				F	18		(5,252)
586	15		s or fund balances at beginning of year (from line 27, column (A))	_		40	_	06 755
Ž	1	-	ar figure reported on prior year's return)			19	2	06,755
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			20		
	141					21		01,503
For	r Panen	work Reduct	tion Act Notice, see the separate instructions. Cat. N	lo 106421		F	om 990-EZ	(2014)



0	_	_	_	2
۳.	а	a	а	4

Pai	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to ar	y question in this F	Part II		🗹
			<u></u>	A) Beginning of year		(B) End of year
22	Cash, savings, and investments			206,755	_	201,503
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			206,755	24	201,503
25 26	Total liabilities (describe in Schedule O)		· · · · · -		26	201,303
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	206,755		201,503
Par		plishments (see th	e instructions for P		=: 1	
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each of	f its three largest pr	ogram services,	orga	inizations; optional for
as m	neasured by expenses. In a clear and concise m	nanner, describe the	services provided,	the number of	othe	ers.)
	ons benefited, and other relevant information for ea	ach program title.				
28	Parade expenses (See schedule O)			ł		
	(Grants \$) If this amount	includes foreign gra	nts. check here .	▶ □	28a	63,384
29	See Schedule O	<u></u>				
						1
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ □ </u>	29 <i>a</i>	22,610
30						1
						1
	(Create \$) If this amount	includes foreign are	into chack hara	▶ ┌┐	30a	
24	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here .		302	'
31		includes foreign gra			31 <i>a</i>	
32	Total program service expenses (add lines 28a				32	
		unoughtoru,				
Par						
Par		y Employees (list each	one even if not comp	ensated-see the in		
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list each e O to respond to as (b) Average	n one even if not comp ny question in this I (c) Reportable	pensated — see the in Part IV	stru	ctions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Ke	y Employees (list each e O to respond to a	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	stru	ctions for Part IV)
	t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this i (c) Reportable compensation	pensated—see the in Part IV	stru	ctions for Part IV)
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	No
	detailed description of each activity in Schedule O	33		~
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)	34		~
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)?	35a		~
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
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		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	4 :		.,
ъ 38а	Did the organization file Form 1120-POL for this year?	37b 38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		<u> </u>
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			1
6 40a	Gross receipts, included on line 9, for public use of club facilities			
b	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	40b		
C	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		,	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	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		,
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ►			
ь	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V
	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).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	.,	10
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		. 1	▶ □
44	Did the constitution and the state of the st		Yes	No
44a	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		~
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	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)	45b		~

Form 99	0-EZ (20	014)							age 4
40	Did 4	ne organization engage, directly or in	directly in political c	rampaion activities	on hehalf o	f or in annaci		Yes	No
46		ndidates for public office? If "Yes," o						1	
Part '		Section 501(c)(3) organizations				·	1 10	<u> </u>	
		All section 501(c)(3) organization	s must answer que	estions 47-49b ar	id 52, and	complete th	e tables	for lin	es
		50 and 51.							
		Check if the organization used Scl	nedule O to respond	to any question i	n this Part	<u>VI</u>	<u>· · · · </u>		
47	Did N	he organization engage in lobbying	activities or have a	castion EO1/b) aloc	tion in offo	ot during the	+av [Yes	No
47		rie organization engage in lobbying ? If "Yes," complete Schedule C, Par		section sorting elec		cr during the	. 47	1	1
48	•	organization a school as described in		ii)? If "Yes." comple	te Schedule	Ε	48		1
49a		he organization make any transfers to		•			. 498		V
b		es," was the related organization a se	•	-			. 49k)	
50		plete this table for the organization's							
	empl	oyees) who each received more than	\$100,000 of compe	nsation from the or			e, enter "	None.	,
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributi	alth benefits, ons to employee	(e) Estima	ted amo	unt of
	(4)	Name and and or each employee	devoted to position	(Forms W-2/1099-MIS		ans, and deferred	other co	mpensa	tion
None				 	1				
				<u> </u>	<u> </u>				
	-								
					1				
			<u> </u>		- 				•
					1				
f	Total	number of other employees paid ov	er \$100,000		0				
51		plete this table for the organization			ent contract	- tors who eact	receive	d more	e thar
	\$100	,000 of compensation from the orga	inization. If there is n	one, enter "None."					
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c)	Compensa	tion	
None			 	 					
MOHE						1			
									
			····						
d	Total	number of other independent contra	actors each receiving	Lover \$100 000	—		0		
52		the organization complete Schedu	_		ganizations	must attacl	n a	*	<u> </u>
					-		.► ✓ Ye	s 🗌	No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompai	nying schedules and stat	ements, and to	the best of my kr	nowledge ar	nd belief	lt is
true, co	rrect, ar	nd complete Declaration of preparer other than	n officer) is based on all inf	ormation of which prepa	rer has any kno	owledge.	<u>/</u>		
0:		Mans Frm	m			12-/11/6	2015		
Sign Here	}	Signature of officer				Date			
nere		Thomas Fitzsimmons Type or print name and title						·	
		Print/Type preparer's name	Preparer's signature		Date		PTIN		
Paid	are-	7 mile 1300 propulor o ricino				Check L			
Prep	arer				·	Simile EIM IN			

Firm's name

Use Only

▶ ☐ Yes ☐ No

Firm's EIN ▶

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(D)

(E)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

Name of the organization

4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

2014

St Patrick Celebrations, Inc. 91-2134337 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). 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization 6D EN (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9) support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C)

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Part	ile A (Form 990 or 990-EZ) 2014 Support Schedule for Organiza	tions Dosori	had in Sacti	one 170/h\/1	MAMMA and 4	70(L)(4)(A)()	Page 2
Faru	(Complete only if you checked the	ne box on line	5. 7. or 8 of	Part I or if the	organization	ru(b)(1)(A)(v) 1 failed to qua	ilify under
	Part III. If the organization fails to						any under
	on A. Public Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,374	64,644	61,436	62,057	61,914	288.425
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	38,374	64,644	61,436	62,057	61,914	288,425
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.	,					288,425
	ion B. Total Support	(-) 0010	A) 0011	/-\ 0010	(4) 0040	(-) 0014	40 T. 4. 1
Calen	ndar year (or fiscal year beginning in)	(a) 2010 38,374	(b) 2011 64,644	(c) 2012 61,436	(d) 2013 62,057	(e) 2014 61,914	(f) Total 288,425
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	980	525			553	3,171
9	Net income from unrelated business activities, whether or not the business is regularly carried on	700	523	,,30	- 303	333	3,171
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,887	30,230		34,678	18,283	144,151
11	Total support. Add lines 7 through 10	7 / // /	wat fan skiften (187 1 9	-		435,747
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her ion C. Computation of Public Support	ne organization	's first, second	d, third, fourth			
14	Public support percentage for 2014 (line 6			1 column (fi)	-	14	66 2 %
15	Public support percentage from 2013 Sch					15	63 4 %
16a	331/3% support test—2014. If the organization qua	zation did not o	heck the box	on line 13, and	line 14 is 331	3% or more, ch	eck this
b	check this box and stop here. The organi	ization qualifies	as a publicly	supported org	anization .		. ▶ 🛚
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che st. The organiza	eck this box an ation qualifies	d stop here. E as a publicly su	xplain in ipported

b 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		i				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	•			1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				1		
4	Tax revenues levied for the						
	organization's benefit and either paid			İ	1		
	to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the				1		
	organization without charge			į	·		
6	Total. Add lines 1 through 5		<u> </u>		1		
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			1			
b	Amounts included on lines 2 and 3				<u> </u>		
IJ	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b				1		
8	Public support (Subtract line 7c from	र मृहस्र	194 F 1953		12 (2.73)	7 5 3 7 7 7	
_	line 6.)			1232			
Secti	on B. Total Support	<u> </u>	<u></u>		<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(4) 2010	(2) 23	(0, 2012	(-,	(0, 20)	(77.5)
10a	Gross income from interest, dividends,		-				
100	payments received on securities loans, rents,			1			
	royalties and income from similar sources .	ļ			1		
h	Unrelated business taxable income (less				<u> </u>		
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975			l			
С	Add lines 10a and 10b				 		
_	Net income from unrelated business		 				
11	activities not included in line 10b, whether			1			
	or not the business is regularly carried on			1	}	·	
40	·	ļ	1	 			
12	Other income. Do not include gain or loss from the sale of capital assets	i					
	(Explain in Part VI.)	[•	
13	Total support. (Add lines 9, 10c, 11,		 				
13	and 12.)	1		1			
14	First five years. If the Form 990 is for the	L organizatio	n'e firet secon	d third fourth	or fifth tay u	ear as a section	n 501(c)(3)
14	organization, check this box and stop he	-			-		
Section	on C. Computation of Public Suppor				· · · · ·	<u> </u>	· · · · <u>· </u>
15	Public support percentage for 2014 (line			13 column (ft)		15	%
16	Public support percentage from 2013 Sci		•	* * * *		16	
	on D. Computation of Investment In				 	1 1 1	
17	Investment income percentage for 2014 (v ine 13 colu	mn (fl)	17	%
18	Investment income percentage for 2014 (18	
19a	331/3% support tests—2014, if the organ						
174	17 is not more than 331/8%, check this box	and stop here	The organizati	ion qualifies as	a publicly supp	orted organizat	ion . ▶ 🖂
Ь	331/8% support tests—2013. If the organization						
	line 18 is not more than 3313%, check this						
20	Private foundation. If the organization d						

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 Organizations

				,
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 Part VI when and how the organization made the determination.	3b	,	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI 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 Part VI 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.	4 ¢	,	
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 Part VI , 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		
ь	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	d. r	
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 charitable 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 ? ~ .	
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	, , , ,	
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 Part VI .	9a	, s	,
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 Part VI.	9b		` _
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 Part VI.	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	1	1,1
b	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	h /	

	A (Form 990 or 990-EZ) 2014			ago C
Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		l v	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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	ł		
	controlled the organization's activities. If the organization had more than one supported organization,	ļ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ļ,	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	: "		
_	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,	l		
	supervised, or controlled the supporting organization.	2	<u> </u>	L
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		٠.,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed		1.	
	the supported organization(s).	1	1	
Secti	on D. All Type III Supporting Organizations	<u>. </u>	Ь	L
	, p		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-
	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	12	* ·.	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	ĺ	
	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).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	 	
•	significant voice in the organization's investment policies and in directing the use of the organization's			-
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	بر رغمہ را	21-27	-
	supported organizations played in this regard.	3	,	
Secti	on E. Type III Functionally-Integrated Supporting Organizations		L	-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstn	ction	s)·
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,.
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.63	.40
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	-		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			-
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<i>,</i> ; .	4 "	\$ 1,0
	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]		
_	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported examinations? If "Yes" describe in Part III the rest of the supported examinations of the support			-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	i	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of pnor-year distributions	2		<u> </u>		
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		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):			,		
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 pnor-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	1. 11.13			
2 Enter 85% of line 1	2	Secretary to the			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-		
4 Enter greater of line 2 or line 3	4				
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	1 44 4 4 4			
7 Check here if the current year is the organization's first as a non-functional instructions)	y-in	tegrated Type III supporting	organization (see		

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zauons (continuea)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes	· · · · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		. <u>.</u>	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
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.	·	<u></u>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
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:	-		
a				
b	The second secon	1 3 2	1.70	37 (1) 1
С		in the second	10 10 10 10 10 10	
đ				·
е	From 2013	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	357 11 W. C. 1854	,
f	Total of lines 3a through e		W 2 - N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18. 13.7 × 1
g	Applied to underdistributions of prior years			3,5 7, 5
h	Applied to 2014 distributable amount	2.20	14 30	
i	Carryover from 2009 not applied (see instructions)	1. 1. 1. 2. 3. 3. 3. 3.	しょうこくさんぎん	121 276 351 551
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		1 2 1 1 1 1 1	
4	Distributions for 2014 from Section D, line 7. \$			
a	Applied to underdistributions of prior years	1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Applied to 2014 distributable amount		, -	Ĭ
С	Remainder. Subtract lines 4a and 4b from 4.	Ī	to your contract of	
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h	(3)、特别教育员		
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:	, , , , , ,		
a		in the second	2 1 1 1 1 1 1 1	
b	· · · · · · · · · · · · · · · · · · ·	15 14 14 34 1	1- 1/2 1	
c			<i>i.</i>	
d	Excess from 2013			
е	Excess from 2014	- 1/2 / 2 1/2		
		•		

Schedule A (Form 990 or 990-EZ) 2014 Page (
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part Part III, line 12. Also complete this part for any additional information. (See instruction	
Pub Fundr	raisers \$14,931 and Parade Guide (Revenue of \$9,102 less Expenses of \$5,750)	

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 890 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Open to Public Inspection

Name of the organization		Employer identification number		
St Patricks Celebrations, Inc.		91-2134337		
Line 10 Grants to 501 (c)3 charities are Detailed Below;				
Athletes Serving Athletes \$5,255				
Team Challenge \$5,255				
Calvert Hall College \$100				
Mercy Health Foundation \$1,000				
Mount Vernon Place \$1,000				
Peabody Development Office \$1,000				
Walters Art Gallery \$1,000				
Friends of St. Vincent Cernetary \$1,000				
Apostleship of the Sea \$500				
Little Sisters of the Poor \$1,000				
Irish Railroad Workers Museum \$1,000				
Tanzanian Children's Fund \$500				
Baltimore Community Foundation \$1,000				
St Patrick's Chapel \$1,000				
IAUSA/OC Irish Outreach \$1,000				
Baltimore Basilica \$1,000				
Line 16 Other Expenses are listed below;				
22 Marching Bands \$26,000	Portable Toilets \$600			
Municipality Expenses \$16,000	Photography \$500			
Grandstand Expenses \$7,000	Trophies \$400			
Floats \$6,700	Two way Radios \$350			
Catering \$2,100	Misc expenses less than \$300			
Insurance \$2 000				