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DLN: 93493275002337 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 03-01-2016 , and ending 02-28-2017 D Employer identification number B Check if applicable Old Guard of the City of New York ☐ Address change 13-1673348 ☐ Name change Doing business as ☐ Initial return Fınal ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return 307 West 91st Street (212) 724-9268 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code New York, NY  $\,$  10024 G Gross receipts \$ 157,559 F Name and address of principal officer H(a) Is this a group return for Daniel L Hooker ☐Yes ☑No subordinates? Same as C above H(b) Are all subordinates New York, NY 100241001 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(4) **◄**(Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www oldguardcityofny org L Year of formation 1826 M State of legal domicile NY Summary 1 Briefly describe the organization's mission or most significant activities TO DECORATE THE GRAVES OF OUR DECEASED MILITARY PERSONNEL. TO PARTICIPATE IN PATRIOTIC EVENTS AND SUPPORT THE MORALE OF THE ACTIVE MILITARY TO PROMOTE SOCIAL UNION AND FELLOWSHIP AMONG ITS MEMBERS AND WITH SIMILAR Activities & Governance ORGANIZATIONS IN THIS AND OTHER STATES Check this box  $\blacktriangleright \sqcup$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . 15 Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 4,138 127,169 Program service revenue (Part VIII, line 2g) . 16,218 12,370 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 12,468 8,238 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,017 9,782 33.841 157.559 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 34,576 140,164 34,576 140,164 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -735 17,395 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances Beginning of Current Year End of Year 627,535 694,166 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 627,535 694,166 Signature Block 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 2017-09-29 Signature of officer Sign Here Mario Franco Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Check | If Paid self-employed Firm's name Firm's EIN 🟲 **Preparer** Firm's address Phone no Use Only ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016) Cat No 11282Y

Form	990 (2016)					Page <b>2</b>
Par	t IIII Statem	ent of Program Se	ervice Accomplis	hments		
	Check if S	Schedule O contains a	response or note to a	any line in this Part II	ı	🗆
1	Briefly describe	the organization's miss	sion			
	VE MILITARY TO				TE IN PATRIOTIC EVENTS AND SUPPERS AND WITH SIMILAR ORGANIZAT	
2	-	, -		• •	which were not listed on	☐ Yes ☑ No
		90 or 990-EZ?				⊔ Yes ⊻ No
3	Did the organiza	e these new services o tion cease conducting,	or make significant	-	nducts, any program	□yes VNo
		e these changes on Sc				
4	Section 501(c)(3		izations are required	to report the amoun	ee largest program services, as meand t of grants and allocations to others,	
4a	(Code See Additional Data	) (Expenses \$ a	19,037	including grants of \$	0 ) (Revenue \$	8,610 )
4b	(Code See Additional Data	) (Expenses \$	3,243	ıncludıng grants of \$	0 ) (Revenue \$	829 )
4c	(Code See Additional Data	) (Expenses \$	8,214	ıncludıng grants of \$	0 ) (Revenue \$	2,177 )
	(Code FUNERAL WREATH:	) (Expenses \$ S & DECORATIONS DECE	622 ASED MEMBERS	ıncludıng grants of \$	0 ) (Revenue \$	0)
4d	Other program s	services (Describe in S 622	chedule O )	\$	0 ) (Revenue \$	0)
4e	• • •	service expenses ▶	31,1	<u>'</u>	- γ (	
		•	•			Form <b>990</b> (2016)

Yes

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11a

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11d

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11f

12a

12b

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14a

14b

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Page 3

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Form 990 (2016)

s th	e organ	ıızatı	on	des	crıbe	ed in	sec	tion	501
Sche	dule A								

Is	the	organization	describe	d ın	section	501(c)(3)	or

ULV	CHECKIISE	JI KEY	uneu	SCII	euule	:5
Is the	organization o	describe	d in se	ction	501(c)	1(3

THE LOCAL	Checklist of Required Schedules	

- 4947(a)(1) (other than a private foundation)? If "Yes," complete
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates
- Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,
  - assessments, or similar amounts as defined in Revenue Procedure 98-19?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

- Section 501(c)(3) organizations.
- 4

- 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 6
  - Did the organization receive or hold a conservation easement, including easements to preserve open space,
  - the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
  - 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8
  - Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9
  - 10

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

No Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, No permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

29

No

Nο

Nο

No

Page 4

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

23

24a

24b

24c

24d

25a

25b

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28a

28b

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Yes

Form 990 (2016)

No No

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Nο

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Nο

orm	990 (2016)			Page .
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	against amount of received normalicity ( ) i i i i i i i i i i i i i i i i i i			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	,	•					5 -
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management					
		•				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	14			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	14			
2		L ny officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee?			2		No
3		ne organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3	Yes	
4	Did th	ne organization make any significant changes to its governing documents since the i	orior F	Form 990 was filed?	4	Yes	
5	Did th	ne organization become aware during the year of a significant diversion of the organ	ıızatıo	n's assets?	5		No
6		ne organization have members or stockholders?			6		No
	Dıd th	ne organization have members, stockholders, or other persons who had the power to bers of the governing body?	o elec	t or appoint one or more	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	<b>7</b> b		No
8		ne organization contemporaneously document the meetings held or written actions $\mathfrak q$ . Ilowing	undert	aken during the year by			
а	The go	overning body?			8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who or ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code	∍.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a		No
b	Descri	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13			12a		No
b	-	officers, directors, or trustees, and key employees required to disclose annually int	erests • •	that could give rise to	12b		
С		ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done			12c		
13	Did th	ne organization have a written whistleblower policy?	•		13		No
14	Dıd th	ne organization have a written document retention and destruction policy?			14		No
15		ne process for determining compensation of the following persons include a review a ns, comparability data, and contemporaneous substantiation of the deliberation and					
а	The or	rganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b		No
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or sir le entity during the year?		irrangement with a	16a		No
b	ın join	s," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safegue to the context to such arrangements?	ard the	evaluate its participation e organization's exempt			
	scacus	s with respect to such arrangements?			16b		
		C. Disclosure					
17		ne States with which a copy of this Form 990 is required to be filed					
18	avaıla	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection. Indicate how you made these available. Check all that app	ĺу				
		Own website Lanother's website L		•			
19	Descri policy	ibe in Schedule O whether (and if so, how) the organization made its governing dod , and financial statements available to the public during the tax year	umen	its, conflict of interest			
20	State	the name, address, and telephone number of the person who possesses the organical EFRANCO - TREASURER PO Box 417 The Bronx, NY 10471 (347) 813-1025	zation	's books and records			

(A)

Part VII

(F)

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

(C)

(D)

(E)

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Name and Title	Average hours per week (list any hours for related	(	n (do ne bo	ox, ι n of tor/t	t ch unle: ficer	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Robert S Sıkorskı Esq Vice President & Trustee	0	Х		x				0	0	0
(2) Julius Stein Trustee	0	×						0	0	0
(3) Esteban Taracido Trustee	0	x						0	0	0
(4) Daniel L Hooker President	0			x				0	0	0
(5) Mario E Franco Treasurer	0			×				0	0	0
(6) Robert T Peterson Asst Treasurer	0			x				0	0	0
										Form <b>990</b> (2016)

Form 990 (2016) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (B) (D) (F)

Name and Title	Average hours per week (list any hours	than o	ne bo	ox, ι n of	inles ficer	and a	on	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b Sub-Total		<b>&gt;</b>			

1b Sub-Total	1b Sub-Total										
c Total from continuation sheets to Pa	art VII, Sectio	▶									
d Total (add lines 1b and 1c)		▶		0	C	0					

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule I for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

of reportable compensation from the organization ▶ 0

**Section B. Independent Contractors** 

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

1b Sub-Total	1b Sub-Total											
c Total from continuation sheets to Pa	art VII, Sectio	▶										
d Total (add lines 1h and 1c)				_		▶□		0		0		0

1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)						▶		0		0	0

1b	1b Sub-Total											
c ·	c Total from continuation sheets to Part VII, Section A											
d	Total (add lines 1b and 1c)						▶□		0		0	C
2	Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than	\$10	00,000	_

Yes

3

4

5

(B)

Description of services

No

Νo

No

No

(C)

Compensation

Form 990 (2016)

	Form 990 (2016) Page <b>9</b>									
Part '	VIII Statement of	Revenue								_
	Check if Schedul	e O contains a	respo	nse or note to any						🗹
						( <b>A)</b> revenue	е	(B) lated or xempt unction	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections
								evenue	revende	512-514
S	1a Federated campaigi	ns	1a	0						
ints unt	<b>b</b> Membership dues		1b	4,420						
Gra no	c Fundraising events		1c	0						
s. ( Ar	d Related organizatio	ns I	1d	0						
3ift Iar	e Government grants (co	Ŀ		0						
s, ( imi	e dovernment grants (et	Ļ	1e							
ution ner Si	<b>f</b> All other contributions, and similar amounts no above	ot included	1f	122,749						
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribution in lines 1a-1f \$		0							
ت a	h Total.Add lines 1a-1	.f		<u> ▶</u>		127,169				
ð!	_			Business	Code					
พะม	2a FY 2016 Old Guard Ball				900099		8,610	8,	510	0 0
4	<b>b</b> Christmas/Memorial Day	//Social Days			900099		1,583	1,	583	0 0
3	C Uniforms & Accoutremen	nts			900099		2,177	2,	177	0 0
er s	d		_							
کر	e		_							
ran	<b>f</b> All other program se	rvice revenue					0		0	0 0
Program Service Revenue				_	12,370					
	<b>g Total.</b> Add lines 2a-2f			<u> </u>	_			Т		
	<b>3</b> Investment income (in similar amounts).			nterest, and other	.	8,238	3	8,238	О	0
	4 Income from investme			and proceeds		<u> </u>		0	0	0
	<b>5</b> Royalties		-	ona proceeds	.			0	0	
	5 Royaldes	(ı) Real	•	(II) Personal					-	
	6a Gross rents	(i) icai		(II) I CISOIIai						
			0		0					
	<b>b</b> Less rental expenses		0	-	0					
			_		_					
	<ul> <li>Rental income or (loss)</li> </ul>		0	'	0					
	<b>d</b> Net rental income of	r (loss) .     .				(		0	C	0
		(ı) Securiti	-	(II) Other	1					
	7a Gross amount	(1) 50041101		(11) 0 21101	_					
	from sales of assets other		0		0					
	than inventory									
	<b>b</b> Less cost or									
	other basis and sales expenses		0	1	0					
	C Gain or (loss)		0	-	0					
	<b>d</b> Net gain or (loss) .			<b>&gt;</b>		(		0	O	0
	8a Gross income from fu	undraising eve	nts							
ne	(not including \$	0 0	of							
₽	contributions reporte See Part IV, line 18		a	l 0						
Other Revenue	<b>b</b> Less direct expenses		b	0						
7	c Net income or (loss)		_ [	ents		(			О	0
the	<b>9a</b> Gross income from g				1					
0	See Part IV, line 19									
			а	0						
	<b>b</b> Less direct expenses	s	b	0						
	<b>c</b> Net income or (loss)	from gaming	activiti	es <b>&gt;</b>	_	(		0	0	0
	10aGross sales of invent returns and allowand									
	returns and anowand	.es	a	0						
	<b>b</b> Less cost of goods s	ald	b	0						
	_		L			(	,	0	C	0
	c Net income or (loss) from sales of inventory						1	•		
	Miscellaneous Revenue Busines  11aproperty Insurance Overpayments				8	8,860	,	8,860	0	0
	*** Property Insurance	Overpayments		52429		0,000	1	0,000	· ·	
					1					
	b									
	с		İ							
	d All other revenue .					922	2	922	0	0
	e Total. Add lines 11a							722		<del> </del>
			•			9,78	2			
	12 Total revenue. See	Instructions				157,559	9	30,390	С	0
								· -1		Form <b>990</b> (2016)

and 16

4 Benefits paid to or for members

key employees . .

section 4958(c)(3)(B) . 7 Other salaries and wages

**9** Other employee benefits . . .

**10** Payroll taxes . . . . . . **11** Fees for services (non-employees)

a Management . . . . **b** Legal . . . . . .

c Accounting .

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Form 990 (2016)

Statement of Functional Expenses

5 Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

**b** FUNERAL WREATHS & DECORATIONS DECEASED

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . . .

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

f Investment management fees . . .

**12** Advertising and promotion . . .

13 Office expenses . . .

14 Information technology .

**20** Interest . . . .

expenses on Schedule O ) a FUEL OIL & UTILITIES

c UNIFORMS & ACCOUTREMENTS

d FY 2016 OLD GUARD BALL

e All other expenses

23 Insurance . .

**MEMBERS** 

15 Royalties .

16 Occupancy .

**17** Travel .

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
Check if Schedule O contains a response or note to any	/ line in this Part IX			🗹					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpense					
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0							
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	0	0							
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15	0	0							

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18,256

8.892

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31,116

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506

960

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18,256

8.892

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77,242 109,048

192

3,000

		Beginning of year		End of year
1	Cash-non-interest-bearing	11,790	1	44,185
2	Savings and temporary cash investments	12,468	2	8,238
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
l				

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . . . . Inventories for sale or use . 8 9 Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 603.277 11 Investments—publicly traded securities . 11 641.743 12 12 Investments—other securities See Part IV, line 11 .

13 13 Investments—program-related See Part IV, line 11 14 Intangible assets . . . . . 14 15 15 Other assets See Part IV, line 11 . 627.535 694,166 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16

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22 23

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29

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31

32

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694,166

694,166

694.166

Form **990** (2016)

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0

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627.535

627,535

627.535

0

17

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23

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28

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > 🗹 and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			157,559
2	Total expenses (must equal Part IX, column (A), line 25)	2			140,164
3	Revenue less expenses Subtract line 2 from line 1	3			17,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			627,535
5	Net unrealized gains (losses) on investments	5			49,236
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			694,166
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2016)

## **Additional Data**

**Software ID:** 16000425

**Software Version:** v1.00

**EIN:** 13-1673348

Name: Old Guard of the City of New York

Form 990 (2016)

Form 990 (2016)

Form 990, Part III, Line 4a:

Fiscal Year 2016 Old Guard Ball Revenues & Expenses (1) Final Revenues for 2015 Ball \$1,445 00, Final Expenses for 2015 Ball \$3,466 00 (2) Revenues for January 2016 Ball \$7,165 00, Expenses for January 2016 Ball \$15,571 00

Form 990, Part III, Line 4b: Christmas/Memorial Day/Social events and similar holidays for promoting patriotism and support of the Armed Forces Income revenues from said activities are used to

defray expenses incurred

Form 990, Part III, Line 4c: UNIFORMS & ACCOUTREMENTS

efile GRAPH	IIC print	- DO NOT PROCESS   As Filed Data -	DLN	l: 93493275002337				
SCHEDUL	ΕΛ	Supplemental Information to Form 99	90 or 990-E7	OMB No 1545-0047				
(Form 990 or EZ) Department of the T	r 990- Treasury	Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional i ▶ Attach to Form 990 or 990-EZ.	ovide information for responses to specific questions on or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ. It Schedule O (Form 990 or 990-EZ) and its instructions is at					
Internal Revenue Se Name of the org Old Guard of the C		ork	<b>Employer iden</b> 13-1673348	tification number				
990 Schedul  Return  Reference	le O, Sup	plemental Information  Explanation						
Form 990, Part VI, Section A, Line 3		nization hired an Executive Director (Management Company) in Febru FY March 2017, for an annual salary of \$75,000	ary 2017 to take					

Return Explanation
Reference

Line 4

Form 990, Part VI, Section A.

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. No review was or will be conducted Part VI, Section B.

Line 11b

Return Reference Explanation

Form 990, Documents are available to the public upon request

Part VI, Section C, Line 19

Return Explanation

Form 990, Part VIII, Line 1) Gift from Norman Rothfeld (deceased) Estate IRA Trust Fund \$122,529 00 2) Misc donations \$220 00

Return Explanation
Reference

24e

Form 990, Part IX, Line 1 Armory (Building Maintenance) \$77,242 00, 2 Memorial Day\Social Events \$3,068