CHANGE OF ACCOUNTING PERIOD

· 990

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

2016 Open to Public Inspection

	A F	or the	2016 calendar year, or tax year beginning $JAN~1~,~2017$ and endin	g JUN 30,	2017	
	Bca	heck if	C Name of organization	D Employ	er identificat	tion number
		Address	ST. PATRICKS DAY FOUNDATION NYC	ļ		
		Name change	Doing business as		46-134	13945
		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room.	/suite E Telepho		
		Final return/	P.O. BOX 1058			73-4000
	ree	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross rece		423,812.
	Ä	Amende return Applica	LARCHMONT, NY 10538		a group retu	rn Yes X No
	_	tion pending	F Name and address of principal officer. III DANT DELICAL		bordinates? ubordinates inclui	
		^ay.eyeı	mpt status: X 501(c)(3)			t. (see instructions)
			NYCSTPATRICKSDAYFOUNDATION.ORG		exemption r	
				Year of formation:	2012 м s	State of legal domicile; NY
	Pa		Summary			
	ė	1 5	Briefly describe the organization's mission or most significant activities. TO SUPPO	ORT AND BI	CORRO	THE ST.
	anc	_	PATRICK'S DAY PARADE, INC., A NEW YORK NOT-F			
	Activities & Governance		lumber of voting members of the governing body (Part VI, line 1a)		3	34
ලා	G		lumber of independent voting members of the governing body (Part VI, line 1b)	$\langle M \rangle$	4	34
9 2019	S &		otal number of individuals employed in calendar year 2016 (Part V, line 2a)	λ 1	5	0
හ	vitie	6 T	otal number of volunteers (estimate if necessary)	-16	6	34
0	Acti		otal unrelated business revenue from Part VIII, column (C), line 12	\checkmark	7a	0.
SEP	_	ь	let unrelated business taxable income from Form 990-T, line 34	7 2:	7b	0.
S		8 0	Contributions and grants (Part VIII, line 1h)	Prior Ye	,555.	Current Year 306,550.
	Jue		Program service revenue (Part VIII, line 2g)	1,2	0.	0.
翼	Revenue		envestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
SCANNED	Ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,293.	-14,643.
S			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,262.	291,907.
Ś		13 0	Grants and similar amounts part (Part X, rolumn (A), I nes 1-3)	179	,425.	22,725.
			Benefits paid to or for members (Part IX column (A), Jine 4)		0.	0.
	ses	15 S	salaries, other compensation, employee benefits (Par X, column (A), lines 5-10) Professional fundrals (Res Part 12, 2014) (A), lines 1e)	-	0.	0.
	Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25			
	Ĕ	17 C	Other expenses (Part IX, column (A), mes 11a Td, 11f-24e)		,554.	25,866.
		18 T	otal expenses. Add Ines 13:17 (must equal Part IX, column (A), line 25)		,979.	48,591.
		19 F	levenue less expenses. Subtract line 18 from line 12	- T	,717.	243,316.
	Assets or Balances	T	Catal assets (Dart V. bus. 10)	Beginning of Cur	, 357.	End of Year 361,414.
	Asse Bala	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	155	0.	7,500.
	Net/		let assets or fund balances. Subtract line 21 from line 20	155	,357.	353,914.
	Pa	rt II	Signature Block			
	Unde	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and si	tatements, and to the	best of my kn	owledge and belief, it is
	true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowl	edge.	10
	C		Signature of officer	Dat	\<\/	- [0
	Sigr Here		HILARY BEIRNE, CHAIRMAN	F 011 0	' ([
	HEIV		Type or print name and title	- SOUCHO		
			Print/Type preparer's name CPA		Check] PTIN
	Paid	<u> </u>	SARRETT M. HIGGINS Dant Mo	Cholson	setf-employed	P00543209
	Prep		Firm's name PKF O'CONNOR DAVIES, LLP	Firn	n's EIN	27-1728945
	Use	Unly	Firm's address 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905			-323-2400
	— May	the IR	S discuss this return with the preparer shown above? (see instructions)] Pho	nie iiu. 2 U 3 -	X Yes No

om	990'(2016) ST. PATRICKS DAY FOUNDATION NYC	<u>46-1343945</u>	Page 2
	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
•	TO SUPPORT AND BENEFIT THE ST. PATRICK'S DAY PARADE, INC.	. A NEW YOR	K
	NOT-FOR-PROFIT CORPORATION, AND THE ACTIVITIES AND OPERAT		
	ON OR SUPPORTED BY THE PARADE CORPORATION TO HONOR THE IN		
	AND CULTURE OF NEW YORK CITY.	CIDII IIDICI IIIO.	
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	L res	77 140
_	If "Yes," describe these new services on Schedule O.	Yes	▼
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	™ NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, ar	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$)
	SUPPORT FOR THE ST. PATRICK'S DAY PARADE, INC., A NEW YOR		
	NOT-FOR-PROFIT CORPORATION, AND THE ACTIVITIES AND OPERAT	FIONS CARRIE	<u> </u>
	ON OR SUPPORTED BY THE PARADE CORPORATION.		
			
			
			
4b	(Code) (Expenses \$) (Revenue	ıe \$)
			
		<u> </u>	
		_	
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ıe\$)
			
			
<u> </u>	Other and the Control of Control		
4d			
4 -	(Expenses \$ Including grants of \$) (Revenue \$ Total program service expenses ▶ 37,737.)	
<u>4e</u>	Total program service expenses ► 31, 131.	C 0	90 (2016)
		rom s	~~ (ZU IO)

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.
	public office? If "Yes," complete Schedule C, Part I	_ 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? - If "Yes," complete	•		
•	Schedule D, Part III	8		х
9	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 services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	-		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		'	.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate of consolidated infancial statements for the tax year monded a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
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 valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			w
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G. Part III	19		x
	COUNTY CO		990	(2016)

Form 990 (2016) ST. PATRICKS DAY FOR PARTITY Checklist of Required Schedules (continued)

			100	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u> </u>
26	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? If "Yes,"			x
~-	complete Schedule L, Part II	_26		
27	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	27		Х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\overline{\mathbf{x}}$
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes." complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Ţ	
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ا میر ا		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0.0		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 -		
J J	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Tester Fill 1 5.111 555 Hold die Togelieu to Complete Concedito C			(2016)
			- 1	··-/

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter

a 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.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b 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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

l la		ı	
11b			
10417	•	12a	
12b			
		13a	

13b		
13c		
	14a	X

Form **990** (2016)

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Form 990 (2016) ST. PATRICKS DAY FOUNDATION NYC 46-1343945 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion 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 34						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		<u> X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_	X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		<u> </u>			
6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		.,				
	more members of the governing body?	7a	Х				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l	٠,				
	persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>	Х				
a	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х			
Sac	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	1 9		Λ			
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No			
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		لــــا			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u> </u>		X			
	taxable entity during the year?	16a		╼¬			
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b					
Sec	exempt status with respect to such arrangements? tion C. Disclosure	נוטט					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable					
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	SCOTT PRESTOPINO - 718-231-4400						
	P.O. BOX 1058, LARCHMONT, NY 10538						

Part VII 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 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, and 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.

(A)	(B)			_ (C	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson ı	s both	an	compensation	compensation	amount of
	week	-	l an	lu a u	l ecic	i/ii us		from	from related	other
	(list any hours for	director			ŀ			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Ιä	tee		ŀ	sated		(W-2/1099-MISC)	(***271033*****100)	organization
	organizations	trustee	Institutional trustee		yee	Highest compensated employee		(** 2. 100000)		and related
	below	Individual	ution	Ef.	Key emptoyee	est co oyee	<u>=</u>			organizations
	line)	Indiv	Instil	Officer	Key 6	Hgh ld ld	Former			
(1) HILARY BEIRNE	1.00									
CHAIRMAN	20.00	X		X				0.	0.	0.
(2) SEAN LANE	1.00									
VICE-CHAIRMAN		X		X				0.	0.	0.
(3) JAMES TYNION	1.00									
TREASURER		X		X				0.	0.	0.
(4) TONY DALTON	1.00									
SECRETARY		X		X				0.	0.	0.
(5) JOE CASSIN	1.00									
DIRECTOR		X						0.	0.	0.
(6) FRANK COMERFORD	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(7) CARDINAL TIMOTHY DOLAN	1.00									_
DIRECTOR		X			_	_		0.	0.	0.
(8) MICHAEL DOWLING	1.00	1							_	_
DIRECTOR		X						0.	0.	0.
(9) KEVIN DWYER	1.00									
DIRECTOR		X						0.	0.	0.
(10) BRENDAN FARRELL	1.00									
DIRECTOR		X						0.	0.	0 .
(11) GERRY FLYNN	1.00									
DIRECTOR		X			L_	_		0.	0.	0
(12) SEAN FLYNN	1.00									
DIRECTOR		X	$ldsymbol{ld}}}}}}$		_			0.	0.	0.
(13) LIAM HARNEY	1.00									
DIRECTOR		X			L.			0.	0.	0.
(14) CHRISTOPHER HYLAND	1.00									
DIRECTOR		X	$ldsymbol{f eta}$		L	<u> </u>		0.	0.	0.
(15) DENIS KELLEHER	1.00	1							_	_
DIRECTOR	1.00	X		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	<u> </u>		0.	0.	0,
(16) SEAN KELLEHER	1.00	1							_	
DIRECTOR		X	<u> </u>	L_	L_			0.	0.	0.
(17) DR. JOHN LAHEY	1.00	1						į	_	
DIRECTOR	5.00	X			L			0.	0.	0.

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Form 990 (2016)

(A) Name and title	Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					than o		(D) Reportable compensation	(E) Reportable compensation	1	(F) Stimate mount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer a p		Highest compensated ST		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or aı	other mpensa from th ganizat nd relat ganizat	ation ne tion ted
(18) DAN MALONEY	1.00											
DIRECTOR		X						0.	0 .	·		0.
(19) SEAN MCCOOEY	1.00											•
DIRECTOR		Х				_	_	0.	0.	1		<u>0.</u>
(20) DR. THOMAS MCGINN	1.00								•			^
DIRECTOR	1 00	X	Ш				┡	0.	0.	<u> </u>		0.
(21) PATRICK MCGOWAN	1.00	٠,					•	1	0			^
DIRECTOR	1 00	X					├	0.	0.	-	_	0.
(22) THOMAS A. MCSHANE	1.00	,,							0			Λ
DIRECTOR	1 00	X				_	<u> </u>	0.	0.	'		0.
(23) DR. JOSEPH MULVEHILL	1.00	,,							0			^
DIRECTOR	1 00	X				_	<u> </u>	0.	0 .	+		0.
(24) FRANK X. O'CONNOR	1.00								0			^
DIRECTOR	1 00	X	Ш			-	 	0.	0 .	-		0.
(25) ROD O'CONNOR	1.00								•			^
DIRECTOR	1 00	X				_	_	0.	<u> </u>	+		0.
(26) WILLIAM O'CONNOR	1.00								0			^
DIRECTOR		X					<u> </u>	0.	0.			0.
1b Sub-total								0.				0.
c Total from continuation sheets to Part VI	l, Section A							0.	0.0			0.
d Total (add lines 1b and 1c)							<u> </u>	1	··	·]		
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wn	o re	ceived more than \$100,0	JUU of reportable			0
compensation from the organization											Yes	No
2 Did the examination list any former officer	director or tri	otoc	ماده		مام	v00	or b	numbert componented on	nalovoo on		1.00	
3 Did the organization list any former officer,		Stet	, Ke	y en	ibio	уее,	OI I	nignest compensated en	ipioyee on	3	 	Т
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su					tion	and	oth	or componentian from th	o organization	1	 	
, ,									ie Organization	4	+	х
and related organizations greater than \$150									ual for convices	—	 	
5 Did any person listed on line 1a receive or a	•				•		iale	organization or individ	ual for services	5	1	X
rendered to the organization? If "Yes." com Section B. Independent Contractors	piete Schedule	2.110	or su	cn r	ers	on				1 3		
Complete this table for your five highest con	mnensated ind	909	nder	nt co	ntrs	ector	e th	nat received more than \$	100 000 of compens	ation f	rom	
the organization. Report compensation for t	•	-								a	0111	
(A)	ine calendar ye	.a, c	110111	9 ***		/1 VVI	Ϊ	(B)	, , , , , , , , , , , , , , , , , , ,		(C)	
Name and business	address	NC	NE	:				Description of se	ervices		ensatio	'n
							┪					
									·			
							\dashv					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	hos	e lis	ted	above) who received mo	re than			
\$100,000 of compensation from the organiz	•				0)						
SEE PART VII, SECTION		IN	UA'	ΓI	ON	S	ΗE	ETS		Form	, 990 (2016)

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Form 990' ST. PATR	ICKS DAY	<u> </u>	<u>'OU</u>	עעו	A'I'	<u>, TO</u>	<u>N</u>	NYC	46-134	<u> </u>
Part VII Section A. Officers, Directors, Tr									ees (continued)	
(A)	(B)	ľ			C)			(D)	(E)	(F)
Name and title	Average			Pos		,		Reportable	Reportable	Estimated
Name and title	hours	6		call t			lv۱	compensation	compensation	amount of
	per	۳	T	1	I	T T	' <u>','</u>	from	from related	other
	week					8		the	organizations	compensation
	(list any	į				흕		organization	(W-2/1099-MISC)	from the
	hours for) #	1			g e		(W-2/1099-MISC)	,	organization
	related	ē	stee			asa				and related
	organizations	Individual trustee or director	Institutional trustee	Π	Key employee	Highest compensated employee				organizations
	below	l ag	를	🙀	E	isi	Former			
	line)	Ē	lust	Officer	Key	臺	ᅙ			
(27) BRIAN O'DWYER	1.00									
DIRECTOR		X						0.	0.	0.
(28) TOM O'NEILL	1.00	-		П					- <u></u>	
DIRECTOR		x						0.	0.	0
(29) PAUL O'REILLY-HYLAND	1.00	1		Н		\vdash	├─	<u> </u>	•	
	1.00	x						0.	0.	0.
DIRECTOR (30) BERNARD E. REIDY	1 00	┝		\vdash	-	\vdash	\vdash	0.	<u> </u>	
	1.00	 					1		_	_
DIRECTOR	1 00	X	-	Ш			ļ	0.	0.	0
(31) TIM ROONEY, JR.	1.00	l					ľ	_		_
DIRECTOR	1.00	X	<u> </u>			L	_	0.	0.	0
(32) BRIAN RUANE	1.00]								
DIRECTOR		X	<u> </u>					0.	0.	0
(33) ROBERT SAVAGE	1.00									
DIRECTOR		1 x					1	0.	0.	0 .
(34) ALFRED E. SMITH IV	1.00									
DIRECTOR		x					ŀ	0.	0.	0.
	 	 	\vdash	H						
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_		1					L			
Total to Part VII, Section A, line 1c										
TOTAL TO FAIT VII, OCCUDITA, IIIIC TO						• •		1		

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues 306,250. c Fundraising events 1¢ d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 300. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 306,550. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ _____ 306,250 . of contributions reported on line 1c). See a117,250Part IV, line 18 Other ь131,905 b Less: direct expenses -14,655. -14,655. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a REIMBURSEMENTS 900099 12. 12. d All other revenue e Total. Add lines 11a-11d

291,907.

Total revenue See instructions.

0

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепаса	general expenses	одролосо
ı	and domestic governments. See Part IV, line 21	12,725.	12,725.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	10,000.	10,000.		
3	Grants and other assistance to foreign		,		
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified		-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				_
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	-	-		
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				<u> </u>
13	Office expenses	6,434.		6,434.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	,		.=.	
19	Conferences, conventions, and meetings			<u></u>	
20	Interest				
21	Payments to affiliates				- · · · - · ·
22	Depreciation, depletion, and amortization	2 400		2 400	
23	Insurance	3,420.		3,420.	 -
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 expenses on Schedule O.)				
а	BAD DEBT EXPENSE	15,012.	15,012.		
b	OTHER EVENT EXPENSES	1,000.			1,000.
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,591.	37,737.	9,854.	1,000.
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)				

361,414. Form 990 (2016)

353,914.

31

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

Retained earnings, endowment, accumulated income, or other funds

155,357.

155,357.

31

32

33

34

Form 990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

'(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.

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

OMB No. 1545-0047 16

Open to Public Inspection

Name of the organization

PATRICKS DAY FOUNDATION NYC

Employer identification number

46-1343945 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (v) Amount of monetary (vi) Amount of other (iii) Type of organization in your governing document? (described on lines 1.10 organization support (see instructions) support (see instructions) above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction A. Public Support			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					:	
	membership fees received. (Do not						
	include any "unusual grants.")	124,638.	85,113.	177,425.	172,555.	306,550.	866,281.
2	Tax revenues levied for the organ-						
	ization'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					006 550	255 224
	Total. Add lines 1 through 3	124,638.	85,113.	177,425.	172,555.	306,550.	866,281.
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)						77,811.
	Public support. Subtract line 5 from line 4						788,470.
	ction B. Total Support	1 .					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	124,638.	85,113.	177,425.	172,555.	306,550.	866,281.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		8,595.				8,595.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				189.	12.	201.
11	Total support. Add lines 7 through 10				<u> </u>		875,077.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	950.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	. (==)
Sec	organization, check this box and storetion C. Computation of Publi	c Support Per	centage			 	►X
	Public support percentage for 2016 (I	-		olumn (f))		14	%
	Public support percentage from 2015			("		15	%
	33 1/3% support test - 2016. If the			n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies					•	
b	33 1/3% support test - 2015. If the o		-		line 15 is 33 1/3%	or more, check th	is box
_	and stop here. The organization qual	_				·	ightharpoons
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b. a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						▶
h	10% -facts-and-circumstances test	-	•	*	-	7a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				•		• ■ □
18	Private foundation. If the organization		•	·			
		s.a r.a. ariaan a l	22			dule A (Form 990	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Guality under the tests listed bel	ow, picase com	Dicto i Git ii j	<u></u>	_		·
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
-					 	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				 	 	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			ļ		 	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			1			
b Amounts included on lines 2 and 3 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						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income				1		į
(less section 511 taxes) from businesses						Į.
acquired after June 30, 1975						
c Add lines 10a and 10b	W					
I1 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						 -
or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12)		I	1.6. 11. 661. 1	<u> </u>	594()(9)	
4 First five years. If the Form 990 is for t	he organization	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiza	ition,
check this box and stop here Section C. Computation of Public	Support Bo	roontogo				<u></u>
			-1 (0)		Tael	
Public support percentage for 2016 (lin			olumn (t))		15	9
6 Public support percentage from 2015 Section D. Computation of Investi					16	9
			10 (C)		147	
17 Investment income percentage for 201	•	•	ne 13, column (f))		17	9
8 Investment income percentage from 20			and the state of t	45	18	9
19a 33 1/3% support tests - 2016. If the o						is not
more than 33 1/3%, check this box and		-				▶∟₋
b 33 1/3% support tests - 2015. If the o	-					nd
line 18 is not more than 33 1/3%, check	this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	▶ <u></u>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	. ▶

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	l Supporting O	rganizations	 	

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below*
- **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.
- 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
- 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ)
- **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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) 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
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
		ŀ
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
990 or 99	0-E7	2016

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.urs.gov/torm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ST. PATRICKS DAY FOUNDATION NYC

Employer identification number 46-1343945

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	• [
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherand	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	jain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		. • \$

Schedule D (Form 990) 2016

Sche		RICKS DAY								Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Oth	er S	imila	r Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the f	ollowing that are a	signif	icant u	ise of its c	ollection i	tems
	(check all that apply):									
а	Public exhibition	(ı 🔲 ı	Loan or exc	hange programs					
b	Scholarly research	•	• 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ie organization's ex	empt	purpo	se ın Part	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or other simi	iar as:	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ızatıon's col	llection?				Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered "Yes"	on Fo	rm 990), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontributions	s or other assets no	ot incl	uded		_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able [.]				· -		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
	Did the organization include an amount on Fo								Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo						
		(a) Current year	(b) P	rıor year	(c) Two years back	(d)	Three	years back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions							_		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships					+				
е	Other expenditures for facilities									
	and programs					<u> </u>				
f	Administrative expenses					-				
g	End of year balance		<u> </u>		<u> </u>			_		
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as.					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should be should									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held an	nd administered for	the o	rganız	ation	Г.	
	by:									Yes No
	(i) unrelated organizations								3a(i)	+-
	(ii) related organizations			50					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment to	unds				_		
Fai			0 0-4 11	bas 11s C	Come 000 Dont	V 1	. 10			
	Complete if the organization answered								(d) Deels	
	Description of property	(a) Cost or o					imulate ciation		(d) Book	value
	1 and	Dasis (IIIVESII	nent)	Dasis	(Girler)	achie	Jacion			
	Land									
	Buildings									
	Leasehold improvements									
	Equipment	 			+			+		
	Other		l	(5) ::						0.
<u>lotal</u>	. Add lines 1a through 1e. (Column (d) must e	auai Form 990. Part	x. colum	n (B). line 10	uc.J					<u> </u>

ST.	PATRICKS	DAY	FOUNDATION	NYC

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market	value
Financial derivatives				•
Closely-held equity interests	· · · · · · · · · · · · · · · · · · ·			
Other				
				
(A)			·	-
(8)		··		
(C)				
(D)		 		
(E)				_
(F)				
G)				
(H)				
I (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			· · · · · · · · · · · · · · · · · · ·	
art VIII Investments - Program Related.	<u></u>			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11c. See Form 990, P	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	luation. Cost or end-of-year market	valu
(1)	•••			
2)			-	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, P	art X, line 15.	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, P	art X, line 15.	value
(a) D		11d. See Form 990, P		value
(a) D		11d. See Form 990, P		value
(a) D (1) (2)		11d. See Form 990, P		value
(a) D (1) (2) (3)		11d. See Form 990, P		value
(a) D (1) (2) (3)		11d. See Form 990, P		value
(a) D (1) (2)		11d. See Form 990, P		value
(a) D (1) (2) (3) (4)		11d. See Form 990, P		value
(a) D (1) (2) (3) (4) (5)		11d. See Form 990, P		value
(a) D (1) (2) (3) (4) (5)		11d. See Form 990, P		value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, P		value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	11d. See Form 990, P		value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line	escription	11d. See Form 990, P		value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	rescription		(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	nescription 15.) n Form 990, Part IV, line		(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990. Part X. col. (B) line. Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	nescription 15.) n Form 990, Part IV, line	11e or 11f. See Form	(b) Book	value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 ST. PATRICKS DAY FOUNDATION NYC	46-1343945 Page 5
Part XIII Supplemental Information (continued)	
INTERCOMPANY ELIMINATION	100,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY	936,417.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INTERCOMPANY ELIMINATION	100,000.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

'(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 16

Open to Public Inspection

Name of the organization

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

Employer identification number

ST. PAT	RICKS DAY FOUNDATION	<u>и ис</u>	IYC_		46-1343	945
Fundraising Activities. required to complete this part	Complete if the organization answert.	red "Ye	es" on	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual (art VII) or entity in connection with pr	tion of the cion o	non-governosing ender the second seco	overnment grants nment grants events ficers, directors, trus indraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	Did user stody rol of tions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal 3 List all states in which the organizatio or licensing	n is registered or licensed to solicit c	ontribu	tions	or has been notified	ıt ıs exempt from re	gistration
						
					····	
· - -					· · · · · · · · · · · · · · · · · · ·	_

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

Schedule G (Form 990 or 990 EZ) 2016 ST. PATRICKS DAY FOUNDATION NYC 46-1343945 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col. (a) through ANNUAL GALA col. (c)) (total number) (event type) (event type) 423,500. 423,500. 1 Gross receipts 306,250. 306,250 2 Less Contributions 117,250. Gross income (line 1 minus line 2) 117,250. 4 Cash prizes <u>3,45</u>1. 3,451. 5 Noncash prizes Direct Expense 125,163. 125,163. Rent/facility costs 7 Food and beverages 500. 500. 8 Entertainment 2,791 791. Other direct expenses 131.905 10 Direct expense summary. Add lines 4 through 9 in column (d) -14,655 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses % Yes 6 Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities. a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Sch	nedule G (Form 990 or 990-EZ) 2016 ST. PATRICKS DAY FOUNDATION NYC 46-	<u> 1343945</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	<u>%</u>
	b An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	c If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
46			
16			
	Name		
	Gaming manager compensation > \$		
	Description of services provided		·-
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
			
			

Schedule G	i (Form 990 or 990-EZ)	ST.	PATRICKS	DAY	FOUNDATION	NYC	46-1343945	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inform	mation	(continued)					
								
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection

Information about Schedule I (Form 990) and its instructions is at www.us.gov/form990.

Schedule I (Form 990) (2016) ² **Employer identification number** 46-1343945 (h) Purpose of grant or assistance DINNER SPONSORSHIP X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 7,500 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table PATRICKS DAY FOUNDATION NYC (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 13-1809283 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 136 EAST 39TH STREET, 4TH FLOOR or government NEW YORK BOARD OF RABBIS Name of the organization NEW YORK, NY 10016 Part I Part II

ST. PATRICKS DAY FOUNDATION NYC Schedule I (Form 990) (2016)

Page 2

46-1343945

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

rait III cari de dupilcateu II additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP AWARDS	9	10,000.	.0		
			i		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	juired in Part I, line	e 2, Part III, column	(b), and any other ac	Iditional information.	
PART I, LINE 2:					
IN 2017, THE FOUNDATION HELD TWO SCHOLARSHIP CONTESTS:	CHOLARSHI	P CONTESTS	ONE	FOR HIGH SCHOOL	
STUDENTS AND ONE FOR COLLEGE STUDENTS.	NTS.				

FOR THE FRANCIS P. BEIRNE COLLEGE SCHOLARSHIP CONTEST:

COLLEGE CONTEST APPLICANTS MUST BE CURRENTLY ATTENDING AS AN UNDERGRADUATE

SCHOOL OF OR GRADUATE STUDENT IN AN ACCREDITED COLLEGE OR UNIVERSITY, NURSING, MEDICAL SCHOOL, BUSINESS SCHOOL OR LAW SCHOOL; AND THE APPLICANT'S

632102 11-01-16

COLLEGE, UNIVERSITY OR SCHOOL, IF AFFILIATED WITH THE PARADE, MUST HAVE

PAID ITS 2017 AFFILIATION FEE OR THE APPLICANT MUST BE A FAMILY MEMBER OF

ANY PERSON BELONGING TO AN ORGANIZATION WHICH HAS PAID ITS 2017 AFFILIATION

FEE TO THE NYC ST. PATRICK'S DAY PARADE. (FAMILY MEMBERS MAY INCLUDE SON,

DAUGHTER, SPOUSE, BROTHER, SISTER, NIECE, NEPHEW, GRANDCHILD, GRANDNIECE,

GRANDNEPHEW AND GREAT GRANDCHILD.)

FOR THE MARGARET O'ROURKE HIGH SCHOOL SCHOLARSHIP CONTEST:

HIGH SCHOOL CONTEST APPLICANTS MUST BE CURRENTLY ATTENDING HIGH SCHOOL; AND
THE APPLICANT'S HIGH SCHOOL, IF AFFILIATED WITH THE PARADE, MUST HAVE PAID
ITS 2017 AFFILIATION FEE OR THE APPLICANT MUST BE A FAMILY MEMBER OF ANY
PERSON BELONGING TO AN ORGANIZATION WHICH HAS PAID ITS 2017 AFFILIATION FEE
TO THE NYC ST. PATRICK'S DAY PARADE. (FAMILY MEMBERS MAY INCLUDE SON,
DAUGHTER, SPOUSE, BROTHER, SISTER, NIECE, NEPHEW, GRANDCHILD, GRANDNIECE,
GRANDNEPHEW, AND GREAT GRANDCHILD.)

APPLICANTS OF BOTH CONTESTS ARE REQUIRED TO SUBMIT A RESEARCH PAPER. A

NUMBER OF RATERS, WHO WILL NOT BE PROVIDED WITH ANY IDENTIFYING INFORMATION

REGARDING THE NAMES OF THE APPLICANTS OR THEIR AFFILIATIONS, WILL

INDEPENDENTLY SCORE EACH PAPER, BASED UPON AN AGREED SET OF STANDARDS

ESTABLISHED BY SAID RATERS. THE RESEARCH PAPER WILL BE SCORED ON THE

FOLLOWING CRITERIA: QUALITY OF INSIGHT/CENTRAL IDEA; STRENGTH OF SUPPORTING

INFORMATION; ADHERENCE TO TOPIC AND REQUIREMENTS; COHESIVENESS; CONSISTENCY

OF POINT OF VIEW; GRAMMAR/LANGUAGE; SOURCES/DOCUMENTATION.

Schedule I (Form 990)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ST. PATRICKS DAY FOUNDATION NYC

Employer identification number 46-1343945

FORM 990, PART VI, SECTION A, LINE 2:
GERRY FLYNN AND SEAN FLYNN HAVE A FAMILY RELATIONSHIP. DENIS KELLEHER AND
SEAN KELLEHER HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 4:
THE FOUNDATION CHANGED ITS FISCAL YEAR END FROM DECEMBER 31 TO JUNE 30.
FORM 990, PART VI, SECTION A, LINE 6:
ST. PATRICK'S DAY PARADE, INC., THE PARADE CORPORATION, IS THE SOLE INITIAL
MEMBER OF THE CORPORATION. NO OTHER MEMBERS MAY BE ADMITTED TO THE
CORPORATION, AND THE PARADE CORPORATION SHALL NOT CEASE TO BE A MEMBER OF
THE CORPORATION, EXCEPT UPON THE WRITTEN AUTHORIZATION OF THE PARADE
CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A:
IN ACCORDANCE WITH SECTION 2.2 OF THE BYLAWS, THE MEMBER OF THE CORPORATION
SHALL HAVE THE RIGHT TO ELECT THE AT-LARGE DIRECTORS OF THE CORPORATION AT
THE ANNUAL MEETING OF THE MEMBERS. EACH MEMBER SHALL BE ENTITLED TO ONE (1)
VOTE ON EACH MATTER SUBMITTED TO A VOTE AT ANY MEETING OF MEMBERS, EXCEPT
AS OTHERWISE PROVIDED BY STATUTE, THE CERTIFICATE OF INCORPORATION, OR THE
BYLAWS. A MEMBER MAY VOTE IN PERSON OR BY WRITTEN PROXY.
FORM 990, PART VI, SECTION A, LINE 7B:
THE BYLAWS MAY BE AMENDED OR REPEALED, OR NEW BYLAWS MAY BE ADOPTED, ONLY
BY THE MEMBER OF THE CORPORATION.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

ST. PATRICKS DAY FOUNDATION NYC

Employer identification number 46-1343945

FORM 990, PART VI, SECTION B, LINE 11B:

ST. PATRICK'S DAY FOUNDATION NYC HAS ITS FORM 990 PREPARED BY AN OUTSIDE

ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE

THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990

HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE

INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR

APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE

INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

INTERESTED PARTY TRANSACTIONS: NO DIRECTOR OR OFFICER OF THE ORGANIZATION SHALL HAVE ANY CONFLICTING INTEREST IN ANY TRANSACTION TO WHICH THE ST. PATRICK'S DAY FOUNDATION, NYC IS A PARTY, AND ST. PATRICK'S DAY FOUNDATION, NYC SHALL NOT APPROVE ANY TRANSACTION IN WHICH ANY DIRECTOR OR OFFICER HAS A CONFLICTING INTEREST, UNLESS THE BOARD (I) HAS BEEN MADE AWARE OF (A) THE EXISTENCE AND NATURE OF THE CONFLICTING INTEREST AND (B) ALL FACTS KNOWN TO SUCH CONFLICTED DIRECTOR OR OFFICER RESPECTING THE SUBJECT MATTER OF THE TRANSACTION THAT AN ORDINARILY PRUDENT PERSON WOULD REASONABLY BELIEVE TO BE MATERIAL TO A JUDGMENT ABOUT WHETHER OR NOT TO PROCEED WITH THE TRANSACTION AND (II) HAS APPROVED THE TRANSACTION BY A MAJORITY VOTE, EXCLUDING THE VOTE OF ANY DIRECTOR HAVING A CONFLICTING INTEREST AND OF ANY DIRECTOR WHO HAS A FAMILIAL, FINANCIAL, PROFESSIONAL OR EMPLOYMENT RELATIONSHIP WITH ANY DIRECTOR OR OFFICER WHO HAS A CONFLICTING INTEREST RESPECTING THE TRANSACTION. THE MINUTES OF THE MEETING SHALL REFLECT COMPLIANCE WITH THE FOREGOING PROVISIONS. DIRECTORS AND OFFICERS SHALL AVOID ANY CONFLICTING INTERESTS BETWEEN THEMSELVES, ON THE ONE HAND, AND ST. PATRICK'S DAY FOUNDATION, NYC. ON THE OTHER. ANY SITUATION THAT INVOLVES, OR MAY REASONABLY BE INFERRED TO INVOLVE, A CONFLICTING INTERESTS

Name of the organization ST. PATRICKS DAY FOUNDATION NYC

Employer identification number 46-1343945

WITH RESPECT ST. PATRICK'S DAY FOUNDATION, NYC SHALL BE PROMPTLY DISCLOSED

TO THE PRESIDENT AND THE BOARD ON AN AD HOC BASIS AS THE SITUATION ARISES.

FOR PURPOSES HEREOF, A "CONFLICTING INTEREST" WITH RESPECT TO A TRANSACTION

TO WHICH ST. PATRICK'S DAY FOUNDATION, NYC IS A PARTY SHALL MEAN THAT A

DIRECTOR OR OFFICER IS A PARTY TO THE TRANSACTION OR HAS A BENEFICIAL

FINANCIAL INTEREST IN OR CLOSELY LINKED TO THE TRANSACTION.

ALL DIRECTORS AND OFFICERS, AS WELL AS ANY OTHER STAFF PERSON REQUESTED TO

DO SO BY THE PRESIDENT, SHALL HAVE AN OBLIGATION TO DISCLOSE TO THE BOARD

OF DIRECTORS ANY TRANSACTION, POTENTIAL TRANSACTION OR CIRCUMSTANCE IN

WHICH SUCH PERSON HAS OR COULD HAVE A CONFLICTING INTEREST AS DEFINED

ABOVE.

IN ORDER TO FACILITATE SUCH DISCLOSURE, ST. PATRICK'S DAY FOUNDATION, NYC
SHALL DISTRIBUTE ANNUALLY TO ALL DIRECTORS, OFFICERS AND STAFF A
QUESTIONNAIRE CONCERNING CONFLICTS OF INTEREST, AND ALL DIRECTORS, OFFICERS
AND SUCH STAFF SHALL PROMPTLY COMPLETE AND RETURN THE SAME; IN ADDITION TO
COMPLETING SUCH QUESTIONNAIRE, ALL DIRECTORS AND OFFICERS AND SUCH OTHER
STAFF SHALL HAVE AN AFFIRMATIVE DUTY TO BRING TO THE ATTENTION OF THE BOARD
OF DIRECTORS ANY OTHER TRANSACTION, POTENTIAL TRANSACTION OR CIRCUMSTANCE
IN WHICH SUCH PERSON BELIEVES HE OR SHE MAY HAVE A CONFLICTING INTEREST OR
COULD REASONABLY BE PERCEIVED BY OTHERS TO HAVE A CONFLICTING INTEREST; AND
THE PRESIDENT SHALL DESIGNATE SUCH MEMBERS OF THE BOARD OR STAFF AS HE
SHALL DETERMINE TO REVIEW THE FACTS AND CIRCUMSTANCES CONCERNING ANY
TRANSACTION, POTENTIAL TRANSACTION OR CIRCUMSTANCE IN WHICH A DIRECTOR,
OFFICER OR OTHER STAFF MEMBER HAS OR COULD HAVE A CONFLICTING INTEREST AND
TO RECOMMEND TO THE PRESIDENT ANY APPROPRIATE ACTION.

Employer identification number Name of the organization 46-1343945 ST. PATRICKS DAY FOUNDATION NYC FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT PO BOX 1058, LARCHMONT, NY 10538...OR BY CALLING THE ORGANIZATION DIRECTLY AT (914) 473-4000.FORM 990, LINE B, AMENDED RETURN: AN AMENDED RETURN IS BEING FILED TO IN ORDER TO CONFORM TO THE ORGANIZATION'S JUNE 30, 2017 FINANCIAL STATEMENTS. A LISTING OF ALL OF THE CHANGES TO THE FORM 990 IS AS FOLLOWS: PART I, LINES 13, 17, 18, 19, 20, AND 22: THESE AMOUNTS WERE UPDATED TO REFLECT THE CHANGES REPORTED IN THEIR RESPECTIVE PARTS OF THE RETURN DUE TO THE CHANGES. 3. PART III, LINE 4A: THE TOTAL PROGRAM EXPENSES AND REVENUE REPORTED FOR THIS PROGRAM WAS UPDATED TO AGREE TO THE FUNCTIONAL ALLOCATION IN PART VIII AND PART IX. 4. PART IV, LINE 12B: THIS LINE WAS CHECKED "YES" AS CONSOLIDATED FINANCIAL STATEMENTS WERE ISSUED FOR THE TAX YEAR. 5. PART IV, LINE 21: THIS LINE WAS CHECKED "YES" AS THERE WAS A GRANT OF MORE THAN \$5,000 REPORTED TO A U.S. ENTITY ON SCHEDULE I. 6. PART IX, LINES 1, AND 24A: THESE AMOUNTS WERE UPDATED TO AGREE TO THE FINANCIAL STATEMENTS. 7. PART X, LINES 1, 2, 4, 16, 17, 26, 27, 33, AND 34: THESE AMOUNTS WERE UPDATED IN ORDER TO AGREE TO THE FINANCIAL STATEMENTS.

8. PART XI, LINES 1, 4, 8, 10: THESE AMOUNTS WERE UPDATED FOR THE

SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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20 10	Open to Public Inspection

OMB No 1545-0647 ,

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

PATRICKS DAY FOUNDATION NYC

2016

Employer identification number 46-1343945

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets e Total income 9 Ð Legal domicile (state or foreign country) છ Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity <u>a</u> Part II

(a)	(a)	(2)	(P)	(e)	()	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	Z(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	7.5
				501(c)(3))		Yes	٩ ٧
SAINT PATRICK'S DAY PARADE, INC	ORGANIZE AND CONDUCT THE						
11-3489855, P.O. BOX 295 WOODLAWN STATION,	ANNUAL ST. PATRICK'S DAY						
BRONX, NY 10470	PARADE	NEW YORK	501(C)(3)	LINE 10	N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Form 990) 2016	Form 990) 2016

47

46-1343945

Page 2

Schedule R (Form 990) 2016 ST. PATRICKS DAY FOUNDATION NYC

Identrification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(j) (k) General or Percentage managing ownership						
General or F managing partner?		-	 			
Code V-UBI can amount in box manant in box m						
thonate ons?						
(h) Disproportionat allocations?	2					
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(d) Direct controlling entity						
(c) Legal domicile (state or foreign)						
(b) Primary activity						
(a) Name, address, and EIN of related organization						

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

						_								
		(2) ed	2	9										
	زت	Section 512(b)(13) controlled	enti	Yes										
	Ξ	Percentage ownership												
		Share of end-of-vear					-							
		Share of total income												
	(e)	Type of entity (C corp. S corp.	or trust)	,										
	(P)	Direct controlling entity									;			
	(၁	Legal domicile (state or	foreign	country)										
ing the tax year.	(Q)	Primary activity												
organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN of related organization												

Schedule R (Form 990) 2016

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Part,VI Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			Ť	1	=		<u> </u>	=	T .	1	=	9		7		1	overed relationships and transaction thresholds.	(d) Method of determining amount involve				
V of this schedule of the following transactions with one or more related organizations listed in Parts II-IV?									zation(s)	tation(s)	(s)						o must complete this line, including co	(b) (c) Transaction Amount involved type (a-s)				
e: Complete line 1 if any entity is listed in Parts II, III, or IV During the tax year, did the organization engage in any December of its indicated till angulates of its in projets.	 Girl, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) 	e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses		r Other transfer of cash or property to related organization(s)		2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of related organization	(1)	(2)	(3)	(4)

(**6**) 632163 09-06-16

3

Schedule R (Form 990) 2016

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

neral or Percentage naging ownership	Ves No				
(h) (i) (j) (k) Dispropor- Libration amount in box 20 managing allocations? of Schedule K-1	(Form 1065) Ye				
(h) Disproportionate allocations?	Ves No				
(g) Share of end-of-year	doodle				
(f) Share of total					
(e) Are all 501(c)(3) Ords Ords	Ves No				
micile Predominant income particular (related, unrelated, excluded from tax under particulos from tax under particulos from tax under particulos from tax under particulos from tax under particular fro	sections 512-514)				
(c) al domicile or foreign					
(b) Primary activity Legs (state					
(a) Name, address, and EIN of entity					

Schedule B	(Form 990) 2016	ST.	PATRICKS	DAY	FOUNDATION N	YC	46-1343945	Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation						
				stions or	Schedule R. See instruct	tione		
-	Provide additional inform	nation for i	responses to ques	suoris or	i Schedule H. See instruct	uons.		
								
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