Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 **2017**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

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

<u></u>	For the	2017 calend	lar year, or tax year beginning , and ending				
_		applicable:	C Name of organization		D Emp	loyer identification number	
	Address o	change		· ·			
H	Name cha	ange	PATRIOT GUARD RIDERS OF NEW YORK IN	2.6	26-0620434		
П	Initial retu	ırn		om/suite		phone number	
П	Final retu	rn/terminated	PO BOX 637		58	5-208-8447	
H	Amended	return	City or town, state or province, country, and ZIP or foreign postal code			up Exemption	
Ħ	Application	n pending	WAPPINGER FALLS NY 12590			ber ►	
G	Accoun	nting Method:	X Cash Accrual Other (specify) ▶	н с	heck ▶ X	if the organization is not	
i		-	Y-PGRNY.ORG			tach Schedule B	
J			neck only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	.	•	90-EZ, or 990-PF).	
		f organization				,	
L	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets				
(Pa	rt II, colur	mn (B) below) a	are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	> :	\$ 68,452	
****	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (se			r Part I)	
		Check	if the organization used Schedule O to respond to any question in this Part			X	
	1	Contributions,	gifts, grants, and similar amounts received		1	50,949	
	2	Program sei	vice revenue including government fees and contracts		2		
	3	Membership	dues and assessments		3		
	4	Investment i	ncome		4		
	5a	Gross amou	int from sale of assets other than inventory 5a				
	b	Less: cost o	r other basis and sales expenses 5b				
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		<u>5c</u>		
	6	Gaming and	fundraising events				
	a	Gross incom	ne from gaming (attach Schedule G if greater than				
e		\$15,000)					
Revenue	b	Gross incon	ne from fundraising events (not including \$ of contributions	;			
æ			sing events reported on line 1) (attach Schedule G if the				
			gross income and contributions exceeds \$15,000) 6b	<u>17,</u>	<u>155</u>		
	С		expenses from gaming and fundraising events 6c	3,	158		
	d	Net income					
					6d	13,997	
	7a		of inventory, less returns and allowances 7a				
	b	Less: cost o	f goods sold				
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)			240	
	8	Other reven	ue (describe in Schedule O)		8	348	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. • 9	65,294	
	10		similar amounts paid (list in Schedule O)			25,950	
	11		d to or for members		11		
ses	12	Salaries, ou	ner compensation, and employee benefits		13	400	
Expenses	13		I fees and other payments to independent contractors		400		
Š	15	Printing and	rent, utilities, and maintenance	15	644		
_	16	Other eyner	olications, postage, and shipping uses (describe in Schedule O)	40	20,555		
	17		nses (describe in Schedule O) nses. Add lines 10 through 16			47,549	
_	18		deficit) for the year (Subtract line 17 from line 9)			17,745	
ats.	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with			1 11,715	
SS			figure reported on prior year's return)		19	70,902	
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)			10,002	
Š	21		or fund balances at end of year. Combine lines 18 through 20		▶ 21	88,647	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

Form 990-EZ (2017)

DAA

P	Part II Balance Sheets (see the instructions for Pa					
	Check if the organization used Schedule O to	respond to any			<u></u>	
				ginning of year		(B) End of year
22	Cash, savings, and investments			70,902	22	88,647
	Land and buildings			0	23	
24	Other assets (describe in Schedule O)			0	24	
	Total assets			70,902	25	88,647
26	Total liabilities (describe in Schedule O)			0	26	(
	Net assets or fund balances (line 27 of column (B) must agree			70,902	27	88,647
F	Part III Statement of Program Service Accomp	•				
	Check if the organization used Schedule O to	respond to any	question in this Part	IIIX	ļ	Expenses
Wh	hat is the organization's primary exempt purpose?				(Red	quired for section
	SEE SCHEDULE O				1	(c)(3) and 501(c)(4)
	escribe the organization's program service accomplishments for e				orga	anizations; optional for
	measured by expenses. In a clear and concise manner, describe	•	rided, the number of		othe	ers.)
	rsons benefited, and other relevant information for each program	title.	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ļ	
28	WE HAVE ATTENDED NUMEROUS FUNERAL SERVICES OF	FALLEN AMERIC	CAN HEROES			
	SHOWING OUR RESPECT AND SHEILDING THE MOURNING	G FAMILY FROM	ANY INTERUPTIONS			
	FROM PROTESTORS.					
	(Grants \$ 25,950) If this amount includes for	oreign grants, che	ck here	<u></u>	28a	47,549
29	 					
	(Grants \$) If this amount includes for	oreign grants, che	ck here	>	29a	
30						
	(Grants \$) If this amount includes for				30a	
31	(Grants \$) If this amount includes for Other program services (describe in Schedule O)	oreign grants, che	ck here	>	30a	
	(Grants \$) If this amount includes for Other program services (describe in Schedule O)	oreign grants, che oreign grants, che	ck here	>	31a	
32	(Grants \$) If this amount includes for Other program services (describe in Schedule O) (Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a)	oreign grants, che oreign grants, che	ck here	>	31a 32	47,549
32	(Grants \$) If this amount includes for Other program services (describe in Schedule O) (Grants \$) If this amount includes for Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key En	oreign grants, che oreign grants, che	ck here ck here	ensated — see th	31a 32	
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32 F	(Grants \$) If this amount includes for Other program services (describe in Schedule O)	oreign grants, che oreign grants, che nployees (list eac ond to any questio (b) Average	ck here ck here h one even if not compon in this Part IV (c) Reportable	ensated — see th	31a 32 e instruction nefits, employee , and	(e) Estimated amount of
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Form 990-EZ (2017)

PATRIOT GUARD RIDERS OF NEW YORK IN 26-0620434

Pa	art V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this F			
	mendential to the try check in the enganization decad confedure of the respectful to any queen in the time to		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34_		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			H
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,		1	.
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			1
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NY			
42a	The organization's books are in care of ▶ PATSY BOISVERT Telephone no. ▶	585-20	8-8	44
	PO BOX 637			
	Located at ► WAPPINGER FALLS NY ZIP + 4 ►	12590		,
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		1000000	
	Financial Accounts (FBAR).			
С				X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	Т	Т
			Yes	No
44a				7.7
_	completed instead of Form 990-EZ	44a		X
b	,			
	completed instead of Form 990-EZ		+	X
C	, , , , , , , , , , , , , , , , , , , ,	44c		X
d		44d		
	explanation in Schedule O		\vdash	+
45a	(/ /	45a		X
b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ (see instructions)	45b	1	X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization PATRIOT GUARD RIDERS OF NEW YORK IN 26-0620434 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 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) d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see organization (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) (A) (B)

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

(C)

(D)

(E)

PATRIOT GUARD RIDERS OF NEW YORK IN 26-0620434 Schedule A (Form 990 or 990-EZ) 2017

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.)

	ion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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)			Service of the servic			STANSON.	
6	Public support. Subtract line 5 from line 4.	100		or transferring		171 (2.5) No. 1. 1010		
	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	<u> </u>	(f) Total
7	Amounts from line 4						\rightarrow	
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							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10	111111111111111111111111111111111111111	The second		102400			
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ear as a section 50°	I(c)(3)		
	organization, check this box and stop her	e				<u></u>		b
Sec	tion C. Computation of Public S							
14	Public support percentage for 2017 (line 6						14	<u>%</u>
15	Public support percentage from 2016 Sch						15	%_
16a	33 1/3% support test—2017. If the organ				33 1/3% or more, o	check this		▶ □
	box and stop here. The organization qual							▶ ⊔
b	33 1/3% support test—2016. If the organ				15 is 33 1/3% or m	ore, check		▶ □
	this box and stop here. The organization	•			Co. or 1Ch. and line		· · · · · ·	P L
17a	10%-facts-and-circumstances test—20							
	10% or more, and if the organization mee Part VI how the organization meets the "fa							
	organization							> 🗌
b	10%-facts-and-circumstances test—20							
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization m							▶ □
	supported organization Private foundation. If the organization di	id not sheet a barr	on line 12, 15e, 17	Sh 17a or 17h sh	ook this boy and s			
18	_							▶ □
	instructions							······································

Page 2

Schedule A (Form 990 or 990-EZ) 2017

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.

Sec	tion A. Public Support	quality under the	z lesis listeu be	now, piease coi	inplete rait ii.)		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2013	(6) 2014	(6) 2015	(u) 2010	(e) 2017	(i) iolai
'	fees received. (Do not include any "unusual grants.")	70,321	75,174	38,080	47,213	50,949	281,737
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			42,380	26,219	17,503	86,102
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5	70,321	75,174	80,460	73,432	68,452	367,839
7a							
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				į		
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						367,839
Sec	tion B. Total Support						30,7033
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	70,321	75,174	80,460	73,432	68,452	367,839
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	70,321	75,174	80,460	73,432	68,452	367,839
14	First five years. If the Form 990 is for the	e organization's first	, second, third, fou	rth, or fifth tax year	r as a section 501	(c)(3)	
	organization, check this box and stop her						····· >
	ction C. Computation of Public St					1 1	
15	Public support percentage for 2017 (line 8						100.00%
16	Public support percentage from 2016 Sch					16	100.00%
	ction D. Computation of Investme			aclumn (f))		17	9/
17 10	Investment income percentage for 2017 (Investment income percentage from 2016		III 1: 47			امدا	<u>%</u> %
18 19a	Investment income percentage from 2016 33 1/3% support tests—2017. If the organization						-/6_
134	17 is not more than 33 1/3%, check this b						▶ X
b	33 1/3% support tests—2016. If the orga	=		· · · · · · · · · · · · · · · · · · ·			
	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di		-	•	• • •	-	

Schedule A (Form 990 or 990-EZ) 2017

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 Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 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).
- 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.)

rant v.)		
	Yes	No
1		
3a		
3b 3c		
4a		
4b		3.3
4c		
	ee Historiaa Johannaa	
5a 5b		
5c	7873	
_6		
8		
9a		
9b		
9c		
10a		
10b	0.000	F7\ 0017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (iii) (ii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017: **b** From 2013 c From 2014 d From 2015. e From 2016. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2013 **b** Excess from 2014 . c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Department of the Treasury

SCHEDULE G (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.

► Go to www.irs.gov/Form990 for the latest instructions.

Internal Revenue Service Employer identification number Name of the organization PATRIOT GUARD RIDERS OF NEW YORK IN 26-0620434 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of ontributions' col. (i) Yes No 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sche	chedule G (Form 990 or 990-EZ) 2017 PATRIOT GUARD RIDERS (OF NEW YORK II	N 26-0620434	Page 3
11				Yes No
12		ership or other entity	_	
	formed to administer charitable gaming?			Yes No
13			1 1	
а	*		13a	%
. b	*		<u>13b</u>	%
14	4 Enter the name and address of the person who prepares the organization's gaming/s records:	pecial events books and		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization revenue?			Yes N
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	а	ınd the	
	amount of gaming revenue retained by the third party ▶ \$			
c	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Name ►			
	Address ▶			
16	6 Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
47	7 Mandatany diatributions			
17		gamina proceeds to		
а	rate in the state gaming licenses?		Γ	Yes N
h	b Enter the amount of distributions required under state law to be distributed to other e	exempt organizations or	L	163 14
_	spent in the organization's own exempt activities during the tax year ▶ \$	Action of Game at the Control of		
Pa	Part IV Supplemental Information. Provide the explanations require Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable See instructions.			and
	OCO IIION GONOTIO.			
·				

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employ	er identi	fication	Page 2
PATRIOT GUARD RIDERS OF NEW YORK IN	Employer identification numb			
HEROES AS INVITED GUESTS OF THE FAMILY. WE SHOW OUR RESI				FALLEN
HEROES, THEIR FAMILIES AND COMMUNITY.				
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