Form	990-EZ

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Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Public tion

63,024

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Beturn of Organization Exempt From Income Tax					2022	
Depa Interi	artment o nal Rever	f the Treasury nue Service	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv Do not enter social security numbers on this form, as it may be made Go to <i>www.irs.gov/Form990EZ</i> for instructions and the latest inform	public.	ations)	Open to Public Inspection
AF	or the	2022 calend	ar year, or tax year beginning 01/01/2022 and ending	1	2/31/20	22
Bc	heck if ap	oplicable:	C Name of organization	D Em	ployer ic	lentification number
A	Address c	hange	PATRIOT GUARD RIDERS OF NEW YORK INC		2	26-0620434
1	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e E Tele	ephone r	number
	nitial retu		PO Box 637		84	45-242-5089
	-inal retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gr	oup Exe	emption
		n pending	Wappingers Falls, NY 12590		Imber	·
		ting Method:	Cash 🖌 Accrual Other (specify):	H Check	if th	e organization is not
	Vebsite	0				tach Schedule B
JТа	ax-exen		eck only one) – 🗹 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🗌 527	(Form	990).	
			Corporation Trust Association Other:			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total asset	S	
(Par	t II, col	umn (B)) are §	500,000 or more, file Form 990 instead of Form 990-EZ		. 9	63,0
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see t			
		Check if	the organization used Schedule O to respond to any question in this Pa	urtI		
	1		ons, gifts, grants, and similar amounts received		1	61,7
	2		ervice revenue including government fees and contracts		2	
	3	-	ip dues and assessments		3	
	4	Investmen			4	
	5a	Gross amo	ount from sale of assets other than inventory 5a		0	
	b		or other basis and sales expenses		0	
	с		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6		d fundraising events:			
	а	-	ome from gaming (attach Schedule G if greater than			
ue					0	
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribu	utions	-	
Sev.			aising events reported on line 1) (attach Schedule G if the			
-			h gross income and contributions exceeds \$15,000) 6b		0	
	с	Less: direc	t expenses from gaming and fundraising events 6c		0	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	-	
		line 6c)			6d	
	7a	Gross sale	s of inventory, less returns and allowances	1,20	0	
	b		of goods sold		-	
	с		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	3
	8		nue (describe in Schedule O)		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	62,1
	10		I similar amounts paid (list in Schedule O)		10	
	11	Benefits pa	aid to or for members		11	
ŝ	12		ther compensation, and employee benefits		12	
nse	13	Profession	al fees and other payments to independent contractors		13	
Expenses	14		y, rent, utilities, and maintenance		14	
Щ	15		ublications, postage, and shipping		15	9
	16		enses (describe in Schedule O)		16	82,4
	17	Total expe	enses. Add lines 10 through 16		17	83,4
ŝ	18		(deficit) for the year (subtract line 17 from line 9)		18	-21,2
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must ag			_ • / •
A SS			r figure reported on prior year's return)	-	19	136,7
et ,	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	
ž	21		or fund balances at end of year. Combine lines 18 through 20		01	115 /

Net assets or fund balances at end of year. Combine lines 18 through 20

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21

136,706

115,413

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Par	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this	Part II		🔽
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			140,131	22	119,837
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			1,272	24	0
25	Total assets			141,403	25	119,837
26	Total liabilities (describe in Schedule O)			4,697	26	4,424
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	136,706	27	115,413
Part	····· · · · · · · · · · · · · · · · ·					
	Check if the organization used Schedule	O to respond to an	ny question in this	Part III 🛛 . 🔲	(5	Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 1			equired for section 1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplis easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	e services provided	, the number of	org	ganizations; optional for ners.)
28	The Patriot Guard Riders of New York participated in	over 776 official mis	sions, including 617	funeral		
	services for active duty military, military veterans an	d first responders. O	ver 15,000 wreathes	were laid on		
	veterans' graves at Saratoga National Cemetery.					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🗌	28	a 24,827
29	Through the Help On The Homefront program, assist	tance was provided d	lirectly to 16 veteran	s who were in		
	crisis through no fault of their own. This one-time as	sistance was either f	inancial in nature (re	nt, auto repairs,		
	utility payments), or for new furniture as part of a tra	ansitional housing pr	ogram.			
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	🛛	29	a 23,779
30	Through the Help On The Homefront program, assist	tance was provided to	o Homeless Veteran	programs		
	sponsored by the U.S Department of Veterans Affairs	s at locations across	the State.			
		includes foreign gra			30	a 25,000
31	Other program services (describe in Schedule O)	<u> </u>		· · · · ·		
		includes foreign gra			31	-
-	Total program service expenses (add lines 28a t				32	
Part					nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV	•	[]
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC, 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	1	e) Estimated amount of other compensation
Bill S	chaaf	3.00	0		0	0
Presi	dent					
Nigel	Heaton	1.00	0		0	0
Vice	President					
Ray S	Sestak	12.00	0		0	0
Secr	etary					
Pats	/ M Boisvert	5.00	0		0	0
Treas	surer					
Donr	a Barnes	12.00	0		0	0
Mem	ber					
Don	Higgins	1.00	0		0	0
Mem	ber					
Marc	Mauss	1.00	0		0	0
Mem	ber					
Jim M	<i>I</i> cElroy	1.00	0		0	0
Mem	ber					
Peter	Jepson	1.00	0		0	0
Mem	ber					

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			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			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		~
54	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		V
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		~
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		
С	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	05-		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		/
00	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			•
b	Did the organization file Form 1120-POL for this year?	37b		~
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		~
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	-		
39 a	Section 501(c)(7) organizations. Enter: 39a			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911:0; section 4912:0; section 4955:0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401-		
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		V
U	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
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	40		
41	List the states with which a copy of this return is filed: NY	40e		~
42a	The ergenization's backs are in core of Deter M Delevent	345-24	2-5089	 >
			-6030	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		~
-	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			
44a	Did the organization maintain any denor advised funds during the year? If "Vee." Form 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		~
c	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	444		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		~
чла b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100		•
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		V

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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		~

Part VI	Section 501(c)(3) Organizations Only
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines
	50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		
50	O second stands to be a family of the second stands of the second stands and the second stands of the second stand			al Leave

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving	over \$100,000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Patsy Boisvert, Treasurer			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN	
Use Only	Firm's name	Firm's EIN					
	Firm's address			Phone no.			
May the IRS	lay the IRS discuss this return with the preparer shown above? See instructions						

SCHE	DU	LE	Α
(Form	99	0)	

(D)

(E)

Total

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.g ctions and the latest information.

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2022	
Open to Public Inspection	

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of the organization

vame	or the organization					Employer identification	number
PATI	ATRIOT GUARD RIDERS OF NEW YORK INC 26-0620434						
Par	t I Reason for Public Ch	arity Status. (Al	I organizations mus	t comple	ete this p	oart.) See instructio	ons.
he 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	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	A hospital or a cooperative h	ospital service or	ganization described i	n sectior	170(b)(1	I)(A)(iii).	
4	A medical research organization	ion operated in c	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and sta	ite:					
5	 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.) 						
6	A federal, state, or local gove	ernment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normall described in section 170(b)(port from	a gover	nmental unit or from	the general public
8	A community trust described		-	Part II)			
9	\Box An agricultural research orga			-	oratod in	conjunction with a l	and-grant college
Ū	or university or a non-land-gi university:	ant college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities relate	d to its exempt fu	nctions. subiect to ce	rtain exce	eptions: a	and (2) no more than	33 ¹ / ₃ % of its
	support from gross investme acquired by the organization	nt income and un	related business taxa	ble incom	nė (less se	ection 511 tax) from	businesses
11	An organization organized ar	d operated exclu	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12	An organization organized and	d operated exclusi	ively for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of
	one or more publicly support						
	the box on lines 12a through	12d that describes	s the type of supporting	g organiza	ation and	complete lines 12e, 1	12f, and 12g.
а	Type I. A supporting orga	nization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
	the supported organization					he directors or truste	ees of the
	supporting organization.	You must comple	ete Part IV, Sections	A and B			
b							
	control or management o		-		persons	that control or mana	age the supported
	organization(s). You mus	-	-				
С	Type III functionally interpretent of the second						ally integrated with,
	its supported organization		· ·		-		
d	Type III non-functionally						
	that is not functionally int						d an attentiveness
	requirement (see instruct	ons). You must c	complete Part IV, Sec	ctions A a	and D, ar	nd Part V.	
е	Check this box if the orga						e II, Type III
-	functionally integrated, or			oporting	organizati	ion.	
f	Enter the number of supported	•					
g	Provide the following informati		(, , , , , , , , , , , , , , , ,	1			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Vaa	Na		
				Yes	No		
A)							
B)							
C)							
-1			1	1		1	

Part IISupport 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.)

Secti	on A. Public Support					-	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1	1	1	1	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
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						
12	Gross receipts from related activities, etc					12	
13 <u>Sooti</u>	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re				ear as a sectio	
<u>3ecu</u> 14	Public support percentage for 2022 (line 6	-		11 column (f))		14	%
15	Public support percentage from 2021 Sch					15	%
16a	331 /3% support test—2022. If the organization qua	ization did not	check the box	x on line 13, a	nd line 14 is 3	3 ¹ /3% or more,	check this
b	331 /3% support test—2021. If the organi this box and stop here . The organization						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts	-and-circumst umstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	and stop here.	Explain in
b							
18	Private foundation. If the organization of instructions						x and see
						.	. /=

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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, picace co	inploto i ulti	,	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees		. ,				
	received. (Do not include any "unusual grants.")	60,842	48,410	43,582	52,098	61,790	266,722
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	17,500	10,433	2,690	3,159	1,200	34,982
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	78,342	58,843	46,272	55,257	62,990	301,704
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	5,000					5,000
С	Add lines 7a and 7b	5,000	0	0	0	0	5,000
8	Public support. (Subtract line 7c from						
Centi	line 6.)						296,704
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2018 78,342	58,843	46,272	55,257	(e) 2022 62,990	301,704
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	10,042	30,043	40,272	33,237	02,770	301,704
b	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 on 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.)	70.040	50.040	44.070	55.057	(0.000	004 704
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•				62,990 ar as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line &	3, column (f), d	ivided by line 1	3, column (f))		15	98.34 %
16	Public support percentage from 2021 Sch					16	98.37 %
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2022 (-		17	0 %
18	Investment income percentage from 2021					18	0 %
19a	$33^{1}/_{3}\%$ support tests - 2022. If the organ						
b	17 is not more than 33 ¹ / ₃ %, check this box 33 ¹ / ₃ % support tests – 2021. If the organiz	-	-	-		-	
D	line 18 is not more than $33^{1/3}$ %, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box		
	Schedule A (Form 990) 2022						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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

5a

5b 5c

6

7

8

9a

9b

9c

10a

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's
- income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	· · · · · · · · · · · · · · · · · · ·	
	Other distributions (describe in Part VI). See instructions.		6	
7 8	Total annual distributions. Add lines 1 through 6.	h the everesimetics is use	7	
0	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	8 sponsive	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Part VISupplemental 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.)

SCHEDULE	0
(Form 990)	

Department of the Treasury

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.

Attach to Form 990 or Form 990-EZ.



Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
PATRIOT GUARD RID	ERS OF NEW YORK INC	26-0620434
	ine 16 - Honoring Veterans \$78,606; Website Support \$992; Insurance \$1,935; Fees \$	
	01; Interest expense \$69	
inventory write-on \$40		
Form 990-EZ, Part II, L	ine 26 - Accounts payable \$1,880; Credit card payable \$2,544	

Cat. No. 51056K

Form: Form 990-EZ (2022)

Page: 2

PATRIOT GUARD RIDERS OF NEW YORK INC

EIN: 26-0620434

Part III

Primary Exempt Purpose

Primary Exempt Purpose

Our main mission is to ensure dignity and respect at memorial services and other events honoring Fallen Military Heroes and First Responders, Active Military Personnel, and honorably discharged veterans.