
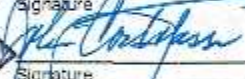


Form CHAR410 <small>For new registrants only (Amending use CHAR410-A, Re-registering use CHAR410-R)</small>	Registration Statement for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.charitiesnys.com/	Open to Public Inspection
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Part A - Identification of Registrant			
1. Full name of organization (exactly as it appears in your organizing document) Patrick Spann Foundation		5. Fed. employer ID no. (EIN) 4 6 4 9 3 5 9 6 7	
2. c/o Name (if applicable)		6. Organization's website patrickspannfoundation.org	
3. Mailing address (Number and street) 2 Lafayette Street		7. Primary contact Colette Knuth	
City or town, state or country and ZIP+4 Huntington, NY 11743-5227		Title President & CEO	
4. Principal NYS address (Number and street) 2 Lafayette Street		Phone 631-429-3428	Fax 631-429-3428
City or town, state or country and ZIP+4 Huntington, NY 11743-5227		Email cknuth@patrickspannfoundation.org	

Part B - Certification - Two Signatures Required				
We certify under penalties for perjury that we reviewed this Registration Statement, including all schedules and attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.				
1. President or Authorized Officer/Trustee		Colette Knuth	President	4/4/2016
	<small>Signature</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>
2. Chief Financial Officer or Treasurer		John Cortipassi	CFO	4/9/2016
	<small>Signature</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

Part C - Fee Submitted		
If registering to solicit contributions, fee is \$25. If not registering to solicit contributions, no fee is owed.	Check <input checked="" type="checkbox"/> if you are submitting \$25 fee to register to solicit contributions.	Submit check or money order, payable to "NYS Department of Law."

Part D - Attachments - All Documents Required
Attach <u>all</u> of the following documents to this Registration Statement, even if you are claiming an exemption from registration:
<ul style="list-style-type: none"> • Certificate of incorporation, trust agreement or other organizing document, and any amendments; and • Bylaws or other organizational rules, and any amendments; and • IRS Form 1023 or 1024 Application for Recognition of Exemption (if applicable); and • IRS tax exemption determination letter (if applicable)

Part E - Request for Registration Exemption
Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
* If "Yes", complete Schedule E.

Part G - Organization Activities

1. Month the annual accounting period ends (01-12) 12	2. NTEE code O12
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3. Date organization began doing each of following in New York State:

a. conducting activity	03 / 29 / 2015
b. maintaining assets	03 / 29 / 2015
c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.)	12 / 03 / 2015

4. Describe the purposes of your organization

The Patrick Spann Foundation supports programs that prepare girls and low-income students for careers in professions that require advanced skills in science, technology, engineering, and/or math and for leadership in community service.

5. Has your organization or any of your officers, directors, trustees or key employees been:

a. enjoined or otherwise prohibited by a government agency or court from soliciting contributions? Yes* No
* If "Yes", describe:

b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? Yes* No
* If "Yes", describe:

6. Has your organization's registration or license been suspended by any government agency? Yes* No
* If "Yes", describe:

7. Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government agencies, etc.) in New York State? Yes* No
* If "Yes", describe the purposes for which contributions are or will be solicited:
Contributions are used to provide grants to programs that prepare girls and low-income students for career in professions that require advanced skills in science, technology, engineering, and/or math and for leadership in community service.

8. List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary)

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
n/a	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___ / ___ / ___ End date: ___ / ___ / ___
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___ / ___ / ___ End date: ___ / ___ / ___
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___ / ___ / ___ End date: ___ / ___ / ___

Part H - Federal Tax Exempt Status

1. If applicable, list the date your organization:

a. applied for tax exempt status	02 / 23 / 2015
b. was granted tax exempt status	03 / 04 / 2015
c. was denied tax exempt status	___ / ___ / ___
d. had its tax exempt status revoked	___ / ___ / ___

2. Provide Internal Revenue Code provision: 501(c)(3)

Part F - Organization Structure

1. Incorporation / formation

- a. Type of organization:**
- Corporation
 - Limited liability company (LLC)
 - Partnership
 - Sole proprietorship
 - Trust
 - Unincorporated association
 - Other *
- * If Other, describe:

- b. Type of corporation if New York not-for-profit corporation**
- A B C D

c. Date incorporated if a corporation or formed if other than a corporation

03 / 04 / 2014

d. State in which incorporated or formed

New York

2. List all chapters, branches and affiliates of your organization (attach additional sheets if necessary)

Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)
n/a		

3. List all officers, directors, trustees and key employees

Name	Title	Mailing address (number and street, room/suite, City or town, state or country and zip+4)	End of term (if applicable)
Colette Knuth	President & CEO	2 Lafayette Street Huntington, NY 11743	___/___/___
William Dorsey	VP Chair	90 West Street - Apt 9D New York, NY 10006-1066	___/___/___
Bergitta Controneo	VP	5058 Kilburn Street Alexandria, VA 22304-7770	___/___/___
Josh Ammons	Treasurer	13312 Tamworth Lane Silver Spring, MD 20904-1226	___/___/___
Rochelle O'Neal	Secretary	11842 South Bell Chicago, IL 60634-4720	___/___/___
Angela McDermott	Director	9 Kew Avenue East Northport, NY 11731-1940	___/___/___
Yolanda Bruce Brooks	Director	P.O. Box 800328 Dallas, TX 75380	___/___/___
Peer Mumme	Director	14 Bank Birch Place Spring, TX 77381	___/___/___

4. Other Names and Registration Numbers

- a. List all other names used by your organization, including any prior names**

n/a

- b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration**

n/a