

# Return of Organization Exempt From Income Tax

**2015**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** 10/01, 2015, **and ending** 09/30, 2016

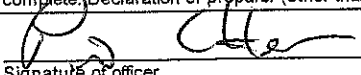
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.</b>			<b>D</b> Employer identification number 13-5563011	
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>54 PEARL STREET</b>			<b>E</b> Telephone number (212) 425-1778	
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10004-4300</b>			<b>G</b> Gross receipts \$ <b>1,953,876.</b>	
	<b>F</b> Name and address of principal officer: <b>PETER C. HEIN</b> <b>SAME AS C ABOVE</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ <b>WWW.SONSOFTHEREVOLUTION.ORG</b>					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				<b>L</b> Year of formation: 1884	
				<b>M</b> State of legal domicile: NY	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PERPETUATE THE MEMORY OF THE MEN WHO, IN MILITARY, NAVAL OR CIVIL SERVICE, BY THEIR ACTS OR COUNSEL, ACHIEVED AMERICAN INDEPENDENCE.</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	39.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	39.		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	8.		
	<b>6</b> Total number of volunteers (estimate if necessary)	25.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0.		
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0.			
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)		184,297.	501,091.
	<b>9</b> Program service revenue (Part VIII, line 2g)		124,790.	177,828.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		240,301.	184,178.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		495,551.	649,114.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,044,939.	1,512,211.
<b>Expenses</b>			10,000.	0.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		398,976.	443,486.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,400.			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		576,321.	651,480.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		985,297.	1,094,966.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		59,642.	417,245.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)		6,698,656.	7,377,567.
	<b>21</b> Total liabilities (Part X, line 26)		249,390.	282,156.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.		6,449,266.	7,095,411.	

**Part II Signature Block**

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

<b>Sign Here</b>	 Signature of officer	8/14/17 Date
	PETER C HEIN, Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES J REILLY</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00183769</b>
	Firm's name ▶ <b>CONDON O'MEARA MCGINTY &amp; DONNELLY L</b>			Firm's EIN ▶ <b>13-3628255</b>	
	Firm's address ▶ <b>ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405</b>			Phone no. <b>212-661-7777</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:  
SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 434,909. including grants of \$ ) (Revenue \$ 147,203. )  
MUSEUM PROGRAMS AND ACTIVITIES: CURATORIAL & MUSEUM  
ADMINISTRATION. EXHIBITS (INTERPRETATION OF REVOLUTIONARY PERIOD  
ARTIFACTS). ART WORK, DISPLAYS & CONSERVATION. MUSEUM  
INFORMATIONAL SERVICES. OVER 28,000 VISITORS IN 2016 TO THE  
MUSEUM.

4b (Code: ) (Expenses \$ 238,595. including grants of \$ ) (Revenue \$ 30,625. )  
COMMEMORATIVE AND FELLOWSHIP:  
PUBLIC PROGRAM LECTURES AND TOURS AND INFORMATIONAL SERVICES.  
EDUCATIONAL TOURS FOR SCHOOLS AND OTHER GROUPS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 673,504.

**Part IV Checklist of Required Schedules**

	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. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	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 . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> 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. . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	X	
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 . . . . .		X
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. . . . .	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
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 . . . . .		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .		X
d 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 Part X, line 16? If "Yes," complete Schedule D, Part IX. . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	X	
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 . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		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 . . . . .		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 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
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 . . . . .		X

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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? <i>If "Yes," complete Schedule J.</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (39), 1b (39), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NEW YORK
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: JESSICA B. PHILLIPS, 54 PEARL STREET, NEW YORK, NY 10004 212-425-1778

**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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMBROSE M. RICHARDSON III PRESIDENT	12.00	X		X				0.	0.	0.
(2) RAYMOND J. MANNING 1ST VICE PRESIDENT	5.00	X		X				0.	0.	0.
(3) CHRISTOPHER M. NORFLEET 2ND VICE PRESIDENT	4.00	X		X				0.	0.	0.
(4) ALAN W. BORST, JR. 3RD VICE PRESIDENT	1.00	X		X				0.	0.	0.
(5) DANIEL H. HARMAN III TREASURER	10.00	X		X				0.	0.	0.
(6) P. LAYTON SANDERS, JR. REGISTRAR	2.00	X		X				0.	0.	0.
(7) REV. CHRISTOPHER M. CULLEN CHAPLAIN	2.00	X		X				0.	0.	0.
(8) EDWIN DAVID ROBERTSON SECRETARY	5.00	X		X				0.	0.	0.
(9) MICHAEL P. CONEYS BOARD MEMBER	1.00	X						0.	0.	0.
(10) ROBERT A. BELL BOARD MEMBER	1.00	X						0.	0.	0.
(11) JULIAN GAMMON III BOARD MEMBER	1.00	X						0.	0.	0.
(12) PETER C. HEIN BOARD MEMBER	1.00	X						0.	0.	0.
(13) FREDERICK W. PATTISON BOARD MEMBER	1.00	X						0.	0.	0.
(14) CHARLES M. HUG BOARD MEMBER	1.00	X						0.	0.	0.

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) KEVIN J. LEHMANN BOARD MEMBER	1.00	X						0.	0.	0.
16) THOMAS P. ROGERS BOARD MEMBER	1.00	X						0.	0.	0.
17) KENNETH H. CHASE BOARD MEMBER	1.00	X						0.	0.	0.
18) WESLEY M. OLER IV BOARD MEMBER	1.00	X						0.	0.	0.
19) ANDREW W. RUSSELL BOARD MEMBER	1.00	X						0.	0.	0.
20) BRIAN GILL BOARD MEMBER	1.00	X						0.	0.	0.
21) JONATHAN W. RIDGEWAY BOARD MEMBER	1.00	X						0.	0.	0.
22) DAVID W. NORGARD BOARD MEMBER	1.00	X						0.	0.	0.
23) TERRANCE A. SMART BOARD MEMBER	1.00	X						0.	0.	0.
24) DANIEL J. O'CONNELL BOARD MEMBER	1.00	X						0.	0.	0.
25) DAVID TISDALE-WOODS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								100,865.	0.	14,022.
<b>d Total (add lines 1b and 1c)</b>								100,865.	0.	14,022.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) CHARLES LUCAS PAST PRESIDENT	1.00	X						0.	0.	0.
27) WILLIAM T. LIVINGSTON III PAST PRESIDENT	1.00	X						0.	0.	0.
28) J. ROBERT LUNNEY PAST PRESIDENT	1.00	X						0.	0.	0.
29) ROBERT N. MCKAY PAST PRESIDENT	1.00	X						0.	0.	0.
30) JOHN O' MALLEY PAST PRESIDENT	1.00	X						0.	0.	0.
31) LAURENCE S. SIMPSON PAST PRESIDENT	1.00	X						0.	0.	0.
32) JAMES F. STEBBINS PAST PRESIDENT	1.00	X						0.	0.	0.
33) KENT STRAAT PAST PRESIDENT	1.00	X						0.	0.	0.
34) GEORGE WATSON PAST PRESIDENT	1.00	X						0.	0.	0.
35) DONALD WESTERVELT PAST PRESIDENT	1.00	X						0.	0.	0.
36) F. DANIEL COLEMAN PAST PRESIDENT	1.00	X						0.	0.	0.

<b>1b Sub-total</b> .....			
<b>c Total from continuation sheets to Part VII, Section A</b> .....			
<b>d Total (add lines 1b and 1c)</b> .....			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) JAMES R. GRAYSHAW PAST PRESIDENT	1.00	X					0.	0.	0.	
38) JOHN M. HILLIARD PAST PRESIDENT	1.00	X					0.	0.	0.	
39) KEVEN HANSLEY PAST PRESIDENT	1.00	X					0.	0.	0.	
40) JESSICA B. PHILLIPS EXECUTIVE DIRECTOR	40.00			X			100,865.	0.	14,022.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b	14,477.				
	c	Fundraising events . . . . .	1c	27,275.				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e	390,221.				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	69,118.				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		3,920.				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		501,091.				
Program Service Revenue	2a	MUSEUM FUND	Business Code	900099	147,203.	147,203.		
	b	ADMISSIONS/SOCIETY	900099	30,625.	30,625.			
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
	g	<b>Total.</b> Add lines 2a-2f . . . . .		177,828.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		98,161.		98,161.		
	4	Income from investment of tax-exempt bond proceeds . . . . .		0.				
	5	Royalties . . . . .		0.				
	6a	Gross rents . . . . .	(i) Real	760,664.				
			(ii) Personal					
			b	Less: rental expenses . . . . .	167,076.			
			c	Rental income or (loss) . . . . .	593,588.			
	d	Net rental income or (loss) . . . . .		593,588.		593,588.		
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	319,287.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses . . . . .	233,270.			
			c	Gain or (loss) . . . . .	86,017.			
	d	Net gain or (loss) . . . . .		86,017.		86,017.		
	8a	Gross income from fundraising events (not including \$ 27,275. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	19,530.				
			b	Less: direct expenses . . . . .	41,319.			
c			Net income or (loss) from fundraising events . . . . .		-21,789.		-21,789.	
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a						
		b	Less: direct expenses . . . . .					
		c	Net income or (loss) from gaming activities . . . . .		0.			
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
		b	Less: cost of goods sold . . . . .					
		c	Net income or (loss) from sales of inventory . . . . .		0.			
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME	900099	2,315.	2,315.				
b	INSURANCE PROCEEDS	900099	75,000.		75,000.			
c								
d	All other revenue . . . . .							
e	<b>Total.</b> Add lines 11a-11d . . . . .		77,315.					
12	<b>Total revenue.</b> See instructions . . . . .		1,512,211.	180,143.		830,977.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	114,172.	85,922.	15,139.	13,111.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	242,170.	180,447.	32,977.	28,746.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,775.	8,588.	1,199.	988.
9 Other employee benefits . . . . .	45,306.	36,110.	5,041.	4,155.
10 Payroll taxes . . . . .	31,063.	24,758.	3,456.	2,849.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	6,601.		6,601.	
c Accounting . . . . .	79,110.	20,578.	58,532.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	21,018.	13,567.	7,451.	
12 Advertising and promotion . . . . .	5,346.	5,346.		
13 Office expenses . . . . .	63,671.	28,496.	35,144.	31.
14 Information technology . . . . .	8,028.	742.	7,286.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	43,088.	30,532.	12,556.	
17 Travel . . . . .	1,659.	801.	858.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	22,514.	22,514.		
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	154,294.	69,432.	84,862.	
23 Insurance . . . . .	68,686.	68,686.		
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.)				
a SECURITY	40,214.	4,822.	35,392.	
b MAINTENANCE & REPAIRS	77,765.	39,660.	38,105.	
c PROGRAM RELATED SERVICES	42,214.	29,041.	8,653.	4,520.
d FLAG DAY	726.	726.		
e All other expenses	16,546.	2,736.	13,810.	
25 Total functional expenses. Add lines 1 through 24e	1,094,966.	673,504.	367,062.	54,400.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing . . . . .	34,479.	1 250,830.
	2	Savings and temporary cash investments . . . . .	73,094.	2 103,069.
	3	Pledges and grants receivable, net . . . . .	1,000.	3 0.
	4	Accounts receivable, net . . . . .	86,521.	4 92,021.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	5 0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	6 0.
	7	Notes and loans receivable, net . . . . .	126,211.	7 0.
	8	Inventories for sale or use . . . . .	1,832.	8 0.
	9	Prepaid expenses and deferred charges . . . . .	37,449.	9 46,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 5,199,010.	
	b	Less: accumulated depreciation . . . . .	10b 1,774,628.	10c 3,424,382.
	11	Investments - publicly traded securities . . . . .	3,024,789.	11 3,361,023.
	12	Investments - other securities. See Part IV, line 11 . . . . .	0.	12 0.
	13	Investments - program-related. See Part IV, line 11 . . . . .	0.	13 0.
	14	Intangible assets . . . . .	0.	14 0.
	15	Other assets. See Part IV, line 11 . . . . .	100,161.	15 100,242.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,698,656.	16 7,377,567.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	149,229.	17 160,439.
	18	Grants payable . . . . .	0.	18 0.
	19	Deferred revenue . . . . .	0.	19 21,475.
	20	Tax-exempt bond liabilities . . . . .	0.	20 0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	21 0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	22 0.
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23 0.
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0.	24 0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	100,161.	25 100,242.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	249,390.	26 282,156.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets . . . . .	3,442,342.	27 4,094,211.
	28	Temporarily restricted net assets . . . . .	5,824.	28 0.
	29	Permanently restricted net assets . . . . .	3,001,100.	29 3,001,200.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds . . . . .		30
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32
33	<b>Total net assets or fund balances</b> . . . . .	6,449,266.	33 7,095,411.	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	6,698,656.	34 7,377,567.	

Form 990 (2015)

**Part X Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,512,211.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,094,966.
3	Revenue less expenses. Subtract line 2 from line 1	3	417,245.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,449,266.
5	Net unrealized gains (losses) on investments	5	228,900.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,095,411.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization **SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.**

Employer identification number  
**13-5563011**

**Part I 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 11, 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)**.
- 4  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: \_\_\_\_\_
- 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 government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  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.)
- 10  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015



Schedule A (Form 990 or 990-EZ) 2015

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	131,792.	167,961.	164,658.	184,297.	501,091.	1,149,799.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
4 <b>Total.</b> Add lines 1 through 3 . . . . .	131,792.	167,961.	164,658.	184,297.	501,091.	1,149,799.
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). . . . .						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						1,149,799.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 . . . . .	131,792.	167,961.	164,658.	184,297.	501,091.	1,149,799.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	531,853.	652,642.	826,876.	848,647.	858,825.	3,718,843.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1 . . . . .	13,024.	474.	8,430.	1,740.	77,315.	100,983.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						4,969,625.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	742,924.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	23.14%
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	15	19.72%
16a <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
b <b>10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2015



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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 performed, 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 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below; the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	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.	2	

**Section C. Type II Supporting Organizations**

		Yes	No
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).	1	

**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 in (2), 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.	3	

**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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) 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.	2a	
b	Did the activities described in (a) 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.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	3a	
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.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> 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-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	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	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013 . . . . .			
e	From 2014 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013 . . . . .			
d	Excess from 2014 . . . . .			
e	Excess from 2015 . . . . .			

**Part VI** Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II - SECTION C. LINE 17A 10% FACTS AND CIRCUMSTANCES TEST  
SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC. (THE "SOCIETY"),  
QUALIFIES AS PUBLICLY SUPPORTED BECAUSE IT MEETS THE 10%  
FACTS-AND-CIRCUMSTANCES TEST UNDER TREAS. REG 1.170A-9(E) (3) FOR THE YEAR  
ENDED SEPTEMBER 30, 2016 IN THE FOLLOWING RESPECTS:

10% OF SUPPORT LIMITATION - THE SOCIETY'S PUBLIC SUPPORT PERCENTAGE FOR  
FISCAL 2016 IS 23.14% WHICH EXCEEDED 10%.

ATTRACTION OF PUBLIC SUPPORT AND PUBLIC MISSION - THE SOCIETY PERPETUATES  
THE MEMORY OF THE MEN WHO, IN MILITARY, NAVAL OR CIVIL SERVICE, BY THEIR  
ACTS OR COUNSEL, ACHIEVED AMERICAN INDEPENDENCE; TO PROMOTE AND ASSIST IN  
THE PROPER CELEBRATION OF THE ANNIVERSARIES OF WASHINGTON'S BIRTHDAY, THE  
BATTLES OF LEXINGTON AND BUNKER HILL, THE FOURTH OF JULY, THE  
CAPITULATIONS OF SARATOGA AND YORKTOWN, THE EVACUATION OF NEW YORK BY THE  
BRITISH ARMY, AND OTHER PROMINENT EVENTS RELATING TO OR CONNECTED WITH  
THE WAR OF THE REVOLUTION; TO COLLECT AND SECURE FOR PRESERVATION THE  
MANUSCRIPT ROLLS, RECORDS AND OTHER DOCUMENTS RELATING TO THAT WAR; TO  
INSPIRE AMONG THE MEMBERS AND THEIR DESCENDANTS THE PATRIOTIC SPIRIT OF  
THEIR FOREFATHERS; TO INCULCATE IN THE COMMUNITY IN GENERAL, SENTIMENTS  
OF NATIONALITY AND RESPECT FOR THE PRINCIPLES FOR WHICH THE PATRIOTS OF  
THE REVOLUTION CONTENDED; TO ASSIST IN THE COMMEMORATIVE CELEBRATION OF  
OTHER GREAT HISTORICAL EVENTS OF NATIONAL IMPORTANCE, AND TO PROMOTE  
SOCIAL INTERCOURSE AND THE FEELING OF FELLOWSHIP AMONG ITS MEMBERS.

IN ADDITION, THE SOCIETY OPERATES A MUSEUM WITH THE MISSION TO EDUCATE  
THE PUBLIC AND CREATE GENUINE APPRECIATION FOR NEW YORK CITY HISTORY AS

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

IT RELATES TO COLONIAL AMERICA, THE AMERICAN REVOLUTIONARY WAR, AND THE EARLY REPUBLIC; THIS MISSION IS FULFILLED THROUGH THE PRESERVATION OF ITS COLLECTION AND INTERPRETATION OF THE SOCIETY'S LANDMARKED 1719 BUILDING ALONG WITH VARIED EXHIBITIONS OF ART AND ARTIFACTS AS THEY RELATE TO THE HISTORIC SITE AND THE AMERICAN REVOLUTION.

THE MUSEUM STRIVES TO BE AN INSPIRING RESOURCE IN PROVIDING A THOROUGH UNDERSTANDING OF VARIOUS ELEMENTS OF EARLY AMERICAN LIFE WHILE PROMOTING A PARTICULAR APPRECIATION FOR THE AMERICAN REVOLUTIONARY WAR AND THE RICH HISTORY THAT EXISTS IN LOWER MANHATTAN. WITH A CULTURALLY SIGNIFICANT COLLECTION, THE MUSEUM WILL CONTINUE TO BE A VITAL INSTITUTION TO A GROWING AUDIENCE THAT OFFERS COMPELLING PROGRAMS AND EXHIBITS WHILE EXPANDING ON PUBLIC ACCESSIBILITY BOTH ON AND OFF SITE.

SOURCES OF SUPPORT - THE SOCIETY'S FUNDING COMES FROM DIVERSE SOURCES OF SUPPORT, INCLUDING A NUMBER OF ORGANIZATIONS, INDIVIDUALS, INSTITUTIONS AND GOVERNMENTAL ENTITIES THAT SUPPORT ITS PURPOSES. AS THE SOCIETY CONTINUES TO GROW IT SEEKS TO DEVELOP ADDITIONAL FUNDRAISING ACTIVITIES TO ATTRACT A BROAD RANGE OF PUBLIC SUPPORT FROM INDIVIDUALS AND INSTITUTIONS AND GOVERNMENTAL ENTITIES WHO SUPPORT ITS MISSION. CURRENTLY THE SOCIETY HAS 832 MEMBERS AND THE MUSEUM HAS 124 MEMBERS.

REPRESENTATIVE GOVERNING BODY - THE SOCIETY'S ACTIVITIES ARE GOVERNED BY THE BOARD MEMBERS, REFLECTING A BROAD RANGE OF INDIVIDUALS, INCLUDING INDIVIDUALS WITH SPECIAL BACKGROUND AND EXPERTISE IN MANAGING AND OPERATING A NONPROFIT ORGANIZATIONS.

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES - THE SOCIETY'S FACILITIES AND PROGRAMS ARE OPEN TO ALL INDIVIDUALS WHO WISH TO LEARN ABOUT THE HISTORY OF COLONIAL AMERICA, THE AMERICAN REVOLUTIONARY WAR, AND THE EARLY REPUBLIC. THE SOCIETY MAINTAINS ITS LANDMARKED 1719 BUILDING, WHICH ON THE FIRST FLOOR SERVES AS THE SITE OF AN ESTABLISHMENT OPEN TO THE PUBLIC SERVING FOOD AND DRINKS, A USAGE SIMILAR TO THAT WHICH EXISTED ON THE PREMISES DURING THE REVOLUTIONARY WAR ERA. THE SECOND, THIRD AND FOURTH FLOORS OF THE FIVE BUILDINGS THAT MAKE-UP THE FRAUNCES TAVERN COMPLEX ARE USED FOR THE SOCIETY'S PUBLIC EDUCATIONAL PROGRAMMING.

PROGRAMS OFFERED TO THE PUBLIC BY THE SON'S OF THE REVOLUTION IN THE STATE OF NEW YORK, INC. INCLUDE:

A. FRAUNCES TAVERN MUSEUM OPEN TO THE PUBLIC SEVEN DAYS A WEEK

FOCUSING ON THE AMERICAN REVOLUTION, THE MUSEUM'S EDUCATIONAL PROGRAMING TARGETS BOTH ADULT LEARNRS AND CHILDREN. IT HAS BECOME A STAPLE IN THE NEW YORK CITY SCHOOL SYSTEM. ADULT VISITORS WHO HAVE RETURNED TO FRAUNCES TAVERN FOR VARIOUS OCCASIONS RECALL STANDING IN THE MUSEUM WHILE ON AN ELEMENTARY SCHOOL FIELD TRIP EVEN IF IT HAPPENED SEVERAL DECADES AGO. ONE PARENT RECALLED IN THE MUSEUM COMMENT BOOK, "I CAME WHEN I WAS IN ELEMENTARY SCHOOL, BUT AFTER MANY YEARS AND AT 54, I CAN APPRECIATE IT MORE. THANK YOU FOR KEEPING THE MUSEUM RUNNING FOR ME AND EVERYONE ELSE TO ENJOY."

AS LEARNING THEORIES HAVE EVOLVED THROUGH THE YEARS, THE MUSEUM'S



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

TEACHING TECHNIQUES HAVE ADAPTED TO COMPLEMENT UP-TO-DATE EDUCATION MODELS TO ENSURE EXCELLENT QUALITY IN PROGRAMMING. FOR THE 2015/2016 SCHOOL YEAR, THE EDUCATIONAL PROGRAMMING SERVED 5,578 STUDENTS AND 162 CLASSES, AN INCREASE OF 6.28% AND 9.45% RESPECTIVELY FROM THE 2014/2015 SCHOOL YEAR. CLASSES RANGED FROM 6 TO 60 STUDENTS AT A TIME AND EACH PROGRAM IS 90 MINUTES LONG. THE PROGRAM TYPICALLY OCCURS IN THE MORNING (BETWEEN 10AM -12) BEFORE THE MUSEUM'S DAILY PUBLIC HOURS. THIS ALLOWS STAFF TO PRIORITIZE THE STUDENTS' EXPERIENCE IN THE MUSEUM AND NOT BE CONCERNED WITH OVERCROWDING BY THE PUBLIC.

THE REGULAR SCHOOL PROGRAM IS TITLED, REVOLUTIONARY HEROES & TAVERN LIFE. THROUGH THIS PROGRAM STUDENTS VISIT THE LONG ROOM, WHERE GEORGE WASHINGTON BID FAREWELL TO HIS OFFICERS AFTER THE REVOLUTIONARY WAR, TO LEARN ABOUT THE TAVERN'S ROLE DURING THE REVOLUTION AND IN COLONIAL LIFE. IN THE JOHN WARD DUNSMORE GALLERY, STUDENTS USE VISUAL THINKING STRATEGIES TO LEARN ABOUT VARIOUS REVOLUTIONARY WAR PARTICIPANTS. INTERACTIVE ACTIVITIES ARE USED TO EXPERIENCE AND INTERPRET COLONIAL LIFE IN NEW YORK.

TO EXPAND ON OUR CURRENT SCHOOL PROGRAM WE PLAN TO START A QUILL WRITING SCHOOL PROGRAM IN THE FALL OF 2017. THIS PROGRAM TARGETS GRADES 4-12. STUDENTS WILL LEARN QUILL WRITING AND STUDY PRIMARY DOCUMENTS, SUCH AS THE DECLARATION OF INDEPENDENCE AND REVOLUTIONARY WAR SPY, BENJAMIN TALLMADGE'S DIARY. STUDENTS WILL SPEND THE FIRST HALF OF THIS PROGRAM IN THE MUSEUM'S LONG ROOM AND MCENTEE GALLERY LEARNING ABOUT COLONIAL LIFE BY STUDYING PRIMARY DOCUMENTS THAT REVEAL THIS HISTORY. QUILL WRITING WILL TAKE PLACE IN THE MUSEUM'S FLAG GALLERY WHERE STUDENTS WILL SIGN

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

THEIR NAMES WITH A QUILL AND INK, CHOOSING WHETHER TO SWEAR AN OATH OF ALLEGIANCE TO THE CROWN OR COLONIES.

THE SCHOOLS THAT PARTICIPATE IN THE EDUCATIONAL SCHOOL PROGRAM ARE DIVERSE AND COME FROM ALL FIVE-BOROUGHES OF NEW YORK CITY. CLASSES THAT PARTICIPATED INCLUDE: THE ENTIRE 4TH GRADE FROM PS 105 (9 CLASSES) FROM BROOKLYN (296 STUDENTS TOTAL). FIFTEEN 5TH AND 6TH GRADE STUDENTS FROM RIVER'S EDGE HOMESCHOOL COOP FROM WOODSIDE, QUEENS, AND 84 5TH GRADE STUDENTS FROM COLUMBIA GRAMMAR SCHOOL IN MANHATTAN. IN TOTAL, 163 STUDENT GROUPS WERE IN THE 1ST THROUGH 5TH GRADES. EIGHT STUDENT GROUPS WERE IN THE 6TH THROUGH 8TH GRADE, AND 5 STUDENT GROUPS WERE IN 9TH THROUGH 12TH GRADE. OF THE 4,595 TOTAL STUDENTS WHO ATTEND THE MUSEUM'S SCHOOL TOUR PROGRAM 1,420 WERE FROM TITLE 1 SCHOOLS.

EACH SCHOOL PROGRAM CAN ACCOMMODATE A SINGLE CLASS AS WELL AS LARGER GROUP SIZES OF 36-54 STUDENTS AT A TIME WHEN REQUESTED. DUE TO THE MUSEUM'S GROWING VOLUNTEER PROGRAM, WE ARE ABLE TO OFFER MORE THAN ONE SCHOOL PROGRAM PER DAY.

EDUCATORS, TRAINED BY THE DIRECTOR OF EDUCATION & PUBLIC PROGRAMS, HELP TO ENSURE EXCEPTIONAL QUALITY IN THE SCHOOL PROGRAM WHICH PROMOTES CRITICAL THINKING TO GIVE STUDENTS AN AUTHENTIC AND PERSONAL ENCOUNTER WITH HISTORY (NYS LEARNING STANDARDS SOCIAL STUDIES, LANGUAGE ARTS, ARTS) THE PROGRAM INCORPORATES USAGE OF HANDLING OBJECTS WHICH IS ESSENTIAL TO STUDENTS EXPERIENCING HISTORY. THIS PART OF THE PROGRAM RECEIVES EXCEPTIONAL PRAISE YEAR AFTER YEAR. STUDENTS ARE GIVEN TAKE-HOME TRI-LINGUAL BROCHURES (ENGLISH, SPANISH, MANDARIN) TO ENCOURAGE DIALOGUE

**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

AT HOME ABOUT WHAT THE STUDENT LEARNED DURING OUR PROGRAM. ADDITIONALLY, THESE BROCHURES SERVE AS A PASS TO RETURN TO THE MUSEUM FREE FOR THE ENTIRE FAMILY.

PROVIDING ACCESS TO THE MISSION FOR THOSE WHO ARE DIFFERENTLY ABLE HAS BECOME ESSENTIAL TO SERVING THE COMMUNITY. IN APRIL OF 2014 THE MUSEUM HOSTED ITS FIRST ACCESS PROGRAM IN ASSOCIATION WITH AUTISM FRIENDLY SPACES. THIS PROGRAM INCLUDED STAFF TRAINING, SPECIAL CRAFTS AND ACTIVITIES FOR CHILDREN AND THEIR FAMILIES TO ENJOY WHILE EXPERIENCING THE MUSEUM.

THE EDUCATIONAL PROGRAMS OFFERED TO ADULT LEARNERS CONTINUE TO SERVE AS A GREAT RESOURCE TO THE COMMUNITY BY MAINTAINING A STRONG ATTENDANCE IN OUR MONTHLY LECTURES AND SEASONAL WALKING TOURS. ALL ASPECTS OF PROGRAMS ARE MANAGED BY THE FULL-TIME DIRECTOR EDUCATION & PUBLIC PROGRAMS. THE MUSEUM'S FLAG GALLERY IS A "MULTI-PURPOSE ROOM" WHERE MOST PROGRAMS ARE HELD, INCLUDING ACADEMIC LECTURES, SEATS UP TO 70.

MONTHLY EVENING LECTURES ARE HOSTED IN THE FLAG GALLERY. LECTURES FOCUS ON SUBJECTS RELATING TO COLONIAL AMERICA, THE REVOLUTION, AND THE EARLY REPUBLIC, AND ARE GIVEN BY HISTORIANS AND ACADEMICS WHO HAVE PUBLISHED RECENT WORKS. EACH PRESENTATION IS FOLLOWED BY A "Q&A" SESSION. AVERAGE ATTENDANCE IS 45 GUESTS, WITH OCCASIONAL SELL-OUT CROWDS. CSPAN3 ALSO ATTENDS SELECT LECTURES TO FILM AND THEN AIR THE LECTURES. THE FILMED LECTURES CAN BE ACCESSED ON THE CSPAN3WEBSITE.

RECENT SPEAKERS AT OUR EVENING LECTURES HAVE INCLUDED SPENCER MCBRIDE,

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**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

MICHAEL KLARMAN AND GEORGE GOODWIN.

THE MUSEUM'S WALKING TOURS PROVIDE INSIGHT INTO THE LANDSCAPES OF THE CITY'S PAST. LICENSED GUIDES LEAD PARTICIPANTS THROUGH LOWER MANHATTAN NEIGHBORHOODS WHILE NARRATING THE HISTORY.

THE MUSEUM OFFERS FOUR WALKING TOURS THROUGHOUT THE YEAR: "THE NEW YORK TEA PARTY OF 1774" IN APRIL (2 HOURS), "A TOAST TO HISTORY: INDEPENDENCE EVE IN JULY" (2 HOURS), "REVOLUTIONARY WAR NIGHTTIME WALKING TOUR" (3.5 HOURS), AND "NEW YORK'S EVACUATION DAY" IN NOVEMBER (2 HOURS). THERE ARE 30-60 PARTICIPANTS PER TOUR.

DUE TO THE POPULARITY OF THESE WALKING TOURS, THE MUSEUM WILL BEGIN TO OFFER EACH OF THE TOURS ON MULTIPLE DATES. TO ENSURE QUALITY PROGRAMMING, TOURS WILL BE CAPPED AT 30 PARTICIPANTS. THIS WILL GUARANTEE AN INTIMATE TOUR TO A WIDER PUBLIC AUDIENCE.

SINCE 2014, THE MUSEUM HAS PARTICIPATED IN NIGHT AT THE MUSEUMS, A COLLABORATIVE EVENT WITH DOWNTOWN CULTURAL GROUP AND RIVER TO RIVER FESTIVAL. THIS EVENT TAKES PLACE IN JUNE AND AIMS TO PROVIDE GREATER ACCESSIBILITY BY KEEPING CULTURAL INSTITUTIONS OPEN LATER THAN TRADITIONAL PUBLIC HOURS. IN 2016, THE MUSEUM RECEIVED OVER 600 VISITORS, SEPTUPLE THE STANDARD DAILY ATTENDANCE. [ON ONE DAY]

SPECIAL FAMILY PROGRAMMING IS AVAILABLE DURING NIGHT AT THE MUSEUM THAT FEATURES HISTORICAL BALLADEER LINDA RUSSELL, WHO PROVIDES MUSIC FROM THE COLONIAL PERIOD, AND THE TRICORNE DANCE ENSEMBLE, WHO TEACHES VISITORS

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COLONIAL DANCE. NEW PROGRAMMING THIS YEAR INCLUDED A COLONIAL DRESS-UP PHOTOBOOTH AND A CHILDREN'S "CREATE YOUR OWN FLAG ACTIVITY".

STARTING IN 2015 THE MUSEUM HAS OFFERED TWO SEPARATE FILM VIEWINGS. THE SOLD-OUT VIEWING OF "1776" INCLUDED A MEET-AND-GREET WITH ACTOR WILLIAM DANIELS. IN 2016 THE MUSEUM HOSTED A PREVIEW OF THE SEASON PREMIERE OF TELEVISION SHOW TURN.

THE MUSEUM OFFERS A SPECIAL PUBLIC PROGRAMMING IN SEPTEMBER: SPY WEEK, FOR NATHAN HALE DAY (REVOLUTIONARY WAR SPY). THIS WEEK-LONG THEMED PROGRAM FOCUSES ON ESPIONAGE DURING THE REVOLUTIONARY WAR. IT INCLUDES A RELATED THEMED LECTURE AND A SPECIAL DOCENT-LED ESPIONAGE THEMED PUBLIC TOUR OFFERED DAILY FOR THE WEEK. THIS TOUR FOCUSES ON WASHINGTON'S CULPER SPY RING, NATHAN HALE, BENJAMIN TALLMADGE, LYDIA DARRAGH, AND OTHER NOTABLE SPIES FEATURED IN THE MUSEUM'S GALLERIES. SPECIAL ARTIFACTS FROM THE MUSEUM'S COLLECTION ARE ALSO BEING ON DISPLAY.

"SPY WEEK" IS IN RESPONSE TO A 2015 SUMMER SURVEY ADMINISTERED BY THE MUSEUM. FORTY ONE PERCENT OF PARTICIPANTS WERE INTERESTED IN ESPIONAGE-RELATED TOPICS, MAKING IT THE MOST POPULAR RESULT ON THE SURVEY.

IN RESPONSE TO INQUIRIES ABOUT CHILDREN'S PROGRAMMING, A SCAVENGER HUNT ACTIVITY WAS CREATED. THIS NEW INTERACTIVE ACTIVITY AIMS TO ENGAGE CHILDREN AND FAMILIES USING QUESTIONS AND HINTS ALL FOCUSED ON ALEXANDER HAMILTON TO FIND SELECTED ARTIFACTS WITHIN THE MUSEUM'S GALLERIES. IT IS AVAILABLE AT THE FRONT DESK (COMPLIMENTARY WITH ADMISSION) AND DOES NOT

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REQUIRE THE GUIDANCE OF MUSEUM STAFF.

IN 2017 THE MUSEUM STARTED A BOOK CLUB. THE CLUB MEETS ONCE PER CALENDAR QUARTER TO DISCUSS A RECENTLY PUBLISHED BOOK RELATED TO THE MUSEUM'S MISSION. THIS PROGRAM PROVIDES AN ALTERNATIVE WAY TO ACCESS THE MISSION AND FACILITATE THOUGHTFUL DISCUSSION ON CURRENT PERSPECTIVES REGARDING THE REVOLUTIONARY WAR.

THE MUSEUM HAD NINE GALLERIES FOR EXHIBITION OF ITS 8,000 PIECE COLLECTION. THERE ARE THREE ROTATING GALLERIES AND AN ANNUAL AVERAGE OF TWO NEW EXHIBITIONS. OUR CURRENT ROTATING EXHIBITS INCLUDE, DUNSMORE: ILLUSTRATING THE AMERICAN REVOLUTIONARY WAR.

THE MUSEUM OWNS THE LARGEST COLLECTION OF JOHN WARD DUNSMORE PAINTINGS, WHICH ILLUSTRATE THE LIVES OF EARLY AMERICANS DURING AND AFTER THE AMERICAN REVOLUTIONARY WAR. THIS COLLECTION, TOTALING FORTY SEVEN PAINTINGS, IS A CORNERSTONE TO THE MUSEUM'S EDUCATIONAL PROGRAMMING, WHICH AIMS TO PROMOTE CRITICAL THINKING AND ENCOURAGE THE AWARENESS OF DIFFERENT PERSPECTIVES WHILE GIVING STUDENTS AN AUTHENTIC AND PERSONAL ENCOUNTER WITH HISTORY THROUGH DISCUSSION AND INQUIRY-BASED LEARNING. THE DUNSMORE PAINTINGS ARE ALSO WIDELY SOUGHT FOR REPRODUCTION IN EDUCATIONAL TEXTBOOKS, GOVERNMENT WEBSITES, AND HAVE BEEN REPRODUCED FOR A SPECIAL COIN BY THE US MINT.

IN JUNE 2016, THE MUSEUM COMPLETED A THREE-PHASE, ELEVEN YEAR LONG, CONSERVATION PROJECT IN WHICH THE GOAL OF THIS PROJECT WAS TO CONSERVE 37 DUNSMORE PAINTINGS, EXHIBIT THEM IN A PERMANENT ROTATION AND PUBLISH A

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

CATALOGUE OF THE PROJECT AND PIECES. THE EXHIBITION FEATURES FIFTY-FIVE  
PIECES IN THE ROTATING MESICK GALLERY BEGINNING IN JUNE OF 2016. THE  
MAJORITY OF THIS PROJECT WAS FUNDED THROUGH PRIVATE SUPPORT AND GRANTS.

THE SECOND OF THE ROTATING EXHIBITS IS LAFAYETTE, WHICH OPENED IN JULY OF  
2015. THIS EXHIBIT FEATURES PERSONAL EFFECTS, MANUSCRIPT AND PORTRAITS  
OF THE GENERAL MARQUIS DE LAFAYETTE. THE EXHIBIT WAS TO COMPLEMENT THE  
DOCKING OF THE REPRODUCTION OF LAFAYETTE'S SHIP, L'HERMOINE AT THE  
SEAPORT THAT SAME MONTH. ALL THE ARTIFACTS IN THIS EXHIBIT ARE FROM THE  
MUSEUM'S COLLECTION, INCLUDING THE BLOODIED SASH THAT LAFAYETTE USED AS A  
TOURNIQUET AT THE BATTLE OF BRANDYWINE.

THE THIRD ROTATING EXHIBITION FEATURES TEN OF THE MUSEUM'S MOST  
INTELLECTUALLY VALUABLE OBJECTS, INCLUDING THE CARRIAGE DOOR OF GEORGE  
WASHINGTON'S COACH AND DENIS MALONE CARTER'S PAINTING "MOLLY PITCHER."  
DUE TO THESE OBJECTS SENSITIVITY TO LIGHT AND IMPORTANCE TO AMERICAN  
HISTORY THEY ARE RARELY ON DISPLAY. IT WILL BE A ONCE IN A LIFETIME  
OPPORTUNITY TO VIEW SOME OF FRAUNCES TAVERN MUSEUM'S CROWN JEWELS.

THE SIX PERMANENT EXHIBITS INCLUDE THE ORIENTATION ROOM WHERE A BRIEF  
VIDEO ACCOMPANIES PANELS AND ARTIFACTS TELLING THE STORY OF THE MUSEUM. A  
STOIC COUNTENANCE: PORTRAITS OF GEORGE WASHINGTON IS LOCATED IN THE  
ELIZABETH AND STANLEY DEFOREST SCOTT GALLERY, THIS EXHIBITION FEATURES  
LATE 1700S PORTRAITS OF GEORGE WASHINGTON FROM AROUND THE WORLD. IT  
INCLUDES A LOUVRE COPY OF THE FAMOUS HOUDON BUST. THE LONG ROOM ON THE  
SECOND FLOOR OF 54 PEARL STREET IS THE SITE OF GENERAL GEORGE  
WASHINGTON'S FAMOUS FAREWELL TO HIS OFFICERS AT THE END OF THE

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REVOLUTION. THIS PERIOD ROOM IS A RE-CREATION OF AN 18TH CENTURY PUBLIC DINING ROOM BASED ON EXTENSIVE RESEARCH OF INVENTORIES AND ESTATES OF TAVERN KEEPERS OF THIS PERIOD. THE CLINTON ROOM IS A RECREATION OF A FEDERALIST STYLE DINING ROOM. THE ROOM IS NAMED FOR GEORGE CLINTON, NEW YORK STATE'S FIRST AMERICAN GOVERNOR WHO HOSTED A DINNER PARTY FOR GENERAL GEORGE WASHINGTON AT FRAUNCES TAVERN TO CELEBRATE THE BRITISH EVACUATION OF BRITISH TROOPS FROM NEW YORK ON NOVEMBER 25, 1783. THE SECOND TO LAST PERMANENT EXHIBITION IS THE HISTORY OF THE SONS OF THE REVOLUTION IN THE STATE OF NEW YORK LOCATED ABOVE THE LONG ROOM IN THE MCENTEE GALLERY, THIS EXHIBIT EXPLAINS THE HISTORY OF THE ORGANIZATION THAT SAVED FRAUNCES TAVERN. VISITORS CAN LEARN ABOUT THE SRNY AND ITS COMMUNITY INVOLVEMENT THROUGH THE DISPLAYS OF ARTIFACTS, IMAGES AND PLAQUES, WHICH ARE KEPT IN ORIGINAL EARLY 20TH CENTURY MUSEUM CASES, BUILT BY TIFFANY & COMPANY. THE FINAL PERMANENT EXHIBITION IS A FLASH OF COLOR: EARLY AMERICAN FLAGS AND STANDARDS WHICH FEATURES OVER FORTY OF THE MORE THAN 200 FLAGS FROM THE COLLECTION ARE ON DISPLAY IN THE KATHRYN & SHELBY CULLOM DAVIS EDUCATION CENTER FOR AMERICAN HISTORY. IN THIS EXHIBIT VISITORS WILL LEARN HOW THE DESIGN AND COLORS OF THE AMERICAN FLAG DEVELOPED. FLAGS REPRESENTING THE STATES AND FRENCH REGIMENTS WHO FOUGHT FOR THE CAUSE ARE ALSO ON DISPLAY.

IN 2015 THE MUSEUM STARTED TO PROVIDE ACCESS TO THE AUDIO COMPONENTS OF THE VISITOR EXPERIENCE TO THOSE WHO ARE HARD OF HEARING. THIS INCLUDED ADDING CAPTIONING TO THE ORIENTATION VIDEO AND INDUCTION LOOPS.

B. NATHAN HALE DAY IS CELEBRATED ANNUALLY ON SEPTEMBER 22 AT CITY HALL PARK IN FRONT OF THE NATHAN HALE STATUE WITH A PUBLIC CEREMONY AND WREATH



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LAYING. THE CELEBRATION IS TO COMMEMORATE NATHAN HALE WHO, DISGUISED AS A DUTCH SCHOOL TEACHER, ATTEMPTED TO INFILTRATE THE BRITISH RANKS TO GATHER BRITISH MILITARY INTELLIGENCE. HALE WAS DISCOVERED ON SEPTEMBER 21, 1776 AND BROUGHT BEFORE GENERAL WILLIAM HOWE, COMMANDER IN CHIEF OF THE BRITISH ARMY, AT HIS HEADQUARTERS AT THE BEEKMAN MANSION (APPROXIMATELY 51ST STREET AND FIRST AVENUE). HALE WAS HANGED FOR TREASON, WITHOUT TRIAL, THE NEXT MORNING.

THE STATUE OF NATHAN HALE, BY FREDERICK MACMONNIES (1863-1937), WAS PRESENTED TO NEW YORK CITY BY THE SONS OF THE REVOLUTION ON NOVEMBER 25, 1893. HALE'S FAMOUS LAST WORDS ARE INSCRIBED ON THE STATUE, "I ONLY REGRET THAT I HAVE BUT ONE LIFE TO LOSE FOR MY COUNTRY."

C. EVACUATION DAY IS COMMEMORATED AS PART OF THE SOCIETY'S MISSION TO PROMOTE AND ASSIST IN THE PROPER CELEBRATION OF THE ANNIVERSARY OF THE EVACUATION OF NEW YORK BY THE BRITISH ARMY. ON NOVEMBER 25, 1783, THE DEFEATED BRITISH ARMY LEFT NEW YORK CITY AFTER A SEVEN-YEAR OCCUPATION. THAT NIGHT, THE FIRST AMERICAN-BORN GOVERNOR OF NEW YORK, GEORGE CLINTON, HONORED COMMANDER-IN-CHIEF GEORGE WASHINGTON WITH A CELEBRATION HELD IN FRAUNCES TAVERN (THE SITE OF THE SOCIETY'S MUSEUM). DURING THE DINNER, THIRTEEN TOASTS WERE OFFERED, BEGINNING WITH "THE UNITED STATES OF AMERICA" AND ENDING WITH "MAY THE REMEMBRANCES OF THIS DAY BE A LESSON TO PRINCES".

THE SOCIETY PROMOTES AND CELEBRATES EVACUATION DAY WITH AN ANNUAL DINNER TO WHICH THE PUBLIC IS INVITED HOSTED AT THE FRAUNCES TAVERN RESTAURANT. THE THIRTEEN ORIGINAL TOASTS ARE GIVEN. THE RESTAURANT'S LARGEST ROOM,

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BISSELL ROOM, IS USED FOR THIS DINNER.

D. TALLMADGE DAY IS A CELEBRATION OF THE BIRTHDAY OF FREDERICK SAMUEL TALLMADGE, LATE PRESIDENT OF THE SOCIETY, TO HONOR TALLMADGE FOR HIS DEVOTION TO AND BENEFICENCE TO THE SOCIETY. MEMBERS OF THE PUBLIC ARE INVITED TO THIS EVENT.

E. THE GEORGE WASHINGTON BIRTHDAY BALL IS HELD ANNUALLY AS A DINNER IN FEBRUARY TO CELEBRATE THE ANNIVERSARY OF THE WASHINGTON'S BIRTH. MEMBERS OF THE PUBLIC ARE INVITED TO THE BALL, WHICH IS ATTENDED BY OVER 100 PEOPLE.

THE BALL PROGRAM INCLUDES A PROCESSION OF HONORED GUESTS, SOCIETY AND NATIONAL COLOR PRESENTATION, PLEDGE, INVOCATION, TOASTS, DISTINGUISHED PATRIOT AWARD AND COCKED HAT CEREMONY.

THE DISTINGUISHED PATRIOT AWARD IS PRESENTED AT THE BALL. THE AWARD WAS FIRST GIVEN IN 1961 AT THE 84TH BALL TO AN AMERICAN WHO HAS MADE AN OUTSTANDING CONTRIBUTION TO HIS OR HER FIELD OF ENDEAVOR AND WHO PERSONIFIES THE PRINCIPLES UPON WHICH THIS COUNTRY WAS FOUNDED. AT THE SOCIETY'S 2017 BALL, THE AWARD WAS PRESENTED TO CAPTAIN PAUL BUCHA, ONE OF OUR NATION'S LIVING MEDAL OF HONOR RECIPIENTS. THE COCKED HAT CEREMONY IS THE PRESENTATION OF A REPRODUCTION TRI-CORN HAT TO THE SOCIETY PRESIDENT. IT IS ACCOMPANIED BY THE READING OF THE COCKED HAT POEM. THE GEORGE WASHINGTON BIRTHDAY BALL SERVES AS A FUNDRAISER FOR FRAUNCES TAVERN MUSEUM.

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

F. FAMILY NIGHT - AT A DINNER IN APRIL WE COMMEMORATE THE BATTLES OF LEXINGTON AND CONCORD.

IN ADDITION, SOCIETY MEMBERS WHO HAVE ACHIEVED FORTY AND FIFTY YEARS OF MEMBERSHIP ARE RECOGNIZED. MEMBERS OF THE PUBLIC ARE INVITED TO THIS EVENT. SINCE THE 1970S IT HAS BEEN THE EVENT WHERE THE FRAUNCES TAVERN MUSEUM BOOK AWARD HAS BEEN PRESENTED. AT THE 2017 FAMILY NIGHT, WE PRESENTED THE BOOK AWARD TO ALAN TAYLOR FOR "AMERICAN REVOLUTION: A CONTINENTAL HISTORY: 1750-1804. THE RUNNER UP, LARRIE FERREIRO SPOKE AT THE DINNER ON HIS WINNING BOOK, "FATAL SUNDAY: GEORGE WASHINGTON, THE MONMOUTH CAMPAIGN, AND THE POLITICS OF BATTLE."

G. AWARDS & BENEVOLENCE - EVERY YEAR THE SOCIETY PRESENTS FOUR AWARDS. THE KNOX TROPHY WAS ESTABLISHED IN 1910 AND IS THE OLDEST AWARD GIVEN TO A WEST POINT CADET.

THE GUSTAVUS CONYNGHAM AWARD IS GIVEN TO A U.S. MERCHANT MARINE ACADEMY MIDSHIPMAN WITH THE BEST OVERALL PERFORMANCE AT SEA WHO INTENDS TO SAIL AFTER GRADUATION. THE FRAUNCES TAVERN MUSEUM BOOK AWARD HAS BEEN ANNUALLY PRESENTED SINCE 1972 TO THE AUTHOR OF THE BEST, NEWLY PUBLISHED WORK ON THE AMERICAN REVOLUTIONARY, COMBINING ORIGINAL SCHOLARSHIP, INSIGHT AND GOOD WRITING. THE WINNER, RUNNER UP AND HONORABLE MENTION ARE ALL INVITED TO FAMILY NIGHT DINNER AND PRESENTED WITH A PLAQUE. THE BOOK AWARD IS TOUTED BY PUBLISHERS AND AUTHORS AND RECOGNIZED AS A PRESTIGIOUS AWARD BY THOSE ORGANIZATIONS WHO RECOMMEND BOOKS.

WE ALSO HOST AN ESSAY CONTEST ON FLAG DAY FOR ELEMENTARY STUDENTS ON THE

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TOPIC, "WHAT THE AMERICAN FLAG MEANS TO ME." THE WINNERS AND THEIR SCHOOLS RECEIVE A CASH PRIZES AND PLAQUES. THE SOCIETY HAS HELD AN ESSAY CONTEST SINCE AT LEAST 1914 THE ESSAY CONTEST REACHES HUNDREDS OF SCHOOL KIDS THROUGH THEIR PARTICIPATION. DURING THE FLAG DAY CELEBRATION CEREMONY IN FRONT OF 54 PEARL STREET THE WINNING ESSAYS ARE READ. ALL THE BYSTANDERS WATCHING AND LISTENING ARE ACCESSING PART OF THE SOCIETY MISSION.

THE FINAL AWARD WAS FIRST GIVEN IN 1961 AT THE 84TH ANNUAL GEORGE WASHINGTON BIRTHDAY BALL; THE DISTINGUISHED PATRIOT AWARD HAS HISTORICAL BEEN GIVEN TO AN AMERICAN WHO HAS MADE AN OUTSTANDING CONTRIBUTION TO HIS OR HER FIELD OF ENDEAVOR AND WHO PERSONIFIES THE PRINCIPLES UPON WHICH THIS COUNTRY WAS FOUNDED.

THE TWO MILITARY-RELATED AWARDS ARE PRESENTED BY THE SOCIETY AT GRADUATION CEREMONIES. THE THOUSANDS OF PARENTS, FAMILY MEMBERS, FACULTY AND STUDENTS WHO WATCH THE CEREMONIES ARE EXPOSED TO THE SOCIETY MISSION. THE PATRIOT OF THE YEAR AWARD IS PRESENTED AT THE BALL WHERE OVER 100 GUESTS ARE REACHED. THE BOOK AWARD IS KNOWN BY PUBLISHERS AND AUTHORS WORKING WITHIN OUR MISSION PERIOD. IT EXPANDS THE MUSEUM'S REACH AND ADS TO MISSION RELEVANCE OF FAMILY NIGHT BY BEING PRESENTED DURING THAT DINNER.

#### H. FLAG DAY PARADE & CEREMONY

THE ONE-HUNDRED AND ELEVEN YEAR OLD TRADITION OF THE SOCIETY KICKS OFF WITH A PUBLIC PARADE FROM CITY HALL PARK WITH OVER 1000 MARCHERS FROM

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DIFFERENT HISTORICAL SOCIETIES, LOCAL ORGANIZATION AND SCHOOLS. THE PARADE ENDS AT FRAUNCES TAVERN WHERE LOCAL SCHOOL CHILDREN PERFORM SONGS FOR ONLOOKERS AND THE WINNERS OF "WHAT THE AMERICAN FLAG MEANS TO ME" STUDENT ESSAY CONTEST READ THEIR ESSAYS TO CHEERS FROM THE CROWD.

I. COLOR GUARD

THE COLOR GUARD IS A STANDING COMMITTEE. EVERY YEAR THE COLOR GUARD MARCHES WITH A SELECTION OF SOME OF THE 400 FLAGS IN THE COLLECTION AND LAYS WREATHS IN A NUMBER OF PUBLIC CEREMONIES AROUND THE TRI-STATE AREA... THIS INCLUDES FEDERAL HALL'S ANNUAL GEORGE WASHINGTON INAUGURATION CEREMONY, THE ANNUAL WREATH LAYING AND MEMORIAL SERVICE AT THE HISTORIC SHEARITH ISRAEL CEMETARY, AND THE NATHAN HALE DAY CEREMONY AND WREATH LAYING AT CITY HALL PARK.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS	13,024.	474.	8,430.	1,740.	2,315.	25,983.
INSURANCE PROCEEDS					75,000.	75,000.
<b>TOTALS</b>	<u>13,024.</u>	<u>474.</u>	<u>8,430.</u>	<u>1,740.</u>	<u>77,315.</u>	<u>100,983.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization: SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.

Employer identification number: 13-5563011

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements (with checkboxes for public use, natural habitat, open space, historic structure), Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue and Assets. Rows include: If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items; If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,225,094.	4,097,323.	4,322,624.	4,393,731.	3,972,464.
b Contributions	1,438.	4,688.	6,000.	23,217.	50,172.
c Net investment earnings, gains, and losses	406,681.	-217,153.	356,828.	362,152.	674,485.
d Grants or scholarships					
e Other expenditures for facilities and programs	204,776.	659,764.	588,129.	456,476.	294,936.
f Administrative expenses					8,454.
g End of year balance	3,428,437.	3,225,094.	4,097,323.	4,322,624.	4,393,731.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  12.4616 %
- b Permanent endowment  87.5384 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,541,903.	1,124,626.	2,417,277.
c Leasehold improvements		1,132,268.	405,783.	726,485.
d Equipment		247,093.	244,219.	2,874.
e Other		277,746.		277,746.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,424,382.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT	100,242.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	100,242.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,908,187.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 228,900.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 167,076.		
e	Add lines 2a through 2d		2e	395,976.
3	Subtract line 2e from line 1		3	1,512,211.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,512,211.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,262,042.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 167,076.		
e	Add lines 2a through 2d		2e	167,076.
3	Subtract line 2e from line 1		3	1,094,966.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,094,966.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

## PART III - QUESTION 4

THE SOCIETY'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL EXHIBIT AND CURATORIAL PURPOSES. PROCEEDS FROM DE-ACCESSIONS OR INSURANCE RECOVERIES ARE USED TO ACQUIRE OR PRESERVE OTHER ITEMS FOR COLLECTION. CONTRIBUTIONS FOR THE PURCHASE OF ITEMS FOR THE COLLECTION ARE CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL ACQUISITIONS ARE MADE. THE MUSEUM'S COLLECTIONS AND EXHIBITS ARE NOT CAPITALIZED IN THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF ITEMS ARE EXPENSED IN THE YEAR THAT THE ITEMS ARE ACQUIRED. THE COST OF THESE ITEMS IS REPORTED AS A SEPARATE PROGRAM EXPENSE. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS.

## PART V - QUESTION 4

BOARD DESIGNATED FUNDS CONSISTS OF AMOUNTS THAT ARE DESIGNATED BY THE BOARD AND ITS ASSETS ARE POOLED WITH SOCIETY'S INVESTMENTS.

THE BOARD DESIGNATED FUNDS CONSISTS OF THE FOLLOWING:

THE RESERVE FUND WAS ESTABLISHED TO SET ASIDE ALL INITIATION AND LIFE MEMBERSHIP FEES, AND ALL DONOR, PATRON AND FELLOW SUBSCRIPTIONS WHICH MAY BE MADE TO THE SOCIETY.

THE FLAG FUND WAS ESTABLISHED FOR THE ACQUISITION BY THE SOCIETY OF REPRODUCTIONS OF FLAGS, COLORS AND STANDARDS CARRIED BY THE CONTINENTAL TROOPS IN THE WAR OF THE REVOLUTION.

THE PERMANENT FUND WAS ESTABLISHED FROM THE CONTRIBUTIONS AND FROM OTHER

**Part XIII** Supplemental Information (continued)

MONIES AS MAY BE FROM TIME TO TIME RECEIVED BY THE SOCIETY AND WHICH ARE DIRECTED BY THE BOARD OF MANAGERS TO BE CREDITED TO SUCH FUND, THE SAME TO REMAIN FOREVER TO THE USE OF THE SOCIETY, THE INCOME ONLY OF WHICH SHALL BE EXPENSED.

THE CAPITAL CAMPAIGN FUND WAS ESTABLISHED TO RAISE FUNDS FOR THE RESTORATION AND IMPROVEMENT OF FRAUNCES TAVERN AND OTHER BUILDINGS OWNED BY THE SOCIETY. THE RELATED SUPPORT, REVENUE AND EXPENSES ARE RECORDED IN THIS FUND. DURING THE 2014 FISCAL YEAR, IN CONNECTION WITH A MAJOR CAPITAL IMPROVEMENT PROJECT, THE SOCIETY UTILIZED AND CLOSED THE CAPITAL CAMPAIGN FUND.

THE MUSEUM ENDOWMENT FUND WAS SEGREGATED FOR THE MUSEUM ENDOWMENT ASPECT OF THE CAPITAL CAMPAIGN, AND THE DESIGNATED AMOUNTS ARE AVAILABLE FOR PROGRAMS AND ACTIVITIES CONDUCTED BY THE FRAUNCES TAVERN® MUSEUM.

THE DEACCESSION COLLECTIONS FUND CONSISTS OF PROCEEDS FROM THE SALE OF THE SOCIETY'S COLLECTION AND OTHER WORKS OF ART AND MAY BE USED FOR DIRECT CARE AND/OR PRESERVING THE SOCIETY'S EXISTING COLLECTION OR TO BUY ADDITIONAL ITEMS FOR THE COLLECTION AND/OR OTHER WORKS OF ART.

MUSEUM FUND - CONSISTS OF REVENUE AND EXPENSES INCURRED BY THE FRAUNCES TAVERN MUSEUM.

PERMANENTLY RESTRICTED NET ASSETS, WHICH CONSIST OF GIFTS TO THE SOCIETY, THE PRINCIPAL OF WHICH IS PERMANENTLY RESTRICTED.

**Part XIII** Supplemental Information (continued)

THE PERMANENTLY RESTRICTED NET ASSETS CONSISTS OF THE FOLLOWING:

SHELBY C. DAVIS FUND - ESTABLISHED THROUGH A GIFT MADE BY THE SHELBY C. DAVIS FOUNDATION. THE PRINCIPAL PORTION CANNOT BE EXPENDED. THE VALUE OF THE SHELBY C. DAVIS FUND AS OF SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015 WAS \$3,000,000. EARNINGS ARE REFLECTED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL RELEASED FROM RESTRICTIONS OR APPROPRIATED FOR EXPENDITURES, AS APPROVED BY THE BOARD OF MANAGERS.

BUILDING MAINTENANCE ENDOWMENT FUND - THE BUILDING MAINTENANCE ENDOWMENT FUND IS TO REMAIN FOREVER TO THE USE OF THE SOCIETY, THE INCOME ONLY OF WHICH SHALL BE EXPENDED SOLELY FOR THE MAINTENANCE OF THE BUILDINGS COMPRISING OF THE FRAUNCES TAVERN® MUSEUM COMPLEX, AS DETERMINED BY THE BOARD OF MANAGERS. THE VALUE OF THE BUILDING MAINTENANCE ENDOWMENT FUND WAS \$1,200 AND \$1,100 AS OF SEPTEMBER 30, 2016 AND SEPTEMBER 30, 2015, RESPECTIVELY.

PART XI - LINE 2D

DIRECT RENTAL EXPENSES: 167,076.

PART XII - LINE 2D

DIRECT RENTAL EXPENSES: 167,076.



**Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		G. W. BALL (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	46,805.		46,805.
	2	Less: Contributions	27,275.		27,275.
	3	Gross income (line 1 minus line 2)	19,530.		19,530.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	24,177.		24,177.
	7	Food and beverages			
	8	Entertainment	3,300.		3,300.
	9	Other direct expenses	13,842.		13,842.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-21,789.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Yes % No	Yes % No	Yes % No	
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor				
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	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?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 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:
 

<b>13a</b>		%
<b>13b</b>		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

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
- b 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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **SONS OF THE REVOLUTION IN THE STATE  
OF NEW YORK, INC.**

Employer identification number  
**13-5563011**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .	X	2.	0.	
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule M (Form 990) (2015)



**Part I** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## PART I - LINE 33

THE SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC. DOES NOT TREAT DONATIONS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ITEMS DESCRIBED IN PART I, LINE 22 OF SCHEDULE M AS REVENUE OR CAPITALIZE AS ASSETS ON ITS BALANCE SHEET. SHOULD SUCH PROPERTY BE SOLD, PROCEEDS FROM SUCH SALE WOULD BE USED SOLELY TO ACQUIRE OTHER ITEMS FOR THE COLLECTION.

THE SOCIETY'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL EXHIBIT AND CURATORIAL PURPOSES. PROCEEDS FROM DE-ACCESSIONS OR INSURANCE RECOVERIES ARE USED TO ACQUIRE OR PRESERVE OTHER ITEMS FOR COLLECTION. CONTRIBUTIONS FOR THE PURCHASE OF ITEMS FOR THE COLLECTION ARE CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL ACQUISITIONS ARE MADE. THE MUSEUM'S COLLECTIONS AND EXHIBITS ARE NOT CAPITALIZED IN THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF ITEMS ARE EXPENSED IN THE YEAR THAT THE ITEMS ARE ACQUIRED. THE COST OF THESE ITEMS IS REPORTED AS A SEPARATE PROGRAM EXPENSE. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS.

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.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015

Open to Public  
Inspection

Name of the organization SONS OF THE REVOLUTION IN THE STATE  
OF NEW YORK, INC.

Employer identification number  
13-5563011

PART III - LINE 1

SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC. (THE "SOCIETY")  
PERPETUATES THE MEMORY OF THE MEN WHO, IN MILITARY, NAVAL OR CIVIL  
SERVICE, BY THEIR ACTS OR COUNSEL, ACHIEVED AMERICAN INDEPENDENCE; TO  
PROMOTE AND ASSIST IN THE PROPER CELEBRATION OF THE ANNIVERSARIES OF  
WASHINGTON'S BIRTHDAY, THE BATTLES OF LEXINGTON AND BUNKER HILL, THE  
FOURTH OF JULY, THE CAPITULATIONS OF SARATOGA AND YORKTOWN, THE  
EVACUATION OF NEW YORK BY THE BRITISH ARMY, AND OTHER PROMINENT EVENTS  
RELATING TO OR CONNECTED WITH THE WAR OF THE REVOLUTION; TO COLLECT AND  
SECURE FOR PRESERVATION THE MANUSCRIPT ROLLS, RECORDS AND OTHER DOCUMENTS  
RELATING TO THAT WAR; TO INSPIRE AMONG THE MEMBERS AND THEIR DESCENDANTS  
THE PATRIOTIC SPIRIT OF THEIR FOREFATHERS; TO INCULCATE IN THE COMMUNITY  
IN GENERAL, SENTIMENTS OF NATIONALITY AND RESPECT FOR THE PRINCIPLES FOR  
WHICH THE PATRIOTS OF THE REVOLUTION CONTENDED; TO ASSIST IN THE  
COMMEMORATIVE CELEBRATION OF OTHER GREAT HISTORICAL EVENTS OF NATIONAL  
IMPORTANCE, AND TO PROMOTE SOCIAL INTERCOURSE AND THE FEELING OF  
FELLOWSHIP AMONG ITS MEMBERS.

PART VI, SECTION A - QUESTION 2

RAYMOND MANNING, FIRST VICE PRESIDENT, IS THE NEPHEW OF DONALD  
WESTERVELT, PAST PRESIDENT.

PART VI, SECTION A - QUESTION 6

THE SOCIETY WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

Name of the organization **SONS OF THE REVOLUTION IN THE STATE  
OF NEW YORK, INC.**

Employer identification number  
**13-5563011**

**PART VI, SECTION A - QUESTION 7A**

AT THE ANNUAL MEETING OF THE MEMBERSHIP IN DECEMBER, THE MEMBERS PRESENT  
IN PERSON OR BY PROXY VOTE TO ELECT THE OFFICERS AND BOARD MEMBERS.

**PART VI, SECTION A - QUESTION 7B**

ANY CHANGES IN THE CONSTITUTION OR BY-LAWS MUST BE APPROVED BY VOTE OF  
THE MEMBERSHIP AT THE ANNUAL MEETING OF THE MEMBERSHIP IN DECEMBER OR AT  
A SPECIAL MEETING OF THE MEMBERSHIP.

**PART VI, SECTION B - QUESTION 11B**

THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD PRIOR TO FILING WITH THE  
INTERNAL REVENUE SERVICE.

**PART VI, SECTION B - QUESTION 12C**

A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL  
BOARD MEMBERS AND THE SOCIETY OBTAINS A WRITTEN ACKNOWLEDGEMENT OF  
RECEIPT THEREOF FROM EACH BOARD MEMBER.

**PART VI, SECTION C - QUESTION 19**

THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY  
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FAME CONSTRUCTION INC. 23-88 BROOKLYN QUEENS EXPRESSWAY WEST ASTORIA, NY 11103	CONSTRUCTION	343,404.

**2015**  
Open to Public Inspection

**SCHEDULE R (Form 990)**  
**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.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Employer identification number  
13-5563011

Name of the organization SONS OF THE REVOLUTION IN THE STATE  
OF NEW YORK, INC.

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II 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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	SAMUEL FRANCOIS AMERICAN HERITAGE SOC., 54 PEARL STREET NEW YORK, NY 10004	CHARITABLE	NY	PENDING SEE PART VII	PENDING SEE PART VII	N/A		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

**Part III** Identification 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV** 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2015

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d 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)
- l 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
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	X	
1s	X	

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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part IV 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.

Table with 16 rows and multiple columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V - UBI amount; (j) General or managing partner?; (k) Percentage ownership.

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

## PART II - LINE 1

THE SAMUEL FRAUNCES AMERICAN HERITAGE SOCIETY, INC. ("SFAHS") WAS INCORPORATED IN THE STATE OF NEW YORK ON NOVEMBER 21, 2014 AS A NEW YORK NOT-FOR-PROFIT CORPORATION AS DEFINED IN SUBPARAGRAPH (A) (5) OF SECTION 102 OF THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW. SFAHS HAS NOT HAD ANY ACTIVITIES SINCE ITS INCEPTION. IN ADDITION, SFAHS IS CURRENTLY IN PROCESS OF OBTAINING AN EIN AS WELL AS FILING FEDERAL FORM 1023 TO REQUEST STATUS AS A FEDERAL RECOGNIZED 501(C)(3) CHARITABLE ORGANIZATION.



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. . . . .  X
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.	Employer identification number (EIN) or  13-5563011
	Number, street, and room or suite no. If a P.O. box, see instructions. 54 PEARL STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004-4300	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  JESSICA B. PHILLIPS, 54 PEARL STREET, NEW YORK, NY 10004  
 Telephone No.  212 425-1776 Fax No.  212 509-3467
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 08/15, 2017.

5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01, 2015, and ending 09/30, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTIVELY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$	0.
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.	Employer identification number (EIN) or 13-5563011
	Number, street, and room or suite no. If a P.O. box, see instructions. 54 PEARL STREET	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004-4300	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JESSICA B. PHILLIPS,  
 • The books are in the care of ▶ 54 PEARL STREET, NEW YORK, NY 10004

Telephone No. ▶ 212 425-1776 FAX No. ▶ 212 509-3467

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 \_\_\_\_ or  
 ▶  tax year beginning 10/01, 20 15, and ending 09/30, 20 16

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.