

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Header section containing organization name (SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.), EIN (13-5563011), and other identifying information.

Part I Summary table with columns for line number, description, and amounts for the current year and prior year.

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.

Sign Here section with signature of James J. Reilly, dated August 12, 2014, and preparer information.

Part III Statement of Program Service Accomplishments
Check if Schedule O contains a response to any question in this Part III
1 Briefly describe the organization's mission: SES SCHEDULE O.

Table for Part III with columns for (a) Code, Expenses, Revenue, and Description of program services.

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4d Other program services (Describe in Schedule O)
4e Total program service expenses

Part IV Checklist of Required Schedules
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
2 Is the organization required to complete Schedule B, Schedule of Contributors?
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?

Part IV Checklist of Required Schedules (continued)
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States?
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States?
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?

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2012) Part V Statements Regarding Other IRS Filings and Tax Compliance. Includes sections for Schedule O, 1a-14d, and 15a-15d.

Part VI Governance, Management, and Disclosure

Form 990 (2012) Part VI Governance, Management, and Disclosure. Includes sections for Section A (Governing Body and Management), Section B (Policies), and Section C (Disclosure).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Table with 6 columns: (A) Name and title, (B) Average annual salary, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from other organizations, (F) Estimated amount of other compensation.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Table with 6 columns: (A) Name and title, (B) Average annual salary, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from other organizations, (F) Estimated amount of other compensation.

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

Table with 6 columns: (A) Name and title, (B) Average number of hours per year, (C) Total compensation, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

Table with 3 columns: Question, Yes, No. Questions 3, 4, 5 regarding compensation reporting.

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.

Table with 3 columns: (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)

Table with 6 columns: (A) Name and title, (B) Average number of hours per year, (C) Total compensation, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

Table with 3 columns: Question, Yes, No. Questions 3, 4, 5 regarding compensation reporting.

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.

Table with 3 columns: (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 to any question in this Part VIII

Table with 4 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Private inurement or self-dealing revenue.

Table with 4 columns: (A) Total, (B) Business Code, (C) Unrelated business revenue, (D) Private inurement or self-dealing revenue.

3 Investment income (including dividends, interest, and other similar amounts)

4 Income from investment of tax-exempt bond proceeds

5 Royalties

6a Gross rents, b Less: rental expenses, c Rental income or (loss), d Net rental income or (loss)

7a Gross amount from sales of assets other than inventory, b Less: cost of other basis and sales expenses, c Net income or (loss) from sales of assets

8a Gross income from fundraising events, b Less: direct expenses, c Net income or (loss) from fundraising events

9a Gross income from gaming activities, b Less: direct expenses, c Net income or (loss) from gaming activities

10a Gross gain of inventory, b Less: cost of goods sold, c Net income or (loss) from sales of inventory

11a Other revenue, b Total (add lines 3a-11a), c Total revenue (see instructions)

Part IX Statement of Functional Expenses

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 50, 70, 80, 90, and 100 of Part VIII

Table with 5 columns: Total expenses, Program service expenses, Management and general expenses, Fundraising expenses.

24 Total functional expenses, 25 Joint costs, 26 Total (add lines 24 and 25)

**Part XI Balance Sheet**  
Check if Schedule O contains a response to any question in this Part XI

	(A) Beginning of year	(B) End of year
1 Cash - non-interest-bearing	500	27,303
2 Savings and temporary cash investments	365,372	125,168
3 Pledges and grants receivable, net	12,348	9,833
4 Accounts receivable, net	28,369	73,587
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees	0	0
6 Loans and other receivables from disqualified persons, (as defined under section 4958(b)(1)), persons described in section 4958(c)(3)(B), and controlling employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net	122,987	47,587
7 Inventories for sale or use	4,168	4,168
8 Prepaid expenses and deferred costs	43,103	39,791
9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 3,655,630	10b 1,385,750
10 Less: accumulated depreciation	2,801,942	2,269,890
11 Investments - publicly traded securities	4,016,512	4,187,623
12 Investments - other securities. See Part IV, line 11	0	0
13 Investments - program-related. See Part IV, line 11	0	0
14 Intangible assets	0	0
15 Other assets. See Part IV, line 11	226	16,963
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,393,396	6,812,803
17 Accounts payable and accrued expenses	64,268	152,184
18 Grants payable	0	0
19 Deferred revenue	0	0
20 Tax-exempt bond liabilities	0	0
21 Esrow or conditional account liability. Complete Part IV of Schedule D	0	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	0
23 Secured mortgages and notes payable to unrelated third parties	0	0
24 Unsecured notes and loans payable to unrelated third parties	0	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	18,908	18,983
26 Total liabilities. Add lines 17 through 25	75,176	169,147
27 Organizations that follow SFAS 117 (ASC 888), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34		
28 Unrestricted net assets	3,610,178	2,755,603
29 Temporarily restricted net assets	20,920	387,803
30 Permanently restricted net assets	3,688,228	3,000,250
31 Capital stock or trust principal, or current funds	0	0
32 Paid-in or capital surplus, or land, building, or equipment fund	0	0
33 Retained earnings, endowment, accumulated income, or other funds	0	0
34 Total net assets or fund balances	7,319,326	6,643,656
35 Total liabilities and net assets/fund balances	7,393,396	6,812,803

**Part XII Reconciliation of Net Assets**  
Check if Schedule O contains a response to any question in this Part XII

1 Total revenue (must equal Part VIII, column (A), line 12)	1	711,473
2 Total expenses (must equal Part IX, column (A), line 25)	2	793,170
3 Revenue less expenses. Subtract line 2 from line 1	3	-81,697
4 Net assets or fund balances at beginning of year (must equal Part X, line 34, column (A))	4	7,319,326
5 Net unrealized gains (losses) on investments	5	165,776
6 Donated services and use of facilities	6	0
7 Investment expenses	7	0
8 Prior period adjustments	8	-773,049
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 34, column (B))	10	6,643,656

**Part XIII Financial Statements and Reporting**  
Check if Schedule O contains a response to any question in this Part XIII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No

2b 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:  Separate basis  Consolidated basis  Both consolidated and separate basis

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?  Yes  No

2d 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:  Separate basis  Consolidated basis  Both consolidated and separate basis

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?  Yes  No

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.

**SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: **SONS OF THE REVOLUTION IN THE STATE** Employer identification number: **13-5563011**

**Part I Reason for Public Charity Status (All organizations must complete this part.)** See instructions.

1  The organization is not a private foundation because it is: For lines 1 through 11, check only one box.

2  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

3  A school described in section 170(b)(1)(A)(ii).

4  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

5  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.

6  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.)

7  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

8  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.)

9  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12  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 that describes the type of supporting organization and complete lines 11e through 11h.

13  Type I  Type II  Type III-Functionally integrated  Type III-Non-functionally integrated

14  By checking this box I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

15  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

16 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  Yes  No

(ii) Below, the governing body of the supported organization?  Yes  No

(iii) A family member of a person described in (i) above?  Yes  No

(iv) A 35% controlled entity of a person described in (i) or (ii) above?  Yes  No

17 Provide the following information about the supported organization(s).

(A) Name of supported organization	(B) EIN	(C) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(D) Is the organization in (a) or (b) above?		(E) Is the organization in (c) or (d) above?		(F) Amount of monetary support	
			Yes	No	Yes	No	Yes	No
(A)								
(B)								
(C)								
(D)								
(E)								

Total:  Yes  No

**SCHEDULE A (Form 990 or 990-EZ) Public Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) 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) 2008	(B) 2009	(C) 2010	(D) 2011	(E) 2012	(F) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "mutual gifts")	681,287	353,384	153,644	324,917	405,744	1,919,186
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 Total. Add lines 1 through 3	681,287	353,384	153,644	324,917	405,744	1,919,186
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 (A)						0
6 Public support. Subtract line 5 from line 4	681,287	353,384	153,644	324,917	405,744	1,919,186

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(A) 2008	(B) 2009	(C) 2010	(D) 2011	(E) 2012	(F) Total
7 Amounts from line 6	681,287	353,384	153,644	324,917	405,744	1,919,186
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and expenses from similar sources	185,950	258,219	332,226	381,613	632,442	2,237,270
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 IV))						0
11 Total support. Add lines 7 through 10	681,287	353,384	153,644	324,917	405,744	1,919,186
12 Gross receipts from related activities, etc. (See instructions)						0
13 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**

14 Public support percentage for 2012. Line 6, column (E) divided by line 11, column (F)	14	37.24%
15 Public support percentage from 2011 Schedule A, Part III, line 14	15	70.42%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	16a	<input checked="" type="checkbox"/>
16b 33 1/3% support test - 2011. 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 stop here. The organization qualifies as a publicly supported organization.	16b	<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	17a	<input type="checkbox"/>
17b 10%-facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	17b	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	18	<input type="checkbox"/>



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 III.)

Section A. Public Support
Table with columns for years 2008-2012 and Total. Rows include: 1 Gifts, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 Value of services or facilities furnished by a governmental unit; 6 Total Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Add lines 7a and 7b; 9 Public support (Subtract line 7b from line 8).

Section B. Total Support
Table with columns for years 2008-2012 and Total. Rows include: 9 Amounts from line 8; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income less section 511 taxes; 11 Net income from unrelated business activities; 12 Other income; 13 Total support; 14 First five years of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization.

Section C. Computation of Public Support Percentage
Table with columns for 2012 and 2011. Rows include: 15 Public support percentage for 2012; 16 Public support percentage from 2011.

Section D. Computation of Investment Income Percentage
Table with columns for 2012 and 2011. Rows include: 17 Investment income percentage for 2012; 18 Investment income percentage from 2011.

20 Private foundation. If the organization did not check a box on line 14, 15a, or 15b, check this box and see instructions.
Schedule A (Form 990 or 990-EZ) 2012
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Part IV Supplemental Information. Complete this part to 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 - OTHER INCOME
Table with columns for years 2008-2012 and Total. Rows include: REACKITION; RECEIPTS; TOTAL.

Schedule B (Form 990, 990-EZ, or 990-PF) Schedule of Contributors
Attach to Form 990, Form 990-EZ, or Form 990-PF.
2012

Name of the organization: SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.
Employer identification number: 13-5563011

Section: 501(c)(3) (enter number) organization
Form 990 or 990-EZ: [X]
Form 990-PF: [ ]

Check if your organization is covered by the General Rule or a Special Rule.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule: [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more in (in money or property) from any one contributor.
Special Rules: [X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test...

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization: SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.
Employer identification number: 13-5563011

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Table with columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Rows include: NYC DEPT. OF CULTURAL AFFAIRS; JOHN L. LOEB, JR. FOUNDATION; ARTHUR LOEB FOUNDATION; J.B. REYNOLDS FOUNDATION; ELIZABETH & STANLEY SCOTT FOUNDATION; MICHAEL C. WOLF.



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 X No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 5, 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:

Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns: (a) Current year, (b) Prior year, (c) 100 year back, (d) Three year back, (e) Four year back. Rows include: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment >= 10.0500 %
b Permanent endowment >= 69.4100 %
c Temporarily restricted endowment >= 20.5400 %
The percentages in 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
b If "Yes" to 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. See Form 990, Part X, line 10.

Table with columns: (a) Cost or other basis (depreciated), (b) Cost or other basis (listed), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (b) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include: (1) Financial derivatives, (2) Closely-held equity interests, (3) Other.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows include: (1) through (10).

Part IX Other Assets. See Form 990, Part X, line 15.

Table with columns: (a) Description, (b) Book value. Rows include: (1) through (10).

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with columns: (a) Description of liability, (b) Book value. Rows include: (1) Federal income taxes, (2) RETIREMENT SECURITY, (3) through (11).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with columns: 1 Total revenue, gains, and other support per audited financial statements, 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12, 2a Net unrealized gains on investments, 2b Donated services and use of facilities, 2c Recoveries of prior year grants, 2d Other, 2e Add lines 2a through 2d, 3 Subtract line 2e from line 1, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1, 4a Investment expenses not included on Form 990, Part VIII, line 7b, 4b Other, 4c Add lines 4a and 4b, 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with columns: 1 Total expenses and losses per audited financial statements, 2 Amounts included on line 1 but not on Form 990, Part IX, line 25, 2a Donated services and use of facilities, 2b Prior year adjustments, 2c Other losses, 2d Other, 2e Add lines 2a through 2d, 3 Subtract line 2e from line 1, 4 Amounts included on Form 990, Part IX, line 25, but not on line 1, 4a Investment expenses not included on Form 990, Part VIII, line 7b, 4b Other, 4c Add lines 4a and 4b, 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 13.)

Part XIII Supplemental Information. Complete this part to 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)

ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURER
PART III - QUESTION 4
THE SOCIETY'S COLLECTION OF ART AND ARTIFACTS ARE PRESERVED AND INTERPRETED, FOR THE MEMBERS AND PUBLIC, AS AN EDUCATIONAL RESOURCE IN ORDER TO PROMOTE A GREATER UNDERSTANDING OF THE AMERICAN REVOLUTIONARY PERIOD AND THE EARLY HISTORY OF NEW YORK.
THE PIECES IN THE COLLECTION ARE FROM, OR REPRESENT, THE EARLY COLONIAL AND REVOLUTIONARY PERIOD OF AMERICA, IN GENERAL, AND OF NEW YORK CITY SPECIFICALLY.
ENDOWMENT FUNDS
PART V - QUESTION 4
BOARD DESIGNATED FUNDS - AMOUNTS THAT ARE RESTRICTED AT THE DISCRETION OF THE BOARD. INCLUDED IN THESE FUNDS ARE THE RESERVE FUND, FLAG FUND, PERMANENT FUND, CAPITAL CAMPAIGN, MUSEUM ENDOWMENT FUND AND DEACCESSION COLLECTIONS FUNDS. 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. 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 THE DIRECT CARE AND/OR PRESERVATION OF THE SOCIETY'S EXISTING COLLECTION OR TO BUY ADDITIONAL

ITEMS FOR THE COLLECTION AND/OR OTHER WORKS OF ART, PERMANENTLY RESTRICTED NET ASSETS, WHICH CONSIST OF GIFTS TO THE SOCIETY, THE PRINCIPAL OF WHICH IS PERMANENTLY RESTRICTED, -SHELBY C. DAVIS FUND - ESTABLISHED THROUGH A GIFT MADE BY THE SHELBY C. DAVIS FOUNDATION. THE PRINCIPAL PORTION CANNOT BE EXPENDED. -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.

MUSEUM ENDOWMENT FUND IS SEGREGATED FOR THE MUSEUM ENDOWMENT ASPECT OF THE CAPITAL CAMPAIGN.

**OTHER LIABILITIES**

PART X - LINE 2

AT SEPTEMBER 30, 2013, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS. THE SOCIETY'S TAX RETURNS FOR THE FISCAL YEAR 2010 AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

**SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities** OMB No. 1545-0047 2012 Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, line 8a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization: **SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.** Employer identification number: **13-5563011**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a  Mail solicitations  Solicitation of non-government grants  
b  Internet and email solicitations  Solicitation of government grants  
c  Phone solicitations  Special fundraising events  
d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or received by) fundraiser (enter in col. (i))	(vi) Amount paid to (or received by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

RECONCILIATION OF REVENUES  
PART XI - LINE 2D  
DIRECT SPECIAL EVENT EXPENSES: 25,503;  
DIRECT RENTAL EXPENSES: 194,790.

RECONCILIATION OF EXPENSES  
PART XII - LINE 2D  
DIRECT SPECIAL EVENT EXPENSES: 25,503;  
DIRECT RENTAL EXPENSES: 194,790.

**SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities** OMB No. 1545-0047 2012 Open to Public Inspection

Complete if the organization answered "Yes" to 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 8b. List events with gross receipts greater than \$5,000.

Name of the organization: **SONS OF THE REVOLUTION IN THE STATE** Employer identification number: **13-5563011**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 8b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	G, W, or BALL (Event type)	(Event type)	(Event type)	(add col. (a) through col. (c))
1 Gross receipts	46,561			46,561
2 Less: Contributions	16,300			16,100
3 Gross income (line 1 minus line 2)	30,461			30,461
4 Cash prizes				
5 Noncash prizes	2,202			2,202
6 Rent/facility costs	110			110
7 Food and beverages	15,540			15,540
8 Entertainment				
9 Other direct expenses	7,651			7,651
10 Direct expense summary. Add lines 4 through 9 in column (d)				25,503
11 Net income summary. Combine line 3, column (a), and line 10				4,958

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a.

Revenue	(a) Bingo	(b) Pull tab instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Revenue)	(Revenue)	(Revenue)	(add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
b If "No," explain:

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



SONS OF THE REVOLUTION IN THE STATE 13-5563011 Page 3  
Schedule G (Form 990 or 990-E) 2012  
11 Does the organization operate gaming activities with nonmembers?  
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?  
13 Indicate the percentage of gaming activity operated in:  
a The organization's facility  
b An outside facility  
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.  
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  
b If "Yes," enter the amount of gaming revenue received by the organization for 2012 and the amount of gaming revenue retained by the third party for 2012.  
c If "Yes," enter name and address of the third party.  
16 Gaming manager information:  
Name  
Address  
Gaming manager compensation for 2012  
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?  
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.

SCHEDULE M (Form 990) Noncash Contributions  
Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.  
Department of the Treasury Internal Revenue Service  
Name of the organization: SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.  
Employer identification number: 13-5563011  
OMB No. 1545-0047  
2012 Open to Public Inspection  
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 10 (d) Method of determining noncash contribution amounts  
1 Art - Works of art X 1 \$5,000 FMV  
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  
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 20  
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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.  
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

SONS OF THE REVOLUTION IN THE STATE 13-5563011 Page 2  
Schedule H (Form 990) 2012  
Part II 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.  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
PART III - LINE 1  
TO PERPETUATE 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 VARIOUS CELEBRATIONS OF THE ANNIVERSARIES RELATING TO OR CONNECTED WITH THE WAR OF THE AMERICAN REVOLUTION.  
TO INSPIRE AMONG THE MEMBERS, THEIR DECEADANTS AND THE PUBLIC AT LARGE THE PATRIOTIC SPIRIT OF THE FOREFATHERS OF THE MEMBERS.  
TO ENCOURAGE AND MAINTAIN AN AWARENESS OF THE AMERICAN REVOLUTIONARY PERIOD THROUGH THE INTERPRETATION OF ARTIFACTS FROM THE PERIOD AND THROUGH EDUCATIONAL SERVICES.  
GOVERNANCE, MANAGEMENT, AND DISCLOSURE  
PART VI, SECTION A - QUESTION 2  
RAYMOND MANNING, REGISTRAR, IS THE NEPHEW OF DONALD WESTERVELT, PAST PRESIDENT.  
GOVERNANCE, MANAGEMENT, AND DISCLOSURE  
PART VI, SECTION A - QUESTION 6  
THE SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC., WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.  
GOVERNANCE, MANAGEMENT, AND DISCLOSURE  
PART VI, SECTION A - QUESTION 7A  
AT THE ANNUAL MEETING OF THE MEMBERSHIP IN DECEMBER, THE MEMBERS PRESENT

SCHEDULE O (Form 990 or 990-E) 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.  
Department of the Treasury Internal Revenue Service  
Name of the organization: SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.  
Employer identification number: 13-5563011  
OMB No. 1545-0047  
2012 Open to Public Inspection  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
PART III - LINE 1  
TO PERPETUATE 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 VARIOUS CELEBRATIONS OF THE ANNIVERSARIES RELATING TO OR CONNECTED WITH THE WAR OF THE AMERICAN REVOLUTION.  
TO INSPIRE AMONG THE MEMBERS, THEIR DECEADANTS AND THE PUBLIC AT LARGE THE PATRIOTIC SPIRIT OF THE FOREFATHERS OF THE MEMBERS.  
TO ENCOURAGE AND MAINTAIN AN AWARENESS OF THE AMERICAN REVOLUTIONARY PERIOD THROUGH THE INTERPRETATION OF ARTIFACTS FROM THE PERIOD AND THROUGH EDUCATIONAL SERVICES.  
GOVERNANCE, MANAGEMENT, AND DISCLOSURE  
PART VI, SECTION A - QUESTION 2  
RAYMOND MANNING, REGISTRAR, IS THE NEPHEW OF DONALD WESTERVELT, PAST PRESIDENT.  
GOVERNANCE, MANAGEMENT, AND DISCLOSURE  
PART VI, SECTION A - QUESTION 6  
THE SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC., WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.  
GOVERNANCE, MANAGEMENT, AND DISCLOSURE  
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 THE BOARD OF DIRECTORS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

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.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 11B

THE FORM 990 IS DISTRIBUTED TO THE EXECUTIVE COMMITTEE AND THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

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

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C. - QUESTION 19

THE SOCIETY DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

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.

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

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

Table with columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above).

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 PHILLIPS 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 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.

I request an additional 3-month extension of time until 08/15, 20 14. For calendar year or other tax year beginning 10/01, 20 12, and ending 09/30, 20 13.

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

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 RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

a. 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. 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 and any amount paid previously with Form 8868. c. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification must be completed for Part II only. Under penalty of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, this is true, correct, and complete, and that I am authorized to prepare this form.

8838 Application for Extension of Time To File an Exempt Organization Return OMB No. 1545-1700

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  X  
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 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. Enter filer's identifying number, 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

Table with columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above).

The books are in the care of: MARGARET O' SHAGHNESSY 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 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.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 14, 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 12, and ending 09/30, 20 13.

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

a. 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. 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. 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.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2011)