

Return of Organization Exempt From Income Tax

Form 990 header section including organization name (SONS OF THE REVOLUTION IN THE STATE), EIN (13-5563011), and tax year (2013).

Part I Summary section containing key financial data such as total assets, total liabilities, and net assets.

Part II Signature Block section with signature of Daniel H. Harnan, II, dated 10/10/2013.

Part III Statement of Program Service Accomplishments section with a brief description of the organization's mission.

Table with 4 columns: Prior Year, Current Year, and Revenue. Rows include contributions, program service revenue, and investment income.

Table with 4 columns: Prior Year, Current Year, and Revenue. Rows include total revenue, grants, and fundraising expenses.

Table with 4 columns: Prior Year, Current Year, and Revenue. Rows include total assets, total liabilities, and net assets.

Part IV Signature Block section with signature of Condor M. Carnag, dated 10/10/2013.

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.

Part IV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.

Table with 3 columns: Question, Yes, No. Contains questions 1a through 9 regarding governance and management.

Table with 3 columns: Question, Yes, No. Contains questions 1a through 14b regarding tax compliance.

Section A. Governing Body and Management

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

Table with 3 columns: Question, Yes, No. Contains questions 10a through 16b regarding organizational policies.

Table with 3 columns: Question, Yes, No. Contains questions 17 through 20 regarding disclosure and other information.

Section C. Disclosure

Section D. Other Information

Table with 3 columns: Question, Yes, No. Contains questions 21 through 24 regarding other information.

Table with 3 columns: Question, Yes, No. Contains questions 25 through 28 regarding other information.

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) or 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 (do not check more than one box, unless person is both an officer and a director/trustee)	(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
(1) HON. JAMES R. GRAYSHAM PRESIDENT	5.00	X	0	0	0
(2) AMROSE RICHARDSON III 1ST V.P.	1.00	X	0	0	0
(3) MENEETH H. CHASE 2ND V.P.	1.00	X	0	0	0
(4) MEREET M. OLIER IV 3RD V.P.	1.00	X	0	0	0
(5) RAYMOND J. MANNING SECRETARY	2.00	X	0	0	0
(6) DANIEL H. HANMAN III TREASURER	5.00	X	0	0	0
(7) DONATYAN MOKL RIDGEWAY REGISTRAR	1.00	X	0	0	0
(8) REV. CHRISTOPHER M. CULLEN CHAIRMAN	1.00	X	0	0	0
(9) PLAN W. BOSSST, JR. BOARD MEMBER	1.00	X	0	0	0
(10) MICHAEL P. CONEYS BOARD MEMBER	1.00	X	0	0	0
(11) BRIAN GILL BOARD MEMBER	1.00	X	0	0	0
(12) WILLIAM M. RANGER, JR. BOARD MEMBER	1.00	X	0	0	0
(13) STEPHEN M. NOONAN BOARD MEMBER	1.00	X	0	0	0
(14) CHRISTOPHER M. NORFLEET BOARD MEMBER	1.00	X	0	0	0

(A) Name and Title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(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
15) MATTHEW NORGARD BOARD MEMBER	1.00	X	0	0	0
16) GEORGE J. OWEN BOARD MEMBER	1.00	X	0	0	0
17) FREDERICK W. PATTON BOARD MEMBER	1.00	X	0	0	0
18) CHARLES A. PECKEL, JR. BOARD MEMBER	1.00	X	0	0	0
19) EDWIN DAVID ROBERTSON BOARD MEMBER	1.00	X	0	0	0
20) ANDREW W. RUSSELL BOARD MEMBER	1.00	X	0	0	0
21) P. LAWTON SANDERS, JR. BOARD MEMBER	1.00	X	0	0	0
22) DAVID N. STIGALIS-WOODS BOARD MEMBER	1.00	X	0	0	0
23) STEVEN TRUSNOVEC BOARD MEMBER	1.00	X	0	0	0
24) ANTHONY WELLMAN BOARD MEMBER	1.00	X	0	0	0
25) STEPHEN T. WHELAN BOARD MEMBER	1.00	X	0	0	0

1b Sub-total: 0
 c Total from continuation sheets to Part VII, Section A: 0
 d Total (add lines 1b and 1c): 0
 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: 0

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: **3** 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: **4** 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: **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
NONE		

Part VIII Statement of Revenue

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

Table with columns: Line, Description, (A) Total revenue, (B) Related or auxiliary revenue, (C) Unrelated business revenue, (D) Raffle revenue. Rows include Contributions, Gifts, Grants, Program Service Revenue, and Other Revenue.

Part IX Statement of Functional Expenses

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

Table with columns: Line, Description, (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include Grants, Compensation, and Other expenses.

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Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Rows include Cash, Investments, Land, Total assets, Accounts payable, Deferred revenue, etc.

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Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets, including Total revenue, Total expenses, Revenue less expenses, Net assets at beginning of year, etc.

Part XII Financial Statements and Reporting

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

Table with 3 rows for financial statements and reporting, including Accounting method used, Were the organization's financial statements compiled or reviewed by an independent accountant?, etc.

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Schedule B
Schedule of Contributors

OMB No. 1545-0047
2013

Form 990, 990-EZ, or 990-PF
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) 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**

Organization type (check one):

Form 990 or 990-EZ 501(c)(3) (enter number) organization

- Form 990-PF
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
 - 527 political organization
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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.

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

General Rule

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Special Rules

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributors did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

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, 990-EZ, or 990-PF, or check the box on line H of its Form 990-EZ, or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NYC DEPT. OF CULTURAL AFFAIRS 31 CHAMBERS STREET, #2 NEW YORK, NY 10007	\$ 12,296.	Person Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOHN I. LOEB, TR. FOUNDATION 50 BROAD STREET, SUITE 1137 NEW YORK, NY 10004	\$ 15,000.	Person Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARTHUR LOEB FOUNDATION 680 MADISON AVENUE NEW YORK, NY 10065	\$ 5,000.	Person Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ELIZABETH & STANLEY SCOTT FOUNDATION 145 HUDSON STREET NEW YORK, NY 10013	\$ 5,000.	Person Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277-0033	\$ 5,000.	Person Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DEPARTMENT OF STATE 123 WILLIAM STREET NEW YORK, NY 10038-3804	\$ 37,646.	Person Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury
Name of the organization

SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.

Employer identification number
13-5563011

OMB No. 1545-0047
2013
Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for Total number at end of year, Aggregate contributions, Aggregate grants, and Aggregate value at end of year.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Purpose(s) of conservation easements held by the organization (check all that apply):
 Preservation of land for public use (e.g., recreation or education)
 Preservation of an historically important land area
 Preservation of natural habitat
 Preservation of open space
 Preservation of a certified historic structure

Table with 2 columns: (a) Total number of conservation easements, (b) Held at the End of the Tax Year. Rows 1-4 for Total number, Total acreage, Number of conservation easements, and Number of conservation easements included in (c).

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
Start and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(b)(4)(B)(i) and section 170(b)(4)(B)(ii)? Yes No
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 its 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" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet the amount of the expense for the depreciation of the collection, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b 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) Revenues 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 Revenues 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.
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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

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

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

Table with 4 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back. Rows 1a-1e for Beginning balance, Additions during the year, Distributions during the year, Ending balance, and Did the organization include an amount on Form 990, Part X, line 21?

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

Table with 4 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back. Rows 1a-1e for Beginning of year balance, Contributions, Net investment earnings, grants, and losses, Grants or scholarships, and Other expenditures for facilities and programs.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis, (b) Cost or other basis, (c) Accumulated depreciation, (d) Book value. Rows 1a-1d for Land, Buildings, Leasehold improvements, and Equipment.

Total Add lines 1a through 1d, Column (d) must equal Form 990, Part X, column (B), line 10(d).
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Part VII Investments - Other Securities.
 Complete if the organization answered "Yes" to 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" to 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" to 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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RENT SECURITY	100,036
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	100,036

2. Liability for uncertain tax positions. In Part XII, provide the list 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" to Form 990, Part IV, line 12a.

1	2a	2b	2c	2d	2e	3	4a	4b	5
Total revenue, gains, and other support per audited financial statements									1,332,825.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
a Net unrealized gains on investments		-59,566.							
b Donated services and use of facilities									
c Recoveries of prior year grants									
d Other (Describe in Part XIII)				243,223.					
e Add lines 2a through 2d									
3 Subtract line 2e from line 1									183,657.
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									
b Other (Describe in Part XIII)									
c Add lines 4a and 4b									
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)									1,149,168.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	2a	2b	2c	2d	2e	3	4a	4b	5
Total expenses and losses per audited financial statements									1,148,010.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:									
a Donated services and use of facilities									
b Prior year adjustments									
c Other losses									
d Other (Describe in Part XIII)				243,223.					
e Add lines 2a through 2d									
3 Subtract line 2e from line 1									243,223.
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									
b Other (Describe in Part XIII)									
c Add lines 4a and 4b									
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)									904,787.

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.

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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.

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.

PART X - LINE 2

AT SEPTEMBER 30, 2014, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS. THE SOCIETY'S TAX RETURNS FOR THE 2011 FISCAL YEAR AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

Part XIII Supplemental Information (Continued)

PART XI - LINE 2D
 DIRECT SPECIAL EVENT EXPENSES: 24,337;
 DIRECT RENTAL EXPENSES: 218,886.
 PART XII - LINE 2D
 DIRECT SPECIAL EVENT EXPENSES: 24,337;
 DIRECT RENTAL EXPENSES: 218,886.

SCHEDULE G
 (Form 990 or 990-EZ)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
 Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 8a.
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
 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 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
 b Internet and email solicitations
 c Phone solicitations
 d In-person solicitations
 e Solicitation of non-government grants
 f Solicitation of government grants
 g Special fundraising events

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 retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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.

Part III 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 6c. List events with gross receipts greater than \$5,000.

Table with 4 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Gross receipts, Less: Contributions, Gross income, Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, and Other direct expenses.

10 Direct expense summary. Add lines 4 through 9 in column (d) 24,337.
11 Net income summary. Subtract line 10 from line 3, column (d) 63.
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 6a.

Table with 4 columns: (a) Bingo, (b) Total cash prizes and progressive bingo, (c) Other gaming, (d) Total gaming (add col. (a) through col. (c)). Rows include Gross revenue, Cash prizes, Noncash prizes, Rent/facility costs, and Volunteer labor.

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?
b If "No," explain.

12 Does the organization operate gaming activities with nonmembers?
13 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?
14 Indicate the percentage of gaming activity operated in:
a The organization's facility
b An outside facility

15 a 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 and the amount of gaming revenue retained by the third party.
c If "Yes," enter name and address of the third party.

16 Gaming manager information:
Name
Address
Gaming manager compensation

17 Mandatory distributors:
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.
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 complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of this organization

SONS OF THE REVOLUTION IN THE STATE

Employer identification number

13-5563011

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

SONS OF THE REVOLUTION IN THE STATE

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 VARIOUS CELEBRATIONS OF THE ANNIVERSARIES RELATING TO OR CONNECTED WITH THE WAR OF THE AMERICAN REVOLUTION. TO INSPIRE AMONG THE MEMBERS, THEIR DECENDANTS AND THE PUBLIC AT LARGE THE PATIOTIC SPIRIT OF THE FOREFATHERS OF THE MEMBERS. TO ENCOURAGE AND MAINTAIN AN AWARENESS OF THE AMERICAN REVOLUTIONARY PERIOD THROUGH THE INTERPREATION OF ARTIFACTS FROM THE PERIOD AND THROUGH EDUCATIONAL SERVICES.

PART VI, SECTION A. - QUESTION 2

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

PART VI, SECTION A. - QUESTION 6

THE SOCIETY WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

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 OF 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 EXECUTIVE COMMITTEE AND THE AUDIT COMMITTEE FOR APPROVAL PRIOR TO FILING.

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.

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.

Department of the Treasury
 Internal Revenue Service
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic (Not 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 990-1), 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 [efile 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.

Type or print Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or 13-5563011

Number, street, and room or suite no. If a P.O. box, see instructions. 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) 011

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

- The books are in the care of TITLE HAGOPIAN, 54 PEARL STREET, NEW YORK, NY 10004-4300

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.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15, 2015, 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, 2013, and ending 09/30, 2014.

- 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. \$4 \$ 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. \$b \$ 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. \$c \$ 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.

Form 8868 (Rev. 1-2014)