

Return of Organization Exempt From Income Tax

2014

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.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 10/01, 2014, **and ending** 09/30, 2015

COPY

B Check if applicable:

<input type="checkbox"/>	Address change	C Name of organization SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.	D Employer identification number 13-5563011
<input type="checkbox"/>	Name change	Doing business as	E Telephone number (212) 425-1776
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 54 PEARL STREET	G Gross receipts \$ 1,677,362.
<input type="checkbox"/>	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004-4300	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Amended return	F Name and address of principal officer: DANIEL H. HARMAN, III SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Application pending	I 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	If "No," attach a list. (see instructions)
J Website: WWW.SONSOFTHEREVOLUTION.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1884 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 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>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 39.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 39.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 11.
	6 Total number of volunteers (estimate if necessary) 6 16.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 156,838. Current Year 184,297.
	9 Program service revenue (Part VIII, line 2g) Prior Year 105,333. Current Year 124,790.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Prior Year 417,056. Current Year 240,301.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Prior Year 469,941. Current Year 495,551.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Prior Year 1,149,168. Current Year 1,044,939.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Prior Year 0. Current Year 10,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4) Prior Year 0. Current Year 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Prior Year 369,523. Current Year 398,976.
	16a Professional fundraising fees (Part IX, column (A), line 11e) Prior Year 0. Current Year 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,170. Prior Year 535,264. Current Year 576,321.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Prior Year 904,787. Current Year 985,297.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Prior Year 244,381. Current Year 59,642.	
19 Revenue less expenses. Subtract line 18 from line 12 Prior Year 7,228,177. Current Year 6,698,656.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 7,228,177. End of Year 6,698,656.
	21 Total liabilities (Part X, line 26) Beginning of Current Year 399,706. End of Year 249,390.
	22 Net assets or fund balances. Subtract line 21 from line 20. Beginning of Current Year 6,828,471. End of Year 6,449,266.

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.

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN POC
	Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY L	Firm's EIN ▶ 13-3628255			
	Firm's address ▶ ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405	Phone no. 212-661-7777			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 242,500. including grants of \$ 10,000.) (Revenue \$ 110,496.)

MUSEUM PROGRAMS AND ACTIVITIES: CURATORIAL & MUSEUM ADMINISTRATION. EXHIBITS (INTERPRETATION OF REVOLUTIONARY PERIOD ARTIFACTS). ART WORK, DISPLAYS & CONSERVATION. MUSEUM INFORMATIONAL SERVICES. OVER 34,000 VISITORS IN 2015 TO THE MUSEUM.

4b (Code:) (Expenses \$ 136,853. including grants of \$) (Revenue \$ 20,256.)

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 379,353.

Part IV Checklist of Required Schedules

COPY

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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 individual 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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

COPY

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 columns for line numbers (1a-9), Yes, and No. Includes a large 'COPY' watermark.

- 1a Enter the number of voting members of the governing body at the end of the tax year...
b If there are material differences in voting rights among members of the governing body...
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
5 Did the organization become aware during the year of a significant diversion of the organization's assets?
6 Did the organization have members or stockholders?
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a The governing body?
b Each committee with authority to act on behalf of the governing body?
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

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.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
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 212-425-1776

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 V.P.	5.00	X		X			0	0	0	
(3) FREDERICK W. PATTISON 2ND V.P.	2.00	X		X			0	0	0	
(4) DAVID TISDALE-WOODS 3RD V.P.	7.50	X		X			0	0	0	
(5) EDWIN DAVID ROBERTSON SECRETARY	5.00	X		X			0	0	0	
(6) DANIEL H. HARMAN III TREASURER	10.00	X		X			0	0	0	
(7) BRIAN GILL REGISTRAR	2.00	X		X			0	0	0	
(8) REV. CHRISTOPHER M. CULLEN CHAPLAIN	2.00	X		X			0	0	0	
(9) ALAN W. BORST, JR. BOARD MEMBER	2.00	X					0	0	0	
(10) MICHAEL P. CONEYS BOARD MEMBER	1.00	X					0	0	0	
(11) ROBERT A. BELL BOARD MEMBER	1.00	X					0	0	0	
(12) WILLIAM M. MANGER, JR. BOARD MEMBER	1.00	X					0	0	0	
(13) PETER C. HEIN BOARD MEMBER	1.00	X					0	0	0	
(14) CHRISTOPHER M. NORFLEET BOARD MEMBER	3.00	X					0	0	0	

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) MATTHEW NORGARD BOARD MEMBER	6.00	X						0	0	0
16) GEORGE J. OWEN BOARD MEMBER	1.00	X						0	0	0
17) THOMAS P. ROGERS BOARD MEMBER	6.00	X						0	0	0
18) KENNETH H. CHASE BOARD MEMBER	1.00	X						0	0	0
19) WESLEY M. OLER IV BOARD MEMBER	1.00	X						0	0	0
20) ANDREW W. RUSSELL BOARD MEMBER	2.00	X						0	0	0
21) P. LAYTON SANDERS, JR. BOARD MEMBER	1.00	X						0	0	0
22) JONATHAN W. RIDGEWAY BOARD MEMBER	1.00	X						0	0	0
23) STEVEN TRUSNOVEC BOARD MEMBER	2.00	X						0	0	0
24) ANTHONY D.E. WELLMAN BOARD MEMBER	1.00	X						0	0	0
25) DANIEL J. O'CONNELL BOARD MEMBER	1.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

COPY

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
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 **2**

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) KEVIN HANSLEY PAST PRESIDENT	1.00	X					0	0	0	
27) JOHN M. HILLIARD PAST PRESIDENT	1.00	X					0	0	0	
28) CHARLES LUCAS PAST PRESIDENT	1.00	X					0	0	0	
29) WILLIAM T. LIVINGSTON III PAST PRESIDENT	1.00	X					0	0	0	
30) J. ROBERT LUNNEY PAST PRESIDENT	1.00	X					0	0	0	
31) ROBERT N. MCKAY PAST PRESIDENT	1.00	X					0	0	0	
32) JOHN O' MALLEY PAST PRESIDENT	1.00	X					0	0	0	
33) LAURENCE S. SIMPSON PAST PRESIDENT	1.00	X					0	0	0	
34) JAMES F. STEBBINS PAST PRESIDENT	1.00	X					0	0	0	
35) KENT STRAAT PAST PRESIDENT	1.00	X					0	0	0	
36) GEORGE WATSON PAST PRESIDENT	1.00	X					0	0	0	
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 **0**

	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 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) DONALD WESTERVELT PAST PRESIDENT	1.00	X						0	0	0
38) F. DANIEL LEVERT COLEMAN PAST PRESIDENT	1.00	X						0	0	0
39) HON. JAMES R. GRAYSHAW PAST PRESIDENT	1.00	X						0	0	0
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 **0**

	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 12-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues	5,962.				
	1c	Fundraising events	10,800.				
	1d	Related organizations					
	1e	Government grants (contributions)	15,793.				
	1f	All other contributions, gifts, grants, and similar amounts not included above	151,742.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	184,297.				
Program Service Revenue	2a	MUSEUM FUND	900099	104,534.	104,534.		
	b	ADMISSIONS/SOCIETY	900099	20,256.	20,256.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		124,790.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		120,404.		120,404.	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	728,243.			
			(ii) Personal				
	b	Less: rental expenses		229,633.			
	c	Rental income or (loss)		498,610.			
	d	Net rental income or (loss)		498,610.		498,610.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	486,943.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses		367,046.			
	c	Gain or (loss)		119,897.			
d	Net gain or (loss)		119,897.		119,897.		
8a	Gross income from fundraising events (not including \$ 10,800. of contributions reported on line 1c). See Part IV, line 18	a	30,945.				
b	Less: direct expenses	b	35,744.				
c	Net income or (loss) from fundraising events		-4,799.			-4,799.	
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities		0			0	
10a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold	b			
		c	Net income or (loss) from sales of inventory		0		0
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME	900099	1,740.	1,740.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,740.				
12	Total revenue. See instructions		1,044,939.	126,530.		734,112.	

COPY

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	10,000.	10,000.		
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	0			
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	297,173.	170,345.	104,328.	22,500.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,879.	7,036.	5,563.	280.
9 Other employee benefits	58,455.	31,936.	25,249.	1,270.
10 Payroll taxes	30,469.	16,646.	13,161.	662.
11 Fees for services (non-employees):				
a Management	0			
b Legal	680.		680.	
c Accounting	73,749.	13,826.	59,923.	
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.)	65,326.	12,376.	52,950.	
12 Advertising and promotion	3,182.	3,182.		
13 Office expenses	67,032.	19,222.	47,051.	759.
14 Information technology	3,619.	220.	3,399.	
15 Royalties	0			
16 Occupancy	49,714.	35,759.	13,955.	
17 Travel	204.	55.	149.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	23,961.	23,961.		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	132,556.		132,556.	
23 Insurance	2,268.	2,268.		
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	36,357.	6,261.	30,096.	
b MAINTENANCE & REPAIRS	83,844.	6,980.	76,864.	
c PROGRAM RELATED SERVICES	16,841.	12,977.	1,300.	2,564.
d FLAG DAY	5,278.	5,278.		
e All other expenses	11,710.	1,025.	10,550.	135.
25 Total functional expenses. Add lines 1 through 24e	985,297.	379,353.	577,774.	28,170.
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			

COPY

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1	Cash - non-interest-bearing	188,500	34,479
	2	Savings and temporary cash investments	20,587	3,094
	3	Pledges and grants receivable, net	6,100	1,000
	4	Accounts receivable, net	84,136	86,521
	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	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	0
	7	Notes and loans receivable, net	187,447	126,211
	8	Inventories for sale or use	3,000	1,832
	9	Prepaid expenses and deferred charges	36,687	37,449
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,833,454	
	b	Less: accumulated depreciation	1,620,334	
	11	Investments - publicly traded securities	2,718,489	3,213,120
	12	Investments - other securities. See Part IV, line 11	3,883,189	3,024,789
	13	Investments - program-related. See Part IV, line 11	0	0
	14	Intangible assets	0	0
	15	Other assets. See Part IV, line 11	100,036	100,161
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,228,177	6,698,656	
Liabilities	17	Accounts payable and accrued expenses	299,670	149,229
	18	Grants payable	0	0
	19	Deferred revenue	0	0
	20	Tax-exempt bond liabilities	0	0
	21	Escrow or custodial 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	100,036	100,161
	26	Total liabilities. Add lines 17 through 25	399,706	249,390
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	3,182,295	3,442,342
	28	Temporarily restricted net assets	645,926	5,824
	29	Permanently restricted net assets	3,000,250	3,001,100
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		
	31	Paid-in or capital surplus, or land, building, or equipment fund		
	32	Retained earnings, endowment, accumulated income, or other funds		
	33	Total net assets or fund balances	6,828,471	6,449,266
	34	Total liabilities and net assets/fund balances.	7,228,177	6,698,656

Part XI 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)	1,014,939.
2	Total expenses (must equal Part IX, column (A), line 25)	985,297.
3	Revenue less expenses. Subtract line 2 from line 1	29,642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	6,828,471.
5	Net unrealized gains (losses) on investments	-438,847.
6	Donated services and use of facilities	0
7	Investment expenses	0
8	Prior period adjustments	0
9	Other changes in net assets or fund balances (explain in Schedule O)	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	6,449,266.

COPY

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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.
- 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?
- b 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 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.)
- 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 or IRC section (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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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.)

COPY

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	158,996.	131,792.	167,961.	164,658.	184,297.	807,704.
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.	158,996.	131,792.	167,961.	164,658.	184,297.	807,704.
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 Public support. Subtract line 5 from line 4.						807,704.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	158,996.	131,792.	167,961.	164,658.	184,297.	807,704.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	372,236.	531,853.	652,642.	826,876.	848,647.	3,232,254.
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	31,939.	13,024.	474.	8,430.	1,740.	55,607.
11 Total support. Add lines 7 through 10						4,095,565.
12 Gross receipts from related activities, etc. (see instructions)					12	651,228.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	19.72%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	24.32%
16a 33 1/3% support test - 2014. 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		<input type="checkbox"/>
b 33 1/3% support test - 2013. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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		<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 II.)

Section A. Public Support

COPY

Table with 6 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, 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 The value of services or facilities furnished by a governmental unit; 6 Total; 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 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 6 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 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) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Rows: 15 Public support percentage for 2014; 16 Public support percentage from 2013 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Rows: 17 Investment income percentage for 2014; 18 Investment income percentage from 2013 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2014. 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.

19b 33 1/3% support tests - 2013. 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 on 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.)

COPY

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		



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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

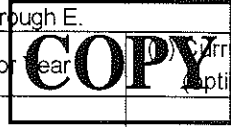
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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		Yes	No
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? <i>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.</i>			
b		Yes	No
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? <i>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.</i>			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a		Yes	No
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? <i>Provide details in Part VI.</i>			
b		Yes	No
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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.



Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3		
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-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	COPY
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 Total annual distributions. 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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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, 2015 IN THE FOLLOWING RESPECTS:

10% OF SUPPORT LIMITATION - THE SOCIETY'S PUBLIC SUPPORT PERCENTAGE FOR FISCAL 2015 IS 19.72% 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 MISSTION 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'S VISION WILL STRIVE 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.

COPY
ITS

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.

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

AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES - THE SOCIETY IS OPEN TO ALL INDIVIDUALS WHO WISH TO

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).

LEARN ABOUT NEW YORK CITY HISTORY AS IT RELATES TO COLONIAL AMERICA, THE AMERICAN RREVOLUTIONARY WAR, AND THE EARLY REPUBLIC.

COPY

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

FLAG DAY PARADE & CEREMONY

THE NINETY-NINE YEAR OLD TRADITION OF THE SOCIETY KICKS OFF WITH A PARADE FROM CITY HALL PARK WITH OVER 400 MARCHERS FROM DIFFERENT HISTORICAL SOCIETIES, LOCAL ORGANIZATION AND SCHOOL CHILDREN. THE PARADE ENDS AT FRAUNCES TAVERN WERE 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.

COLOR GUARD

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

FRAUNCES TAVERN MUSEUM -OPEN SEVEN DAYS A WEEK

EDUCATION PROGRAMMING

ALWAYS FOCUSING ON THE AMERICAN REVOLUTION AND COLONIAL NEW YORK CITY HISTORY, THE MUSEUM'S EDUCATION PROGRAM HAS BECOME A STAPLE IN THE NEW YORK CITY EDUCATION SYSTEM. ADULT VISITORS WHO HAVE RETURNED TO FRAUNCES TAVERN FOR VARIOUS OCCASIONS RECALL STANDING IN THE 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).

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."

COPY

AS LEARNING THEORIES HAVE EVOLVED THROUGH THE YEARS, THE MUSEUM'S
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 SCHOOLS THAT PARTICIPATE IN THE MUSEUM'S EDUCATIONAL PROGRAMMING 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.

EACH 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

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).

COPY

DAY.

EDUCATORS, TRAINED BY THE EDUCATION & PUBLIC PROGRAMS COORDINATOR, HELP

TO ENSURE EXCEPTIONAL QUALITY IN THE MUSEUM'S EDUCATIONAL PROGRAMMING

WHICH PROMOTES CRITICAL THINKING TO GIVE STUDENTS AN AUTHENTIC AND

PERSONAL ENCOUNTER WITH HISTORY (NYS LEARNING STANDARDS SOCIAL STUDIES,

1.1, 1.3, 1.4, LANGUAGE ARTS, 1.5, 2.5, ARTS 3.4). 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 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.

REVOLUTIONARY HEROES & TAVERN LIFE SCHOOL PROGRAM

THIS EXISTING PROGRAM'S POPULARITY HAS BEEN APPLAUDED BY TEACHERS,

DESCRIBING IT AS "EXCEPTIONAL" IN TEACHER EVALUATIONS. 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.

ACCESS PROGRAMMING

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

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).

ACTIVITIES FOR CHILDREN AND THEIR FAMILIES TO ENJOY WHILE EXPERIENCING
THE MUSEUM.

COPY

STARTING 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.

PLANNED FALL 2016 PROGRAMMING

QUILL WRITING SCHOOL PROGRAM

A NEW SCHOOL PROGRAM WILL BE IMPLEMENTED TO INCLUDE A QUILL WRITING
ACTIVITY. 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 THEIR NAMES WITH A QUILL
AND INK, CHOOSING WHETHER TO SWEAR AN OATH OF ALLEGIANCE TO THE CROWN OR
COLONIES.

PUBLIC PROGRAMMING

THE MUSEUM'S PUBLIC PROGRAMS 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
EDUCATION & PUBLIC PROGRAMS COORDINATOR INCLUDING THE PLANNING OF
LOGISTICS FOR LARGE CROWDS AND COLLABORATING WITH CONSULTANTS TO CREATE
MISSION RELATED CONTENT. THE MUSEUM'S FLAG GALLERY IS A "MULTI-PURPOSE
ROOM" WHERE MOST PROGRAMS ARE HELD, INCLUDING ACADEMIC LECTURES, SEATS UP
TO 70.

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).

EVENING LECTURE SERIES

MONTHLY EVENING LECTURES ARE TWO HOURS AND HOSTED IN FLAG GALLERY.

COPY

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 WORK. 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 AIR. THE FILMED LECTURES CAN BE ACCESSED ON THEIR WEBSITE.

WALKING TOURS

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.

NIGHT AT THE MUSEUMS

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

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).

TRADITIONAL PUBLIC HOURS. IN 2016, THE MUSEUM RECEIVED OVER 600 VISITORS,
SEPTUPLE THE STANDARD DAILY ATTENDANCE.

COPY

SPECIAL FAMILY PROGRAMMING IS AVAILABLE DURING NIGHT AT THE MUSEUMS
THAT FEATURES HISTORICAL BALLADEER LINDA RUSSELL, WHO PROVIDES MUSIC
FROM THE COLONIAL PERIOD, AND THE TRICORNE DANCE ENSEMBLE, WHO TEACHES
VISITORS COLONIAL DANCE. NEW PROGRAMMING THIS YEAR INCLUDED A COLONIAL
DRESS-UP PHOTOBOOTH AND A CHILDREN'S "CREATE YOUR OWN FLAG ACTIVITY".

FILM VIEWINGS

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.

PLANNED FALL 2016 PROGRAMMING

SPY WEEK

THE MUSEUM WILL BE OFFERING NEW PUBLIC PROGRAMMING FOR NATHAN HALE DAY
(REVOLUTIONARY WAR SPY), AN ANNUAL EVENT THAT TAKES PLACE IN SEPTEMBER.
THIS WEEK-LONG THEMED PROGRAM TITLED "SPY WEEK" WILL FOCUS ON ESPIONAGE
DURING THE REVOLUTIONARY WAR. IT WILL INCLUDE A LECTURE BY ELIZABETH
KAPLAN ENTITLED, "GEORGE WASHINGTON'S LONG ISLAND SPY RING" AND A SPECIAL
DOCENT-LED ESPIONAGE THEMED PUBLIC TOUR OFFERED DAILY FOR THE WEEK. THIS
TOUR WILL FOCUS 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 WILL
ALSO BE 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

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).

SURVEY.

FAMILY PROGRAMMING

IN RESPONSE TO INQUIRIES ABOUT CHILDREN'S PROGRAMMING, A SCAVENGER HUNT ACTIVITY WILL BE AVAILABLE SUMMER 2016. THIS NEW INTERACTIVE ACTIVITY AIMS TO ENGAGE CHILDREN AND FAMILIES USING A FICTIONAL REVOLUTIONARY SOLDIER'S MAP TO FIND SELECTED ARTIFACTS WITHIN THE MUSEUM'S GALLERIES. IT WILL BE AVAILABLE AT THE FRONT DESK (COMPLIMENTARY WITH ADMISSION) AND WILL NOT REQUIRE THE GUIDANCE OF MUSEUM STAFF.

EXHIBITION

CURRENT ROTATING EXHIBITS

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 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

COPY

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).

GRANTS.

COPY

LAFAYETTE

IN JULY OF 2015 THE EXHIBITION LAFAYETTE OPENED IN THE ROTATING LOEB GALLERY. 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.

PERMANENT EXHIBITS

A STOIC COUNTENANCE: PORTRAITS OF GEORGE WASHINGTON
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 LONG ROOM. IT IS THE SITE OF GENERAL GEORGE WASHINGTON'S FAMOUS FAREWELL TO HIS OFFICERS AT THE END OF THE 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. ALL ITEMS IN THIS ROOM ARE FROM THE 18TH CENTURY PERIOD.

THE CLINTON ROOM

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.

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).



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.
 A FLASH OF COLOR: EARLY AMERICAN FLAGS AND STANDARDS
 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.

UPCOMING EXHIBITION

BLACK CURTAIN: AMERICA'S TREASURES (WORKING TITLE)
 THIS EXHIBITION WILL FEATURE AT LEAST FIVE OF THE MUSEUM'S MOST PRIZED
 COLLECTION 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. IT WILL OPEN IN THE FALL
 OF 2016.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS	31,939.	13,024.	474.	8,430.	1,740.	55,607.
TOTALS	<u>31,939.</u>	<u>13,024.</u>	<u>474.</u>	<u>8,430.</u>	<u>1,740.</u>	<u>55,607.</u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

COPY

Employer identification number

13-5563011

Name of the organization

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

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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; 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).

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.

COPY

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN L. LOEB, JR. FOUNDATION 50 BROAD STREET, SUITE 1137 NEW YORK, NY 10004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ELIZABETH & STANLEY SCOTT FOUNDATION 145 HUDSON STREET, 10 FLOOR NEW YORK, NY 10010	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF NEW YORK COMPTROLLER ONE CENTRE STREET #530 NEW YORK, NY 10007	\$ 15,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ESTATE OF CORNWELL MARTIN 111-26 77 AVENUE FORECT HILLS, NY 11375	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GEORGE G. WATSON 1710 SW HEALTH PARKWAY, APT. #308 NAPLES, FL 34109-0448	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KENNETH CHASE 60 RIVERSIDE DRIVE, APT. 9F NEW YORK, NY 10024	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

COPY

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	M W WILLCOX JP MORGAN P. O BOX 4521 NEWARK, NJ 19714	\$ 6,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PETER HEIN 101 CENTRAL PARK WEST APT. 14E NEW YORK, NY 10023	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ROBERT NEWTON MCKAY 470 STRATFORD ROAD, APT. 3J BROOKLYN, NY 11218	\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	STEPHEN T. WHELAN 165 WEST END AVENUE, APT. #20D NEW YORK, NY 10023	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-5563011

COPY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- -----	\$ -----	-----

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

Employer identification number
13-5563011

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively religious, charitable, etc., contributions of \$1,000 or less* for the year. (Enter this information once. See instructions.)
Use duplicate copies of Part III if additional space is needed.

COPY

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
---	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
---	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
---	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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 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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... Yes No, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 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, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 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)? Yes No, 9 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" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a 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. 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) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 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) 2014

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

COPY

- 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" to 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 in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	4,097,323.	4,322,624.	4,393,731.	3,972,464.	4,236,340.
b Contributions	4,688.	6,000.	23,217.	50,172.	242,932.
c Net investment earnings, gains, and losses	-217,153.	356,828.	362,152.	674,485.	67,647.
d Grants or scholarships					
e Other expenditures for facilities and programs	659,764.	588,129.	456,476.	294,936.	527,887.
f Administrative expenses				8,454.	46,568.
g End of year balance	3,225,094.	4,097,323.	4,322,624.	4,393,731.	3,972,464.

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

- a Board designated or quasi-endowment 6.7648 %
- b Permanent endowment 93.0546 %
- c Temporarily restricted endowment .1806 %

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

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

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.

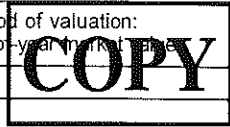
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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		3,176,347.	1,027,970.	2,148,377.
c Leasehold improvements		1,132,268.	349,169.	783,099.
d Equipment		247,093.	243,195.	3,898.
e Other		277,746.		277,746.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,213,120.

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT	100,161.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	100,161.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	871,469.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-438,817.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	265,377.	
e	Add lines 2a through 2d	2e	-173,470.	
3	Subtract line 2e from line 1	3	1,044,939.	
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	1,044,939.	

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	Total expenses and losses per audited financial statements		1	1,250,674.
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	265,377.	
e	Add lines 2a through 2d	2e	265,377.	
3	Subtract line 2e from line 1	3	985,297.	
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	985,297.	

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.

COPY

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.

Part XIII Supplemental information (continued)

THE PERMANENT FUND WAS ESTABLISHED FROM THE CONTRIBUTIONS AND FROM OTHER 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.

COPY

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.

TEMPORARILY RESTRICTED NET ASSETS CONSIST OF CONTRIBUTIONS THAT ARE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR PERTAIN TO FUTURE

Part XIII Supplemental Information (continued)

PERIODS. WHEN THE STIPULATED PURPOSE OF THE RESTRICTION IS ACHIEVED,
TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED AS UNRESTRICTED AND
REPORTED IN THE STATEMENTS OF ACTIVITIES AS NET ASSETS RELEASED FROM
RESTRICTIONS.

COPY

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

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, 2015 AND SEPTEMBER 30,
2014 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 \$1,100 AS OF SEPTEMBER 30, 2015 AND SEPTEMBER 30, 2014.

Part XIII Supplemental Information (continued)

PART X - LINE 2

AT SEPTEMBER 30, 2015, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS. THE SOCIETY'S TAX RETURNS FOR THE 2012 FISCAL YEAR AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

COPY
YEAR

PART XI - LINE 2D

DIRECT SPECIAL EVENT EXPENSES: 35,744;

DIRECT RENTAL EXPENSES: 229,633.

PART XII - LINE 2D

DIRECT SPECIAL EVENT EXPENSES: 35,744;

DIRECT RENTAL EXPENSES: 229,633.

**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 \$15,000 on Form 990-EZ, line 6a.

▶ 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

2014

Open to Public Inspection

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

Employer identification number
13 55 3 11



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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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 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 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 6b. List events with gross receipts greater than \$5,000.

COPY

		(a) Event #1	(b) Event #2	(c) Other events	Total events (add col. (a) through col. (c))
		G. W. BALL (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	41,745.		41,745.
	2	Less: Contributions	10,800.		10,800.
	3	Gross income (line 1 minus line 2)	30,945.		30,945.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,000.		2,000.
	7	Food and beverages	22,177.		22,177.
	8	Entertainment	3,300.		3,300.
	9	Other direct expenses	8,267.		8,267.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			35,744.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			-4,799.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))													
Revenue	1	Gross revenue																
Direct Expenses	2	Cash prizes																
	3	Noncash prizes																
	4	Rent/facility costs																
	5	Other direct expenses																
	6	Volunteer labor	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Yes</td> <td>_____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	_____ %	No		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Yes</td> <td>_____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	_____ %	No		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>Yes</td> <td>_____ %</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	_____ %	No		
Yes	_____ %																	
No																		
Yes	_____ %																	
No																		
Yes	_____ %																	
No																		
	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: _____

10 a 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:

13a	COPY	%
13b		%

 - 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:

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).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
 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.**

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

Employer identification number

13-5563011

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GENERAL SOCIETY - SONS OF THE REVOLUTION 412 WEST FRANCIS ST. WILLIAMSBURG, VA 23185	23-6269069	501(C)(3)	10,000.				DONATION
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

COPY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▲
- 3 Enter total number of other organizations listed in the line 1 table ▲

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

Schedule I (Form 990) (2014)

JSA

4E1286 1.000
8BC04T M261

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**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

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	X	1.	0	
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	38.	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**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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) (2014)

JSA

4E1298 1.000

8BC04T M261

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.

PART I - LINE 33

COPY

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, LINES 1, AND 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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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

Open to Public

Inspection

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

Employer identification number
13-5563011

COPY

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 4

THE SOCIETY AMENDED ITS BY-LAWS DURING FISCAL 2015. SIGNIFICANT CHANGES

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

Employer identification number
13-5563011

COPY

ARE AS FOLLOWS:

1. CONFORM TO THE QUORUM RULES OF THE NEW YORK NOT FOR PROFIT CORPORATION LAW;
2. AUTHORIZE THE BOARD TO SET THE LEVEL OF DUES, FEES, AND ASSESSMENTS.

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 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.

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

Employer identification number
13-5563011

COPY

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	427,242.
JEPOL CONSTRUCTION INC. 49-01 GRAND AVENUE MASPETH, NY 11378	CONSTRUCTION	309,080.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization **SONS OF THE REVOLUTION IN THE STATE**

Employer identification number
13-5563011

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 FRAUNCES AMERICAN HERITAGE SOC., 54 PEARL STREET NEW YORK, NY 10004-2429	CHARITABLE	NY	PENDING SEE PART VII	PENDING SEE PART VII	N/A		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

COPY

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

Schedule R (Form 990) 2014

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)									

COPY

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 VI

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

COPY

Part VII Supplemental Information

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

COPY

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.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return. Information about Form 868 and its instructions is at www.irs.gov/form868.



- 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 868.

Electronic filing (e-file). You can electronically file Form 868 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.

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.

Form with fields for: Type or print, Name of exempt organization or other filer, Employer identification number (EIN) or, Number, street, and room or suite no., Social security number (SSN), City, town or post office, state, and ZIP code.

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Table with 4 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 JESSICA B. PHILLIPS, EXECUTIVE, 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 16, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
[X] tax year beginning 10/01, 20 14, and ending 09/30, 20 15

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

Table with 3 columns: Description, 3a \$, 3b \$, 3c \$. Rows include: 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. 3b 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. 3c 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 funds withdrawal (direct debit) with this Form 868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**
- 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).

COPY

Type or print	Name of exempt organization or other filer, see instructions. SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.	Enter filer's identifying number, see instructions 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, EXECUTIVE, 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, 2016.

5 For calendar year _____, or other tax year beginning 10/01, 2014, and ending 09/30, 2015.

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.

8a 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.	8a	\$	0
8b 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.	8b	\$	0
8c 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.	8c	\$	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