B. Name and address of organization

C. Description of activities

1. Briefly describe the organization's mission or most significant activities:

   TO PERPETUATE THE MEMORY OF THE MEN WHO, IN MILITARY, NAVAL OR CIVIL SERVICE, BY THEIR ACTS OR CONDUCT, ACHIEVED AMERICAN INDEPENDENCE.

2. Check this box if the organization's operations or proposals exceed $500,000:
   Yes [X] No

3. Number of voting members of the governing body (Part VI, line 1a):
   5

4. Number of independent voting members of the governing body (Part VI, line 1b):
   5

5. Number of individuals employed in calendar year 2011 (Part V, line 2a):
   5

6. Total number of volunteers (estimate if necessary):
   12

7. Total unrelated business revenue from Part VIII, column (C), line 12:
   $0

8. Net unrelated business taxable income from Form 990-T, line 14:
   $0

9. Contributions and grants (Part VIII, line 1a):
   $54,438

10. Program service revenue (Part VIII, line 2a):
    $79,062

11. Investment income (Part VIII, column (A), lines 3, 4, and 7a):
    $1,097,948

12. Total revenue - add line 6 through 11 (not equal Part VII, column (A), line 5):
    $692,193

13. Grants and similar amounts paid (Part IX, column (A), line 1):
    $27,656

14. Benefits paid to or for members (Part IX, column (A), line 4):
    $324,627

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):
    $9,125

16. Professional fundraising fees (Part IX, column (A), line 11):
    $0

17. Total expenses (Part IX, column (A), line 23):
    $436,835

18. Other expenses (Part IX, column (A), line 24):
    $1,419,660

19. Revenue less expenses. Subtract line 18 from line 12:
    $692,193

20. Total assets (Part X, line 1a):
    $6,848,534

21. Total liabilities (Part X, line 2a):
    $79,062

22. Net assets or fund balances. Subtract line 21 from line 20:
    $6,888,522

Sign Here

Signature of officer:

Type or print name and title:

For Paperwork Reduction Act Notice, see the separate instructions.
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1. 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 "-" in columns (c), (d), 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 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 persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

#### Name and Title

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES K. GRAYSHAW</td>
<td>5.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEVEN T. WELMAN</td>
<td>5.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDREW W. ROBBIE</td>
<td>1.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTOPHER M. NORTLEY</td>
<td>1.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICHAEL P. CONYES</td>
<td>4.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMBER D. RICHARDSON</td>
<td>4.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAYMOND J. MANNING</td>
<td>1.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTOPHER M. CULLEN</td>
<td>1.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRISTEN H. COASE</td>
<td>1.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOYCE D. COOKE</td>
<td>1.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRUCE D. JONES</td>
<td>1.00 X X X X X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Description of Services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

3. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a, 1b, or 1c? If "Yes," complete Schedule J for such individual.

4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.

5. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

---

**Notes:**
- **Yes:** 1
- **No:** 0
- **Total:** 1

---

**Section B. Independent Contractors**

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Description of Services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
### Section A. Officers, Directors, Key Employees, and Highest Compensated Employees (continued)

| Name and title | Average hours per week | (B) Position (do not check more than one box, unless person is both an officer and a director/employee) | (C) Person with the title of 
| (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------|-----------------------|-------------------------------------------------|---------------------------------|---------------------------------|-------------------------------------------------|
| **F. DANIEL L. COLEMAN** | 1.00 X | | 0 | 0 | 0 |
| **GEORGE DEY** | 1.00 X | | 0 | 0 | 0 |
| **KEVIN HANLEY** | 1.00 X | | 0 | 0 | 0 |
| **JOHN M. HILLARD** | 1.00 X | | 0 | 0 | 0 |
| **CHARLES LUCAS** | 1.00 X | | 0 | 0 | 0 |
| **WILLIAM T. LIVINGSTON, III** | 1.00 X | | 0 | 0 | 0 |
| **J. ROBERT LUNNEY** | 1.00 X | | 0 | 0 | 0 |
| **ROBERT B. MORT** | 1.00 X | | 0 | 0 | 0 |
| **J. D. MCELHAT** | 1.00 X | | 0 | 0 | 0 |
| **JAMES F. STEWART** | 1.00 X | | 0 | 0 | 0 |

1b Sub-total

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total from continuation sheets to Part VII, Section A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total (add lines 1a and 1b) and for Part VII, Section A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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

**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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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.
### Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete columns (A) but not required to complete columns (B), (C), and (D).

**Check if Schedule C contains a response to any question in this Part VIII.**

<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Investment income</th>
<th>(E) Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$219,957.00</td>
<td>$135,170.00</td>
<td>70,693.00</td>
<td>5,074.00</td>
<td>$219,957.00</td>
</tr>
<tr>
<td>14,160.00</td>
<td>8,823.00</td>
<td>5,394.00</td>
<td>243.00</td>
<td>14,160.00</td>
</tr>
<tr>
<td>33,517.00</td>
<td>20,173.00</td>
<td>12,763.00</td>
<td>583.00</td>
<td>33,517.00</td>
</tr>
<tr>
<td>18,954.00</td>
<td>11,406.00</td>
<td>7,220.00</td>
<td>326.00</td>
<td>18,954.00</td>
</tr>
<tr>
<td>5,890.00</td>
<td>1,265.00</td>
<td>4,625.00</td>
<td>0.00</td>
<td>5,890.00</td>
</tr>
<tr>
<td>122,142.00</td>
<td>60,326.02</td>
<td>61,236.00</td>
<td>0.00</td>
<td>122,142.00</td>
</tr>
<tr>
<td>33,342.00</td>
<td>19,999.00</td>
<td>9,845.00</td>
<td>430.00</td>
<td>33,342.00</td>
</tr>
<tr>
<td>56,935.00</td>
<td>30,379.00</td>
<td>26,556.00</td>
<td>0.00</td>
<td>56,935.00</td>
</tr>
<tr>
<td>50,187.00</td>
<td>37,619.00</td>
<td>12,537.00</td>
<td>0.00</td>
<td>50,187.00</td>
</tr>
<tr>
<td>6,081.00</td>
<td>2,794.00</td>
<td>1,287.00</td>
<td>0.00</td>
<td>6,081.00</td>
</tr>
<tr>
<td>17,852.00</td>
<td>17,852.00</td>
<td>0.00</td>
<td>0.00</td>
<td>17,852.00</td>
</tr>
<tr>
<td>2,432.00</td>
<td>2,432.00</td>
<td>0.00</td>
<td>0.00</td>
<td>2,432.00</td>
</tr>
<tr>
<td>24,870.00</td>
<td>18,197.00</td>
<td>6,683.00</td>
<td>0.00</td>
<td>24,870.00</td>
</tr>
<tr>
<td>66,950.00</td>
<td>39,999.00</td>
<td>27,230.00</td>
<td>6,646.00</td>
<td>66,950.00</td>
</tr>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Other Revenues**

- Royalties: 154,785.00
- Investment income (including dividends, interest, and other similar amounts): 157,182.00
- Lease, direct expenses: 14,728.00
- Use of services other than inventory: 15,230.00
- Use of service, less: 14,149.00
- Use of services, less: 14,149.00
- Total revenue: 13,494.00

**Miscellaneous Revenue**

- Business Code: 33,035.00
- 13,037.00
- 13,024.00

**Total Revenue**

- 376,229.00
- 137,182.00
- 239,210.00

---

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete columns (A) but not required to complete columns (B), (C), and (D).
### Part X: Balance Sheet

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash - non-interest-bearing</td>
<td>499,1</td>
</tr>
<tr>
<td>Savings and temporary cash investments</td>
<td>2,118,000</td>
</tr>
<tr>
<td>Pledges and grants receivable, net</td>
<td>40,535,0</td>
</tr>
<tr>
<td>Accounts receivable, net</td>
<td>5,470,7</td>
</tr>
<tr>
<td>Unearned income and contributions</td>
<td>6,152,7</td>
</tr>
<tr>
<td>Notes and loans receivable, net</td>
<td>122,987</td>
</tr>
<tr>
<td>Inventories for sale or use</td>
<td>6,168,4</td>
</tr>
<tr>
<td>Prepaid expenses and deferred charges</td>
<td>49,296,9</td>
</tr>
<tr>
<td>Land, buildings, and equipment; cost or other basis</td>
<td>2,801,942,0</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>2,801,942,0</td>
</tr>
<tr>
<td>Intangibles</td>
<td>12,785,1</td>
</tr>
<tr>
<td>Total assets</td>
<td>6,957,234,1</td>
</tr>
</tbody>
</table>

### Part XI: Financial Statements and Reporting

- **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.

- **Wetere the organization's financial statements compiled or reviewed by an independent accountant?**
  - [ ] Yes
  - [X] No

- **If "Yes" to line 2a or 2b, do the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?**
  - [ ] Yes
  - [ ] No

- **If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.**

### Additional Notes
- **Separate basis**
- **Consolidated basis**
- Both consolidated and separate basis

- **As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**
  - [ ] Yes
  - [X] No

- **If "Yes," did the organization undergo the required audit or audits?**
  - If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
Schedule A (Form 990 or 990-EZ) 2011

Public Charity Status and Public Support

Complete if the organization in section 501(c)(3) organization of section 501(c)(4) tax-exempt charitable

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

Employer identification number

FOOTNOTE: BCC 25-556301

Part 1 - 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 organization of churches described in section 170(b)(1)(A)(i).
3. An organization organized in conjunction with a hospital described in section 170(b)(1)(A)(iv). Enter the
   organization's name, city, and state.
4. An organization operating for the benefit of a college or university owned or operated by a governmental unit described in
   section 170(b)(1)(A)(v). (Complete Part II.)
5. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
6. 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.)
7. A community benefit described in section 170(b)(1)(A)(vii). (Complete Part II.)
8. An organization that normally receives more than 15% 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 January 1, 1975. See section 509(a)(3). (Complete Part II.)
9. An organization organized and operated exclusively for the benefit of, or to perform the functions of, or to carry out the
   purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section
   509(a)(3). Check the box that describes the type of supporting organization and complete lines 11a through 11h.
10. By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified
   persons other than foundation managers and other than one or more publicly supported organizations described in
   section 509(a)(1) or section 509(a)(2).
11. If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting
    organization, check this box.

Since August 1, 2006, has the organization accepted any gift or contribution from any of the following:

(i) A person who directly or indirectly holds office, or is employed in an office, or is a member of the governing body of the
    supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) above?

Yes No

h. Provide the following information about the supported organizations:

Name of supported organization

IRS EIN

Type of organization described in section 1.170

Basis for organization's status as a supported organization

Do you notify the organization in writing of your support?

Yes No

Are you considered a supporting organization?

Yes No

Amount of support


Schedule A (Form 990 or 990-EZ) 2011

Part II - Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i) and 170(b)(1)(A)(vi)

Completely 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 II.

Section A - Public Support

Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;)</td>
<td>1,251,727</td>
<td>765,942</td>
<td>633,084</td>
<td>330,250</td>
<td>125,657</td>
<td>3,545,994</td>
</tr>
<tr>
<td>Tax revenue raised for the organization's benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services of facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total.</td>
<td>1,251,727</td>
<td>765,942</td>
<td>633,084</td>
<td>330,250</td>
<td>125,657</td>
<td>3,545,994</td>
</tr>
<tr>
<td>Total support. Subtract line 7 from line 6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B - Total Support

Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total.</td>
<td>1,251,727</td>
<td>765,942</td>
<td>633,084</td>
<td>330,250</td>
<td>125,657</td>
<td>3,545,994</td>
</tr>
</tbody>
</table>

Section C - Composition of Total Support

<table>
<thead>
<tr>
<th>Description</th>
<th>Day 7 of</th>
<th>Day 8 of</th>
<th>Day 9 of</th>
<th>Day 10 of</th>
<th>Day 11 of</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2011 (line 6, column (f)) divided by line 11, column (f)</td>
<td>54</td>
<td>30.52%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support percentage from 2010 Schedule A, Part II, line 11</td>
<td>44</td>
<td>29.57%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33% support test - 2011. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>33% support test - 2010. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>33% support test - 2010. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>33% support test - 2010. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>33% support test - 2010. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>33% support test - 2010. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>33% support test - 2010. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
</tr>
<tr>
<td>15% of total support. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>15% of total support. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>15% of total support. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>15% of total support. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>15% of total support. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>15% of total support. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
<td>15% of total support. If the organization did not check the box on line 8a and line 8b, add lines 8a and 8b.</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
## Section A. Public Support

### Calendar year (or fiscal year beginning on) ▶

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gains, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
<tr>
<td>Gross receipts from admissions, membership contributions, rent, fee-for-service income, or other income that is related to the organization's exempt purpose.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
<tr>
<td>Total: Add lines 1 through 5.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
</tbody>
</table>

### Section B. Total Support

### Calendar year (or fiscal year beginning on) ▶

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 6.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
<tr>
<td>Gross income from rental, dividends, payments received on securities loans, rents, royalties and income from similar sources.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
<tr>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1976.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
<tr>
<td>Add lines 7a and 12b.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
<tr>
<td>Net income from unrelated business activities not included in line 10b.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
<tr>
<td>Total support: Add lines 9, 10c, 11, and 12d.</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
<td>( \sum )</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| Public support percentage from 2010 Schedule A, Part III, line 15 | 15% |

### Section D. Computation of Investment Income Percentage

| Investment income percentage from 2010 Schedule A, Part III, line 17a | 17% |

### Investment income from gifts, grants, and other sources.

| 2010 Support tests - 2011. 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%. | □ |
| 2011 Support tests - 2011. If the organization did not check the box on line 14 or line 16, and line 16 is more than 33 1/3% and line 17 is not more than 33 1/3%. | □ |

### Private foundation. If the organization did not check a box on line 14, 15a, or 16, check this box and use directions. □
SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

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 5.

(a) Donor advised funds

(b) Funds and other accounts

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous</td>
<td>73,000</td>
<td>13,024</td>
<td>31,503</td>
<td>31,064</td>
<td>218,569</td>
<td>418,558</td>
</tr>
<tr>
<td>TOLES</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>188,000</td>
<td>128,024</td>
<td>346,503</td>
<td>346,064</td>
<td>333,569</td>
<td>533,558</td>
</tr>
</tbody>
</table>

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

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

| Number of conservation easements held by the organization that had a qualified conservation contribution in the form of a conservation easement on the last day of the taxable year. |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. |
| Number of states where property subject to conservation easement is located. |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? |
| Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. |

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.

(a) Revenues included in Form 990, Part VIII, line 1

(b) Revenues included in Form 990, Part VIII, line 2

(c) Assets included in Form 990, Part VIII, line 3

For Paperwork Reduction Act Notice, see the instructions for Form 990.
### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's collection, acquisition, 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. Temporary exhibitions  
   c. Permanent collections  
   d. Loans or exchange programs  
   e. Other  
   f. Preservation for future generations  

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 5(b).

5. During the year, did the organization solicit or receive donations, 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?  

---

### Escrow and Custodial Arrangements

Complete if the organization answered "Yes" to Form 990, Part IV, line 24.

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

1b. If "Yes", explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>1c. Amount</th>
<th>1d. Additions during the year</th>
<th>1e. Distributions during the year</th>
<th>1f. Ending balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 217?  
   Yes  
   No

### Endowment Funds

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

1a. Beginning of year balance  
1b. Contributions  
1c. Net investment earnings, gains, and losses  
1d. Grants or scholarships  
1e. Other expenditures for facilities and programs  
1f. Administrative expenses  
1g. End of year balance  

<table>
<thead>
<tr>
<th></th>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,578,644</td>
<td>4,235,340</td>
<td>4,625,681</td>
<td>8,699,625</td>
<td></td>
</tr>
</tbody>
</table>

2. Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:
   a. Board designated or quasi-endowment  
   b. Permanent endowment  
   c. Temporarily restricted endowment  
   d. The percentages in line 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:
   a. (i) Unrelated organizations  
   b. If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?  
   X

### Other Liabilities

Complete if the organization answered "Yes" to Form 990, Part X, line 12.

1. (a) Description of liability  
2. (b) Book value  
3. (c) Cash or cash equivalent  
4. (d) Other  
5. (e) Total  
6. (f) Total (Column b) must equal Form 990, Part X, column (b), line 12.

---

### Schedule D (Form 990), Part IV

#### Investments - Other Securities

(a) Description of security or category (including name of security)  
(b) Book value  
(c) Method of valuation:  
   (d) Cost or end-of-year market value  
   (e)  
   (f)  
   (g)  
   (h)  
   (i)  
   (j)  
   (k)  
   (l)  
   (m)  
   (n)  
   (o)  
   (p)  
   (q)  
   (r)  
   (s)  
   (t)  
   (u)  
   (v)  
   (w)  
   (x)  
   (y)  
   (z)  

#### Investments - Program Related

(a) Description of investment type  
(b) Book value  
(c) Method of valuation:  
   (d) Cost or end-of-year market value  
   (e)  
   (f)  
   (g)  
   (h)  
   (i)  
   (j)  
   (k)  
   (l)  
   (m)  
   (n)  
   (o)  
   (p)  
   (q)  
   (r)  
   (s)  
   (t)  
   (u)  
   (v)  
   (w)  
   (x)  
   (y)  
   (z)  

#### Other Assets

(a) Description  
(b) Book value  
(c)  
(d)  
(e)  
(f)  
(g)  
(h)  
(i)  
(j)  
(k)  
(l)  
(m)  
(n)  
(o)  
(p)  
(q)  
(r)  
(s)  
(t)  
(u)  
(v)  
(w)  
(x)  
(y)  
(z)  

---

### Schedule D (Form 990), Part V

#### Land, Buildings, and Equipment

(a) Description of property  
(b) Cost or other basis (investment)  
(c) Accumulated depreciation  
(d) Book value  
(e) Total  

|   | 1a. Land  
|---|---|---|---|---|
|   | 1b. Buildings  
|---|---|---|---|---|
|   | 1c. Leasehold improvements  
|---|---|---|---|---|
|   | 1d. Equipment  
|---|---|---|---|---|
|   | 1e. Other  
|---|---|---|---|---|
|   | Total  

<table>
<thead>
<tr>
<th></th>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>
|   | 1a. Land  
|---|---|---|---|---|
|   | 1b. Buildings  
|---|---|---|---|---|
|   | 1c. Leasehold improvements  
|---|---|---|---|---|
|   | 1d. Equipment  
|---|---|---|---|---|
|   | 1e. Other  
|---|---|---|---|---|
|   | Total  

Total (Column b) must equal Form 990, Part X, column (b), line 72.

---

### Schedule D (Form 990), Part X

#### Other Liabilities

(a) Description of liability  
(b) Book value  
(c) Cash or cash equivalent  
(d) Other  
(e) Total  
(f) Total (Column b) must equal Form 990, Part X, column (b), line 72.

---

### Schedule D (Form 990), Part X

#### Liabilities

(a) Description of liability  
(b) Book value  
(c) Cash or cash equivalent  
(d) Other  
(e) Total  
(f) Total (Column b) must equal Form 990, Part X, column (b), line 72.
**Part IV** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1. Total revenue, gains, and other support per audited financial statements: 1,331,698
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   - Donated services and use of facilities: 2a
   - Recoveries of prior years: 2c
   - Other (Describe in Part XIV.): 2d
   - Add lines 2a through 2d: 2e
   - Subtract line 2e from line 1: 3
   - Investments not included on Form 990, Part VIII, line 7b: 4a
   - Other (Describe in Part XIV.): 4b
   - Add lines 3 and 4e: 5

**Part XV** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1. Total expenses and losses per audited financial statements: 899,992
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   - Donated services and use of facilities: 2a
   - Prior year adjustments: 2b
   - Other losses: 2c
   - Other (Describe in Part XIV.): 2d
   - Add lines 2a through 2d: 2e
   - Subtract line 2e from line 1: 3
   - Amounts included on Form 990, Part VIII, line 7b: 4a
   - Other (Describe in Part XIV.): 4b
   - Add lines 3 and 4e: 5

**Part XVI** Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 1, 5, and 5; Part III, lines 1a and 4; Part IV, lines 1b and 1c; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

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**Part X** Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1. Total revenue (Form 990, Part VIII, column (A), line 12): 1,331,698
2. Total expenses (Form 990, Part IX, column (A), line 25): 899,992
3. Excess or (deficit) for the year. Subtract line 2 from line 1: 431,706
4. Net unrealized gains (losses) on investments: 523,426
5. Donated services and use of facilities: 660,350
6. Investment expenses: 73,107
7. Prior year adjustments: 29,958
8. Other (Describe in Part XIV.): 152,466
9. Total adjustments (net): 523,426
10. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9: 431,706

---

**Organizations Maintaining Collections of Art, Historical Treasure**

**Part III - Question 4**

The organization's collection of art and artifacts are preserved and interpreted, for the members and public, as an educational resource in order to promote a greater understanding of the American Revolutionary period and the early history of New York.

The pieces in the collection are from, or represent, the early colonial and revolutionary period of America, in general and of New York City specifically.

**Endowment Funds**

**Part V - Question 4**

Board designated funds - amounts that are restricted at the discretion of the board. Included in these funds are the reserve fund, flag fund, permanent fund, capital campaign, museum endowment fund and deaccession collections funds. The capital campaign fund was established to raise funds for the restoration and improvement of Franches Tavern and other buildings owned by the Society. The related support, revenue and expenses are recorded in this fund. The museum endowment fund was segregated for the museum endowment aspect of the capital campaign, and the designated amounts are available for programs and activities conducted by the Franches Tavern Museum. The deaccession collections fund consists of proceeds from the sale of the society's collection and other works of art and may be used for the direct care and/or preservation of the society's existing collection or to buy additional...
ITEMS FOR THE COLLECTION AND/OR OTHER WORKS OF ART.
PERMANENTLY RESTRICTED NET ASSETS, WHICH CONSIST OF GIFTS TO THE SOCIETY,
THE PRINCIPAL OF WHICH IS PERMANENTLY RESTRICTED.
- SHELBY C. DAVIS FUND - ESTABLISHED THROUGH A GIFT MADE BY THE SHELBY C.
DAVIS FOUNDATION. THE PRINCIPAL PORTION CANNOT BE EXPENDED.
- BUILDING MAINTENANCE ENDOWMENT FUND - THE BUILDING MAINTENANCE ENDOWMENT
FUND IS TO REMAIN FOREVER TO THE USE OF THE SOCIETY, THE INCOME ONLY OF
WHICH SHALL BE EXPENDED SOLELY FOR THE MAINTENANCE OF THE BUILDINGS
COMPRISING OF THE FRANCES TAVERN'S MUSEUM COMPLEX, AS DETERMINED BY THE
BOARD OF MANAGERS.

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

OTHER LIABILITIES
PART X - LINE 2
AT SEPTEMBER 30, 2012, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN
INCOME TAX POSITIONS. THE SOCIETY'S TAX RETURNS FOR THE FISCAL YEAR 2009
AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE
AUTHORITIES.
**Schedule G (Form 990 or 990-EZ) 2011**

**Sons of the Revolution in the State of New York, Inc.**

**EO No. 1043-0047**

**Open to Public Inspections**

**Supplemental Information Regarding Fundraising or Gaming Activities**

**Form 990-EZ** failures are not required to complete this part.

### Part I: Fundraising Activities

1. **Indicate whether the organization raised funds through any of the following activities.**
   - a. Mail solicitations
   - b. Internet and email solicitations
   - c. Phone solicitations
   - d. In-person solicitations

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

2b. **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.**

<table>
<thead>
<tr>
<th>(a) Name and address of individual or entity (fundraiser)</th>
<th>(b) Activity</th>
<th>(c) Gross receipts (net amount)</th>
<th>(d) Amount paid to (or related to) fundraiser listed in col. (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

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 17.**

<table>
<thead>
<tr>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other Events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.W. Ball</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>49,175</td>
<td>49,175</td>
<td></td>
</tr>
<tr>
<td>2 Leverages, Charitable contributions</td>
<td>25,095</td>
<td>25,095</td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>24,080</td>
<td>24,080</td>
<td></td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td>138</td>
<td>138</td>
<td></td>
</tr>
<tr>
<td>5 Non-cash prizes</td>
<td>29,103</td>
<td>29,103</td>
<td></td>
</tr>
<tr>
<td>6 Rent facility costs</td>
<td>2,600</td>
<td>2,600</td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>15,680</td>
<td>15,680</td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td>3,521</td>
<td>3,521</td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>43,461</td>
<td>43,461</td>
<td></td>
</tr>
</tbody>
</table>

**Part III: Gaming**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, lines 1 and 5b. List events with gross receipts greater than $5,000.**

<table>
<thead>
<tr>
<th>(a) Event #</th>
<th>(b) Net gaming (add col. (c) through col. (d))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bingo</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Gross revenue</td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
</tr>
<tr>
<td>3 Non-cash prizes</td>
<td></td>
</tr>
<tr>
<td>4 Rent facility costs</td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td></td>
</tr>
<tr>
<td>7 Direct revenue summary</td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary</td>
<td></td>
</tr>
</tbody>
</table>

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

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

10a. **Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?**

- a. Is the license revocation, suspension, or termination of the classification of gaming activities? [ ] Yes [ ] No
- b. If "No," explain: _____________________________________________________________

Schedule D (Form 990 or 990-EZ) 2011

919081.000

SBC04T N261  **PAGE 32**
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 1
TO PENUMBRA THE MEMORY OF THE MEN WHO, IN MILITARY, NAVAL OR CIVIL SERVICE, BY THEIR ACTS OR COUNSEL, ACHIEVED AMERICAN INDEPENDENCE.

TO PROMOTE AND ASSIST IN VARIOUS CELEBRATIONS OF THE ANNIVERSARIES RELATING TO OR CONNECTED WITH THE WAR OF THE AMERICAN REVOLUTION.

TO INSPIRE AMONG THE MEMBERS, THEIR DECENDANTS AND THE PUBLIC AT LARGE THE PATRIOTIC SPIRIT OF THE FOREFATHERS OF THE MEMBERS.

TO ENCOURAGE AND MAINTAIN AN AWARENESS OF THE AMERICAN REVOLUTIONARY PERIOD THROUGH THE INTERPRETATION OF ARTIFACTS FROM THE PERIOD AND THROUGH EDUCATIONAL SERVICES.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 2
RAYMOND MANNING, REGISTRAR, IS THE NEPHEW OF DONALD WESTERVOLD, PAST PRESIDENT.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 6
THE SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC., WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 7A
AT THE ANNUAL MEETING OF THE MEMBERSHIP IN DECEMBER, THE MEMBERS PRESENT

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
IN PERSON OR BY PROXY VOTE TO ELECT THE OFFICERS AND THE BOARD OF DIRECTORS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 7B
ANY CHANGES IN THE CONSTITUTION OR BY-LAWS MUST BE APPROVED BY VOTE OF THE MEMBERSHIP AT THE ANNUAL MEETING OF THE MEMBERSHIP IN DECEMBER OR AT A SPECIAL MEETING OF THE MEMBERSHIP.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 11B
THE FORM 990 IS DISTRIBUTED TO THE EXECUTIVE COMMITTEE AND THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C
A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL BOARD MEMBERS AND THE ORGANIZATION OBTAINS A WRITTEN ACKNOWLEDGEMENT OF RECEIPT THEREOF FROM EACH BOARD MEMBER.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C. - QUESTION 19
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

RECONCILIATION OF NET ASSETS

PART XI - LINE 5
5. UNREALIZED GAIN ON INVESTMENTS: 523,425.
Appl. No. 10-147-1709

[Application for Extension of Time To File an Exempt Organization Return]

**Form 8868** (Rev. December 2010)

**Department of the Treasury**
**Internal Revenue Service**

**File a separate application for each return.**

- **If you are filing for an Automatic 3-Month Extension, complete only Part II and check this box.**
- **If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 1).**
- **If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part I.**

**Part I**

- **Automatic 3-Month Extension of Time. Only file the original (no copies needed).**

**Type or print**

- **Name of exempt organization or other filer, see instructions.**
- **Employer identification number (EIN or social security number)**
- **Address of organization.**
- **City, town or postal address.**

**Application**

- **Form 8868**
- **Form 990-BL**
- **Form 990-DL**
- **Form 990-ES**
- **Form 990-PF**
- **Form 990-T**

<table>
<thead>
<tr>
<th>Application Code</th>
<th>Return Code</th>
<th>Application Code</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Form 8868</td>
<td>01</td>
<td>Form 8868</td>
</tr>
<tr>
<td>02</td>
<td>Form 1041-A</td>
<td>02</td>
<td>Form 1041-A</td>
</tr>
<tr>
<td>03</td>
<td>Form 4720</td>
<td>03</td>
<td>Form 4720</td>
</tr>
<tr>
<td>04</td>
<td>Form 5227</td>
<td>04</td>
<td>Form 5227</td>
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<tr>
<td>05</td>
<td>Form 6066</td>
<td>05</td>
<td>Form 6066</td>
</tr>
<tr>
<td>06</td>
<td>Form 8677</td>
<td>06</td>
<td>Form 8677</td>
</tr>
</tbody>
</table>

**STDF** 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 **

**Telephone No.** 212 379-2560 **FAX No.**

- **The organization does not have an office or place of business in the United States, check this box.**

**1. If this is for a Group Return, the organization's four digit Group Exemption Number (GEN)**

- **If this is for the whole group, check this box.**

**2. If the tax year entered in line 5 is for less than 12 months, check one: Initial return**

- **Final return**

**3. In column A, check the box that applies.**

- **Change in accounting period**

**4. If you have filed a return this year, enter the tax year in line 6.**

**5. If the tax year entered in line 5 is for less than 12 months, check one: Initial return**

- **Final return**

**6. In column B, check the box that applies.**

- **Late return**

**7. In column C, check the box that applies.**

- **Estimated tax payment**

**8. A. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6029, enter the tentative tax, less any corresponding credits, see instructions.**

**B. If this application is for Form 990-DL, 990-ES, or Form 6066, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.**

**C. Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EPFR5 (Electronic Federal Tax Payment System). See instructions.**

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

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

**Signature**

**Title**

**May 1, 2013**

**Form 8868** (Rev. 2-2011)

COMMON CINNAMON NUGGETS & DONELLY LLP
1 BATTERY PARK PLACE, 19TH Floor
NEW YORK, NY 10043-4105

**Form 8868** (Rev. 2-2011)

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**Form 8868** (Rev. 2-2011)

**Form 8868** (Rev. 2-2011)

**Form 8868** (Rev. 2-2011)
**Certificate - Two Signatures Required**
We certify under penalties of perjury that we received this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Printed Name</td>
<td>Title</td>
<td>Date</td>
</tr>
</tbody>
</table>

**5. Annual Report Exception Information**

- Article 7-A annual report exemption (Article 7-A registrants and exempt registrants)
  - Check [ ] if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 and the organization did not engage in a professional fund raising (PFR) or fund raising counsel (FRC) activity.
  - NOTE: An organization may claim this exemption if no PFRA or FRC was used or either 1) it received an allocation from a federation trust, United Way or incorporated community fund, and contributions from other sources did not exceed $25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

- EPTL annual report exemption (EPTL, registrants and exempt registrants)
  - Check [ ] if gross receipts did not exceed $5,000 and income (gross value) did not exceed $25,000 at any time during this fiscal year.

**4. Article 7-A Schedules**

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

- Did the organization receive a professional fund raising (PFRA) or fund raising counsel (FRC) activity in NY State?
  - "Yes" [X] No

- Did the organization receive government contributions (grants)?
  - "Yes" [X] No

**5. Fee Submitted**

See last page for summary of fee requirements.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25</td>
<td>Article 7-A filing fee</td>
</tr>
<tr>
<td>$250</td>
<td>EPTL filing fee</td>
</tr>
<tr>
<td>$275</td>
<td>Total fee</td>
</tr>
</tbody>
</table>

Submit only one check or money order for the total fee payable to "NYS Department of Law".

**6. Attachments**
For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
### Schedule 4b: Government Contributions (Grants)

If you checked the box in question 4.6. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

<table>
<thead>
<tr>
<th>Government Agency Name</th>
<th>Grant Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF NEW YORK -</td>
<td>$ 15,968</td>
</tr>
<tr>
<td>DEPARTMENT OF CULTURAL AFFAIRS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Government Contributions (Grants)** $ 15,968

---

### 5. Fee Instructions

The filing fee depends on the organization's registration type. For details on registration type and filing fees, see the instructions for Form CHARS90.

#### Organization's Registration Type

- **Article 7-A**
  - **Fee instructions**
    - Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is $0.

- **EPTL**
  - **Fee instructions**
    - Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is $0.

- **Dual**
  - **Fee instructions**
    - Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

- **x** Any organization that contracted with or used the services of a professional fund raising counsel (PRC) or fund raising counsel (PGC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.

#### a) Article 7-A filing fee

<table>
<thead>
<tr>
<th>Total Support &amp; Revenue</th>
<th>Article 7-A Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>more than $250,000</td>
<td>$25</td>
</tr>
<tr>
<td>up to $250,000</td>
<td>$10</td>
</tr>
</tbody>
</table>

#### b) EPTL filing fee

<table>
<thead>
<tr>
<th>Net Worth at End of Year</th>
<th>EPTL Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than $50,000</td>
<td>$25</td>
</tr>
<tr>
<td>$50,000 or more, but less than $250,000</td>
<td>$50</td>
</tr>
<tr>
<td>$250,000 or more, but less than $1,000,000</td>
<td>$100</td>
</tr>
<tr>
<td>$1,000,000 or more, but less than $15,000,000</td>
<td>$250</td>
</tr>
<tr>
<td>$15,000,000 or more, but less than $50,000,000</td>
<td>$750</td>
</tr>
<tr>
<td>$50,000,000 or more</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

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### 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

**For All Forms**

- **Filing Fee**
  - X Single check or money order payable to "NYS Department of Law"

**Copies of Internal Revenue Service Forms**

- X IRS Form 990
- X All required schedules (including Schedule B)
- X IRS Form 990-T
- X All required schedules (including Schedule B)
- X IRS Form 990-EZ
- X IRS Form 990-PF
- X All required schedules (including Schedule B)
- X IRS Form 990-T

**Additional Article 7-A Document Attachment Requirement**

**Independent Accountant's Report**

- X Audit Report (total support & revenue more than $250,000)
- X Review Report (total support & revenue $100,001 to $250,000)
- X No Accountant's Report Required (total support & revenue not more than $100,000)