#### EXTENDED TO JULY 15, 2024

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Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection 23-7154626 (518)339-2451951,863. Yes X No for subordinates? ∐Yes └── No If "No," attach a list. See instructions 20 20 4 0 5 1000 6 7a 0. 7b Current Year 42,107. 42,439. 77,127. 80,086. 154,275. 36,263. 0. 0. 155,497. 276,800. 0. 0. 0. 0. 7,000. 12,000. 238,070. 108,222. 245,070. 120,222. -89,573. 156,578. **End of Year** 842,679 686,101. 0. О. 842, 686,101. 679. Date

SEP 1. 2022 and ending AUG A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number DAUGHTERS OF THE AMERICAN REVOLUTION Address change NEW YORK STATE ORGANIZATION Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 1 VAN SCHAICK AVENUE termin-ated City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended COHOES, NY 12047 H(a) Is this a group return Applica-F Name and address of principal officer: PAMELA BARRACK pending 142 MOUNTAIN LANE, BEACON, NY 12508-3500 **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) \_ 501(c) ( (insert no.) 4947(a)(1) or 
 WWW.DAR.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1977 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: SEE PAGE 2, PART III - LINE 1 Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year** Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net/ Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sign PAMELA BARRACK, REGENT Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Paid JEFFREY D GROSSMAN P00147412 self-employed GROSSMAN & GROSSMAN LLP Firm's EIN 14-1659611 Preparer Firm's name Firm's address 4 EXECUTIVE PARK DRIVE Use Only Phone no. 518 - 438 - 3509 ALBANY, NY 12203 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	Objects if Optional de Operatoire a ware consequently to the this Deat III
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO PERPETUATE THE MEMORY AND SPIRIT OF THE MEN AND WOMEN WHO ACHIEVED
	AMERICAN INDEPENDENCE, TO DEVELOP AN ENLIGHTENED OPINION AND TO FOSTER
	TRUE PATRIOTISM.
	INCL IMIKIOTISM.
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
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	STATE REGENT'S PROJECT - BIRNER
	TO COMMEMORATE GENERAL LAFAYETTE AND THE 1824-1825 FAREWELL TOUR BY
	PLACING HISTORICAL MARKERS ON THE LAFAYETTE TRAIL ACROSS NEW YORK STATE
	AND SPONSORING EDUCATIONAL OUTREACH TO PREPARE FOR THE 1825-2025
	BICENTENNIAL OF THE FAREWELL TOUR.
4b	(Code: ) (Expenses \$ 8,669 • including grants of \$ ) (Revenue \$ 3,261 • )
	NYS ROOM MEMORIAL CONTINENTAL HALL
	MAINTENANCE AND UPKEEP OF ROOM IN NSDAR MUSEUM.
	T 121
4c	(Code:) (Expenses \$ 7,131. including grants of \$) (Revenue \$)
	STATE REGENT'S PROJECT - BARRACK
	DECEMBER OF THE MONTHUR TO THE INTRICTUR AMERICAN DEED IN CARAMOCA
	RESTORATION OF THE MONUMENT TO THE UNKNOWN AMERICAN DEAD IN SARATOGA
	NATIONAL HISTORICAL PARK.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 58,976 • including grants of \$ ) (Revenue \$ 36,215 •)  Total program service expenses 87,664 •
4e	Total program service expenses 87,664.
	Form <b>990</b> (2022)

### DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

Form 990 (2022) NEW YORK STA Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		х
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		_ <u>^</u>
Б	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדי		<del></del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١		\ <sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	(2000)

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### DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			۱
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		<del></del>
Ü	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the Hallingth reported in Box e of Ferri Food. Enter e in Het applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
·	(gambling) winnings to prize winners?	1c		

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
<b>2</b> a	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	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		37
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country	- (FDAD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action the appropriate of providing the appropriate of the providing of the p	•	F-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line Form 2006 T2		5b 5c		- 22
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		
ua			6a		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
	reme william to the state of th	visco provided to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
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?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b		
10	Section 501(c)(7) organizations. Enter:	ı			
а		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

# DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

Form 990 (2022)

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	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 KRISTEN MOORE - (518)356-2345			
	3260 E LYDIUS STREET, SCHENECTADY, NY 12303			

## DAUGHTERS OF THE AMERICAN REVOLUTION

NEW YORK STATE ORGANIZATION

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	

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

Form 990 (2022)

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related of						mpe	nsat		I		
(A)	(B)			((	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	heck	ition more erson	than	one	Reportable	Reportable	Estimated	
	hours per	box	k, unle icer ar	ess pe	erson directo	is bot or/trus	tee)	compensation	compensation	amount of	
	week (list any	$\vdash$					Ė	from the	from related organizations	other compensation	
	hours for	direct				,		organization	(W-2/1099-MISC/	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	trust	ıal tru		)yee	ompe		1099-NEC)	,	and related	
	below	Individual trustee or director	Institutional trustee	e.	Key employee	lest c	ner			organizations	
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forr				
(1) PAMELA BARRACK	30.00	4		l				10 000			
REGENT	00.00		_	Х	╙	_	_	12,000.	0.	0.	
(2) KRISTEN MOORE	20.00	4		,,				_			
TREASURER	10.00			Х	╙	_		0.	0.	0.	
(3) ROBERTA DREESON	10.00	4		,,				_			
CORRESPONDING SECRETARY	20.00	-	_	Х	▙	<u> </u>		0.	0.	0.	
(4) LISA O'BRIEN	20.00	4		7.				_		_	
VICE REGENT			-	Х	⊢	-		0.	0.	0.	
		4									
		-	$\vdash$		⊢	$\vdash$					
		+									
		$\vdash$	$\vdash$		$\vdash$	$\vdash$					
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		$\vdash$	$\vdash$		$\vdash$	$\vdash$					
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		ऻ_	$\vdash$	<u> </u>	$\vdash$	$\vdash$	_				
		-									
		1	1	I	1	1	1				

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Form 990 (2022)

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do	not c	Pos heck ss pe d a d	ition more erson lirecto		one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	com fr org	timated nount of other pensation om the anization d related anizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former				
										-	
1b Subtotal								12,000.	0		0.
c Total from continuation sheets to Part V	I, Section A							0.	0		0.
d Total (add lines 1b and 1c)  Total number of individuals (including but r								12,000 •	0 000 of reportable	•	0.
compensation from the organization	ot invited to the	1030	iioto	,u ai	DOV	5) WI	10 10	eccived more than \$100	,,000 or reportable		C
2 Did the averagination list and formal officers		1					la : a		Javas an		Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								nest compensated emp		3	х
4 For any individual listed on line 1a, is the su											v
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>										4	X
rendered to the organization? If "Yes," com	=				-					5	Х
Section B. Independent Contractors  1 Complete this table for your five highest co	mpopostod in	dono	ndo	nt o	onti	rooto	ro t	that received more than	\$100,000 of compon	sation t	from
the organization. Report compensation for										Sation	TOTT
<b>(A)</b> Name and business	address	NIC	ONE	,				<b>(B)</b> Description of s	ervices	(C Compe	C) nsation
Than and business		11/	)INI				$\dashv$	Decomplian or o	0111000	Compo	- Iodiloii
2 Total number of independent contractors (	ncluding but n	ot lii	mite	d to	tho	se lis	sted	d above) who received m	nore than		
\$100,000 of compensation from the organi	zation				(	0				Eor-	990 (2022)

Part VIII Statement of Revenue

		Check if Schedule O	contains a response	or note to any lir	e in this Part VIII			
					(A)	(B)	(C)	<b>(D)</b> Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
						lanotion revenue	business revenue	sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
la j	b	Membership dues	1b	40,221.				
S, C	С	Fundraising events	1c					
ar,	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ributions) 1e					
rior S	f	All other contributions, gifts,	grants, and					
la gi		similar amounts not included	above 1f	2,218.				
함	g	Noncash contributions included in	lines 1a-1f 1g \$					
ပ္ပိုင္ပါ	h	Total. Add lines 1a-1f			42,439.			
				Business Code				
e e	2 a			900099	40,610.	40,610.		
e Ž	b	VALLEY FORGE		900099	9,366.	9,366.		
S n	С	AMERICAN HIST	ORY PRIZE	900099	5,424.	5,424.		
eve eve	d			900099	3,261.	3,261.		
Program Service Revenue	е	DAR GOOD CITI	ZENS	900099	2,720.	2,720.		
₫	f	All other program service	revenue	900099	18,705.	18,705.		
	g	Total. Add lines 2a-2f			80,086.			
	3	Investment income (include	ding dividends, inter	est, and				
		other similar amounts)			20,608.			20,608.
	4	Income from investment of	of tax-exempt bond	proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss	) <u></u>					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	<sub>7a</sub> 808,730	•				
_	b	Less: cost or other basis						
nue		and sales expenses	<sub>7b</sub> 675,063	•				
ther Revenue		Gain or (loss)	7c 133,667	•				100 11
8		Net gain or (loss)			133,667.			133,667.
Ē.	8 a	Gross income from fundraising	ng events (not					
ō		including \$						
		contributions reported on						
		Part IV, line 18						
		Less: direct expenses		)				
		Net income or (loss) from	· · ·					
	9 a	Gross income from gamin						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from						
	10 a	Gross sales of inventory,						
		and allowances		+				
		Less: cost of goods sold		•				
$\rightarrow$	С	Net income or (loss) from	sales of inventory .					
s l				Business Code				
Miscellaneous Revenue	11 a							
llar en	b							
Re	C							
Ĕ		All other revenue						
		Total. Add lines 11a-11d			276 000	90 096	0	15/ 275
	12	Total revenue. See instruction	ons		276,800.	80,086.	U•	154,275.

# DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

Part IX | Statement of Functional Expenses

Section 50	1(c)(3) and 501(c)(4)	organizations must com	plete all columns. A	III other organizations	s must com	plete column (	(A).	

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon			(6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	12,000.		12,000.	
7	persons described in section 4958(c)(3)(B)	12,000.		12,000.	
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
''	Management				
b	Legal				
c	Accounting	7,750.		7,750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,034.		7,034.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion [				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,033.		2,033.	
23 24	Other expenses. Itemize expenses not covered	2,055		2,055	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BOARD DESIGNATED PROJEC	68,457.	68,457.		
b	DONOR RESTRICTED PROJEC	19,207.	19,207.		
c	PRINTING, PUBLICATION A	5,785.	- /	5,785.	
d	OFFICE EXPENSE AND SUPP	2,924.		2,924.	
	All other expenses	-4,968.		-4,968.	
25	Total functional expenses. Add lines 1 through 24e	120,222.	87,664.	32,558.	0.
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

Га	ILA	Charle if School up Cooptains a response or	note to any line in this Dort V			
		Check if Schedule O contains a response or	⊓ote to any iine in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		73,629.	1	82,964.
	2	Savings and temporary cash investments		172,284.	2	159,274.
	3	Pledges and grants receivable, net		,	3	<u> </u>
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any currer			-	
	•	trustee, key employee, creator or founder, su				
		controlled entity or family member of any of		5		
	6	Loans and other receivables from other disq				
		under section 4958(f)(1)), and persons descr			6	
Ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	1 1			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	249,426.	11	380,903.	
	12	Investments - other securities. See Part IV, lii	190,762.	12	219,538.	
	13	Investments - program-related. See Part IV, li	,	13	·	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	<b>Total assets.</b> Add lines 1 through 15 (must e		686,101.	16	842,679.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
S	22	Loans and other payables to any current or t				
Liabilities		trustee, key employee, creator or founder, su				
abi		controlled entity or family member of any of			22	
	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrel	ated third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
"		Organizations that follow FASB ASC 958,	check here X			
ĕ		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions		552,893.	27	721,077.
B	28	Net assets with donor restrictions	<u></u>	133,208.	28	121,602.
ū		Organizations that do not follow FASB AS	C 958, check here			
F		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current fur	ids		29	
sse	30	Paid-in or capital surplus, or land, building, o	r equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			31	
Š	32	Total net assets or fund balances		686,101.	32	842,679.
	33	Total liabilities and net assets/fund balances		686,101.	33	842,679.

Form **990** (2022)

Pa	rt 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		6,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			22.
3	Revenue less expenses. Subtract line 2 from line 1	3		6,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68	6,1	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	84	2,6	79.
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or guidte, explain why on Schodule O and describe any stone taken to undergo such guidte		26		I

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization DAU

DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

Employer identification number 23 – 7154626

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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

Schedule A (Form 990) 2022 NEW YORK STATE ORGANIZATION 23-7154 (Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

23-7154626 Page 2

_	(Complete only if you checke fails to qualify under the tests			-	. ,		
	ction A. Public Support					1	1
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")					1	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
2	or expended on its behalf  The value of services or facilities			+	+		
3	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
5	The portion of total contributions						
J	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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					1	
10	•						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10	-t- ( in-t				40	
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth tox		<b>12</b>	
13	-	•		•	•	. , . ,	
Se	organization, check this box and stopetion C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	ublicly supported	organization		
k	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the	he facts-and-circu	mstances test, ch	eck this box and <b>s</b>	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	ualifies as a public	ly supported orga	nization	

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.

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	ciew, piedee cemp	noto i uit iii)				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	, ,	·	·	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	201,461.	203,641.	209,935.	115,457.	117,005.	847,499.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,755.	1,326.	332.	1,295.	2,218.	6,926.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	203,216.	204,967.	210,267.	116,752.	119,223.	854,425.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						854,425.
	ction B. Total Support						001/1201
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2018 203, 216.	(b) 2019 204, 967.	(c) 2020 210, 267.	(d) 2021 116,752.	(e) 2022 119,223.	854,425.
	Gross income from interest,				,		
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,604.	18,716.	17,742.	36,263.	154,275.	261,600.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b	34,604.	18,716.	17,742.	36,263.	154,275.	261,600.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	237,820.	223,683.	228,009.	153,015.	273,498.	1116025.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	76.56 %
	Public support percentage from 2021					16	88.93 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>22</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	23.44 %
18	Investment income percentage from 2	<b>2021</b> Schedule A, I	Part III, line 17			18	11.07 %
	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	nd <b>stop here.</b> The	organization qualif	ies as a publicly s	upported organiza	tion	X
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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.)

		Yes	No
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	F1-		
	5b 5c		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	10a		
	104		
	10b		
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## DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

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		3-713402	O Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
44	Lies the examination accepted a gift or contribution from any of the following neverne?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	110		
h		11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
	tion of Type Feappering enganizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on	e or	163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 <b>1</b>		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	<b></b>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	⁄ (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

### DAUGHTERS OF THE AMERICAN REVOLUTION

Schedule A (Form 990) 2022

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion 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):					
а	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				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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-functional	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990) 2022

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Par	t v   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

### Schedule A (Form 990) 2022

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

DAUGHTERS OF THE AMERICAN REVOLUTION Name of the organization NEW YORK STATE ORGANIZATION

Employer identification number 23-7154626

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nai Fullus Of <i>F</i>	Accounts. Complete if the
		(a) Donor advised fur	nds	(b) Funds and other accounts
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 v	vriting that the assets held in	n donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant f	unds can be used	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any ot	her purpose confe	rring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" or	n Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	eservation of a hist	orically important land area
	Protection of natural habitat	L Pre	eservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution	n in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not o	n a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and e	nforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforc	ing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	a actiofy the requirements of	facation 170/b)///	D)/i)
0	and section 170(h)(4)(B)(ii)?	•	. , . , .	
9	In Part XIII, describe how the organization reports conservation			
3	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	ote to the organization 3 line	anciai statements t	nat describes trie
Pai	t III Organizations Maintaining Collections of	Art. Historical Treas	ures. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	•		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue	e statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,		•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990. Part X			\$

### DAUGHTERS OF THE AMERICAN REVOLUTION

Schedule D (Form 990) 2022

NEW YORK STATE ORGANIZATION

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Pal	rt III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Simi	iar Asse	<b>ts</b> (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significan	t use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other simila	ır assets		_	
	to be sold to raise funds rather than to be m						Yes	└── No
Pa	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" or	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F				•		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							
Pa	rt V Endowment Funds. Complete					aana baali	( ) Farms	· · · · · · · · · · · · · · · · · · ·
		(a) Current year	(b) Prior year	(c) Two years back				
	Beginning of year balance	133,208.	136,955.	139,787.		129,073.	:	125,304.
	Contributions	149.	200.	5,170.		8,010.		1,083.
	Net investment earnings, gains, and losses	7,452.	9,410.	7,690.		7,675.		8,040.
	Grants or scholarships	2,020.	4,170.	6,592.		3,129.		3,253.
е	Other expenditures for facilities	45.405	0.000	0.050		4 667		4 006
	and programs	17,187.	8,982.	8,950.		1,667.		1,926.
f	Administrative expenses	101 500	205.	150.		175.		175.
g		121,602.	133,208.	136,955.		139,787.		129,073.
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С		%						
_	The percentages on lines 2a, 2b, and 2c sho	•						
за	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	tne		Г	Yes No
	organization by:							X
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	— <del> </del> ^
	If "Yes" on line 3a(ii), are the related organiza						3b	
Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment tunas.					
ı u	Complete if the organization answere		) Part IV line 11a S	See Form 990 Part X	line 10			
-	· · · · · · · · · · · · · · · · · · ·					od	(d) Pook	value
	Description of property	(a) Cost or of basis (investment)		' '	ccumulat preciation	I	(d) Book	value
10	Land	<del>-   ` ` `                              </del>	.5.10	(3.1.31) UE	p. colatioi			
	Land							
	Buildings							
	Equipment							
	Other							
	II. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	(OC.)				0.

#### DAUGHTERS OF THE AMERICAN REVOLUTION NE

W	YORK STATE	ORGANIZATION	23-7154626	Pac
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Schedule D (Form 990) 2022 NEW YORK STA	ATE ORGANIZATI	ION	23-7154626 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) RAYMOND JAMES FINANCIAL	010 520	GOGE.	
(B) SERVICES INC	219,538.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (h) must squal Form 000, Part V. col. (P) line 12.)	219,538.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	219,550.		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
(1)	(a) zeek talae	(2,	· ona or your marrier raids
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. 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.	E 000 B 1 N/ I' 4	14	0.5
Complete if the organization answered "Yes" of	on Form 990, Part IV, line I	Te or Tif. See Form 990, Part X, III	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25 )		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under			
			,

### DAUGHTERS OF THE AMERICAN REVOLUTION

Schedule D (Form 990) 2022

NEW YORK STATE ORGANIZATION

23-7154626 Page 4

	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	7			
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	-	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	7	'		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , ,			
b	Other (Describe in Part XIII.)	4b		
С				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		D 177 4 D 177 0 D 177	
linos			; Part V, line 4; Part X, line 2; Part XI,	
111163	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			; Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	
			Part V, line 4; Part X, line 2; Part XI,	

## SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

DAUGHTERS OF THE AMERICAN REVOLUTION

2022
Open to Public Inspection

OMB No. 1545-0047

Employer identification number 23-7154626

NEW YORK STATE ORGANIZATION FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S GENERAL MEMBERSHIP CONDUCTS STATE AND NATIONAL BUSINESS ONCE A YEAR AND PARTICIPATES AND CONTRIBUTES YEAR ROUND IN SERVICE AREAS OF THE MISSIONS OF DAR. FORM 990, PART VI, SECTION A, LINE 7A: GENERAL MEMBERSHIP VOTES TO APPROVE ALL BOARD POSITIONS. FORM 990, PART VI, SECTION A, LINE 7B: VARIOUS BOARD ACTIONS ARE SUBJECT TO GENERAL MEMBERSHIP APPROVAL. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST STATEMENTS ARE PROVIDED TO ALL BOARD MEMBERS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

## **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2022

Open to Public Inspection

#### 1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 09/01/2022 and Ending (mm/dd/yyyy) 08/31/2023							
Check if Applicable: Address Change	Name of Or DAUGH	-	HE AMERICAN I	REVOLUTION NEW	Employer Identification Number (EIN): 23-7154626		
Name Change Initial Filing	Mailing Add	ress: SCHAICK AVENUE			NY Registration Number: 02-46-45		
Final Filing  Amended Filing	City / State				Telephone: 518 408-5626		
Reg ID Pending	Website:	AR.ORG		Email:			
Check your organization's registration category:  7A only EPTL only X DUAL (7A & EPTL) EXEMPT*  Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.							
2. Certification							
See instructions for certif	fication requi	rements. Imprope	r certification is a violation	n of law that may be subject	to penalties. The certification requires		
two signatories.							
We certify under penalties of perjury that we reviewed 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.							
PAMELA BARRACK President or Authorized Officer: REGENT				RACK			
Chief Financial Officer or Treasurer		Signature Print Name and Title Date  KRISTEN MOORE					
		Signature Print Name and Title Date			e and Title Date		
3. Annual Reporting	g Exempt	ion					
Check the exemption(s) t	hat apply to	your filing. If your	organization is claiming a	ın exemption under one cate	egory (7A or EPTL only filers) or both		
categories (DUAL filers) t	hat apply to	your registration,	complete only parts 1, 2,	and 3, and submit the certif	ied Char500. No fee, schedules, or		
		-	n an exemption or are a D	UAL filer that claims only or	ne exemption, you must file applicable		
schedules and attachme	nts and pay	applicable fees.					
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.							
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.							
4. Cabadulas and Attachments							
4. Schedules and Attachments  See the following page							
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer							
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to							
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filin	ng fee:	EPTL filing fee:	Total fee:	Make a single check or money order		
next page to calculate your							
fee(s). Indicate fee(s) you		) F	100	105	"Department of Law"		
are submitting here:	\$	25.	\$ <u>100.</u>	\$ <u>125.</u>	<u> </u>		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

#### DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)		
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.			
f you are a 7A only or DUAL filer, submit the applicable independent Certified Publ  X Review Report if you received total revenue and support greater than \$250,0  Audit Report if you received total revenue and support greater than \$1,000,0  If the fiscal year begins before that date, an Audit Report is required if total re  No Review Report or Audit Report is required because total revenue and sup  We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$1,000,000 00 and the fiscal year begins on or after July 1, 2021. evenue and support is greater than \$750,000 port is less than \$250,000		
Calculate Your Fee			
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?  Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:		
\$5, if you did not check the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")		
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.		
\$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.		
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	<b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <b>Schedule E - Registration Exemption for Charitable Organizations.</b> These organizations are not required to file annual financial reports but may do so voluntarily.		
	Confirm your Registration Category and learn more about NY law at <a href="www.CharitiesNYS.com"><u>www.CharitiesNYS.com.</u></a>		
Send Your Filing	Where do I find my organization's NET WORTH?		

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

#### Need Assistance?

Visit: www.CharitiesNYS.com

(212) 416-8401 Call:

Email: Charities.Bureau@ag.ny.gov

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).