_	Q	90	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047			
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may	• •	Open to Public			
Intern	al Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the lat		Inspection			
-		1		AUG 31, 2022				
	heck if pplicat	DAUG	f organization HTERS OF THE AMERICAN REVOLUTION	D Employer identifie	cation number			
X	Addr		YORK STATE ORGANIZATION					
	Name chan	ge Doing b	usiness as	23-71546	26			
	Initia	n Number	and street (or P.O. box if mail is not delivered to street address) Room/su	lite E Telephone number	ſ			
	Final returr		E LYDIUS STREET	(518)339				
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	226,429.			
	Amer	nded SCHE	NECTADY, NY 12303	H(a) Is this a group re	eturn			
	Appli dion	F Name a	nd address of principal officer: PAMELA NETH BARRACK	for subordinates	? Yes X No			
	pend	<u>142</u> №	OUNTAIN LANE, BEACON, NY 12508-3500	H(b) Are all subordinates in	icluded? Yes No			
ΙT	ax-e>	kempt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 5	527 If "No," attach a	list. See instructions			
		ite: 🕨 WWW 🛛		H(c) Group exemption				
			X Corporation Trust Association Other ► L Ye	ear of formation: 1977 🛛	State of legal domicile: NY			
Pa	art I							
e	1	Briefly describ	be the organization's mission or most significant activities: SEE PAGE	2, PART III	- LINE 1			
anc								
ern	2	Check this bo	x \blacktriangleright if the organization discontinued its operations or disposed of m	ore than 25% of its net as				
Ň	3		ting members of the governing body (Part VI, line 1a)		20			
ن مح	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		20			
ies	5		of individuals employed in calendar year 2021 (Part V, line 2a)		0			
iviti	6		of volunteers (estimate if necessary)		1000			
Activities & Governance	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.			
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.			
				Prior Year	Current Year			
e	8	Contributions	and grants (Part VIII, line 1h)	40,930.	42,107.			
Revenue	9	•	ce revenue (Part VIII, line 2g)	170,359.	77,127.			
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	17,742.	36,263.			
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,031.	155,497. 0.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)					
	14		to or for members (Part IX, column (A), line 4)	7,000.	0. 7,000.			
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	7,000.	7,000.			
Expense			undraising fees (Part IX, column (A), line 11e)	0.	0.			
Ä			ing expenses (Part IX, column (D), line 25)	169,264.	238,070.			
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	176,264.	245,070.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,767.	-89,573.			
- SS	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year			
ance	200	Total acceta (Part V line 16)	775,674.	<u>686,101.</u>			
Net Assets or Fund Balances	20	Total assets (F	0.	0.00,101.			
Vet / und	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	775,674.	686,101.			
	22 art II			115,0140	000,101.			
		-	I declare that I have examined this return, including accompanying schedules and stat	tements and to the hest of m	knowledge and helief it is			
			. Declaration of preparer (other than officer) is based on all information of which prepa		and bollot, it is			
<u></u> ,	50110							
Sigr	n	Signatur	e of officer	Date				
Her		PAME	LA NETH BARRACK, REGENT					

	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	JEFFREY D GROSSMAN			self-employed P00147412				
Preparer	arer Firm's name 🕒 GROSSMAN & GROSSMAN LLP Firm's EIN 🕨 14–1659611							
Use Only	y Firm's address 4 EXECUTIVE PARK DRIVE							
	ALBANY, NY 12203 Phone no.518-438-3509							
May the IRS discuss this return with the preparer shown above? See instructions								

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	DAUGHTERS OF THE AMERICAN REVOLUTION 990 (2021) NEW YORK STATE ORGANIZATION 23-7154626 Page 2
	t III Statement of Program Service Accomplishments
	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.
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?
	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 \$ 77,790. including grants of \$) (Revenue \$ 30,450.)
	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 \$ 24,360. including grants of \$ 0.) (Revenue \$ 14,483.)
	NYS ROOM MEMORIAL CONTINENTAL HALL
	MAINTENANCE AND UPKEEP OF ROOM IN NSDAR MUSEUM.
4c	(Code:)(Expenses \$ 15,337. including grants of \$) (Revenue \$ 15,884.)
40	(Code:) (Expenses \$15,337. including grants of \$) (Revenue \$15,884.) PRESIDENT GENERAL DOLL
	FUNDRAISING FOR NATIONAL DAR AMERICAN GIRL DOLL PROJECT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 67,620. including grants of \$) (Revenue \$ 16,310.)
4e	Total program service expenses ► 185,107.
	000

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Form 990 (2021)	NEW	YORK	STATE	ORGANIZATION	23-7	15
Part IV Checklist of R	lequire	d Schee	dules			

			Vaa	Na
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
7	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			
Ŭ	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	-		
Ū	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		х
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,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			
	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

DAUGHTERS OF THE AMERICAN REVOLUTION Form 990 (2021) NEW YORK STATE ORGANIZATION Part IV Checklist of Required Schedules (continued)

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			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		x
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			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
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		x
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			
	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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		-	000	(0004)

DAUGHTERS OF THE AMERICAN REVOLUTION

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Form	990 (2021) NEW YORK STATE ORGANIZATION 23	-7154626	Р	age 5			
Pa							
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a	0					
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization set						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	he payor? 7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?			X			
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 contract?						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
40	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-					
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
Ŀ	Note: See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand			X			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		+				
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u>14b</u>	+				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-	1	x			
	excess parachute payment(s) during the year?						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?						
47	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	-					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

	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 1a 2	0					
	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		0					
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?						
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	X				
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		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 11a	X X				
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	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		37				
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
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?			v			
	The organization's CEO, Executive Director, or top management official			X			
b	Other officers or key employees of the organization	15b					
	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	10		x			
	taxable entity during the year?	16a					
D	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	104					
Sec	exempt status with respect to such arrangements?	16b					
	List the states with which a copy of this Form 990 is required to be filed NY						
17 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)6 001		ablo			
10	for public inspection. Indicate how you made these available. Check all that apply.	JS UN	y) avall	aule			
	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, a	nd find	Incial				
13	statements available to the public during the tax year.		uiuidi				
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
20	KRISTEN MOORE - (518)356-2345						
	3260 E LYDIUS STREET, SCHENECTADY, NY 12303						

Form 990 (2021)

DAUC	HTERS	OF	THE	AMERICAN	I REVOLUTION
NEW	YORK	STAT	LE OF	RGANIZATI	ON

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Part VII	Co	pensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	์ Em	ployees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Form 990 (2021)

• 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, 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 organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	not c	Pos	ition	than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer an	u a u	lirecto	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	d ual t	utiona	_	nploy	st col	5	10001120)		organizations
	line)	ndivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0
(1) PATRICE BIRNER	30.00									
REGENT				x				7,000.	0.	0.
(2) KRISTEN LYNNE MOORE	20.00									
TREASURER				Х				0.	0.	0.
(3) D JEAN HAYTER	10.00									
RECORDING SECRETARY				Х				0.	0.	0.
(4) LISA O'BRIEN	20.00									
VICE REGENT				Х				0.	0.	0.
(5) PAMELA NETH BARRACK	30.00									_
REGENT				Х				0.	0.	0.
								1		

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NEW	YORK	STAT	PE OI	RGAN	ΓΖΑͲΤ	NC

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	990 (2021) NEW YORK	STATE (DRC	GAI	NIZ	ZA	FI	DN		23-71	.546	526	P	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_ (0	-			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck) than	one	Reportable	Reportable		Es	timate	эd
		hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensatior	וו		ount	of
		week (list any							from	from related			other	
		hours for	lirecto						the organization	organizations (W-2/1099-MIS)			oensa om th	
		related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	5/		anizat	
		organizations	truste	al trus		yee	mper		1099-NEC)	,		•	relat	
		below	Individual trustee or director	Institutional trustee	5	Key employee	est cc o yee	Ier	,			orga	nizati	ons
		line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former						
											$ \rightarrow $			
											-			
											\rightarrow			
1b	Subtotal								7,000.		0.			0.
с	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								7,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	Э			•
	compensation from the organization													0
											г		Yes	No
3	Did the organization list any former officer,				•			-		•				v
_	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su			-					-	the organization				x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										h	4		Λ
5	rendered to the organization? If "Yes," com										- 1	5		x
Sec	ion B. Independent Contractors		01	0/ 30	JON	pere	<u> </u>					<u> </u>		
1	Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of com	pensa	ation f	rom	
-	the organization. Report compensation for	•	•											
	(A)	,							(B)			(C	;)	
								omper		n				
								_						
														_
2	Total number of independent contractors (i	ncluding but p	ot li	mit≏	d to	tho	se lie		t above) who received m	ore than				
-	\$100,000 of compensation from the organiz						0							

Form 990 (2021)

DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

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Ра	rt VII	I Statement of Rev	venue					
		Check if Schedule O c	ontains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Membership dues	Id ibutions) 1e grants, and 1f above 1f lines 1a-1f 1g \$	40,812.	42,107.			
<u> </u>		Total: Add lines faith		Business Code	12/20/0			
Program Service Revenue		PRESIDENT GEN NYS ROOM NYS ENDOWMENT MCHOUL STATE All other program service r Total. Add lines 2a-2f	PAGE	900099 900099 900099 900099 900099 900099	30,450. 15,884. 14,483. 7,014. 5,501. 3,795. 77,127.	30,450. 15,884. 14,483. 7,014. 5,501. 3,795.		
	3 4 5	Investment income (includ other similar amounts) Income from investment o Royalties	f tax-exempt bond p	proceeds	19,092.			19,092.
	6 a b c d	Less: rental expenses	6a 6b 6c					
Revenue	b		(i) Securities 7a 88,103. 7b 70,932. 7c 17,171.					
Rev		Net gain or (loss)			17,171.			17,171.
Other	8 a	Gross income from fundraisin including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng events (not of line 1c). See 8a		·			
		Net income or (loss) from f		►				
		Gross income from gaming Part IV, line 19 Less: direct expenses	9a					
		Net income or (loss) from (
		Gross sales of inventory, le and allowances Less: cost of goods sold	10a					
		Net income or (loss) from s						
Miscellaneous Revenue	11 a b			Business Code				
iscell: Reve	ہ ہر							
Σ		All other revenue Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructio			155,497.	77,127.	0.	36,263.

DAUGHTERS OF THE AMERICAN REVOLUTION

	1 990 (2021) NEW YORK STA	F THE AMERICA			154626 _{Pag}
	rt IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com		-		
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	ise or note to any line in t (A) Total expenses	this Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	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				
	persons described in section 4958(c)(3)(B)	7,000.		7,000.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	7,375.		7,375.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,835.		9,835.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,320.		1,320.	
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 \dots				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			0.040	
23	Insurance	2,248.		2,248.	
24	Other expenses. Itemize expenses not covered 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	171,955.	171,955.		
b	CONFERENCES, CONVENTION	24,869.		24,869.	
с	DONOR RESTRICTED PROJEC	13,152.	13,152.		
d	PRINTING, PUBLICATION A	5,634.		5,634.	
е	All other expenses	1,682.		1,682.	
25	Total functional expenses. Add lines 1 through 24e	245,070.	185,107.	59,963.	
26	Joint costs. Complete this line only if the organization				
	reported in column (D) joint costs from a combined				

132010 12-09-21

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 0.

33

Total liabilities and net assets/fund balances

DAUGHTERS OF THE AMERICAN REVOLUTION NEW YORK STATE ORGANIZATION

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	105,629.	1	73,629.
	2	Savings and temporary cash investments	228,413.	2	172,284.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	242,752.	11	249,426.
	12	Investments - other securities. See Part IV, line 11	198,880.	12	190,762.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	775,674.	16	686,101.
	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. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
s		Organizations that follow FASB ASC 958, check here 🕨 🔟			
Ce		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	638,719.	27	552,893.
β	28	Net assets with donor restrictions	136,955.	28	133,208.
ŭ		Organizations that do not follow FASB ASC 958, check here 🕨			
г		and complete lines 29 through 33.			
tso	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	775,674.	32	686,101.

775,674. 33

X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 155,4 2 Total expenses (must equal Part IX, column (A), line 25) 2 245,0 3 Revenue less expenses. Subtract line 2 from line 1 3 -89,5 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 775,6 5 Net unrealized gains (losses) on investments 5 6	
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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 5 6 6	je 12
1Total revenue (must equal Part VIII, column (A), line 12)1155, 42Total expenses (must equal Part IX, column (A), line 25)2245, 03Revenue less expenses. Subtract line 2 from line 13-89, 54Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4775, 655566	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 6	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 6	
3 Revenue less expenses. Subtract line 2 from line 1 3 -89,5 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 775,6 5 Net unrealized gains (losses) on investments 5 6 6 6 6	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 775,6 5 Net unrealized gains (losses) on investments 5 5 6 6 6	
5 Net unrealized gains (losses) on investments 6 6	
6 Donated services and use of facilities 6	74.
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)) 10 686,1)1.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Yes	No
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 Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

(Form 9	of the Treasury	Co	omplete if the organ 494 ► /	rity Status an hization is a section 50 ⁻ 47(a)(1) nonexempt cha Attach to Form 990 or F //Form990 for instruction	OMB No. 1545-0047					
Name of	the organizati	on DAUG	HTERS OF T	HE AMERICAN	REVOL	UTION	ſ		identification number	
				ORGANIZATIO					3-7154626	
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete t	his part.) S	See instructio	ns.		
The orga	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1 🗌	A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).			
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)					
3				anization described in s e)(b)(1)(A)(i	ii).			
4				njunction with a hospital				(iii). Enter	the hospital's name,	
	city, and stat	-	·					~ /	· /	
5	-		or the benefit of a co	llege or university owned	d or opera	ted bv a d	overnmental	unit descrik	bed in	
	0	•	Complete Part II.)	5 ,		, ,				
6				nental unit described in	section 17	70(b)(1)(A)	(v).			
7		-	-	intial part of its support f				the general	public described in	
			omplete Part II.)		. en a get			general		
8	•		. ,	(1)(A)(vi). (Complete Par	+ II)					
9	-			in section 170(b)(1)(A)(ed in conii	inction with a	land-grant	college	
•				ulture (see instructions).						
	university:		grant conege of agric			name, en	y, and state c			
10 X	· -	on that norma	ally receives (1) more	than 33 1/3% of its sup	nort from	contributio	ons members	hin fees a	and aross receipts from	
				t to certain exceptions;						
				(less section 511 tax) fr						
			mplete Part III.)			.5505 2040		rganization		
11 🗔				ively to test for public sa	foty Soo	saction 5	00(a)(4)			
12	-	-		ively for the benefit of, to	•			arry out the	purposes of one or	
	-	-	-	-				-		
				ed in section 509(a)(1) o						
• [-	• •	of supporting organizatio		-		-	, aivina	
a				supervised, or controlled	•			• • •		
		-		gularly appoint or elect a	a majonty	or the dire	clors or trust	ees or the s	supporting	
h			complete Part IV, Se		tion with it		ad arganizati	on(o) by bo	ving	
b 🗆			-	or controlled in connec			-		•	
		-		anization vested in the s	ame perso	ons that co	ontroi or man	age the sup	poned	
- L		.,	t complete Part IV,			1:	and from attack	lle interret	l ith	
C L		-		g organization operated				ally integrate	ed with,	
		0	()(s). You must complete I		,				
d 🗆		-		orting organization oper				-		
				zation generally must sat				id an attent	iveness	
	- ·	-	-	nplete Part IV, Sections						
e 🗆				written determination fro			а туре I, Туре	e II, Type III		
				nally integrated support						
			n about the supporte		(iv) Is the orga	inization listed		fmonetany	(vi) Amount of other	
	(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) support (see instructions) (vi) Amount of other suppor							support (see instructions)		
	_			above (see instructions))	Yes	No		,		
Total										

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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2021

 15 Public support percentage from 2020 Schedule A, Part II, line 14	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants.") Image: Construction of the organization is benefit and either paid to or expended on its behalf 2 Tax revenues levied for the organization is the organization and the services or facilities furnished by a governmental unit to the organization without charge end of the organization included on line 1 that exceeds 2% of the amount shown on line 11, columm (f) 6 Public support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Around thow on line 11, columm (f) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 8 Gross income from line 4. Image: Column (f)	1	Gifts, grants, contributions, and						
2 Tax evenues levided for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities thread t		membership fees received. (Do not						
is it is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subrect line 5 term line 4. 7 Amounts from line 4. 8 Column (f) 9 Velocity and the state and column (f). 10 2017 10 2017 10 2017 11 Total Support. Subrect line 5 term line 4. 12 Gross income from initial sources and mome from similar sources and mome from sources and the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 12 Torsas receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax years a section 501(c)(3) organization, check this box and stop here-chage 14 <th></th> <th>include any "unusual grants.")</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		include any "unusual grants.")						
or expended on its behalt	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge by each person (other than a governmental unit or publicky supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Column (i) 6 Public support. Subtractive 5 from line 4. Image: Column (i) Image: Column (i) 8 Public support. Subtractive 5 from line 4. Image: Column (i) Image: Column (i) 6 Public support. Subtractive 5 from line 4. Image: Column (i) Image: Column (i) 7 Amounts from line 4. Image: Column (i) Image: Column (i) Image: Column (i) 8 Gross income from linerest, dividends, payments received on securities lowiness activities, whether or not the business is regulary carried on io Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V), Image: Column (i) Image: Column (i) Image: Column (i) 11 Total support. Add lines 7 through 10 Image: Column (i) Image: Column (i) Image: Column (i) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (i) Image: Column (i) Image: Column (i) 14 Public support precentage for 2021 (line 6, column (i), divided by line 11, column (i)) Image: Column (i) Image: Column (i) Image: Column (i) 15 First 5 yees: If the Form 90 is for the organization is first, second, third, fourth, or fifth taxy years a section 501(c)(s) or		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge of Total. Additines 1 through 5		or expended on its behalf						
4 Total. Add lines 1 through 3	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
4 Total. Add lines 1 through 3								
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Control of the control o	4	Total. Add lines 1 through 3						
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)		•						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instructior	ns ►

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	255,701.	201,461.	203,641.	209,935.	115,457.	986,195.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1,044.	1,755.	1,326.	332.	1,295.	5,752.
~	organization's tax-exempt purpose	1,011.	1,755.	1,520.	552.	1,255.	5,152.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
Λ	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
F							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	256,745.	203,216.	204,967.	210,267.	116,752.	991,947.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						Ο.
b	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.)						991,947.
	tion B. Total Support						55275274
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	256,745.	203,216.	204,967.	210,267.	116,752.	991,947.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,162.	34,604.	18,716.	17,742.	36,263.	123,487.
b	Unrelated business taxable income	,					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	16,162.	34,604.	18,716.	17,742.	36,263.	123,487.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	10,1021	51,0010	10,7100		5072000	120,10,1
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.)	272,907.	237,820.	223,683.	228,009.	153,015.	1115434.
14	First 5 years. If the Form 990 is for the check this box and stop here	U		fourth, or fifth tax	•	()()	on,
Sec	tion C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		15	88.93 %
	Public support percentage from 2020					16	90.32 %
	tion D. Computation of Invest						
	Investment income percentage for 20			ne 13 column (fl)		17	11.07 %
	Investment income percentage from 2					18	9.68 %
	33 1/3% support tests - 2021. If the			on line 14 and line			· -
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ies as a publicly s	upported organiza	tion	►X
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>

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Schedule A (Form 990) 2021 NEW Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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		
3a		
Зb		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
106		
10b		

Schedule A (Form 990) 2021

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	DAUGHTERS OF THE AMERICAN REVOLUTION	71 - 4 - 0	~	
		715462	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	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 supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
<u> </u>	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			
	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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		165	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	-		
2				
	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	2		
3	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 yeatsee instruction	ns)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	2	Yes	No
2 a			103	
u	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		
þ	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			

- these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- 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.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

3b Schedule A (Form 990) 2021

2b

3a

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	DAUGHTERS OF THE AM	ERICAN R	EVOLUTION					
Sche	edule A (Form 990) 2021 NEW YORK STATE ORGAN	NIZATION	1	23-7154626 Page 6				
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supp	porting Org	anizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organization	ns must comple	ete Sections A through E.					
Sect	tion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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-functionally	integr	ated Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

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Sche		E ORGANIZATION		2	3-7154626 Page 7				
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemption								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	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							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount		(II)	10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
а	From 2016								
b	From 2017								
c	From 2018								
d	From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, <i>explain in</i> Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
e	Excess from 2021								

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021		HTERS YORK					REVOLU	JTION	23-7154626 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	mation 2, 3b, 3c ines 2 an	Provide t , 4b, 4c, 5 d 3; Part I	he expla a, 6, 9a, /, Sectio	anatior , 9b, 90 on E, lii	ns required c, 11a, 11 nes 1c, 2a	by Part b, and 11 , 2b, 3a, a	II, line 10; Pa c; Part IV, So and 3b; Part	ection B, lines V, line 1; Par	or 17b; Part III, line 12; 5 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047		
(Forr	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
	ment of the Treasury		Attach to Form 990.		Open to Public		
	I Revenue Service		90 for instructions and the latest informat MERICAN REVOLUTION		Inspection		
Nam	e of the organizati	NEW YORK STATE ORG		Em	ployer identification number 23-7154626		
Pa	t I Organiza		ed Funds or Other Similar Funds of				
organization answered "Yes" on Form 990, Part IV, line 6.							
	Ū		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at er	. ,					
2		f contributions to (during year)					
3	Aggregate value o						
4		t end of year					
5			writing that the assets held in donor advised	funds			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes 🗌 No		
6	Did the organizatio	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only			
	for charitable purp	oses and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring			
	impermissible priva						
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	t IV, line 7			
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).				
	Preservation	of land for public use (for example, recrea	ation or education)	nistorically	important land area		
		f natural habitat	Preservation of a c	certified h	istoric structure		
		of open space					
2			fied conservation contribution in the form of	a conserv			
	day of the tax year				Held at the End of the Tax Year		
а							
b							
С			ructure included in (a)				
d			after 7/25/06, and not on a historic structure				
•							
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganizatio	n during the tax		
4	year	where property subject to conservation ea	soment is located				
5		tion have a written policy regarding the pe	·				
Ŭ			it holds?		Yes No		
6			handling of violations, and enforcing conser				
•		· · · · · · · · · · · · · · · · · · ·					
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easeme	nts during the year		
	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h))(4)(B)(ii)?			Yes No		
9	In Part XIII, describ	be how the organization reports conservat	ion easements in its revenue and expense st	atement a	and		
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statemen	ts that de	scribes the		
		ounting for conservation easements.					
Pa	_	-	f Art, Historical Treasures, or Oth	er Simi	lar Assets.		
		the organization answered "Yes" on Form					
1 a			58, not to report in its revenue statement and				
		· · ·	blic exhibition, education, or research in furth	nerance of	f public		
			ncial statements that describes these items.				
b	-		58, to report in its revenue statement and ba				
			c exhibition, education, or research in further	ance of p	ublic service,		
	-	ng amounts relating to these items:			•		
					\$		
_					\$		
2			easures, or other similar assets for financial g	ain, provid	de		
	-	unts required to be reported under FASB A	-		•		
					\$		
		Form 990, Part X	o for Form 000	🕨	\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

Schedule Uriom 980 (2021 NEW YORK STATE ORGANIZATION 23 - 715 46 25 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 Ling the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Provide a description of the organization's acquisition, accounting on the organization's acquisition solice treew domains of air, historical treasures, or Other Similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Economents. Complete if the organization's collections of Art, Historical treasures, or Other Similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Economy the year Image: Image and the organization's collections of Art, Historical treasures, or Other Similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 980, Part X, line 8, or reported an amount on Form 980, Part X, line 21, for escrow or custodial account lability? Yes No b If 'Yes' explain the arrangement in Part XII. How Part Terms on Form 980, Part X, line 21, for escrow or custodial account lability? Yes No b If 'Yes' explain the arrangement in Part XII. How Part Net Rev I the erganization has been provided on Part XII. Image and the erganization and the trease of the organization answered 'Yes' on Form 980, Part X, line 10.		DAUGHTEI	RS OF THE	AMERICAN R	EVOLUTION						
General the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):											
collection time (check all that apply): a Dide solubition a Dota collection time (check all that apply): c Dota collection to thure generations: b Scholarly research c Other	Par	rt III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contin	ued)		
a Public exhibition d Loan or exchange program b Scholarly research e Other 1 Provide a description of the organization's collection's col	3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
b Scholarly research e Other c Provise a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to be solid to raise funds article that the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagenet in Part XIII and complete the following table: Amount c Beginning balance 1d Isolary reserved and Custodial account liability? Yes No b If Yes, explain the arrangement in Part XIII. Check here if the organization naswered 'Yes' on Form 990, Part X, line 21. Amount Isolary balance 1d Isolary balance Isolary the organization answered 'Yes' on Form 990, Part X, line 21. No b If Yes, explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 21. Yes No c Other balance 136, 955. 139, 767. 129, 03. 116, 223. </th <th></th> <th colspan="9">collection items (check all that apply):</th>		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Berow and Custodial Arrangements. Completel if the organization answered "Yes" on Form 590, Part IV, line 91, or Form 590, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. 1a Is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. 1b Texting balance	а	Public exhibition	d								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. If the organization include an amount on Form 990, Part X, line 21. Distributions during the year If I Id I Distributions during the year If I Id I	b	b Scholarly research e Other									
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collaction? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It 'Yes,' explain the arrangement in Part XIII and complete the following table:	С	Preservation for future generations									
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Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other intermediary for contributions or other assets not included Amount c Beginning balance Image: Complete intermediary for escrow or custolial account liability? Image: Complete intermediary for escrow or custolial account liability? Ves No b If 'Yes', 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Image: Complete intermediary for escrow or custolial account liability? Ves No b If 'Yes', 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Image: Complete intermediary for escrow or custolial account liability? Ves No b If 'Yes', 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Image: Complete intermediary for escrow or custolial account liability? Ves No 1a Beginning of year balance (a) Curret year (b) Proy year (D) Trus' years back (e) Four years back 1a Beginning of year balance 9, 41	5						_	-			
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b Permanent endowment ▶ 100 % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Boais (investment) (d) Cost or other (e) Accumulated (f) Book value 			ent year end balanc		a)) heid as.						
c Term endowment ▶ _% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		° ' 100 -	0/	%							
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land									I		
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basis (investment) basis (other) depreciation 1a Land		Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	ccumulat	ed	(d) Book	value		
b Buildings					. ,			.,			
b Buildings	1a	Land									
c Leasehold improvements											
d Equipment											
e Other											
				X, column (B), line 1	0c.)				0.		

Schedule D (Form 990) 2021

	ATE ORGANIZAT	ION	<u>23-7154626</u> Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) RAYMOND JAMES FINANCIAL			
(B) SERVICES INC	190,762.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	190,762.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			-
(2)			
(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"	on Form 990, Part IV, line 1	11d. See Form 990. Part X. line 15.	
-	Description		(b) Book value
(1)			()
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15)		
Part X Other Liabilities.	le 15.)		
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	110 or 11f Soo Form 990 Part X lir	20.25
	on ronn 990, Fait IV, line	The of The See Form 990, Part A, III	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		🕨

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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NEW VORK STAT				CANT ZATT(N

Sche	dule D (Form 990) 2021 NEW YORK STATE ORGANIZAT	ION	23-7154626 Page	• 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b	4c		
_5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Emplo



Employer identification number 23 - 7154626

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.

NEW YORK STATE ORGANIZATION

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

Open to Public Inspection

1.General Informat	ion						
For Fiscal Year Beginning	g (mm/dd/yyy	y) 09/01/2	2021 and Ending (r	nm/dd/yyyy) 08/31/2	022		
Check if Applicable:	Name of Org DAUGH1		HE AMERICAN R	EVOLUTION NEW	Employer Identification Number (EIN): 23-7154626		
Name Change	Mailing Addı 3260 E	ress: E LYDIUS (STREET		NY Registration Number: $02-46-45$		
Final Filing	City / State / SCHENE	ZIP: ECTADY, N	Y 12303		Telephone: 518 408-5626		
Reg ID Pending	Website: WWW • DA				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 certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires							
two signatories.							
				all attachments, and to the of the State of New York ap	best of our knowledge and belief, oplicable to this report.		
,	,			PAMELA NETH			
President or Authorized	Officer:	REGENT					
Chief Financial Officer or Treasurer:		Signature		Print Name KRISTEN MOO TREASURER			
		Signature		Print Name	and Title Date		
2 Annual Departing	. Evenenti						
3. Annual Reporting							
					gory (7A or EPTL only filers) or both		
					ed Char500. No fee, schedules, or		
additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable							
schedules and attachmer	nts and pay a	ipplicable lees.					
20 7A filin	a axomption:	Total contribution	as from NV State including	rosidonts foundations an	vomment agencies, etc. did not		
					vernment agencies, etc. did not aising counsel (EBC) to solicit		
exceed \$25,000 <u>and</u> 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							
	fiscal year.						
C C							
4. Schedules and A	ttachmen	ts					
See the following page							
for a checklist of	Yes 🛛	🕻 No 4a. Did yo	our organization use a prof	essional fund raiser, fund ra	ising 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 filing	a fee:	EPTL filing fee:	Total fee:			
next page to calculate yo		g			Make a single check or money order		
fee(s). Indicate fee(s) you					payable to:		
are submitting here:	\$	25.	\$ <u>100.</u>	\$125.	"Department of Law"		
CHAR500 Annual Filing for	r Charitable C	Drganizations (Upd	dated January 2022)				

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

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

Annual Filing Checklist

Check the schedules you must submit with your CHAR500 as described If you answered "yes" in Part 4a, submit Schedule 4a: Professional If you answered "yes" in Part 4b, submit Schedule 4b: Governmen	Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
disclosure and will not be available for public review.	nedule of Contributors). Schedule B of public charities is exempt from d. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the ses only.
If you are a 7A only or DUAL filer, submit the applicable independent Ce Review Report if you received total revenue and support greater the Audit Report if you received total revenue and support greater than If the fiscal year begins before that date, an Audit Report is require No Review Report or Audit Report is required because total reven We are a DUAL filer and checked box 3a, no Review Report or Au	han \$250,000 and up to \$1,000,000 In \$1,000,000 and the fiscal year begins on or after July 1, 2021. ed if total revenue and support is greater than \$750,000 ue and support 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 \$25, if you did not check 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: 7A 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:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. 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 www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

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)).

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\square \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
$oxed{X}$ \$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

Send Your Filing

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 Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov