

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 10/01, 2009, **and ending** 09/30, 2010

| | | | | |
|---|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization SONS OF THE REVOLUTION IN THE STATE Doing Business As OF NEW YORK, INC. | | D Employer identification number 13-5563011 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 54 PEARL STREET | | E Telephone number (212) 425-1776 |
| | | City or town, state or country, and ZIP + 4 NEW YORK, NY 10004-2429 | | G Gross receipts \$ 1,803,527. |
| | | F Name and address of principal officer: DONALD WESTERVELT 54 PEARL STREET, NEW YORK, NY 10004-2429 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ▶ WWW.SONSOFTHEREVOLUTION.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1884 M State of legal domicile: NY | | |

Part I Summary

| | | | | |
|------------------------------------|---|--|-------------------|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: TO PERPETUATE THE MEMORY OF THE MEN WHO, IN MILITARY, NAVAL OR CIVIL SERVICE, BY THEIR ACTS OR COUNSEL, ACHIEVED AMERICAN INDEPENDENCE. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 37 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 37 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 13 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 12 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 764,947. | 333,684. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 94,203. | 127,780. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 363,455. | -5,462. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 217,822. | 234,149. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,440,427. | 690,151. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 364,385. | 309,494. |
| | 16b | Total fundraising expenses, Part IX, column (D), line 25 ▶ 42,366. | 28,850. | 23,430. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,957,460. | 866,119. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,350,695. | 1,199,043. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -910,268. | -508,892. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 7,497,691. | 7,259,899. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 304,281. | 117,662. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Ambrose Richardson* Date: 8/11/11

Type or print name and title: Ambrose Richardson, Treasurer

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: AUG 11 2011 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP: CONDON O'MEARA MCGINTY & DONNELLY L ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405

Preparer's identifying number (see instructions): P00749467

EIN: 13-3628255

Phone no.: 212-661-7777

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | 0. | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0. | | | |
| 4 | Benefits paid to or for members | 0. | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | 0. | | | |
| 7 | Other salaries and wages | 233,847. | 157,794. | 66,441. | 9,612. |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . | 13,961. | 9,223. | 4,045. | 693. |
| 9 | Other employee benefits | 38,952. | 25,734. | 11,284. | 1,934. |
| 10 | Payroll taxes | 22,734. | 15,019. | 6,586. | 1,129. |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0. | | | |
| b | Legal | 36,371. | | 36,371. | |
| c | Accounting | 29,966. | | 29,966. | |
| d | Lobbying | 0. | | | |
| e | Professional fundraising services. See Part IV, line 17 | 23,430. | | | 23,430. |
| f | Investment management fees | 0. | | | |
| g | Other | 456,664. | 223,073. | 233,591. | |
| 12 | Advertising and promotion | 3,775. | 3,577. | 198. | |
| 13 | Office expenses | 66,198. | 30,346. | 30,284. | 5,568. |
| 14 | Information technology | 600. | | 600. | |
| 15 | Royalties | 0. | | | |
| 16 | Occupancy | 88,065. | 49,910. | 38,155. | |
| 17 | Travel | 4,335. | 2,352. | 1,983. | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 | Conferences, conventions, and meetings | 18,257. | 18,257. | | |
| 20 | Interest | 0. | | | |
| 21 | Payments to affiliates | 0. | | | |
| 22 | Depreciation, depletion, and amortization . . . | 0. | | | |
| 23 | Insurance | 74,891. | 74,891. | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a | LOAN FEES FOR EXHIBITS | 415. | 415. | | |
| b | SECURITY | 25,181. | 19,121. | 6,060. | |
| c | MAINTENANCE & REPAIRS | 23,793. | 13,317. | 10,476. | |
| d | FLAG DAY | 7,420. | 7,420. | | |
| e | SHIPPING OF PAINTINGS | 15,958. | 15,958. | | |
| f | All other expenses | 14,230. | 6,049. | 8,181. | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,199,043. | 672,456. | 484,221. | 42,366. |
| 26 | Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 434. | 1 | 499. |
| | 2 Savings and temporary cash investments | 1,127,629. | 2 | 409,417. |
| | 3 Pledges and grants receivable, net | 179,276. | 3 | 40,000. |
| | 4 Accounts receivable, net | 57,966. | 4 | 0. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 122,987. | 7 | 122,987. |
| | 8 Inventories for sale or use | 3,262. | 8 | 3,432. |
| | 9 Prepaid expenses and deferred charges | 18,786. | 9 | 26,735. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,639,844. | | |
| | b Less: accumulated depreciation | 10b | | |
| | 11 Investments - publicly traded securities | 2,206,051. | 10c | 2,639,844. |
| | 12 Investments - other securities. See Part IV, line 11 | 3,718,960. | 11 | 3,966,963. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 62,340. | 14 | 50,022. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 7,497,691. | 15 | 7,259,899. | |
| Liabilities | 17 Accounts payable and accrued expenses | 241,941. | 17 | 67,640. |
| | 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 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 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. Complete Part X of Schedule D | 62,340. | 25 | 50,022. |
| | 26 Total liabilities. Add lines 17 through 25 | 304,281. | 26 | 117,662. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 3,292,469. | 27 | 3,545,375. |
| | 28 Temporarily restricted net assets | 92,019. | 28 | |
| | 29 Permanently restricted net assets | 3,808,922. | 29 | 3,596,862. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 7,193,410. | 33 | 7,142,237. | |
| 34 Total liabilities and net assets/fund balances | 7,497,691. | 34 | 7,259,899. | |

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|------------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 171,044. | 173,796. | 1,218,737. | 764,947. | 333,684. | 2,662,208. |
| 2 Tax revenues levied for the organization's 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 | 171,044. | 173,796. | 1,218,737. | 764,947. | 333,684. | 2,662,208. |
| 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), | | | | | | 918,519. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 1,743,689. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|------------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 171,044. | 173,796. | 1,218,737. | 764,947. | 333,684. | 2,662,208. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 607,217. | 781,890. | 1,025,233. | 485,050. | 358,094. | 3,257,484. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1. | 0. | 0. | 75,000. | 240. | 95,355. | 170,595. |
| 11 Total support. Add lines 7 through 10 | | | | | | 6,090,287. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 703,381. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|-------------------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 28.63% |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 25.93% |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|--------------------------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | <input type="checkbox"/> | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

- 19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►
- b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2005 | 2006 | 2007 | 2008 | 2009 | TOTAL |
|---------------|-----------|-----------|----------------|-------------|----------------|-----------------|
| MISCELLANEOUS | 0. | 0. | 75,000. | 240. | 95,355. | 170,595. |
| TOTALS | <u>0.</u> | <u>0.</u> | <u>75,000.</u> | <u>240.</u> | <u>95,355.</u> | <u>170,595.</u> |

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

2009

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

Employer identification number
 13-5563011

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.** Employer identification number **13-5563011**

Part 1 Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | NYS OFFICE OF PARK & PRESERVATION EMPIRE STATE PLAZA ALBANY, NY 12238 | \$ 221,096. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | CONTRIBUTIONS LESS THAN 2% DIRECT | \$ 89,653. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | CONTRIBUTIONS LESS THAN 2% MEMBERSHIP DUES | \$ 5,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | CONTRIBUTIONS LESS THAN 2% FUNDRAISING | \$ 17,335. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Supplemental Financial Statements

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

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

Employer identification number: 13-5563011

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure), a table for 'Held at the End of the Year' (rows 2a-2d), and various questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

| | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

| | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 4,623,681. | 8,099,625. | | | |
| b Contributions | 317,803. | 478,311. | | | |
| c Net investment earnings, gains, and losses | 452,257. | -377,232. | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 895,606. | 3,362,294. | | | |
| f Administrative expenses | 261,795. | 214,729. | | | |
| g End of year balance | 4,236,340. | 4,623,681. | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 15.0950 %
- b Permanent endowment ▶ 84.9050 %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 995,682. | | 995,682. |
| c Leasehold improvements | | 1,126,501. | | 1,126,501. |
| d Equipment | | | | |
| e Other | | 517,661. | | 517,661. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,639,844. |

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 690,151. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,199,043. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -508,892. |
| 4 | Net unrealized gains (losses) on investments | 4 | 457,719. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 457,719. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -51,173. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,308,136. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 457,719. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 160,266. |
| e | Add lines 2a through 2d | 2e | 617,985. |
| 3 | Subtract line 2e from line 1 | 3 | 690,151. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 690,151. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,359,309. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 160,266. |
| e | Add lines 2a through 2d | 2e | 160,266. |
| 3 | Subtract line 2e from line 1 | 3 | 1,199,043. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 1,199,043. |

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURER

PART III - QUESTION 4

THE ORGANIZATION'S COLLECTION OF ART AND ARTIFACTS ARE PRESERVED AND INTERPRETED, FOR THE MEMBERS AND PUBLIC, AS AN EDUCATIONAL RESOURCE IN ORDER TO PROMOTE A GREATER UNDERSTANDING OF THE AMERICAN REVOLUTIONARY PERIOD AND THE EARLY HISTORY OF NEW YORK.

THE PIECES IN THE COLLECTION ARE FROM, OR REPRESENT, THE EARLY COLONIAL AND REVOLUTIONARY PERIOD OF AMERICA, IN GENERAL AND OF NEW YORK CITY SPECIFICALLY.

ENDOWMENT FUNDS

PART V - QUESTION 4

BOARD DESIGNATED FUNDS - AMOUNTS THAT ARE RESTRICTED AT THE DISCRETION OF THE BOARD. INCLUDED IN THESE FUNDS ARE THE RESERVE FUND, FLAG FUND, PERMANENT FUND, CAPITAL CAMPAIGN, MUSEUM ENDOWMENT FUND AND DEACCESSION COLLECTIONS FUNDS. THE CAPITAL CAMPAIGN FUND WAS ESTABLISHED TO RAISE FUNDS FOR THE RESTORATION AND IMPROVEMENT OF FRAUNCES TAVERN AND OTHER BUILDINGS OWNED BY THE SOCIETY. THE RELATED SUPPORT, REVENUE AND EXPENSES ARE RECORDED IN THIS FUND. THE MUSEUM ENDOWMENT FUND WAS SEGREGATED FOR THE MUSEUM ENDOWMENT ASPECT OF THE CAPITAL CAMPAIGN, AND THE DESIGNATED AMOUNTS ARE AVAILABLE FOR PROGRAMS AND ACTIVITIES CONDUCTED BY THE FRAUNCES TAVERN MUSEUM. THE DEACCESSION COLLECTIONS FUND CONSISTS OF PROCEEDS FROM THE SALE OF THE SOCIETY'S COLLECTION AND OTHER WORKS OF ART AND MAY BE USED FOR DIRECT CARE AND/OR PRESERVING THE SOCIETY'S EXISTING COLLECTION OR TO BUY ADDITIONAL ITEMS FOR THE

Part XIV Supplemental Information (continued)

COLLECTION AND/OR OTHER WORKS OF ART.

PERMANENTLY RESTRICTED FUND NET ASSETS IS A GIFT FROM SHELBY C. DAVIS
FOUNDATION - PRINCIPLE PORTIONS CANNOT BE TOUCHED; REST CAN BE USED FOR
PROGRAMS/ACTIVITIES OF SRNY AND MUSEUM.

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

RECONCILIATION OF REVENUE

PART XII - LINE 2D

2D. DIRECT RENTAL EXPENSES: \$118,272.

2D. DIRECT SPECIAL EVENT EXPENSES: \$41,994.

RECONCILIATION OF EXPENSE

PART XIII - LINE 2D

2D. DIRECT RENTAL EXPENSES: \$118,272.

2D. DIRECT SPECIAL EVENT EXPENSES: \$41,994.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total events |
|-----------------|----|---|--------------|------------------|---------------------------------|
| | | BALL (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 49,525. | | 49,525. |
| | 2 | Less: Charitable contributions | 17,335. | | 17,335. |
| | 3 | Gross income (line 1 minus line 2) | 32,190. | | 32,190. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 29,181. | | 29,181. |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 12,813. | | 12,813. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | (41,994.) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | -9,804. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---------------------------|--|
| | | Yes _____ % No _____ % | Yes _____ % No _____ % | Yes _____ % No _____ % | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | | | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | () |
| | 8 | Net gaming income summary. Combine line 1, column d, and line 7 | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? **9a**

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? **11**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? **12**

| | Yes | No |
|-----|-----|----|
| 9a | | |
| 10a | | |
| 11 | | |
| 12 | | |

| | | Yes | No |
|------------|--|-----|----|
| 13 | Indicate the percentage of gaming activity operated in: | | |
| a | The organization's facility 13a % | | |
| b | An outside facility 13b % | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ▶ _____ | | |
| | Address ▶ _____ | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ | | |
| c | If "Yes," enter name and address of the third party: | | |
| | Name ▶ _____ | | |
| | Address ▶ _____ | | |
| 16 | Gaming manager information: | | |
| | Name ▶ _____ | | |
| | Gaming manager compensation ▶ \$ _____ | | |
| | Description of services provided ▶ _____ | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | |
| 17 | Mandatory distributions: | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ | | |

Supplemental Information to Form 990

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Employer identification number
13-5563011

ATTACHMENT 2

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 1

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

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

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

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

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 6

THE SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC., WAS
INCORPORATED AS A MEMBERSHIP ORGANIZATION.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 7A

AT THE ANNUAL MEETING IN DECEMBER, THE MEMBERS PRESENT VOTE AND THE PROXY

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

Employer identification number
13-5563011

ATTACHMENT 2 (CONT'D)

VOTES THAT WERE MAILED IN ARE ALSO COUNTED TO ELECT THE BOARD OF OFFICERS
AND DIRECTORS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 7B

ANY CHANGES IN BY-LAWS MUST BE VOTED UPON BY THE MEMBERSHIP AT A SPECIAL
MEETING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 11A

THE FORM 990 IS DISTRIBUTED TO THE PRESIDENT AND TREASURER FOR REVIEW
PRIOR TO FILING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

THE CONFLICT OF INTEREST FORMS ARE SIGNED ANNUALLY AND ARE REVIEWED FOR
ANY CONFLICTS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C. - QUESTION 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.

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

Employer identification number
13-5563011

ATTACHMENT 2 (CONT'D)

SUPPORT SCHEDULE FOR ORGANIZATIONS

PART II, SECTION C - LINE 17A

FACTS-AND-CIRCUMSTANCES TEST:

THE SONS OF THE REVOLUTION IS AN ORGANIZATION DEVOTED TO EDUCATING THE PUBLIC ABOUT THE STRUGGLE TO ACHIEVE AMERICAN LIBERTY. MEMBERS ARE DESCENDANTS OF SOMEONE WHO FOUGHT IN THE REVOLUTIONARY WAR OR OTHERWISE PLACED THEMSELVES AT RISK FOR THE AMERICAN CAUSE. THE SONS OF THE REVOLUTION IN THE STATE OF NEW YORK OWNS AND OPERATES FRAUNCES TAVERN MUSEUM WHICH IS DESIGNATED A HISTORIC LANDMARK.

FOR 125 YEARS, THE SOCIETY HAS BEEN INVOLVED IN PRESERVING THE MEMORY OF THE REVOLUTIONARY PATRIOTS. MAJOR PROJECTS HAVE INCLUDED ERECTING THE STATUE OF NATHAN HALE IN CITY HALL PARK, PURCHASING, RESTORING AND PRESERVING FRAUNCES TAVERN, PURCHASING AND RESTORING NATHAN HALE'S SCHOOLHOUSE IN CONNECTICUT AND PLACING PLAQUES AND MEMORIALS AT IMPORTANT REVOLUTIONARY WAR SITES IN NEW YORK CITY.

THE COLLECTIONS OF THE SONS OF THE REVOLUTION AND FRAUNCES TAVERN MUSEUM INCLUDE MORE THAN 200 REPLICAS OF REVOLUTIONARY WAR FLAGS, MORE THAN 50 VALUED PAINTINGS OF THE ERA, AN EXTENSIVE SELECTION OF WEAPONS AND EQUIPMENT OF THE PERIOD, A SUBSTANTIAL COLLECTION OF 18TH CENTURY FURNITURE AND FURNISHINGS, AND PERSONAL EFFECTS OF GEORGE WASHINGTON AND HIS COMPATRIOTS. THE LIBRARY HOLDS MANY SIGNIFICANT DOCUMENTS, INCLUDING ORDERS SIGNED BY WASHINGTON, LETTERS WRITTEN BY HALE AND THE ORDERLY BOOK OF WASHINGTON'S SPYMASTER BENJAMIN TALLMADGE.

| | |
|--|--|
| Name of the organization SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC. | Employer identification number 13-5563011 |
|--|--|

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| SIRINA PROTECTION SYSTEMS CORP 151 HERRICKS ROAD GARDEN CITY, NY 11040 | FIRE SYSTEM | 221,495. |
| TOTAL COMPENSATION | | <u>221,495.</u> |

Application for Extension of Time To File an Exempt Organization Return

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC. | Employer identification number 13-5563011 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 54 PEARL STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004-2429 | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ► SONS OF THE REVOLUTION IN NYS

Telephone No. ► 212 425-1776 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning 10/01, 2010, and ending 09/30, 2011.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | |
|--|-----------|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time To File an Exempt Organization Return

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | | |
|--|--|---|--------------------------------|------------|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization | SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC. | Employer identification number | 13-5563011 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | | | |
| | 54 PEARL STREET | | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | |
| NEW YORK, NY 10004-2429 | | | | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ► SONS OF THE REVOLUTION IN NYS

Telephone No. ► 212 425-1776 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning 10/01, 20 09, and ending 09/30, 20 10.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | |
|--|--------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.