

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

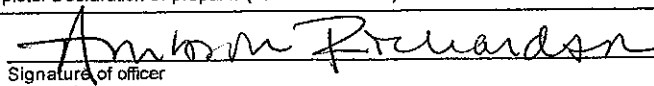
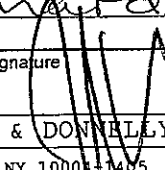
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 09/30, 2011

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	C Name of organization SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 54 PEARL STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10004-4300	D Employer identification number 13-5563011
	F Name and address of principal officer: AMBROSE RICHARDSON, III 54 PEARL STREET, NEW YORK, NY 10004-4300	E Telephone number (212) 425-1776
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 1,158,205.
	J Website: WWW.SONSOFTHEREVOLUTION.ORG	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) H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1884 M State of legal domicile: NY

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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	38.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	10.
	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)	333,684.	159,436.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,780.	79,062.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,462.	-1,097,998.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,149.	167,307.
	12		690,151.	-692,193.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	309,494.	279,656.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	23,430.	9,125.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,441.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	866,119.	438,686.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,199,043.	727,467.	
19	Revenue less expenses. Subtract line 18 from line 12	-508,892.	-1,419,660.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	7,259,899.	6,967,234.
	22	Net assets or fund balances. Subtract line 21 from line 20.	117,662.	79,012.
22		7,142,237.	6,888,222.	

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			8/7/12	
	Signature of officer		Date	
	Ambrose Richardson, Treasurer			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JAMES J. REILLY	Preparer's signature 	Date AUG 01 2012	Check if self-employed <input type="checkbox"/> PTIN P00183769
	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP	Firm's EIN 13-3628255	Phone no. 212-661-7777	
	Firm's address ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405			
May the IRS discuss this return with the preparer shown above? (see instructions)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 220,691. including grants of \$ 0.) (Revenue \$ 60,630.)

MUSEUM PROGRAMS AND ACTIVITIES:
CURATORIAL & MUSEUM ADMINISTRATION.
EXHIBITS (INTERPRETATION OF REVOLUTIONARY PERIOD ARTIFACTS).
ART WORK, DISPLAYS & CONSERVATION.
MUSEUM INFORMATIONAL SERVICES.

4b (Code:) (Expenses \$ 211,808. including grants of \$ 0.) (Revenue \$ 18,432.)

COMMEMORATIVE AND FELLOWSHIP:
PUBLIC PROGRAM LECTURES AND TOURS AND INFORMATIONAL SERVICES.
EDUCATIONAL TOURS FOR SCHOOLS AND OTHER GROUPS.

4c (Code:) (Expenses \$ 1,203. including grants of \$ 0.) (Revenue \$ 0.)

MAGNA CARTA EXHIBIT:
PREPARATION OF THE PHYSICAL PLANT OF THE FRAUNCES TAVERN MUSEUM
COMPLEX, THE DISPLAY OF THE MAGNA CARTA AND FOUNDATION OF FREEDOM
EXHIBIT. THE EXHIBIT INTERPRETED THE DOCUMENTS TO SHOW THE
FOUNDATIONS UPON WHICH THE IDEAS OF THE AMERICAN REVOLUTION, AND
THE AMERICAN GOVERNMENT ARE BASED. THROUGH VISITS, TOURS,
LECTURES, SCHOOL & ADULT TOURS, THE PUBLIC IS TAUGHT ABOUT THE
SIGNIFICANCE OF THE MAGNA CARTA ITSELF & THE FOUNDERS OF THE
AMERICAN GOVERNMENT.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 433,702.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NEW YORK
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARGARET O'SHAUGHNESSY, C/O SONS OF THE REVOLUTION IN THE STATE OF NY, INC.
54 PEARL STREET, NEW YORK, NY 10004-4300 TEL: 212-425-1776

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII. X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD WESTERVELT PRESIDENT (AS OF 12/4/10)	5.00	X		X			0.	0.	0.	
(2) JAMES R. GRAYSHAW 1ST V.P.	5.00	X		X			0.	0.	0.	
(3) CHARLES POEKEL, JR. 2ND V.P. (AS OF 12/4/10)	3.00	X		X			0.	0.	0.	
(4) FREDERICK W. PATTISON 3RD V.P. (AS OF 12/4/10)	3.00	X		X			0.	0.	0.	
(5) KENNETH H. CHASE SECRETARY	3.00	X		X			0.	0.	0.	
(6) AMBROSE RICHARDSON, III TREASURER (AS OF 12/4/10)	3.00	X		X			0.	0.	0.	
(7) DANIEL J. O'CONNELL REGISTRAR (AS OF 12/4/10)	1.00	X		X			0.	0.	0.	
(8) REV. CHRISTOPHER CULLEN CHAPLAIN	1.00	X		X			0.	0.	0.	
(9) ALAN W. BORST, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(10) ROBERT BELL BOARD MEMBER (AS OF 12/4/10)	1.00	X					0.	0.	0.	
(11) MICHAEL P. CONEYS BOARD MEMBER (AS OF 12/4/10)	1.00	X					0.	0.	0.	
(12) DANIEL HARMAN, III BOARD MEMBER (AS OF 12/4/10)	1.00	X					0.	0.	0.	
(13) BRUCE JONES BOARD MEMBER (AS OF 12/4/10)	1.00	X					0.	0.	0.	
(14) STEPHEN M. NOONAN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) CHRISTOPHER M. NORFLEET BOARD MEMBER	3.00	X					0.	0.	0.	
(16) CORNELL MARTIN BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) GEORGE J. OWEN BOARD MEMBER	1.00	X					0.	0.	0.	
(18) RAYMOND MANNING BOARD MEMBER	1.00	X					0.	0.	0.	
(19) WESLEY OLER, IV BOARD MEMBER (AS OF 12/4/10)	1.00	X					0.	0.	0.	
(20) JONATHAN W. RIDGEWAY BOARD MEMBER (AS OF 12/4/10)	1.00	X					0.	0.	0.	
(21) EDWIN D. ROBERTSON BOARD MEMBER	1.00	X					0.	0.	0.	
(22) ANDREW W. RUSSELL BOARD MEMBER	3.00	X					0.	0.	0.	
(23) STEVEN TRUSNOVEC BOARD MEMBER	1.00	X					0.	0.	0.	
(24) CRAIG WEAVER BOARD MEMBER (AS OF 12/4/10)	1.00	X					0.	0.	0.	
(25) STEPHEN WHELAN BOARD MEMBER (AS OF 12/4/10)	1.00	X					0.	0.	0.	
(26) F. DANIEL L. COLEMAN PAST PRESIDENT	.50	X					0.	0.	0.	
(27) GEORGE DOTY PAST PRESIDENT	0.00	X					0.	0.	0.	
(28) KEVIN HANSLEY PAST PRESIDENT	0.00	X					0.	0.	0.	
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 1							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1 a				
	b	Membership dues	1 b	6,270.			
	c	Fundraising events	1 c	44,925.			
	d	Related organizations	1 d				
	e	Government grants (contributions)	1 e	13,990.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1 f	94,251.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		159,436.			
Program Service Revenue	2 a	MUSEUM FUND	Business Code 900099	60,630.	60,630.		
	b	ADMISSIONS/SOCIETY	900099	18,432.	18,432.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		79,062.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		95,665.		95,665.	
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6 a	Gross Rents	(i) Real	(ii) Personal			
			276,571.				
			b	Less: rental expenses	116,948.		
			c	Rental income or (loss)	159,623.		
	d	Net rental income or (loss)		159,623.		159,623.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			495,202.				
			b	Less: cost or other basis and sales expenses	1,688,865.		
			c	Gain or (loss)	-1,193,663.		
	d	Net gain or (loss)		-1,193,663.		-1,193,663.	
	8 a	Gross income from fundraising events (not including \$ 44,925. of contributions reported on line 1c). See Part IV, line 18	a	20,330.			
			b	Less: direct expenses	44,585.		
c			Net income or (loss) from fundraising events		-24,255.		-24,255.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities		0.		
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory		0.		
Miscellaneous Revenue		Business Code					
11 a	REAL ESTATE TAX REFUND	900099	23,536.		23,536.		
b	OTHER INCOME	900099	8,403.	8,403.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		31,939.				
12	Total revenue. See instructions		-692,193.	87,465.		-939,094.	

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	203,551.	134,655.	59,124.	9,772.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,892.	7,408.	5,591.	893.
9 Other employee benefits	43,509.	30,447.	10,892.	2,170.
10 Payroll taxes	18,704.	12,341.	5,391.	972.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	17,825.		17,825.	
c Accounting	24,125.		24,125.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	9,125.			9,125.
f Investment management fees	0.			
g Other	110,075.	30,699.	79,267.	109.
12 Advertising and promotion	130.	15.	115.	
13 Office expenses	57,348.	25,008.	26,940.	5,400.
14 Information technology	719.		719.	
15 Royalties	0.			
16 Occupancy	59,430.	49,406.	10,024.	
17 Travel	2,881.	1,625.	1,256.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	21,260.	21,260.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	60,906.	60,906.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a LOAN FEES FOR EXHIBITS	150.	150.		
b SECURITY	23,872.	19,097.	4,775.	
c MAINTENANCE & REPAIRS	34,302.	24,631.	9,671.	
d FLAG DAY	8,304.	8,304.		
e SHIPPING OF PAINTINGS	313.	313.		
f All other expenses	17,046.	7,437.	9,609.	
25 Total functional expenses. Add lines 1 through 24f	727,467.	433,702.	265,324.	28,441.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	499.	1	499.
	2 Savings and temporary cash investments	409,417.	2	1,118,000.
	3 Pledges and grants receivable, net	40,000.	3	20,233.
	4 Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	122,987.	7	122,987.
	8 Inventories for sale or use	3,432.	8	4,168.
	9 Prepaid expenses and deferred charges	26,735.	9	49,297.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,786,917.		
	b Less: accumulated depreciation	10b		
	11 Investments - publicly traded securities	2,639,844.	10c	2,786,917.
	12 Investments - other securities. See Part IV, line 11	3,966,963.	11	2,852,344.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	50,022.	14	12,789.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,259,899.	15	6,967,234.	
Liabilities	17 Accounts payable and accrued expenses	67,640.	16	66,223.
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D	50,022.	24	12,789.
	26 Total liabilities. Add lines 17 through 25	117,662.	25	79,012.
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	3,545,375.	26	3,593,598.
	28 Temporarily restricted net assets		27	20,233.
	29 Permanently restricted net assets	3,596,862.	28	3,274,391.
	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		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	7,142,237.	32	6,888,222.
34 Total liabilities and net assets/fund balances	7,259,899.	33	6,967,234.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	-692,193.
2	Total expenses (must equal Part IX, column (A), line 25)	2	727,467.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,419,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,142,237.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,165,645.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,888,222.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

Employer identification number
13-5563011

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? Yes No
 - (ii) A family member of a person described in (i) above? 11g(ii)
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	173,796.	1,218,737.	764,947.	333,684.	153,166.	2,644,330.
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.	173,796.	1,218,737.	764,947.	333,684.	153,166.	2,644,330.
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).						926,356.
6 Public support. Subtract line 5 from line 4.						1,717,974.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	173,796.	1,218,737.	764,947.	333,684.	153,166.	2,644,330.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	781,890.	1,025,233.	485,050.	358,094.	372,236.	3,022,503.
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.	75,000.	240.	95,355.	31,939.	202,534.
11 Total support. Add lines 7 through 10						5,869,367.
12 Gross receipts from related activities, etc. (see instructions)					12	678,169.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	29.27%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	28.63%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

FACTS-AND-CIRCUMSTANCES TEST

PART II, SECTION C. - QUESTION 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, OPERATING THE FRAUNCES TAVERN® MUSEUM 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.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	0.	75,000.	240.	95,355.	31,939.	202,534.
TOTALS	<u>0.</u>	<u>75,000.</u>	<u>240.</u>	<u>95,355.</u>	<u>31,939.</u>	<u>202,534.</u>

Schedule of Contributors

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

2010

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)(3) (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 $\frac{1}{3}$ % 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 I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NYC DEPT. OF CULTURAL AFFAIRS 31 CHAMBERS STREET, #2 NEW YORK, NY 10007	\$ 13,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JOHN L. LOEB, JR. 50 BROAD STREET, SUITE 1137 NEW YORK, NY 10004	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ARTHUR LOEB FOUNDATION 680 MADISON AVENUE NEW YORK, NY 10065	\$ 5,000.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ 277,746.
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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	4,236,340.	4,623,681.	8,099,625.		
b Contributions	242,932.	317,803.	478,311.		
c Net investment earnings, gains, and losses	67,647.	452,257.	-377,232.		
d Grants or scholarships					
e Other expenditures for facilities and programs	527,887.	895,606.	3,362,294.		
f Administrative expenses	46,568.	261,795.	214,729.		
g End of year balance	3,972,464.	4,236,340.	4,623,681.		

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

- a Board designated or quasi-endowment ▶ 17.0635 %
- b Permanent endowment ▶ 82.4272 %
- c Term endowment ▶ .5093 %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI 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		1,132,476		1,132,476.
c Leasehold improvements		1,132,268		1,132,268.
d Equipment				
e Other		522,173		522,173.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,786,917.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) RENT SECURITY	12,789.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,789.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	-692,193.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	727,467.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,419,660.
4	Net unrealized gains (losses) on investments	4	1,165,645.
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	1,165,645.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-254,015.

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	619,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,165,645.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	161,533.
e	Add lines 2a through 2d	2e	1,327,178.
3	Subtract line 2e from line 1	3	-707,522.
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	15,329.
c	Add lines 4a and 4b	4c	15,329.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	-692,193.

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

1	Total expenses and losses per audited financial statements	1	873,671.
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	161,533.
e	Add lines 2a through 2d	2e	161,533.
3	Subtract line 2e from line 1	3	712,138.
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	15,329.
c	Add lines 4a and 4b	4c	15,329.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	727,467.

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 THE DIRECT CARE AND/OR PRESERVATION OF THE SOCIETY'S EXISTING COLLECTION OR TO BUY ADDITIONAL

Part XIV Supplemental Information (continued)

ITEMS FOR THE COLLECTION AND/OR OTHER WORKS OF ART.

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

-SHELBY C. DAVIS FUND - ESTABLISHED THROUGH A GIFT MADE BY THE SHELBY C.
DAVIS FOUNDATION. THE PRINCIPAL PORTION CANNOT BE EXPENDED.

-BUILDING MAINTENANCE ENDOWMENT FUND - THE BUILDING MAINTENANCE ENDOWMENT
FUND IS TO REMAIN FOREVER TO THE USE OF THE SOCIETY, THE INCOME ONLY OF
WHICH SHALL BE EXPENDED SOLELY FOR THE MAINTENANCE OF THE BUILDINGS
COMPRISING OF THE FRAUNCES TAVERN® MUSEUM COMPLEX, AS DETERMINED BY THE
BOARD OF MANAGERS.

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

OTHER LIABILITIES

PART X - LINE 2

AT SEPTEMBER 30, 2011, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN
INCOME TAX POSITIONS. THE SOCIETY'S TAX RETURNS FOR THE FISCAL YEAR 2008
AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE
AUTHORITIES.

Part XIV Supplemental Information (continued)

RECONCILIATION OF REVENUE

PART XII - LINES 2D & 4B

2D. DIRECT RENTAL EXPENSES: 116,948.

2D. DIRECT SPECIAL EVENT EXPENSES: 44,585.

4B. GROSS UP OF REAL ESTATE TAX REFUND: 15,329.

RECONCILIATION OF EXPENSES

PART XIII - LINES 2D & 4B

2D. DIRECT RENTAL EXPENSES: 116,948.

2D. DIRECT SPECIAL EVENT EXPENSES: 44,585.

4B. LEGAL FEES ASSOCIATED WITH REAL ESTATE TAX REFUND: 15,329.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No. 1545-C047

2010

**Open To Public
Inspection**

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

Employer identification number
13-5563011

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		BALL (event type)	(event type)	0. (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	65,255.		65,255.
	2	Less: Charitable contributions	44,925.		44,925.
	3	Gross income (line 1 minus line 2)	20,330.		20,330.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	32,153.		32,153.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	12,432.		12,432.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(44,585.)
11	Net income summary. Combine line 3, column (d), and line 10			-24,255.	

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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity 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? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ 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 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ▶ \$										

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANTHONY WELLMAN	FORMER BOARD MEMBER	11,300.	PR AND CORP. COMMUNICATIONS		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
13-5563011

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 2

RAYMOND MANNING, BOARD MEMBER, IS THE NEPHEW OF DONALD WESTERVELT,
PRESIDENT (AS OF 12/4/10).

PART VI, SECTION A. - QUESTION 6

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

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

Employer identification number
13-5563011

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 7A

AT THE ANNUAL MEETING OF THE MEMBERSHIP IN DECEMBER, THE MEMBERS PRESENT
IN PERSON OR BY PROXY VOTE TO ELECT THE OFFICERS AND THE BOARD OF
DIRECTORS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 7B

ANY CHANGES IN THE CONSTITUTION OR BY-LAWS MUST BE APPROVED BY VOTE OF
THE MEMBERSHIP AT THE ANNUAL MEETING OF THE MEMBERSHIP IN DECEMBER OR AT
A SPECIAL MEETING OF THE MEMBERSHIP.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 11B

THE FORM 990 IS DISTRIBUTED TO THE EXECUTIVE COMMITTEE AND THE AUDIT
COMMITTEE FOR REVIEW PRIOR TO FILING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL
BOARD MEMBERS AND THE ORGANIZATION OBTAINS A WRITTEN ACKNOWLEDGEMENT OF
RECEIPT THEREOF FROM EACH BOARD MEMBER.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C. - QUESTION 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

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

Employer identification number
13-5563011

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

RECONCILIATION OF NET ASSETS

PART XI - LINE 5

5. UNREALIZED GAIN ON INVESTMENTS: 1,165,645.

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 JOHN M. HILLIARD PAST PRESIDENT	0.00	X						0.	0.	0.
30 CHARLES LUCAS PAST PRESIDENT (AS OF 12/4/10)	2.00	X						0.	0.	0.
31 WILLIAM T. LIVINGSTON, III PAST PRESIDENT	0.00	X						0.	0.	0.
32 J. ROBERT LUNNEY PAST PRESIDENT	0.00	X						0.	0.	0.
33 ROBERT N. MCKAY PAST PRESIDENT	3.00	X						0.	0.	0.
34 JOHN O' MALLEY PAST PRESIDENT	1.00	X						0.	0.	0.
35 LAURENCE S. SIMPSON PAST PRESIDENT	3.00	X						0.	0.	0.
36 JAMES F. STEBBINS PAST PRESIDENT	0.00	X						0.	0.	0.
37 KENT STRAAT PAST PRESIDENT	0.00	X						0.	0.	0.
38 GEORGE WATSON PAST PRESIDENT	1.00	X						0.	0.	0.
39 CHARLES LUCAS, JR. PRESIDENT (THRU 12/4/10)	5.00	X	X					0.	0.	0.
40 STEPHEN T. WHELAN 2ND V.P. (THRU 12/4/10)	3.00	X	X					0.	0.	0.
41 MICHAEL P. CONEYS 3RD V.P. (THRU 12/4/10)	3.00	X	X					0.	0.	0.
42 FREDERICK BAKER, III BOARD MEMBER (THRU 12/4/10)	1.00	X						0.	0.	0.
43 PHILIP COOMBE, III BOARD MEMBER (THRU 12/4/10)	1.00	X						0.	0.	0.
44 STANLEY HEISLER BOARD MEMBER (THRU 12/4/10)	1.00	X						0.	0.	0.
45 DONALD TWISS BOARD MEMBER (THRU 12/4/10)	1.00	X						0.	0.	0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.		Enter filer's identifying number, see instructions Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions. 54 PEARL STREET		<input checked="" type="checkbox"/>	13-5563011
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004-2429		<input type="checkbox"/>	Social security number (SSN)

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of MARGARET O'SHAUGHNESSY
 Telephone No. 212 425-1776 FAX No. 212 509-3467
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 08/15, 2012.
- For calendar year _____, or other tax year beginning 10/01/2010, and ending 09/30, 2011.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

8a	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.	8a	\$
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 and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

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

Signature _____ Title ACCOUNTANTS AUTHORIZED TO SIGN RETURNS Date MAY 14 2012

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
- 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	Name of exempt organization SONS OF THE REVOLUTION IN THE STATE OF NEW YORK, INC.	Employer identification number 13-5563011
File by the due date for filing your return. See instructions.	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) 0 1

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, 2012, 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.