

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014Open to Public
Inspection

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2014 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
809 WEST MAIN STREETCity or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202**F** Name and address of principal officer: **DON SHAW**
SAME AS C ABOVE**D** Employer identification number**53-0116355****E** Telephone number
502-589-1776**G** Gross receipts \$ **4,493,540.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number **0690****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.SAR.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1906** **M** State of legal domicile: **DC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO EDUCATE THE PUBLIC ABOUT THE AMERICAN REVOLUTION AND FOSTER PATRIOTISM.
	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) 97
	4	Number of independent voting members of the governing body (Part VI, line 1b) 97
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 25
	6	Total number of volunteers (estimate if necessary) 350
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 29,893.
7b	Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 3,352,889.
	9	Program service revenue (Part VIII, line 2g) 327,249.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 55,573.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 155,357.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,891,068.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,578.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 864,350.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 749,090.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,616,018.
19	Revenue less expenses. Subtract line 18 from line 12 2,275,050.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 13,532,443.
	21	Total liabilities (Part X, line 26) 376,618.
	22	Net assets or fund balances. Subtract line 21 from line 20 13,155,825.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DON SHAW, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name REBECCA L. PHILLIPS, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00024055
	Firm's name MOUNTJOY CHILTON MEDLEY LLP	Firm's EIN 27-1235638			
	Firm's address 462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445	Phone no. (502) 749-1900			

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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:
**TO EDUCATE THE MEMBERSHIP AND THE GENERAL PUBLIC ABOUT THE AMERICAN
REVOLUTION AND ITS PATRIOTS AND TO FOSTER PATRIOTISM AND APPRECIATION
OF AMERICAN FREEDOMS.**
- 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ **500,761.** including grants of \$) (Revenue \$ **331,412.**)
**GENEALOGY VALIDATION - EVALUATE AND AUTHENTICATE CURRENT GENEALOGICAL
RESEARCH AND DOCUMENTATION FOR USE BY FUTURE GENERATIONS. TRAIN
MEMBERS AND OTHERS IN GENEALOGICAL RESEARCH METHODS.**
- 4b** (Code:) (Expenses \$ **350,343.** including grants of \$) (Revenue \$ **32,895.**)
**SAR MAGAZINE- PUBLISHED QUARTERLY. ARTICLES DEAL WITH AMERICA'S
HERITAGE AND PATRIOTISM. PURPOSE IS EDUCATIONAL AND INFORMATIONAL.**
- 4c** (Code:) (Expenses \$ **1,416,040.** including grants of \$ **1,143,543.**) (Revenue \$ **2,313.**)
**GENEALOGICAL LIBRARY AND MUSEUM- DISPLAY WORKS OF ART, MEMORABILIA,
BOOKS, PERIODICALS, AND OTHER DOCUMENTS AND COLLECTIONS TO EDUCATE THE
MEMBERSHIP AND GENERAL PUBLIC.**
- 4d** Other program services (Describe in Schedule O.)
(Expenses \$ **453,217.** including grants of \$) (Revenue \$ **87,819.**)
- 4e** Total program service expenses **2,720,361.**

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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 <i>Schedule B, Schedule of Contributors</i> ?	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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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</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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 9		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 25		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 97		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 97		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► KY, DC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **►**
THE ORGANIZATION - 502-589-1776
809 WEST MAIN STREET, LOUISVILLE, KY 40202

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

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

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.

☐ 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) LINDSEY COOK BROCK PRESIDENT GENERAL 14-15	30.00 3.00	X		X				0.	0.	0.
(2) JUDGE THOMAS EUGENE LAWRENCE SECRETARY GENERAL 14-15	15.00 3.00	X		X				0.	0.	0.
(3) J MICHEAL TOMME SR TREASURER GENERAL 14-15	15.00 3.00	X		X				0.	0.	0.
(4) JOHN LINSON DODD CHANCELLOR GENERAL 14-15	5.00	X		X				0.	0.	0.
(5) COL LARRY PATRICK CORNWELL GENEALOGIST GENERAL 13-14	15.00	X		X				0.	0.	0.
(6) JOHN D SINKS GENEALOGIST GENERAL 14-15	15.00	X		X				0.	0.	0.
(7) ROBERT FORREST TOWNS HISTORIAN GENERAL	5.00	X		X				0.	0.	0.
(8) MICHAEL CHARLES WELLS LIBRARIAN GENERAL 13-14	10.00	X		X				0.	0.	0.
(9) C BRUCE PICKETTE LIBRARIAN GENERAL 14-15	20.00	X		X				0.	0.	0.
(10) LARRY T GUZY REGISTRAR GENERAL 14-15	10.00	X		X				0.	0.	0.
(11) DR. ABRAHAM RUDELL BYRD III SURGEON GENERAL	5.00	X		X				0.	0.	0.
(12) DR EDWARD PAUL RIGEL SR SURGEON GENERAL 14-15	20.00	X		X				0.	0.	0.
(13) RT REV LOUIS VICTOR CARLSON JR CHAPLAIN GENERAL 13-14	1.00	X		X				0.	0.	0.
(14) REV. DR. RANDY D MOODY CHAPLAIN GENERAL 14-15	10.00	X		X				0.	0.	0.
(15) WARREN M ALTER INSPECTOR GENERAL 14-15	2.00	X		X				0.	0.	0.
(16) COL RONALD EDWARD MCROBERTS VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(17) EUGENE DAVID MELVIN VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) FRANK MICHAEL MCGONIGLE VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(19) JAMES ANDREW MOROCK SR MD VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(20) JAMES TILLMAN JONES VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(21) JOSEPH CHARLES CONGER VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(22) LANCE CARTER VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(23) LT. COL. H. CHARLES BROWN VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(24) REV DR RANDY DWIGHT MOODY VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(25) ROBERT DOWNING EBERT VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(26) SCOTT CARLTON SHEWMAKER VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								136,775.	0.	14,709.
d Total (add lines 1b and 1c)								136,775.	0.	14,709.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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	3	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	4	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	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
A.L. POST, INC. 11301 DECIMAL DRIVE, LOUISVILLE, KY 40299	GENERAL CONTRACTOR	815,540.
SOLID LIGHT, 438 SOUTH THIRD STREET, LOUISVILLE, KY 40202	EXHIBIT PLANNING	375,000.
VESTED PUBLISHING, LLC P.O. BOX 559, FRANKFORT, KY 40602	MAGAZINE PUBLISHING	163,200.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2014)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) STEPHEN MATTHEW BALDWIN VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(28) WARREN MCCLURE ALTER VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(29) WILLIAM GENE TETER VICE PRESIDENT GENERAL 13-14	2.00	X		X				0.	0.	0.
(30) AARON CHARLES KREBS AF VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(31) COL PETER K GOEBEL VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(32) COMTE JACQUES DE TRENTINIAN VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(33) DAVID T MANN VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(34) DOUGLAS T COLLINS VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(35) GEORGE DAVID THOMPSON VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(36) HON RICK D HOLLIS VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(37) JAMES MORRIS LINDLEY VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(38) JAMES TILLMAN JONES VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(39) JOHN THOMAS PARSONS VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(40) JOHN THOMAS SHOWLER VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(41) LT COL JOE E HARRIS JR VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(42) LTC COL DOUGLAS MCDONALD WOOD VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(43) MARK C ANTHONY VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(44) STEPHEN R RENOUF VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(45) WM ANTHONY "TONY" ROBINSON VICE PRESIDENT GENERAL 14-15	2.00	X		X				0.	0.	0.
(46) WILLIAM C GIST JR PRESIDENT GENERAL 95-96	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(47) PROF CARL K HOFFMANN PRESIDENT GENERAL 97-98	1.00	X		X				0.	0.	0.
(48) HOWARD FRANKLYN HORNE JR PRESIDENT GENERAL 99-00	1.00	X		X				0.	0.	0.
(49) LARRY DUNCAN MCCLANAHAN PRESIDENT GENERAL 01-02	10.00	X		X				0.	0.	0.
(50) RAYMOND GERALD MUSGRAVE PRESIDENT GENERAL 03-04	1.00	X		X				0.	0.	0.
(51) HENRY N MCCARL PHD PRESIDENT GENERAL 04-05	1.00	X		X				0.	0.	0.
(52) ROLAND GRANVILLE DOWNING PH.D. PRESIDENT GENERAL 05-06	1.00	X		X				0.	0.	0.
(53) NATHAN EMMETT WHITE JR PRESIDENT GENERAL 06-07	1.00	X		X				0.	0.	0.
(54) GEN BRUCE A. WILCOX PRESIDENT GENERAL 07-08	1.00	X		X				0.	0.	0.
(55) COL DAVID NELS APPLEBY PRESIDENT GENERAL 08-09	1.00	X		X				0.	0.	0.
(56) HON EDWARD FRANKLYN BUTLER SR PRESIDENT GENERAL 09-10	1.00	X		X				0.	0.	0.
(57) JAMES DAVID SYMPSON PRESIDENT GENERAL 10-11	5.00 5.00	X		X				0.	0.	0.
(58) LARRY JOHN MAGERKURTH PRESIDENT GENERAL 11-12	1.00 20.00	X		X				0.	0.	0.
(59) STEPHEN ARTHUR LEISHMAN PRESIDENT GENERAL 12-13	1.00 1.00	X		X				0.	0.	0.
(60) JOSEPH WILLIAM DOOLEY PRESIDENT GENERAL 13-14	35.00 5.00	X		X				0.	0.	0.
(61) TIMOTHY EDWARD WARD EXECUTIVE COMMITTEE 13-14	10.00	X		X				0.	0.	0.
(62) MARK S BRENNAN SR EXECUTIVE COMMITTEE 13-14	10.00	X		X				0.	0.	0.
(63) JOHN THOMAS MANNING M,ED EXECUTIVE COMMITTEE 13-14	1.00	X						0.	0.	0.
(64) DAVIS LEE WRIGHT ESQ EXECUTIVE COMMITTEE 14-15	5.00	X		X				0.	0.	0.
(65) WILLIAM OLIVER STONE EXECUTIVE COMMITTEE 14-15	25.00	X		X				0.	0.	0.
(66) NATHAN EMMETT WHITE JR EXECUTIVE COMMITTEE 14-15	3.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(67) STEPHEN R RENOUF EXECUTIVE COMMITTEE 14-15	5.00	X		X				0.	0.	0.
(68) DR. SAMUEL C POWELL EXECUTIVE COMMITTEE 14-15	5.00 25.00	X		X				0.	0.	0.
(69) C LOUIS RABORG JR TRUSTEE 13-14	1.00	X						0.	0.	0.
(70) CDR GERALD PAGE BRENT USN TRUSTEE 13-14	1.00	X						0.	0.	0.
(71) CHARLES DAVID BETZNER PHD TRUSTEE 13-14	1.00	X						0.	0.	0.
(72) CHARLES NEWTON DAMMANN TRUSTEE 13-14	1.00	X						0.	0.	0.
(73) CLIFFORD CHARLES OLSEN II TRUSTEE 13-14	1.00	X						0.	0.	0.
(74) COL PETER KILIAN GOEBEL TRUSTEE 13-14	1.00	X						0.	0.	0.
(75) CURTIS WILSON POSEY JR TRUSTEE 13-14	1.00	X						0.	0.	0.
(76) DAVIS LEE WRIGHT ESQ TRUSTEE 13-14	1.00	X						0.	0.	0.
(77) DONALD M STEARNS TRUSTEE 13-14	1.00	X						0.	0.	0.
(78) DOUGLAS BRANTLEY DOSTER TRUSTEE 13-14	1.00	X						0.	0.	0.
(79) DR EDWARD PAUL RIGEL SR TRUSTEE 13-14	1.00	X						0.	0.	0.
(80) DR. PHILIP GARY PETTETT TRUSTEE 13-14	1.00	X						0.	0.	0.
(81) EUGENE DAVID MELVIN TRUSTEE 13-14	1.00	X						0.	0.	0.
(82) GEORGE DAVID THOMPSON TRUSTEE 13-14	1.00	X						0.	0.	0.
(83) HARRY DAVID GEIMEIER TRUSTEE 13-14	1.00	X						0.	0.	0.
(84) HENRY PHILLIPS WILLIAMS III PH TRUSTEE 13-14	1.00	X						0.	0.	0.
(85) JOHN THOMAS PARSONS TRUSTEE 13-14	1.00	X						0.	0.	0.
(86) KEITH LAWRENCE BIGBEE TRUSTEE 13-14	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(87) LTC HERMAN CHARLES BROWN USMC TRUSTEE 13-14	1.00	X						0.	0.	0.
(88) LTC PAUL ROBERT CALLANAN (RET) TRUSTEE 13-14	1.00	X						0.	0.	0.
(89) MARTINUS JOHN DYRUD TRUSTEE 13-14	1.00	X						0.	0.	0.
(90) PRES GEN LARRY DUNCAN MCCLANAH TRUSTEE 13-14	1.00	X						0.	0.	0.
(91) RALPH LYNN ERICKSON TRUSTEE 13-14	1.00	X						0.	0.	0.
(92) RICHARD DANA BROCKWAY TRUSTEE 13-14	1.00	X						0.	0.	0.
(93) ROBERT ALLEN WAGEL USAF TRUSTEE 13-14	1.00	X						0.	0.	0.
(94) ROBERT M CLARK JR TRUSTEE 13-14	1.00	X						0.	0.	0.
(95) RONALD ALLEN STEFFENSMEIER TRUSTEE 13-14	1.00	X						0.	0.	0.
(96) STEVEN ALLEN WILLIAMS BS TRUSTEE 13-14	1.00	X						0.	0.	0.
(97) STEVEN ROBERT KELLEY TRUSTEE 13-14	1.00	X						0.	0.	0.
(98) THOMAS ADAMS WELLBORN TRUSTEE 13-14	1.00	X						0.	0.	0.
(99) WILLIAM HARRY LEES TRUSTEE 13-14	1.00	X						0.	0.	0.
(100) WILLIAM J MCKIM TRUSTEE 13-14	1.00	X						0.	0.	0.
(101) WILLIAM OLIVER HINDS SR. TRUSTEE 13-14	1.00	X						0.	0.	0.
(102) ALAN MCCULLOUGH TRUSTEE 14-15	1.00	X						0.	0.	0.
(103) BRIAN IRWIN WORCESTER TRUSTEE 14-15	1.00	X						0.	0.	0.
(104) CARROLL LOGAN CROWTHER TRUSTEE 14-15	1.00	X						0.	0.	0.
(105) CHAP MARVIN KERON VICKERS JR TRUSTEE 14-15	1.00	X						0.	0.	0.
(106) CHARLES LEROY CHILDS TRUSTEE 14-15	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(107) COL ERNEST LORAN SUTTON TRUSTEE 14-15	1.00	X						0.	0.	0.
(108) COLIN DOUGLAS WAKEFIELD TRUSTEE 14-15	1.00	X						0.	0.	0.
(109) COMTE JACQUES DE TRENTINIAN TRUSTEE 14-15	1.00	X						0.	0.	0.
(110) DAVID LEROY COOMER TRUSTEE 14-15	1.00	X						0.	0.	0.
(111) DOUGLAS MATHER MABEE TRUSTEE 14-15	1.00	X						0.	0.	0.
(112) DR. ABRAHAM RUDDLELL BYRD III TRUSTEE 14-15	1.00	X						0.	0.	0.
(113) FRANKLIN J APPL PH.D. TRUSTEE 14-15	1.00	X						0.	0.	0.
(114) FREDERICK ARTHUR WALDEN TRUSTEE 14-15	1.00	X						0.	0.	0.
(115) GEORGE RUSSELL RUCH TRUSTEE 14-15	1.00	X						0.	0.	0.
(116) GLENN PAUL SAPPPIE TRUSTEE 14-15	1.00	X						0.	0.	0.
(117) HON JAMES EDWARD STALLINGS SR TRUSTEE 14-15	1.00	X						0.	0.	0.
(118) JAMES MORRIS LINDLEY TRUSTEE 14-15	1.00	X						0.	0.	0.
(119) JAMES STEPHEN HURST TRUSTEE 14-15	1.00	X						0.	0.	0.
(120) JEFFREY EUGENE BRUMMETTE TRUSTEE 14-15	1.00	X						0.	0.	0.
(121) JOHN ARTHUR MOLLER TRUSTEE 14-15	1.00	X						0.	0.	0.
(122) JOHN CARROLL ELLINGSON SR TRUSTEE 14-15	1.00	X						0.	0.	0.
(123) JOHN EDGAR SPEAR TRUSTEE 14-15	1.00	X						0.	0.	0.
(124) JOHN THOMAS MANNING M,ED TRUSTEE 14-15	1.00	X						0.	0.	0.
(125) JOSEPH CHARLES CONGER TRUSTEE 14-15	1.00	X						0.	0.	0.
(126) JOSEPH PATRICK WARNER TRUSTEE 14-15	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(127) KENNETH DUANE ROACH TRUSTEE 14-15	1.00	X						0.	0.	0.
(128) KENT SHEPARD WEBBER TRUSTEE 14-15	1.00	X						0.	0.	0.
(129) LANCE CARTER TRUSTEE 14-15	1.00	X						0.	0.	0.
(130) LANCE DAVID EHMCKE TRUSTEE 14-15	1.00	X						0.	0.	0.
(131) MICHAEL ELLIS FISHBEIN TRUSTEE 14-15	1.00	X						0.	0.	0.
(132) MICHAEL EUGENE BARGER TRUSTEE 14-15	1.00	X						0.	0.	0.
(133) MICHAEL PERRY SCHENK TRUSTEE 14-15	1.00	X						0.	0.	0.
(134) MSGT TONY LEE VETS TRUSTEE 14-15	1.00	X						0.	0.	0.
(135) PAUL LORIN CHILD DDS TRUSTEE 14-15	1.00	X						0.	0.	0.
(136) PETER ARROTT DIXON TRUSTEE 14-15	1.00	X						0.	0.	0.
(137) PETER KENNETH MOLLER TRUSTEE 14-15	1.00	X						0.	0.	0.
(138) PHILLIP HERBERT TARPLEY TRUSTEE 14-15	1.00	X						0.	0.	0.
(139) REV DR RALPH ALAN LAWRENCE TRUSTEE 14-15	1.00	X						0.	0.	0.
(140) RICHARD TODD BRYANT ESQ. TRUSTEE 14-15	1.00	X						0.	0.	0.
(141) RICHARD WARREN SAGE TRUSTEE 14-15	1.00	X						0.	0.	0.
(142) ROBERT ANTHONY BOGARDUS TRUSTEE 14-15	1.00	X						0.	0.	0.
(143) ROBERT DOUGLAS WARREN TRUSTEE 14-15	1.00	X						0.	0.	0.
(144) ROBERT DOWNING EBERT TRUSTEE 14-15	1.00	X						0.	0.	0.
(145) ROBERT WARREN ALLEN TRUSTEE 14-15	1.00	X						0.	0.	0.
(146) SIDNEY CLIFFORD JR TRUSTEE 14-15	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(147) STEPHEN ROBERT RENOUF TRUSTEE 14-15	1.00	X						0.	0.	0.
(148) STEPHEN WALTER ROHRBOUGH TRUSTEE 14-15	1.00	X						0.	0.	0.
(149) THOMAS ASHER BROWN TRUSTEE 14-15	1.00	X						0.	0.	0.
(150) THOMAS CHARLES COCHRAN TRUSTEE 14-15	1.00	X						0.	0.	0.
(151) THOMAS EDWIN GEIMEIER TRUSTEE 14-15	1.00	X						0.	0.	0.
(152) WAYNE HOWARD MALLAR TRUSTEE 14-15	1.00	X						0.	0.	0.
(153) WILLIAM OLIVER STONE TRUSTEE 14-15	1.00	X						0.	0.	0.
(154) WILLIAM WESLEY TANNER TRUSTEE 14-15	1.00	X						0.	0.	0.
(155) DONALD SHAW EXECUTIVE DIRECTOR	35.00 5.00			X				91,860.	0.	7,805.
(156) MARY BUTTS DIRECTOR OF FINANCE	35.00 5.00			X				44,915.	0.	6,904.
Total to Part VII, Section A, line 1c								136,775.		14,709.

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	907,331.				
	c Fundraising events	1c					
	d Related organizations	1d	501,320.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	159,360.				
	g Noncash contributions included in lines 1a-1f: \$		2,297.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>ADMISSION FEES</u>	Business Code	900099	232,947.	232,947.		
	b <u>SUPPLEMENTAL FEES</u>		900099	72,915.	72,915.		
	c <u>COPYING FEES</u>		900009	14,101.	14,101.		
	d <u>EDUCATION FEES</u>		900099	5,184.	5,184.		
	e <u>LIBRARY FEES</u>		900099	2,135.	2,135.		
	f All other program service revenue		900099	476.	476.		
	g Total. Add lines 2a-2f				327,758.		
	3 Investment income (including dividends, interest, and other similar amounts)				34,301.		34,301.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				2,091.		2,091.	
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		876,757.	1,138,000.				
	b Less: cost or other basis and sales expenses	658,308.	403,965.				
	c Gain or (loss)	218,449.	734,035.				
	d Net gain or (loss)				952,484.		952,484.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	516,729.				
	b Less: cost of goods sold	b	390,048.				
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a <u>MAGAZINE ADVERTISING</u>		541800	29,893.		29,893.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d				29,893.			
12 Total revenue. See instructions.				3,041,219.	454,439.	29,893.	988,876.

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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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,143,543.	1,143,543.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	151,484.	125,919.	25,565.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	613,360.	510,717.	102,643.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,818.	15,394.	3,424.	
9 Other employee benefits	63,674.	52,090.	11,584.	
10 Payroll taxes	57,934.	48,175.	9,759.	
11 Fees for services (non-employees):				
a Management				
b Legal	5,806.	4,354.	1,452.	
c Accounting	22,865.	17,148.	5,717.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,478.	9,478.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	163,200.	163,200.		
12 Advertising and promotion	5,807.	5,807.		
13 Office expenses	87,686.	60,944.	26,742.	
14 Information technology	33,831.	26,876.	6,955.	
15 Royalties				
16 Occupancy	106,905.	80,903.	26,002.	
17 Travel	6,476.	6,476.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,541.	11,541.		
20 Interest	9,322.	9,322.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,443.	204,443.		
23 Insurance	43,164.	32,373.	10,791.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENDITURE	100,790.	100,790.		
b RELOCATION	50,832.	50,832.		
c EDUCATION EXPENSES	15,580.	15,580.		
d MAGAZINE EXPENSES	8,449.	8,449.		
e All other expenses	16,007.	16,007.		
25 Total functional expenses. Add lines 1 through 24e	2,950,995.	2,720,361.	230,634.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**NATIONAL SOCIETY OF THE SONS OF THE
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	207,714.	1	147,766.
	2 Savings and temporary cash investments	423,950.	2	363,732.
	3 Pledges and grants receivable, net	28,450.	3	35,632.
	4 Accounts receivable, net	4,354.	4	11,086.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	223,945.	8	195,932.
	9 Prepaid expenses and deferred charges	65,760.	9	72,084.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,740,440.		
	b Less: accumulated depreciation	662,835.		
	11 Investments - publicly traded securities	7,949,045.	10c	9,077,605.
	12 Investments - other securities. See Part IV, line 11	1,755,370.	11	1,685,200.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,873,855.	14	2,909,443.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,532,443.	15	14,498,480.	
Liabilities	17 Accounts payable and accrued expenses	256,555.	16	183,093.
	18 Grants payable		17	
	19 Deferred revenue	42,663.	18	36,465.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other 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	77,400.	22	1,183,400.
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	376,618.	25	1,402,958.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,181,955.	26	1,206,087.
	28 Temporarily restricted net assets	978,213.	27	849,496.
	29 Permanently restricted net assets	995,657.	28	1,039,939.
	Organizations that do not follow SFAS 117 (ASC 958), 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	13,155,825.	32	13,095,522.
	34 Total liabilities and net assets/fund balances	13,532,443.	33	14,498,480.

Form **990** (2014)

**NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION**

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,041,219.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,950,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	90,224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,155,825.
5	Net unrealized gains (losses) on investments	5	-150,527.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,095,522.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2014)

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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION**

Employer identification number
53-0116355

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g 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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. 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 VI 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"/>		

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,823,356.	1,452,877.	1,658,709.	3,352,889.	1,568,011.	10,855,842.
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	563,986.	632,005.	774,589.	816,524.	844,492.	3,631,596.
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	3,387,342.	2,084,882.	2,433,298.	4,169,413.	2,412,503.	14,487,438.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			35,349.	45,009.	41,548.	121,906.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b			35,349.	45,009.	41,548.	121,906.
8 Public support. (Subtract line 7c from line 6.)						14,365,532.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	3,387,342.	2,084,882.	2,433,298.	4,169,413.	2,412,503.	14,487,438.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,527.	60,396.	36,842.	35,210.	36,392.	206,367.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	37,527.	60,396.	36,842.	35,210.	36,392.	206,367.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	32,454.					32,454.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,126.	36.	35.	3,291.		4,488.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,458,449.	2,145,314.	2,470,175.	4,207,914.	2,448,895.	14,730,747.

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 2014 (line 8, column (f) divided by line 13, column (f))	15	97.52 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	97.40 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	1.40 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	1.53 %

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

NATIONAL SOCIETY OF THE SONS OF THE

Schedule A (Form 990 or 990-EZ) 2014

AMERICAN REVOLUTION

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

[illegible]

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION

Employer identification number

53-0116355

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION	Employer identification number 53-0116355
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>501,320.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

53-0116355

Part II

[illegible]

Name of organization

NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION

Employer identification number

53-0116355

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) **\$** _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION**

Employer identification number
53-0116355

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in 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 a 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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 XIII, 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) Revenue included in Form 990, Part VIII, line 1	▶ \$	2,297.
(ii) Assets included in Form 990, Part X	▶ \$	2,802,719.

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 Revenue included in Form 990, Part VIII, line 1	▶ \$	
b Assets included in Form 990, Part X	▶ \$	

**NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION**

Schedule D (Form 990) 2014

53-0116355 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LIBRARY AND MUSEUM COLLECTIONS	2,802,719.
(2) DUE TO/FROM AFFILIATES	106,724.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	2,909,443.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2014

**NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION**

Schedule D (Form 990) 2014

53-0116355 Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
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 XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE ORGANIZATION HAS A MUSEUM THAT HOLDS COLLECTIONS OF ARTIFACTS AND WORKS OF ART FROM THE TIME PERIOD CIRCA 1763 TO 1801. THE ORGANIZATION ALSO HAS A COLLECTION OF BOOKS FROM THIS TIME PERIOD AND ABOUT THIS TIME PERIOD.

PART V, LINE 4:

TO PROVIDE FUNDS TO SUPPORT UNFUNDED AND UNDERFUNDED COMMITTEES AND SPECIAL PROJECTS OF THE NSSAR. MUCH OF THE FUNDING IS PROVIDED TO HELP COMMEMORATE REVOLUTIONARY WAR SITES AND/OR ACTIVITIES AROUND THE COUNTRY.

PART X, LINE 2:

Part XIII Supplemental Information *(continued)*

NSSAR HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER INTERNAL REVENUE CODE 501(C)(3) AS A NON-PROFIT ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. NSSAR IS SUBJECT TO INCOME TAX ON CERTAIN UNRELATED BUSINESS ACTIVITY. HOWEVER, ALLOWABLE COST ALLOCATIONS HAVE RESULTED IN TAXABLE LOSSES.

THE ORGANIZATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S 2011-2014 TAX YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization **NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION**

Employer identification number
53-0116355

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAR FOUNDATION 809 WEST MAIN STREET LOUISVILLE, KY 40202	36-4514524	501(C)(3)	1,143,543.	0.			TO FURTHER ITS EXEMPT PURPOSE.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2014)

**NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION**

53-0116355

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

SELECT MEMBERS OF THE BOARD REVIEW THE FINANCIAL STATEMENTS OF THE SAR
FOUNDATION, INC. TO ENSURE THE PROPER USE OF THE FUNDS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2014

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Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION** Employer identification number **53-0116355**

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,297.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION

Employer identification number
53-0116355

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ORATIONS, ESSAY, AND OTHER AWARDS SPONSORED TO PROMOTE THE DEVELOPMENT
OF PATRIOTISM IN THE ADULTS AND YOUTH OF THE COUNTRY.

EXPENSES \$ 112,405. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OUTREACH EDUCATION - SUPPORT MEMBER ACTIVITIES WITHIN THE EDUCATION
COMMUNITY AND PROVIDE RESOURCES, ALONG WITH IMPLEMENTATION, THAT
INCLUDE EDUCATIONAL PROGRAMS AND HANDS ON ACTIVITIES. ALSO CONDUCTS
THE ANNUAL CONFERENCE ON THE AMERICAN REVOLUTION.

EXPENSES \$ 340,812. INCLUDING GRANTS OF \$ 0. REVENUE \$ 87,819.

FORM 990, PART VI, SECTION A, LINE 4:

NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION AMENDED THEIR
BYLAWS TO BRING THE NSSAR'S INVESTMENT POLICY INTO LINE WITH "BEST
PRACTICES" FOR NON-PROFIT CORPORATIONS AND THE UNIFORM PRUDENT MANAGEMENT
OF INSTITUTIONAL FUNDS ACT OF 2006 (UPMIFA) (AS ADOPTED BY THE COMMONWEALTH
OF KENTUCKY AND THE DISTRICT OF COLUMBIA).

BYLAW NO. 23 - FUND MANAGEMENT (AMENDED SECTIONS)

SECTION 1. TYPES OF FUNDS.

REMOVAL OF PERMANENT FUND (SECTION 1, A)

ADDED - (A) ALEXANDER HAMILTON FUND. THE NATIONAL SOCIETY HAS CREATED THE
ALEXANDER HAMILTON FUND, A BOARD-DESIGNATED INVESTMENT FUND. THE FUND WILL

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization	NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION	Employer identification number 53-0116355
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BE INVESTED IN ACCORDANCE WITH THE NATIONAL SOCIETY'S INVESTMENT POLICY STATEMENT AND EARNINGS OF THE FUND (DEFINED AS INCOME, DIVIDENDS, AND REALIZED AND UNREALIZED GAINS AND LOSSES) WILL BE PRUDENTLY DISTRIBUTED ANNUALLY TO THE NATIONAL SOCIETY, BASED ON HISTORICAL INVESTMENT RETURNS CONFIRMED BY THE INVESTMENT ADVISOR AND APPROVED BY THE BOARD OF TRUSTEES. ANY PART OF THE PRINCIPAL OF SUCH FUND SHALL BE EXPENDED ONLY UPON THE SUGGESTION AND CONSIDERATION OF THE EXECUTIVE COMMITTEE, APPROVED BY A THREE-FOURTHS(%) VOTE OF THOSE PRESENT AND VOTING AT A MEETING OF THE BOARD OF TRUSTEES AND RATIFIED BY A THREE-FOURTHS(%) VOTE OF THE DELEGATES PRESENT AND VOTING AT THE ANNUAL CONGRESS TO WHICH SUCH RECOMMENDATION OF THE EXECUTIVE COMMITTEE AND APPROVAL OF THE BOARD OF TRUSTEES SHALL BE REPORTED. NOTICE THAT SUCH A PROPOSAL IS TO BE PRESENTED AT AN ANNUAL CONGRESS SHALL BE GIVEN IN THE SAME MANNER AS AN AMENDMENT TO THE BYLAWS.

(B) SPECIAL PURPOSE FUNDS. THE NATIONAL SOCIETY HAS CREATED SPECIAL PURPOSE FUNDS TO SEGREGATE MONIES RECEIVED FOR RESTRICTED PURPOSES OTHER THAN THE PURPOSES OF THE ALEXANDER HAMILTON FUND OR THE GENERAL OPERATING FUND OF THE SOCIETY.

(1) THE PRINCIPAL OF EACH SUCH FUND SHALL BE IDENTIFIED AS A "SPECIAL PURPOSE INSTITUTIONAL FUND," AND COMBINED WITH THE ALEXANDER HAMILTON FUND PRINCIPAL FOR INVESTMENT PURPOSES ONLY. THE INVESTMENT INCOME FROM THE SPECIAL PURPOSE INSTITUTIONAL FUNDS, PLUS ANY INCOME EARNED FROM OTHER SOURCES OR FROM DONATIONS FOR OPERATING PURPOSES, SHALL BE DEEMED TO BE A SEPARATE "SPECIAL PURPOSE OPERATING FUND" FOR A SPECIFIED RESTRICTED PURPOSE, AND ACCOUNTED FOR SEPARATELY, BUT MAY BE COMBINED WITH OTHER SPECIAL PURPOSE OPERATING FUNDS FOR TEMPORARY INVESTMENT PURPOSES UNTIL DISBURSED UNLESS OTHERWISE PROVIDED BY THE INSTRUMENT TRUST OR BEQUEST PURSUANT TO WHICH THE SPECIAL FUND WAS CREATED.

Name of the organization	NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION	Employer identification number 53-0116355
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(2) WITHDRAWAL OF PART OR ALL OF THE PRINCIPAL IN A SPECIAL PURPOSE FUND SHALL BE BY REQUEST OF THE APPROPRIATE COMMITTEE HAVING AUTHORITY OVER THE FUND (OR THE TREASURER GENERAL FOR SPECIAL PURPOSE FUNDS NOT UNDER THE AUTHORITY OF AN APPROPRIATE COMMITTEE, UNLESS OTHERWISE PROVIDED), WITH THE CONCURRENCE OF THE PRESIDENT GENERAL CONSISTENT WITH THE TERMS OF ANY TRUST OR BEQUEST PURSUANT TO WHICH THE SPECIAL PURPOSE FUND WAS CREATED.

(3) NEITHER THE PRINCIPAL NOR THE INCOME OF A SPECIAL PURPOSE FUND CAN BE EXPENDED FOR ANY PURPOSE OTHER THAN THAT FOR WHICH THE FUND IS ESTABLISHED UNLESS SUCH EXPENDITURE IS AUTHORIZED IN THE SAME MANNER AS AN EXPENDITURE OF PRINCIPAL OF THE ALEXANDER HAMILTON FUND.

(4) WITHDRAWAL OF PART OR ALL OF THE INCOME IN THE GEORGE WASHINGTON ENDOWMENT FUND, THE HOWARD HORNE AWARD FUND AND THE BUCK MEEK AWARD FUND SHALL BE BY REQUEST OF THE GEORGE WASHINGTON ENDOWMENT FUND BOARD, WITH THE CONCURRENCE OF THE PRESIDENT GENERAL CONSISTENT WITH THE TERMS OF ANY TRUST OR BEQUEST PURSUANT TO WHICH THE SPECIAL FUND WAS CREATED.

(5) NOTWITHSTANDING THE FOREGOING, NO PART OF THE PRINCIPAL OF THE GEORGE WASHINGTON ENDOWMENT FUND, THE HOWARD HORNE AWARD FUND OR THE BUCK MEEK AWARD FUND SHALL BE EXPENDED FOR ANY PURPOSE UNLESS SUCH EXPENDITURE IS (I) REQUESTED BY THE GEORGE WASHINGTON ENDOWMENT FUND BOARD; (II) AUTHORIZED IN THE SAME MANNER AS AN EXPENDITURE OF PRINCIPAL OF THE ALEXANDER HAMILTON FUND IS AUTHORIZED UNDER BYLAW NO. 23, SECTION L(A), AS IN EFFECT WHEN THIS AMENDMENT BECOMES EFFECTIVE AND (III) SUCH EXPENDITURE SHALL BE RATIFIED BY A THREE-FOURTHS (¾) VOTE OF THOSE PRESENT AND VOTING AT MEETINGS OF THE

Name of the organization	NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION	Employer identification number 53-0116355
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BOARDS OF MANAGEMENT, OR BY SUCH NAME AS EACH MAY BE DESIGNATED, OF AT LEAST THREE-FOURTHS(%) OF THE STATE SOCIETIES THEN IN EXISTENCE AS ACTIVE ORGANIZATIONS OF THE NATIONAL SOCIETY; AND PROVIDED FURTHER THAT SUCH RATIFICATION BY EACH RATIFYING STATE SOCIETY SHALL BE DULY CERTIFIED IN WRITING TO THE SECRETARY GENERAL BY THE PRESIDENT AND SECRETARY OF EACH RATIFYING STATE SOCIETY WITHIN TWELVE MONTHS AFTER THE DATE OF THE AUTHORIZATION OF THE EXPENDITURE BY THE DELEGATES PRESENT AND VOTING AT THE ANNUAL CONGRESS; PROVIDED FURTHER NO SUCH EXPENDITURE FOR ANOTHER PURPOSE SHALL BE CONTRARY TO LAW OR THE TERMS OF ANY TRUST OR BEQUEST PURSUANT TO WHICH THE FUND WAS CREATED.

(C) GENERAL OPERATING FUND. THE NATIONAL SOCIETY MAINTAINS A GENERAL OPERATING FUND, WHICH SHALL CONSIST OF THE MONIES USED FOR THE OPERATING EXPENSES OF THE SOCIETY AS AUTHORIZED BY THE CURRENT BUDGET. THE TEMPORARY INVESTMENT OF THESE FUNDS IS CONTROLLED BY THE INVESTMENT COMMITTEE.

SECTION 2. INVESTMENT POLICY CHANGED TO:

(A) SPECIAL PURPOSE AND OPERATING FUNDS. THE GENERAL OPERATING FUND AND ANY SPECIAL PURPOSE OPERATING FUNDS SHALL BE INVESTED IN INTEREST BEARING CHECKING ACCOUNTS OR SAVINGS OR SIMILAR ACCOUNTS OR CERTIFICATES OF DEPOSIT IN FEDERALLY INSURED BANKING INSTITUTIONS (UP TO THE FEDERALLY INSURED MAXIMUM), OR OBLIGATIONS OF THE U.S GOVERNMENT OR AGENCIES OF THE U.S. GOVERNMENT WHOSE OBLIGATIONS ARE GUARANTEED BY THE FULL FAITH AND CREDIT OF THE U.S. GOVERNMENT, OR IN MUTUAL FUNDS THAT INVEST EXCLUSIVELY IN OBLIGATIONS OF THE U.S. GOVERNMENT OR AGENCIES OF THE U.S. GOVERNMENT.

(B) ALEXANDER HAMILTON FUND AND SPECIAL PURPOSE INSTITUTIONAL FUNDS. THE

Name of the organization	NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION	Employer identification number 53-0116355
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INVESTMENT COMMITTEE, WITH THE ADVICE AND GUIDANCE OF NATIONAL SOCIETY STAFF AND OUTSIDE FINANCIAL ADVISORS, SHALL DEVELOP AND MAINTAIN AN INVESTMENT POLICY APPROPRIATE FOR AN ORGANIZATION OF THE TYPE AND SIZE OF THE NATIONAL SOCIETY. ANY SUCH INVESTMENT POLICY, AS WELL AS ANY CHANGES TO THE INVESTMENT POLICY, SHALL BE SUBMITTED TO THE EXECUTIVE COMMITTEE, WHO SHALL REFER THE INVESTMENT POLICY TO THE TRUSTEES FOR APPROVAL. THE TRUSTEES MAY APPROVE CHANGES TO THE INVESTMENT POLICY BY A MAJORITY OF THE TRUSTEES PRESENT AND VOTING. THE INVESTMENT COMMITTEE SHALL CONSULT WITH OUTSIDE FINANCIAL ADVISORS AND ANY PROPOSED CHANGES TO THE INVESTMENT POLICY SHALL BE ACCOMPANIED BY A RECOMMENDATION FROM THE OUTSIDE FINANCIAL ADVISORS. THIS INVESTMENT POLICY MUST UTILIZE THE "BEST PRACTICES" RULE.

(C) GEORGE WASHINGTON ENDOWMENT FUND, HOWARD HORNE AWARD FUND AND BUCK MEEK AWARD FUND. NOTWITHSTANDING THE FOREGOING, A MINIMUM OF FIFTY PERCENT (50%) OF THE PRINCIPAL OF THE GEORGE WASHINGTON ENDOWMENT FUND, THE HOWARD HOME AWARD FUND AND THE BUCK MEEK AWARD FUND, SHALL BE INVESTED IN OBLIGATIONS OF THE U.S. GOVERNMENT OR AGENCIES OF THE U.S. GOVERNMENT WHOSE OBLIGATIONS ARE GUARANTEED BY THE FULL FAITH AND CREDIT OF THE U.S. GOVERNMENT, OR IN MUTUAL FUNDS THAT ARE INVESTED EXCLUSIVELY IN OBLIGATIONS OF THE U.S. GOVERNMENT OR AGENCIES OF THE U.S. GOVERNMENT. UP TO FIFTY PERCENT (50%) OF THESE FUNDS MAY BE INVESTED IN BONDS AND/OR COMMON STOCKS APPROVED BY THE INVESTMENT COMMITTEE UNDER THE "BEST PRACTICES" RULE FOR INVESTMENT POLICIES. INVESTMENT INCOME, INCOME FROM OTHER SOURCES AND DONATIONS TO BE ADDED TO PRINCIPAL MAY BE INVESTED TEMPORARILY IN THE SAME MANNER AS OPERATING FUNDS.

(D) GIFTS AND BEQUESTS. GIFTS AND BEQUESTS OF STOCKS, BONDS OR MUTUAL FUNDS MAY BE GIVEN TO, AND RECEIVED BY, THE SOCIETY. ALL SUCH GIFTS OR BEQUESTS

Name of the organization	NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION	Employer identification number 53-0116355
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SHALL BE DEPOSITED IN THE APPROPRIATE PORTFOLIO OF SECURITIES MANAGED BY THE INVESTMENT COMMITTEE AND SHALL BE EXEMPT FROM THE RESTRICTIONS OF SECTION 2, SUBSECTION (C) REGARDING THE MIX OF BONDS OR OTHER SECURITIES IN THE INVESTMENT PORTFOLIO. ADDITIONALLY, IF THE GIFT OR BEQUEST OF STOCKS, BONDS OR MUTUAL FUNDS IS GIVEN TO THE GENERAL OPERATING FUND, THE STOCK WILL BE DEPOSITED IN THE ALEXANDER HAMILTON FUND AND THE VALUE SHALL BE DETERMINED BY MULTIPLYING THE NUMBER OF SHARES RECEIVED BY THE CLOSING PRICE LISTED IN THE WALL STREET JOURNAL NEWSPAPER ON THE DATE OF RECEIPT. THIS MONETARY VALUE OF THE GIFT OR BEQUEST SHALL BE CREDITED TO THE ACCOUNT OF THE GENERAL OPERATING FUND AND THE ALEXANDER HAMILTON FUND SHALL BE DEBITED, OR REDUCED, BY THE SAME AMOUNT ONCE IT RECEIVES THE SECURITIES.

SECTION 3. THE RAY HENSHAW NATIONAL LIFE MEMBERSHIP FUND CHANGES:

(G) IN THE EVENT THAT THIS SECTION SHOULD BE REPEALED, THE PAYMENT OF NATIONAL DUES OF ENROLLED NATIONAL LIFE MEMBERS SHALL CONTINUE, AS PROVIDED HEREIN, UNTIL ALL ENROLLED MEMBERS ARE DECEASED OR HAVE BEEN SUSPENDED FOR TEN (10) YEARS, AS PROVIDED HEREIN. THEREUPON, ALL FUNDS REMAINING IN THE FUND SHALL BE TRANSFERRED TO THE ALEXANDER HAMILTON FUND OF THE NATIONAL SOCIETY.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS IN THE NATIONAL SOCIETY THROUGH A STATE SOCIETY, WHICH IS A SUBORDINATE OF THE NATIONAL SOCIETY.

FORM 990, PART VI, SECTION A, LINE 7A:

NATIONAL GENERAL OFFICERS ARE ELECTED BY MEMBERS AT THE ANNUAL MEETING.

THE ELECTION OF MEMBERS OF THE BOARD OF TRUSTEES SHALL BE CONDUCTED AFTER

Name of the organization	NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION	Employer identification number 53-0116355
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THE ELECTION OF GENERAL OFFICERS HAS BEEN COMPLETED UNLESS THE DELEGATES PRESENT, BY A TWO-THIRDS VOTE, PROVIDE FOR SOME OTHER ORDER OF BUSINESS.

FORM 990, PART VI, SECTION A, LINE 7B:

VOTING MEMBERS AT THE ANNUAL MEETING VOTE BY BALLOT. THE CONSTITUTION MAY BE AMENDED BY A TWO-THIRDS AFFIRMATIVE VOTE OF THE DELEGATES PRESENT AND VOTING AT AN ANNUAL MEETING. THE BOARD OF TRUSTEES SHALL NOT HAVE THE POWER TO SELL, CONVEY, OR ENCUMBER ANY REAL ESTATE WHICH BELONGS TO THE NATIONAL SOCIETY, NOR SHALL IT INCUR ANY LIABILITY OTHER THAN FOR ORDINARY CURRENT EXPENSES OF THE SOCIETY, UNLESS SO ORDERED BY AN ANNUAL CONGRESS OR BY AN AFFIRMATIVE VOTE OF THREE-FOURTHS OF THE MEMBERS OF THE BOARD OF TRUSTEES PRESENT AND VOTING.

FORM 990, PART VI, SECTION B, LINE 11:

BECAUSE THE ORGANIZATION CAN HAVE WELL OVER 100 VOTING MEMBERS OF THE GOVERNING BODY IN ANY GIVEN YEAR, THE FORM 990 IS PRELIMINARILY PROVIDED TO A GROUP OF INDIVIDUALS WHO ARE QUALIFIED TO CLOSELY REVIEW AND COMMENT ON THE RETURN. A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER INTERNAL MANAGEMENT HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE, A DRAFT IS PROVIDED TO THE FINANCE COMMITTEE CHAIRMAN, THE INDEPENDENT AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE FOR REVIEW. ONCE THE COMMENTS FROM THESE INDIVIDUALS ARE REVIEWED, THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES INDIVIDUALS TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT AND THEN THE ORGANIZATION FOLLOWS UP TO INSURE THAT INDIVIDUALS WITHDRAW FROM DISCUSSIONS AND VOTES WHERE THERE IS A CONFLICT.

Name of the organization **NATIONAL SOCIETY OF THE SONS OF THE
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53-0116355

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD COMPARES THE SALARY OF THE EXECUTIVE DIRECTOR TO OTHERS IN THE
COMMUNITY AND DOCUMENTS THE PROCESS IN THE BOARD MINUTES. THERE ARE NO
OTHER KEY EMPLOYEES OR OFFICERS WHO ARE COMPENSATED BY THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE
ORGANIZATION'S WEBSITE ALSO MAKES AVAILABLE THE GOVERNING DOCUMENTS (VOLUME
I OF THE HANDBOOK) AND THE CONFLICT OF INTEREST (VOLUME III OF THE
HANDBOOK).

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

THE ORGANIZATION HAS AN INDEPENDENT AUDIT COMMITTEE THAT CONTINUES TO
OVERSEE THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT AUDITOR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization **NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION** Employer identification number **53-0116355**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE SAR FOUNDATION, INC - 36-4514524 809 WEST MAIN STREET LOUISVILLE, KY 40202	TO RECEIVE AND ADMINISTER FUNDS FOR THE NSSAR.	KENTUCKY	501(C)(3)	LINE 11A, I	N/A	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

**NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION**

Schedule R (Form 990) 2014

53-0116355 Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R (see instructions).

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2014Department of the Treasury
Internal Revenue Service

For calendar year 2014 or other tax year beginning _____, and ending _____

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input checked="" type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION	D Employer identification number (Employees' trust, see instructions.) 53-0116355
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. 809 WEST MAIN STREET	E Unrelated business activity codes (See instructions.) 541800
		City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202	
C Book value of all assets at end of year 14,498,480.	F Group exemption number (See instructions.) 0690		
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ► **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► **THE ORGANIZATION** Telephone number ► **502-589-1776**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales						
b Less returns and allowances		c Balance	1c			
2 Cost of goods sold (Schedule A, line 7)			2			
3 Gross profit. Subtract line 2 from line 1c			3			
4a Capital gain net income (attach Schedule D)			4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b			
c Capital loss deduction for trusts			4c			
5 Income (loss) from partnerships and S corporations (attach statement)			5			
6 Rent income (Schedule C)			6			
7 Unrelated debt-financed income (Schedule E)			7			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9			
10 Exploited exempt activity income (Schedule I)			10			
11 Advertising income (Schedule J)			11	29,893.	8,449.	21,444.
12 Other income (See instructions; attach schedule)			12			
13 Total. Combine lines 3 through 12			13	29,893.	8,449.	21,444.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	21,444.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	21,444.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

**NATIONAL SOCIETY OF THE SONS OF THE
AMERICAN REVOLUTION**

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 0.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 0.

44a Payments: A 2013 overpayment credited to 2014 **44a**

b 2014 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.

49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year **1**

2 Purchases **2**

3 Cost of labor **3**

4a Additional section 263A costs (att. schedule) **4a**

b Other costs (attach schedule) **4b**

5 Total. Add lines 1 through 4b **5**

6 Inventory at end of year **6**

7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7**

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No**

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No**

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No**

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes No**

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date **EXECUTIVE DIRECTOR** Title

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

Paid Preparer Use Only

Print/Type preparer's name **REBECCA L. PHILLIPS, CPA** Preparer's signature Date Check ☐ if self-employed PTIN **P00024055**
Firm's name **MOUNTJOY CHILTON MEDLEY LLP** Firm's EIN **27-1235638**
Firm's address **462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445** Phone no. **(502) 749-1900**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)**1.** Description of property(1)
(2)
(3)
(4)**2.** Rent received or accrued**(a)** From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)(1)
(2)
(3)
(4)Total **0.**Total **0.****(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.****(b) Total deductions.**Enter here and on page 1, Part I, line 6, column (B) **0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)**1.** Description of debt-financed property**2.** Gross income from or allocable to debt-financed property**3.** Deductions directly connected with or allocable to debt-financed property**(a)** Straight line depreciation (attach schedule)**(b)** Other deductions (attach schedule)(1)
(2)
(3)
(4)**4.** Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6.** Column 4 divided by column 5**7.** Gross income reportable (column 2 x column 6)**8.** Allocable deductions (column 6 x total of columns 3(a) and 3(b))(1)
(2)
(3)
(4)%
%
%
%Enter here and on page 1, Part I, line 7, column (A). **0.**Enter here and on page 1, Part I, line 7, column (B). **0.****Totals** **0.****Total dividends-received deductions** included in column 8 **0.****Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)**1.** Name of controlled organization**2.** Employer identification number**Exempt Controlled Organizations****3.** Net unrelated income (loss) (see instructions)**4.** Total of specified payments made**5.** Part of column 4 that is included in the controlling organization's gross income**6.** Deductions directly connected with income in column 5(1)
(2)
(3)
(4)**Nonexempt Controlled Organizations****7.** Taxable income**8.** Net unrelated income (loss) (see instructions)**9.** Total of specified payments made**10.** Part of column 9 that is included in the controlling organization's gross income**11.** Deductions directly connected with income in column 10(1)
(2)
(3)
(4)Add columns 5 and 10.
Enter here and on page 1, Part I, line 8, column (A). **0.**Add columns 6 and 11.
Enter here and on page 1, Part I, line 8, column (B). **0.****Totals** **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	29,893.	8,449.		2,900.	24,344.	
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	29,893.	8,449.	21,444.	2,900.	24,344.	21,444.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	29,893.	8,449.				21,444.
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	29,893.	8,449.				21,444.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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ADVERTISING INCOME DERIVED FROM DISTRIBUTION OF A PERIODICAL
DISTRIBUTED WITHIN THE COMMUNITY.

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