## Form **990**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

► 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.

Α	For the	2013 calen	dar year, or tax	year begi	inning		, 2013,	and	ending			,		
В	Check if a	pplicable;	C Name of organ	ization TE	XAS SOCIETY	Y SONS OF	THE AMERI	CAN	REVO	LUTION	D Employ	er Identif	ication Number	
	Addr	ess change	Doing Busines								23-	73789	980	
	Nam	e change	Number and st	reet (or P.O. b	ox if mail is not deli	vered to street a	ddress)		Room/su	ite	E Telepho	Marie Control of the	**************************************	
	Initia	I return	P.O. BOX	5419							(28)	1) 35	8-2970	
	Term	ninated	City or town, st	ate or province	e, country, and ZIP	or foreign postal	code				(	,		
	Ame	nded return	KINGWOOD				TX	77	325		G Gross re	eceipts S	172,26	2.
	Appl	ication pending	F Name and add	ress of principa	al officer:					I(a) Is this a	a group return			Tabl
	Ш		JOHN BEAR	D P.O.	BOX 5419	KINGWO	XT CO	77	325 H	(b) Are all	subordinates attach a list. (:	included?	Ye	
ī	Tax-ex	empt status	X 501(c)(3)	501(c) (		nsert no.)	4947(a)(1) or		527	If 'No,'	attach a list. (	see instru	ctions)	
J			w.txssar.		, ,	,				(c) Group	exemption nu	mber -	0690	
K	Form of	f organization:	X Corporation	Trust	Association	Other >	LY	ear of	formation	. ,		CAL PRODUCT	gal domicile:	X
	rt I	Summar				3				130	.			
			e the organizat	ion's mission	on or most sign	nificant activi	ties: TC	) EN	ICOUR	AGE P	ATRIOT	TSM		
a		N\$:	-									==:		
Activities & Governance	_													
II.	_													
ove		heck this bo			n discontinued							sets.		
S			ting members o									3		44
Se			lependent voting									4		44
Ϋ́Ε̈́			of individuals er of volunteers (e									5		0
\cti			d business reve									7a		175
1			business taxab									7b		0.
										-	rior Year		Current '	Year
•	8 C	contributions	and grants (Par	t VIII, line	1h)				a 14 1140 14		49,5	72.		4,031.
Revenue	750.00		ice revenue (Pa								14,6			3,624.
eve	10 Ir	nvestment in	come (Part VIII,	column (A	), lines 3, 4, an	id 7d)					67,9			3,046.
ď	11 C	ther revenue	e (Part VIII, colu	mn (A), line	es 5, 6d, 8c, 9d	c, 10c, and 1	1e)					47.		1,561.
			<ul> <li>add lines 8 t</li> </ul>								135,1	12.	172	2,262.
			milar amounts p											
	I		to or for membe		6.0									
S	<b>15</b> S	salaries, othe	r compensation	, employee	benefits (Part	IX, column	(A), lines 5-10	)						
nse	16a P	rofessional f	undraising fees	(Part IX, co	olumn (A), line	11e)								
Expenses	bΤ	otal fundrais	ing expenses (F	art IX, colu	umn (D), line 2	5) ►			0.					al very series
Ш	17 C	ther expense	es (Part IX, colu	ımn (A), lin	es 11a-11d, 11	If-24e)			<del></del>		70,7	36.	68	8,391.
	18 T	otal expense	es. Add lines 13-	-17 (must e	equal Part IX, c	olumn (A), li	ne 25)				70,7			8,391.
	19 R	Revenue less	expenses. Sub	tract line 1	8 from line 12						64,3			3,871.
9 0-										Beginnir	ng of Currer		End of Y	
sset 3alaı	20 T	otal assets (	Part X, line 16)								910,1		10 11 11 11 11 11 11 11 11 11 11 11 11 1	8,444.
Net Assets Fund Balanc	21 T	otal liabilities	(Part X, line 26	8)							134,4			8,797.
žΞ	22 N	let assets or	fund balances.	Subtract lir	ne 21 from line	20					775,7			9,647.
Pa	rt II	Signatur										, , ,		,,01,,
Unde	er penalties	s of perjury, I dec	lare that I have exam	nined this retur	n, including accomp	panying schedule	es and statements,	, and to	the best	of my know	ledge and bel	ief, it is tru	ue, correct, and	
com	olete. Decl	aration of prepar	er (other than officer)	is based on a	II information of whi	ch preparer has	any knowledge.							
		·				1					1/10/1	4		
Sig He	gn	Signatu	re of officer							Da	ate			
He	re	JOH!	N BEARD							Treas	surer	6		
			print name and title.											
		Print/Type p	reparer's name		Preparer's sign	ature		Date	_	7 2na	Check	if F	PTIN	
Pa	id	Frank	Melvin, C	PA				N	JVI	7 201	self-employe	ed I	P0052544	9
Pre	eparer		► Frank	Melvi	n, PC		·							
Us	e Only	Firm's addre	PO BO	X 27288	3						Firm's EIN	80-	0203149	
			Austi	n			TX 7875	5			Phone no.	(512		.21
Ma	y the IR	S discuss this	s return with the	preparer s	shown above?	(see instruct	ions)						X Yes	No

Form 990 (2013) TEXAS SOCIETY SONS OF THE AMERICAN REVOLUTION

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

Form 990 (2013) TEXAS SOCIETY SONS OF THE AMERICAN REVOLUTION Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a X 24a 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 24c 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I X 25b 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? If so, complete Schedule L, Part II X 26 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 X 27 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): X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b 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? If 'Yes,' complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . . . 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,' complete 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 X 34 35a X 35b X. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 X

BAA

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Form 990 (2013)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

## 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
1 8	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   9			
ŀ	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		DOMESTICAL PROPERTY.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 6	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)?	4 a		Х
ŀ	o If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a 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?	6 a		Х
ŀ	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7 a		Х
ŀ	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
(	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
6	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
9	holdings at any time during the year?	8		
	a Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	J D		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		l
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		S. H. S. S.
•	Note. See the instructions for additional information the organization must report on Schedule O.	·Ju	34133	
1	SECURITY OF THE PROPERTY OF TH			
	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			
	c Enter the amount of reserves on hand	44		v
		14a		X
-	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	1	1

Form 990 (2013) TEXAS SOCIETY SONS OF THE AMERICAN REVOLUTION 23-7378980 Page 6 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. Section A. Governing Body and Management 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 . . . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . . 5 Χ 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a 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?............... X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . . . X 11a 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 . . . . . . . . . . . . . . . . Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X 13 X X 14 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 15 a X 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 16 a 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 taken steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website Other (explain in Schedule O) Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Kingwood

P.O. Box 5419

Form 990 (2013)	TEXAS	SOCIETY	SONS	OF	THE	AMERICAN	REVOLUTION

3-7378980

Page 7

S SOCIETY SONS OF THE AMERICAN REVOLUTION 23-7378980

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

- 1 a 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.												
				(0	<b>:</b> )							
(A) Name and Title	(B) Average hours per	one bo offic	x, unl	ess p	erson	more that is both r/trustee	an )	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) Robert S. Cohen	4.00											
PRESIDENT		Χ						630.	0.	0.		
(2) Henry J. Voegtle III	4.00											
Secretary		X						1,890.	0.	0.		
(3) Robert M. Clark Jr.	4.00											
Alternate Trustee		X						1,050.	0.	0.		
(4) John Beard	4.00									2		
Treasurer		Χ						2,520.	0.	0.		
(5) Gerald W. Irion	4.00											
Registrar	104 - 104 - 134 E 2019	X						1,260.	0.	0.		
(6) David J. Temple	4.00			1								
Registrar		X						945.	0.	0.		
(7) Stephen W. Rohrbough	4.00											
Past President		Χ						3,150.	0.	0.		
(8) Michael J. Radcliff	4.00											
Staff Secretary		Х						315.	0.	0.		
(9)												
(10)												
<u>(11)</u>												
(12)												
(13)									-			
(14)												

(A) Name and title		irs box, unles			Position neck more than one ss person is both an id a director/trustee)			(D) Reportable	<b>(E)</b> Reportable	(F) Estimate	
	per week (list any hours for related organiza - tions below dotted line)	or director		Officer	Key employee	- T	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of o compensat from the organizatio and relate organizatio	ion on ed
<u>(15)</u>											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)								4			*
(23)									-		
(24)											
(25)											
1 b Sub-total						 	Y Y V	11,760.	0.		0.
2 Total number of individuals (including but not limited t from the organization ►							ive			npensation	
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such indi	r trustee	e, key	emp	ploy 	ee,	or hig	hes	st compensated em	nployee	Yes	No X
4 For any individual listed on line 1a, is the sum of repo the organization and related organizations greater tha such individual	ın \$150,0	000?	If 'Y	ion a	and com	other plete	cor Sch	mpensation from nedule J for	*******	. 4	X
5 Did any person listed on line 1a receive or accrue corfor services rendered to the organization? If 'Yes,' cor	npensati <i>nplete</i> S	on fro	om a ule J	any i I for	unre suc	lated h per	org son	anization or individ	lual 	. 5	X
1 Complete this table for your five highest compensation from the organization. Report compens	d indepe	ndent	cor	ntrac	ctors	that ar end	rece	eived more than \$1	00,000 of organization's tax ye	ar.	
(A) Name and business addres								(B) Description o		(C) Compensati	on
2 Total number of independent contractors (including be \$100,000 of compensation from the organization	ut not lim	nited t	to th	ose	liste	ed abo	ove	) who received mo	re than		
RAA		TEEAO	108	11/1	1/13					Form 990	(2012)

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

Part VIII Statement of Revenue (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns . . . . . 1a b Membership dues . . . . . . . 1 b 30,376 c Fundraising events . . . . . . 1 c d Related organizations . . . . . 1 d e Government grants (contributions) . . 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . 23,655 g Noncash contributions included in lines 1a-1f: S 54,031 **Business Code** 561499 8,624 8,624 0 Application Fee f All other program service revenue . . . 8,624. Investment income (including dividends, interest and 108,046. 108,046 Income from investment of tax-exempt bond proceeds . . . (i) Real (ii) Personal 6 a Gross rents . . . . . b Less: rental expenses c Rental income or (loss) . . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory. **b** Less: cost or other basis and sales expenses . . . c Gain or (loss) . . . . 8 a Gross income from fundraising events OTHER REVENUE (not including . . \$ \_ of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . . . **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. . . . . . . . . . . . b Less: direct expenses . . . . . . . . c Net income or (loss) from gaming activities . . . . . . . . ▶ 10 a Gross sales of inventory, less returns and allowances . . . . . . . . . . . . , 498 **b** Less: cost of goods sold . . . . . . . b c Net income or (loss) from sales of inventory . . . . . . . 1,498 498 0 Miscellaneous Revenue **Business Code** 11a Miscellaneous \_\_\_\_\_ 813410 63 63 0 

12 Total revenue. See instructions . . . . . . . . . . . . . . . . .

172

63

118,231

.262

0

0

## 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). 

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			ŧ	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	5,476.	0.	5,476.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
Ū	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
13	Office expenses	473.	0	472	
14	Information technology	4/3.	0.	473.	0.
15	Royalties				
	Occupancy				
16 17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		*		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	425.	0.	425.	0.
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.)				
а	AWARDS	4,689.	4,689.	0.	0.
	DONATIONS	12,875.	12,875.	0.	0.
	INVESTMENT EXPENSE	2,186.	2,186.	0.	0.
	CONVENTION EXPENSE	1,000.	1,000.	0.	0.
	All other expenses	41,267.	37,902.	3,365.	0.
	Total functional expenses. Add lines 1 through 24e	68,391.	58,652.	9,739.	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)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	215,441.	1	190,771.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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 instructions). Complete Part II of Schedule L		6	
AS	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T	9	Prepaid expenses and deferred charges	39.	9	10.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	h	Less: accumulated depreciation		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	645,575.	12	764,697.
	13	Investments – program-related. See Part IV, line 11	043,373.	13	764,697.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	49,123.	15	E2 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	910,178.	16	52,966.
	17	Accounts payable and accrued expenses	910,178.	17	1,008,444. 2,634.
	18	Grants payable	947.	18	2,034.
	19	Deferred revenue	85,331.	19	73,924.
L	20	Tax-exempt bond liabilities	00/001.	20	737321.
L	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ABILITIES	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			
Ť	00	Secured mortgages and notes payable to unrelated third parties		22	
E	23	Unsecured notes and loans payable to unrelated third parties		23	
	24			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	48,124.	25	52,239.
N	26	Total liabilities. Add lines 17 through 25	134,402.	26	128,797.
ZET		Organizations that follow SFAS 117 (ASC 958), check here ► x and complete			
A		lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			
SE	27	Temporarily restricted net assets	560,929.	27	651,425.
ASSETS	28			28	
O R	29	Permanently restricted net assets	214,847.	29	228,222.
		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUZO	30	Capital stock or trust principal, or current funds		30	
В	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>B4」420世の</b>	32	Retained earnings, endowment, accumulated income, or other funds		32	
NC	33	Total net assets or fund balances	775,776.	33	879,647.
E S	34	Total liabilities and net assets/fund balances	910,178.	34	1,008,444.

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Form 990 (2013)

orn	990 (2013) TEXAS SOCIETY SONS OF THE AMERICAN REVOLUTION 23-7	378980		Pa	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		72,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		58,3	111111111111111111111111111111111111111
3	Revenue less expenses. Subtract line 2 from line 1	3		3,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		75,7	-
5	Net unrealized gains (losses) on investments	5		0 / 1	,
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	0	79,6	17
Dai	t XII Financial Statements and Reporting	10	8	19,6	4/.
rai	•				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash Accrual X Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	]	2 a		Χ
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				***************************************
k	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	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:    X   Separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	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?		3 a	ATTURNES OF	Х
k	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit			

Form 990 (2013)

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TEEA0112 07/08/13

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

SOCIETY SONS OF THE AMERICAN REVOLUTION 23-7378980 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11g(i) A family member of a person described in (i) above? . . . . 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . 11 g (iii) Provide the following information about the supported organization(s). h (v) Did you notify the organization in column (i) of your support? (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (vii) Amount of monetary (i) Name of supported (vi) Is the organization in support column (i) organized in the U.S.? your governing document? (see instructions)) No Yes Yes (A) (B) (C) (D) (E) 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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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			,			e e
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	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support		F				
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	<b>First five years.</b> If the Form 990 is organization, check this box and <b>s</b>						
	tion C. Computation of Pu						
	Public support percentage for 201						%
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14			15	%_
16 a	a 33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported organ	x on line 13, and the nization	ne line 14 is 33-1/3	% or more, check to	nis box
k	33-1/3% support test — 2012. If t and stop here. The organization of	he organization dic qualifies as a public	d not check a box o cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	and stop here. Exp	lain in Part IV how	
	o 10%-facts-and-circumstances to or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a n qualifies as a pub	and <b>stop here.</b> Exp olicly supported org	lain in Part IV how anization	the ▶
18	Private foundation. If the organiz	ation did not check	c a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	ns ▶ [

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	3 .	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	102,046.	38,906.	65 221	. 40 572	E4 0	21	300 006
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	102,046.	30,900.	65,331.	49,572.	54,0	31.	309,886.
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	governmental unit to the organization without charge							
	Total. Add lines 1 through 5	102,046.	38,906.	65,331.	49,572.	54,0	31.	309,886.
7 a	A Amounts included on lines 1, 2, and 3 received from disqualified persons							1 19
ŀ	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	4	4		a.			Đ
	Add lines 7a and 7b							
8	<b>Public support</b> (Subtract line 7c from line 6.)							309,886.
Sec	tion B. Total Support							8
Caler	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
9	Amounts from line 6	102,046.	38,906.	65,331.	49,572.	54,0	31.	309,886.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94,832.	64,437.	7,413.	67,975.	108,0	46.	342,703.
	taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	94,832.	64,437.	7,413.	67,975.	108,0	46.	342,703.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12.)	196,878.	103,343.	72,744.	117,547.	162,0	77.	652,589.
14	organization, check this box and s	for the organization for the o	on's first, second, the					
Sec 15	tion C. Computation of Pul Public support percentage for 2013			column /f\\			15	17 10 0
1000			3					47.49 %
16	11 1 3						16	81.86 %
	tion D. Computation of Inv				`		4-7	= = = 0
17	Investment income percentage for					-	17	52.51 %
18	Investment income percentage fro		A CONTRACTOR OF THE PROPERTY O			_	18	18.14 %
	a 33-1/3% support tests — 2013. If is not more than 33-1/3%, check the copy of 33-1/3% support tests — 2012. If	nis box and <b>stop h</b> e	ere. The organizati	on qualifies as a p	oublicly supported of	organization		
	line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifies	s as a publicly supp	oorted organ	ization	► X
20	Private foundation. If the organize	ation did not check	a box on line 14, 1	19a, or 19b, check	this box and see in	nstructions.		

Schedule A (Form 990 or 990-EZ) 2013 TEXAS SOCIETY SONS OF THE AMERICAN REVOLUTION 23-7378980 Page 4
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

TEX	KAS SOCIETY SONS OF THE AMERICA	AN REVOLUTION		23-7378980	
Par	Organizations Maintaining Donor Complete if the organization answe	r Advised Funds or Othered 'Yes' to Form 990, P	ner Similar Fund Part IV, line 6.	s or Accounts.	
		(a) Donor advised	funds	(b) Funds and other accou	unts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)	w			
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's property.				No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of t impermissible private benefit?	he donor or donor advisor, or f	or any other purpose	conferring	No
Par	Conservation Easements. Complete if the organization answe	ered 'Yes' to Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., recre	7		historically important land area	a
	Protection of natural habitat	*	Preservation of a	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation co	ontribution in the form	of a conservation easement on	the
				Held at the End of the	e Tax Year
	a Total number of conservation easements			2 a	
	Total acreage restricted by conservation easemer			2 b	
C	Number of conservation easements on a certified	historic structure included in (a	a)	2 c	
C	d Number of conservation easements included in (constructure listed in the National Register			2 d	
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguishe	d, or terminated by the	e organization during the	
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy regard and enforcement of the conservation easements i	0			No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing cons	ervation easements d	uring the year	
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservat	ion easements during	the year	
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in its e organization's financial state	revenue and expens ments that describes	e statement, and balance sheet the organization's accounting fo	t, and r
Par	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical ered 'Yes' to Form 990, F	Treasures, or O	ther Similar Assets.	V
1 a	a If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	ld for public exhibition, educati	on, or research in furt	ment and balance sheet works herance of public service, provi	of de,
ŀ	b If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education,	or research in furthera	ance of public service, provide the	rt, he
	(i) Revenues included in Form 990, Part VIII, line				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, h amounts required to be reported under SFAS 116	6 (ASC 958) relating to these it	ems:		
	a Revenues included in Form 990, Part VIII, line 1				
ŀ	b Assets included in Form 990, Part X			▶ \$	

Schedule D (Form 990) 2013 TEXAS	SOCIETY SON	IS OF THE AME	RICAN REVOLUTION	23-737	8980		Page 2
Part III Organizations Mainta					sets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	n, accession, and o	other records, check	any of the following tha	t are a significant use of it	s collecti	on	
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other	N				
c Preservation for future generat	ions						
4 Provide a description of the organiz Part XIII.	ration's collections	and explain how th	ey further the organization	on's exempt purpose in			
5 During the year, did the organizatio to be sold to raise funds rather than	n to be maintained	as part of the organ	nization's collection?		Yes		No
Part IV Escrow and Custodia line 9, or reported an ar	l <b>Arrangemen</b> nount on Form	<b>ts.</b> Complete if t n 990, Part X, lin	he organization ans e 21.	swered 'Yes' to Form	990, F	Part IV	,
1 a Is the organization an agent, truster on Form 990, Part X?	e, custodian, or ot	her intermediary for	contributions or other as	ssets not included	Yes		No
b If 'Yes,' explain the arrangement in	Part XIII and com	plete the following to	able:				
					Amount		
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				457 94 3 3 44108			
f Ending balance							
2 a Did the organization include an am-							No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII. Check h	ere if the explantion	has been provided in Pa	art XIII		[	
	*						
Part V Endowment Funds. C					0.		
	(a) Current year	(b) Prior yea	r (c) Two years bad	ck (d) Three years back	(e) F	our years	back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses					5-4		
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of	of the current year	end balance (line 1	g, column (a)) held as:				
a Board designated or quasi-endown	nent ►	<sup>S</sup>					
b Permanent endowment ►	સ						
c Temporarily restricted endowment	<b>-</b>	%					
The percentages in lines 2a, 2b, an	d 2c should equal	100%.					
3 a Are there endowment funds not in to organization by:	he possession of	the organization tha	t are held and administe	red for the	Γ	Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations							
b If 'Yes' to 3a(ii), are the related orga							
4 Describe in Part XIII the intended u		4.50					1
Part VI Land, Buildings, and I							
Complete if the organiz		d 'Yes' to Form 9	990. Part IV. line 11	a. See Form 990 Pa	art X lii	ne 10	
Description of property				1			
Description of property	(a) C	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) E	Book va	iue
1 a Land			(5.1.2.)				
<b>b</b> Buildings							
c Leasehold improvements							

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
la Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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Schedule **D** (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990,	
(1) Financial derivatives	A constitution of the Cons		,
(2) Closely-held equity interests			
(3) Other			
(A) Brinker Capital - Patriot	247,139.	FMV	
(B) Vanguard - Patriot	294,177.		
(C) Brinker Capital - Perpetual	91,054.		
(D) Vanguard - Perpetual	83,394.		
(E) Vanguard - Ritchie	42,526.	FMV	
(F) Harrell CAR	5,340.	FMV	
(G) TXSSAR COLOR GUARD	67.	FMV	
(H) JROTC/ROTC MEDAL FUND	1,000.	FMV	
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . ▶	764,697.		
Part VIII Investments - Program Related.	(! t- F 000 F	)	136 1: 40
Complete if the organization answered 'Y			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
The state of the s			
Part IX Other Assets.			
Part IX Other Assets.  Complete if the organization answered "Y		l Part IV, line 11d. See Form 990, Pa	
Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des	es' to Form 990, F	Part IV, line 11d. See Form 990, Pa	(b) Book value
Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds		Part IV, line 11d. See Form 990, Pa	(b) Book value
Complete if the organization answered 'Y  (a) Due From Other Funds  (2)		Part IV, line 11d. See Form 990, Pa	(b) Book value
Complete if the organization answered 'Y  (a) Due From Other Funds (2) (3)		Part IV, line 11d. See Form 990,	(b) Book value
Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2) (3) (4)		Part IV, line 11d. See Form 990, Pa	(b) Book value
Complete if the organization answered 'Y  (a) Due From Other Funds (2) (3)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds  (2)  (3)  (4)  (5)  (6)  (7)		Part IV, line 11d. See Form 990, Pa	(b) Book value
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2)  (3)  (4)  (5)  (6)  (7)  (8)		Part IV, line 11d. See Form 990, Pa	(b) Book value
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)		Part IV, line 11d. See Form 990,	(b) Book value
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	ecription		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line	ecription		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X Other Liabilities.	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo  (a) Description of liability (1) Federal income taxes	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) Due to Other Funds	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes (2) Due to Other Funds (3)	ne 15.)		( <b>b</b> ) Book value 52,966.
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Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) Due to Other Funds (3)  (4)	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1) Due From Other Funds (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) Due to Other Funds (3)  (4)  (5)	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered "Y  (a) Des  (1) Due From Other Funds (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered "Yes" to Form (a) Description of liability (1) Federal income taxes (2) Due to Other Funds (3) (4) (5) (6) (7) (8)	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered "Y  (a) Des  (1) Due From Other Funds (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered "Yes" to Form (a) Description of liability (1) Federal income taxes (2) Due to Other Funds (3) (4) (5) (6) (7) (8) (9)	ne 15.)		(b) Book value 52,966.
Part IX Other Assets. Complete if the organization answered "Y  (a) Des  (1) Due From Other Funds (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered "Yes" to Form (a) Description of liability (1) Federal income taxes (2) Due to Other Funds (3) (4) (5) (6) (7) (8) (9) (10)	ne 15.)		( <b>b</b> ) Book value 52,966.
Part IX Other Assets. Complete if the organization answered "Y  (a) Des  (1) Due From Other Funds (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered "Yes" to Fo  (a) Description of liability (1) Federal income taxes (2) Due to Other Funds (3) (4) (5) (6) (7) (8) (9) (10) (11)	ne 15.)	le or 11f. See Form 990, Part X, line 25	
Part IX Other Assets. Complete if the organization answered "Y (a) Des (1) Due From Other Funds (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), lin  Part X Other Liabilities. Complete if the organization answered "Yes" to Form (a) Description of liability (1) Federal income taxes (2) Due to Other Funds (3) (4) (5) (6) (7) (8) (9) (10)	ne 15.)	1e or 11f. See Form 990, Part X, line 25	(b) Book value 52,966.

Schedule D	(Form 990) 2013	TEXAS SOCIETY	SONS OF THE	AMERICAN	REVOLUTION	23-737898	0 Page <b>5</b>
Part XIII	Supplementa	Information (co	ontinued)				

# Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States TEXAS SOCIETY SONS OF THE AMERICAN REVOLUTION General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part

Open to Public Inspection

Employer identification number 23-7378980

OMB No. 1545-0047

The selection criteria used to award the grants or assistance?	grants or assistance? occurres for monitoring	out the use of grant fu	rassistance, the granter rands in the United States	ine grains of assistance, the grantees engining for the grains of assistance, and			X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. 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.	nce to Governme or any recipient tha	nts and Organi at received more	zations in the Unit than \$5,000. Part	ed States. Comple	ete if the organizati if additional space	ion answered 'Yes is needed.	s' to
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
	8						
(2)							
(3)							
<u>(4)</u>							
<u>(5)</u>							
	19		7				
		-					
(7)	*						
(8)							5
2 Enter total number of section 501(c)(3) and government organizations	and government organ	izations listed in the line 1 table	line 1 table				
3 Enter total number of other organizations listed in the line 1 table	is listed in the line 1 tal	ple					
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	for Form 990.		TEEA3901	07/12/13	Schedul	Schedule I (Form 990) (2013)

23-7378980

TEXAS SOCIETY SONS OF THE AMERICAN REVOLUTION Schedule I (Form 990) (2013)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 7,076. (c) Amount of cash grant 12 (b) Number of recipients (a) Type of grant or assistance 1 Scholarships Part III Part IV 2 3 4 2 9

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Schedule I (Form 990) (2013)

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

2013

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

TEXAS SUCTETI SUNS	OF THE AMERICAN REVOLUTION	23-13/8980
Pt_VI, Line 11b	Copies of Form 990 are handed to officers at annu	al meetings for approval
Pt_VI,_Line_12c	Members review conflict of interest policies dur	ing annual
Pt VI, Line 12c	meetings.	
Pt_VI, Line 19	Available upon request	
Pt_VI, Line 6	The organization consists of Members	
Pt_VI, Line 7b	The Board of Managers, governing body have final	approval
Pt_XII, Line_1	Modified Cash	
Pt_VI, Line 7a	Officers are elected by delegates at annual meet	ings
	, ·	
	·	
	,	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MEMBERSHIP DUES	3,240.	3,240.		0.
REFUNDS	1,129.		1,129.	
NEWSLETTER	810.	810.		
POSTAGE	1,648.		1,648.	
PRINTING & REPRODUCTION	23.		23.	
NATIONAL DUES	8,940.	8,940.		
STATE DUES	4,262.	4,262.		
DUES STATEMENTS	1,704.	1,704.		
APPROVED PROJECTS	7,076.	7,076.		
OFFICER STIPENDS	11,760.	11,760.		
BANK FEES	210.		210.	
COLOR GUARD	110.	110.		
MISCELLANEOUS	355.		355.	