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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2007

Open to Public Inspection

		rtment of th	ne Treasury		ther organizations with gross receipts less than \$100,000 and total assets less end of the year may use this form.				Inspection		
In	_	nal Revenue			The organization may have to use a copy of this return to satisfy state reporting			1.00	·		
A				_	r tax year beginning May 1 , 2007, and endi	ng	Apri		, 20 08		
_ E		heck of app		pe l	Name of organization PATIONAL	i	-	yer ide	ntification number		
Ĕ	₹.	Address cha Name chan	label	or L	ennsylvania Society Sons of the American Revolution		25		0965458		
Ĕ	=	Initial return	- Pran	. 1	, , ,	oom/suite	•	ephone number			
Ē	j 1	Termination	See	[5	58 Whitner Rd.		(609	609) 569-1226			
Ē	ַן עַ	Amended re	sturn Instr	uc-	City or town, state or country, and ZIP + 4	- 1	F Group	Exem	ption		
Ē	<u> </u>	Application	pending tions	<u>. F</u>	leading, PA 19605-1051		Numb	er .	<u>. ▶</u>		
	•	Section			ons and 4947(a)(1) nonexempt charitable trusts must attach leted Schedule A (Form 990 or 990-EZ).	G Accou	inting me (specify)		☑ Cash ☐ Accrual		
1	v	Nebsite	: ► http://ww	w.sa	r.org/passar/		► ☑ required		organization ch		
J	(Organiza	tion type (check	only	one)—		•		, 990-EZ, or 990-PF).		
K	(Check ►[If the organiz	ation	is not a section 509(a)(3) supporting organization and its gross receipt tion chooses to file a return, be sure to file a complete return.	ts are nom	nally not i	more th	an \$25,000. A return is		
Ī					9 to determine gross receipts; if \$100,000 or more, file Form 990 instead	of Form 9	90-EZ .	▶\$	97,739.		
•					es, and Changes in Net Assets or Fund Balances (S			the in			
മ					rants, and similar amounts received			1	1,100.		
\Box			-		enue including government fees and contracts		• • •	2	0		
			_		nd assessments			3	84,723.		
AZZT	İ		nvestment inc		ilu assessificitus			4	11,916.		
Ħ	1				sale of assets other than inventory			Ė			
					basis and sales expenses		0	3			
_	-				e of assets other than inventory. Subtract line 5b from line 5a (attach	n echodula	, -	5c	0		
Z	Revenue						" in ' l	-			
9	텖	",K	LCEIVE	و س	ctivities (attach schedule). If any amount is from gaming, check including \$	nere P					
ور جو		المقال	aross reve nue reported on line	ton)			o	* 1			
	-1					·	<u> </u>	. 1			
2018		- 1 U	yess: girecizex	pens //ess	cther than fundraising expenses	. 60		6c	0.		
	١					3 Oa		-00			
	١	' 1	GDETT		idorf, idod fotdirio drie dilottarioso						
	ŀ) from sales of inventory. Subtract line 7b from line 7a		-	7c	٥		
УВ	,		Other revenue	-			• • • •	8	0		
W	1				lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		'	9	97,739.		
\ <u>'</u>	┪					· · · · ·		10	0.,,00.		
)					mounts paid (attach schedule)			11	0		
· .			•		or members			12	5,945.		
	ses				pensation, and employee benefits		• • • }	13	500.		
					d other payments to independent contractors		}	14	0		
Ì	i X				ilities, and maintenance			15	15,480.		
	-	15 I	Printing, public	ation	s, postage, and shipping		· :	16	56,313.		
	- 1				Id lines 10 through 16			17	78,238.		
-	_							18	19,501.		
1	Net Assets		•	-	or the year. Subtract line 17 from line 9			-10	15,561.		
3	8				balances at beginning of year (from line 27, column (A)) (m			19	230,129.		
3		20 (end-or-year rig	ure i	eported on prior year's return)	• • •	• • • [20	0		
2	Ž۱				palances at end of year. Combine lines 18 through 20			21	249,630.		
ľ	24				If Total assets on line 25, column (B) are \$250,000 or more,						
•	_				page 60 of the instructions.)		inning of y		(B) End of year		
	വ	Cook	om/ines	•	, ,	7,729	230,1	_ , _	,		
	22				tments	 -	200,1	0 23			
	23							0 24			
- 1	24)	-	230,12				
/	25 26					 	200,12	0 26			
	26 27	Net a	liabilities (desc ssets or fund	bala	nces (line 27 of column (B) must agree with line 21)	——	230.1	29 27			
_					Reduction Act Notice, see the separate Instructions.	Cet. No. 10		121	Form 990-EZ (2007)		

	, , , , , , , , , , , , , , , , , , , ,							, ayo =		
	rt III Statement of Program Service Accom					Expe	nses			
Wh	at is the organization's primary exempt purpose?	Patriotic & Historical Prese	rvation & Educat	ion		equired for the distance of th				
Des	cribe what was achieved in carrying out the organiz	ation's exempt purposes, Ir	n a clear and cond	ise mann	er. I and	d 4947(a	(1) tr	rusts;		
	cribe the services provided, the number of persons be		ormation for each p	program til	lle. opt	tional for	othen	5.)		
28	Preserve Patriotic Historical Information and Art	ifacts				1				
					==	1				
	(Grants \$) If this amount incl					-		<u>8,238.</u>		
29						1				
						Ì				
	(Grants \$) If this amount incl		horo			.[
						 				
30			}							
						1				
	(Grants \$) If this amount incl	udes foreign grants, check	here	. •	☐ 30a	.)				
31						T				
	(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ (□ 31a	<u> </u>				
	Total program service expenses. Add lines 28a t	nrough 31a	<u> </u>	<u> </u>	▶ 32			3,238.		
Pa	rt IV List of Officers, Directors, Trustees, and Key									
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contri employee be	nefit plans &	acc	Expensional automatic auto	nd		
devoted to position enter -0) deferred compensation										
	James L. Garthwaite, 12130 State Rte #405, Watsontown PA 17777-9802 President . 5.0									
	Watsontown, PA 17777-9802 President, 5.0 0 J. Fenwick Shugrue, 81 S. Main St.									
	O									
_	egory J. Shively, 1006 Chelsea Rd.	· · · · · · · · · · · · · · · · · · ·	0,201.	 	0	 		0		
	secon, NJ	Treasurer, 5.0	1,372.	l	0	1		0		
	Gene Patterson, PO Box 383		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1				
Pic	ture Rocks, PA	Registrar 5.0	1,372.		0	1		0		
Pa	rt V Other Information (Note the statemen	nt requirement in Genera	I Instruction V.)				Yes	No		
33	Did the organization make a change in its activitie	s or methods of conducting	na activities? If "Y	es." attac	h a					
			•	•		33	<u> </u>	1		
34	Were any changes made to the organizing or gov	eming documents but not	reported to the IF	RS? If "Ye	s,"	}	}			
	• • • • • • • • • • • • • • • • • • • •					34	├ ─	<u> </u>		
35	If the organization had income from business activities,				but not			- 7		
	reported on Form 990-T, attach a statement explaining						ĺ	Ł.		
а	Did the organization have unrelated business gros		e or 6033(e) notice	e, reportin	ng, and	05-	ĺ	1		
_	proxy tax requirements?			• • •		35a 35b	 	\ <u>'</u>		
	If "Yes," has it filed a tax return on Form 990-T fo					330	 	 		
36	Was there a liquidation, dissolution, termination, o	or substantial contraction of	uning the year? If	"Yes," at	tach a	36	1	1		
37a	statement. Enter amount of political expenditures, direct or independent of political expenditures.	lirect as described in the in-	etructions > 137	al		100	 	<u> </u>		
						37b		1		
b Did the organization file Form 1120-POL for this year?										
000	any such loans made in a prior year and still unp					38a		1		
h	If "Yes," attach the schedule specified in the line									
~	involved		38	ь				1		
39	501(c)(7) organizations. Enter:]	-]		
	Initiation fees and capital contributions included o					0	[
b	Gross receipts, included on line 9, for public use	of club facilities		ьl		0]	1	i		

Par	t V Other Information (Note the statement requirement in General Instruction V.) (Continued)			
40a	5Q1(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
ь	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		Yes	No
-	year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b		✓
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		.i'	
d	Enter amount of tax on line 40c reimbursed by the organization ,	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		1
41	List the states with which a copy of this return is filed. ▶ NA			
42a) 5	69-12	26
	Located at ▶ 1006 Chelsea Rd., Absecon, NJ ZIP + 4 ▶	08201	1423	
	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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	42b	Yes	No ✓
Plea Sigr Here	Signature of officer Date	r has an	ny know y know	vledge ledge.
Paid Preparent	Preparer's signature Firm's name (or yours if self-employed), address, and ZiP + 4 Date Check if Self-employed ▶ □ EIN ▶ Phone no. ▶ ()	or PTIN (S	ee Gen.	Inst. X)
		om 991)-F7	(2007)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

OMB No. 1545-0047

Pennsylva	nia Society SAR			25	0965458
Part I	Compensation of the Five High (See page 1 of the instructions. I				, and Trustees
(a) Name a	and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans deferred compensatio	& account and other
None					
Total number	of other employees paid over \$50,000 .		14-30 Min 10		
Part II-A	Compensation of the Five Highe (See page 2 of the instructions. List				
(a) Na	ame and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None					
Total number professional	er of others receiving over \$50,000 for services			h	
Part II-B	Compensation of the Five Highe (List each contractor who perform firms. If there are none, enter "No	ned services other than p	orofessional sen		
(a) N:	ame and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None					-
Total number \$50,000 for	er of other contractors receiving over other services	0			

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		✓_
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)	5 5 7 10 10 10 10 10 10 10 10 10 10 10 10 10	
a	Sale, exchange, or leasing of property?		1
b	Lending of money or other extension of credit?	-	✓_
С	Furnishing of goods, services, or facilities?	ļ	✓_
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		1
е	Transfer of any part of its income or assets?	<u> </u>	✓_
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		1
b	Did the organization have a section 403(b) annuity plan for its employees?	-	✓
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		✓_
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d	ļ	✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		√
b	Did the organization make any taxable distributions under section 4966?	├	/
С	Did the organization make a distribution to a donor, donor advisor, or related person?	1	1
đ	Enter the total number of donor advised funds owned at the end of the tax year		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	<u></u>	0
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	ions.)			
ce	tify t	that the organization is not a priva	te foundation bed	cause it is: (Please check	k only ONE ap	plicable box.)				
5		A church, convention of churches	s, or association of	of churches. Section 170)(b)(1)(A)(i).					
6		A school. Section 170(b)(1)(A)(ii). ((Also complete Pa	art V.)						
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
0		An organization operated for the be (Also complete the Support Scheo		or university owned or o	perated by a go	overnmental uni	rt. Section 170(b)(1)(A)(n			
1a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
1b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
2	Ø	An organization that normally receifrom activities related to its charitafrom gross investment income ar organization after June 30, 1975.	able, etc., function and unrelated busi	ns-subject to certain ex ness taxable income (le	cceptions, and ss section 511	(2) no more the tax) from bus	an 33%% of its support			
3		An organization that is not control requirements of section 509(a)(3).	olled by any disq Check the box t	ualified persons (other that describes the type of	than foundation	n managers) a	nd otherwise meets th			
		☐ Type II ☐ Type II		III-Functionally Integrate	- · · · · -	Type III-Othe	r			
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the instr	ructions.)			
(a) Name(s) of supported organization(s)		, ,	· (b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz governing o	upported on listed in oporting cation's	(e) Amount of support			
					Yes	No				
ota	<u>I .</u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·			>				
4		An organization organized and op	erated to test for	public safety. Section 5	i09(a)(4). (See i	page 8 of the in	nstructions.)			

	e: You may use the worksheet in the instructions						
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	3	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1000.	251.	0			4.054
16	Membership fees received	82,352.	83,804.			100.	1,351.
17	Gross receipts from admissions, merchandise	62,352.	03,004.	75,616.	/9,	024.	320,796.
	sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0					
18	Gross income from interest, dividends,						
	amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,627.	10,028.	9,300.			40,042.
19	Net income from unrelated business activities not included in line 18	0	,,,,,	0,000.			40,042.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on					1	
	its behalf	0					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not	0					
~~	include gain or (loss) from sale of capital assets	1,813.	39.	171.	. ·	323.	4,346.
23	Total of lines 15 through 22	96,792.	94,122.	85,087	90.5		366,535.
24	Line 23 minus line 17	96,792.	94,122.	85,087.	90,5	-	366,535.
25	Enter 1% of line 23	968.	941.	851.		05.	300,333.
26	Organizations described on lines 10 or 11:					26a	NA
_	Prepare a list for your records to show the nan			• • • •	· · · · F		X 12 T 2 T 2
b	governmental unit or publicly supported organiz					٠ '	* 1
	amount shown in line 26a. Do not file this list wi					26b	NA
C	Total support for section 509(a)(1) test: Enter la					26c	NA
đ	Add: Amounts from column (e) for lines: 18						
	22 .		26b			26d	NA
0	Public support (line 26c minus line 26d total)				▶	26e	NA NA
f	Public support percentage (line 26e (numera	tor) divided by li	ne 26c (denomir	nator))	▶	26f	NA %
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the	the name of, and the sum of such am	total amounts reci counts for each ye	eived in each yea ear:	r from, each	"disq	ualified person."
	(2006)		. (2004)		. (2003)		
b	For any amount included in line 17 that was received show the name of, and amount received for each to (include in the list organizations described in lines to the difference between the amount received and amounts) for each year:	year, that was more through 11b, as we the larger amount	e than the larger of vell as individuals.) described in (1) of	of (1) the amount of the count of the country of th	on line 25 for It with your r Im of these o	the ye eturn. differe	ear or (2) \$5,000. After computing nces (the excess
	(2006) (2005)				. (2003)		
С	Add: Amounts from column (e) for lines: 15		21			27c	322,147
d	Add: Line 27a total	and line 27b total			▶ 🗓	27d	0
e	Public support (line 27c total minus line 27d total	tal)				27e	322,147.
f	Total support for section 509(a)(2) test: Enter a	mount from line 2	3, column (e)	▶ 27f	366,535.		
9	Public support percentage (line 27e (numera	tor) divided by li	ne 27f (denomin	ator))	▶ 🗓	27g	87.8898 %
	Investment income percentage (line 18, colu					27h	12.1101 %
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fi	ch vear, the name	of the contribut	or, the date and	amount of	the ar	3 through 2006, ant, and a brief

30 E b p 31 H tt	(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its prochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	29	Yes	No
30 E b p 31 H tt	other governing instrument, or in a resolution of its governing body?			
b p 31 H tt	prochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		1
31 H tt				
14	he period of solicitation for students, or during the registration period if it has no solicitation program, in a way hat makes the policy known to all parts of the general community it serves?	31	,	,,_
	"Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		- 1	7
	loes the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	- L+	, ,
b	decords documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory lasis?	32b		_
	copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
lf 	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
33 D	loes the organization discriminate by race in any way with respect to:	1 2	, , , , , ,	·
a S	Students' rights or privileges?	33a		
b A	admissions policies?	33b		
c E	imployment of faculty or administrative staff?	33c		
d S	cholarships or other financial assistance?	33d		
e E	ducational policies?	33e		
fU	Jse of facilities?	33f		
-	Athletic programs?	33g		
	Other extracumicular activities?	33h	-	
lf 	you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

b Has the organization's right to such aid ever been revoked or suspended?

34b

Schedule	A /C	200	AAA C7	COOL
	AIRMIN	Man or	MMLECZ	1 /(4)/

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by ar	n eligible organ	nization that file	ed Form 5768)		•
Che	ck ▶ a ☐ if the organization belongs to an affilia	ated group. Che	eck ▶ b ☐ if	you checked "a" a	und "limited control"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea	•			(a) Affiliated group totals	(b) To be completed for all electing
				100	- NA	organizations
38	Total lobbying expenditures to influence public			1	NA NA	
37	Total lobbying expenditures to influence a legis					
38	Total lobbying expenditures (add lines 36 and	-			 	
39	Other exempt purpose expenditures			• • •	 	
40	Total exempt purpose expenditures (add lines	•		40	 	}
41	Lobbying nontaxable amount. Enter the amount		_	1.4	,	
			able amount is—		3. 1	1.
	•		i line 40 . . . he excess over \$5	• •		- *
		•	e excess over \$1,0	,00,000	 	
		-	e excess over \$1,5		1 7	* * * * * * * * * * * * * * * * * * * *
42	Grassroots nontaxable amount (enter 25% of i			1		,
43	Subtract line 42 from line 36. Enter -0- if line 4			43	 	
44	Subtract line 41 from line 38. Enter -0- if line 4			44	 	
***	Subtract line 41 from line 36. Effet -0- it line 4	i is more uizii iii	ne 30		76.20 5 60 10 10	was a garantee and a second
	Caution: If there is an amount on either line 43	or line 44, you r	must file Form 47	20.	ر می باد می این این این این این این این این این ای	Tarahar Kar
	See the instructions for		bying Expenditu			eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount	* 10 10 1			, <u> </u>	0
46	Lobbying ceiling amount (150% of line 45(e))	**			7	0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount		 			0
49	Grassroots ceiling amount (150% of line 48(e))		es se		(A) (A)	0
50	Grassroots lobbying expenditures		-	-		0
Pa	t VI-B Lobbying Activity by Nonelectifor reporting only by organization	eting Public C	harities not complete l	Part VI-A) (See	page 14 of th	
Duri	ng the year, did the organization attempt to influ	ence national, st	ate or local legis	ation, including a	any Yes No	Amount
atte	mpt to influence public opinion on a legislative n	natter or referend	lum, through the	use of:	100 1.10	747704711
а	Volunteers					
þ	Paid staff or management (Include compensati	on in expenses n	eported on lines	c through h.).		
C	Media advertisements				.	
d	Mailings to members, legislators, or the public					ļ
9	Publications, or published or broadcast statem	ents				ļ
f	Grants to other organizations for lobbying purp	oses				
9						F
	Direct contact with legislators, their staffs, government			ody		
h	Direct contact with legislators, their staffs, government, demonstrations, seminars, conventions	emment officials,	or a legislative b			0

Sche	dule A	(Form 990 or 990-EZ) 2007						ege 7
Pa	t VI			ransfers To and Transa e page 14 of the instruction	ctions and Relationships V	Vith None	hari	table
51					following with any other organization 527, relating to political organization		d in s	ection
а	Trai	nsfers from the reporting organ	zation	to a noncharitable exempt orga	anization of:		Yes	No
_		Cash				51a(i)		1
		Other assets				a(ii)		17
b		er transactions:		· · · · · · · · · · · · · · · · · · ·		-3.7		
D	-		46	nonchantable exempt organiza	tion	b(i)		1
		•		• •		b(ii)		1
	(ii)			mable exempt organization .	• • • • • • • • • • •	b(iii)		1
	(iii)	Rental of facilities, equipment			• • • • • • • • • •	b(iv)		1
	(iv)	Reimbursement arrangements				b(v)	 	1
							 	1
				ship or fundraising solicitations		b(vi)	├-	17
C			-	sts, other assets, or paid emplo	-	<u>c</u>	<u> </u>	T_A
d	goo	ds, other assets, or services g	iven b	the reporting organization. If t	 Column (b) should always show the he organization received less than it is, other assets, or services received: 			
	3)	(b)		(c)	(d)			
Line	no.	Amount involved Name	of non	haritable exempt organization	Description of transfers, transactions, a	nd sharing arr	angem	ents
				· · · · · · · · · · · · · · · · · · ·				
					 			
						. —		—
								
				· · · · · · · · · · · · · · · · · · ·				
								
	_							
		L			L			
	des		Code	other than section 501(c)(3)) or	ne or more tax-exempt organization in section 527?	ns ▶ 🗍 Yes	· [/] No
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relation	onship .		
								-
						· · · · · ·		
				<u> </u>			_	
					<u> </u>			
		· · · · · · · · · · · · · · · · · · ·						
				<u> </u>	<u> </u>			
					 			
								
								

PENNSYLVANIA SOCIETY SONS OF THE AMERICAN REVOLUTION Unaudited FINANCIAL REPORT MAY 1, 2007 THRU April 30, 2008

•	•	41				ECIAL	RUMBAUGH		FUNDS	
Beginning Balance	\$	rating 55,389.78		UDGET	PR \$	16,330.37	\$	4,761.89	TO:	TALS 76,341.04
Unrestricted Contribution	œ	4 400 00								
Dues and Fees	\$ \$	1,100.00		39 003 00						
Interest *	\$	84,723.00 2,059.91		•	•	500.50	•	400.00	_	
Emp. Bond Refund	\$ \$	97.00	-	1,600.00	Þ	592.58	\$	169.30	\$	2,821.79
Other(Lic. Plate Proj, Minuteman)	Þ	97.00			•	67.00				
Total Income	\$	87,979 91		\$39,603,00	\$	57.00	•	400.00	_	** ***
i otal ilicome	Ψ	01,31331		\$39,003.00	\$	649 58	\$	169.30	\$	88,798.79
EXPENSES										
NSSAR Pass-through	\$	45,625.00								
Activities	_	10,020.00								
Bd Mtg.Rep.Bks	\$	1,125 54	S	1,200.00						
License Plate Project	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	1,200.00	\$	380.64				
Council of State Pres			\$	20.00	•	500.04				
Dues Billing	\$	1,347,38	\$	2,000.00						
Employee Bond	\$	103 00	\$	125.00						
Knight Essay	\$	425 00	\$	600.00						
Medals & Awards	\$	659.45	\$	650.00						
Meetings	•		Š	100 00						
CAAH Building Fund	\$	1,100.00	\$	1,000.00						
President's Expenses	•	•	-	,						
ROTC/jrotc	\$	535.77	\$	600.00						
Total Activities	\$	5,296.14	\$	6,295.00						
CAR	\$	300.00	\$	600.00						
Committees										
Americanism			\$	75.00						
Chapter Activities			\$	50 00						
Color Guard			\$	50.00						
Friends Library		•	\$	50.00						
Graves Registration			\$	50.00						
Historian			\$	50.00						
Membership			\$	50.00						
Patriotic Activities			\$	50.00						
SAR Eagle Scout	\$	729.05	\$	400.00						
Total Committees	\$	729.05	\$	825.00						
Equipment	_									
Postal Machine Lease	\$	350.89	\$	500.00						
Computer Service	_		\$	700 00						
Total Equipment	\$	350.89	\$	1,200.00						
Misc CAR Manuscrip					_					
Georgia SAR Monument	•	500.00	_		\$	250.00				
IRS Prep (Form 990) Other	\$	500 00	\$	500 00						
PAFedHistOrg	•	EE 00	\$	100.00						
VF-PA Service	\$	55.00	\$	55 00						
Total Misc	\$	555 OO	\$	25 00						
TOTAL WISC	Ф	555.00	\$	680.00						
Chapter Loan			\$	1.00						
Office.										
Bank Charges	\$	112 50	\$	90.00						
Internet	\$	258.14	\$	325.00						
Web Hosting Fee	\$	25 00	\$	72.00						
Postage	\$	1,033.60	\$	2,200.00						
Print &Duplicating	\$	822 66	\$	1,650.00						
•			-	.,						

				ERATING		ECIAL.	RUN	/BAUGH	FUN	IDS TALS
	Oper	rating		DGET	PR	OJECTS			10	ALG
Supplies	\$	1,752.24	\$	1,500.00						
FAX	\$	86 67								
Telephone	\$	1,452 52	\$	1,600.00						
Total Office	\$	5,543 33	\$	7,437.00						
Day of Sand	\$	15 40	\$	30 00						
Permanent Fund	\$	10,800 00	\$	12,000.00						
PA Minuteman	Ψ	10,000 00	\$	12,030 00						
Form 940 (FUTA)	\$	58.54								
Salary FICA & WT	\$	2,061 72								
PA WT	\$	185 85								
PA UC	\$	149.81								
Salary & Employment										
Editor Minuteman	\$	933 02	S	1 372 00						
Registrar	\$	891.90	\$	1.372 00						
Secretary	\$	2,617.02	\$	3,201.00						
Treasurer	\$	886 73	\$	1,372.00						
Total Salary	\$	5,328 67	\$	7,317.00						
Military Dues Refunds		194 00								
Dues Refunded (remitted in error)	\$ \$	414 00								
TOTAL EXPENSES	\$	77,607.40	\$	36,385.00	\$	630.64	\$	~		
Operating Surplus	\$	10,372.51		\$3,218.00	\$	18.94	\$	169.30		
Ending Balance *	\$	65,762.29			\$	16,349.31	\$	4,921.19	\$	87,032.79

Respectfully Submitted, Gregory J. Shively PASSAR Treasurer

Checking Account Bal. as of Apr 30, 2008		\$ 3,105.95			
Money Market Balance as of Apr 30, 2008		\$ 84,228.28			
Total Assets in Treasurer's accounts:		\$ 87,334.23			
* Includes Interest from Money Market Account Currently (2.579%) 5/31/2007 \$ 6/30/2007 \$ 7/31/2007 \$ 8/31/2007 \$	270.51 274.21 263.01 252.83	9/30/2007 \$ 10/31/2007 \$ 11/30/2007 \$ 12/31/2007 \$	227.14 202.26	1/31/2008 \$ 2/29/2008 \$ 3/31/2008 \$ 4/30/2008 \$	275.48 207.21 213.42 188.87

PASSAR PERMANENT FUND TRUSTEE'S REPORT

FISCAL YEAR ENDING APRIL 30, 2008

Members: John D. Faulds, Chairman, William J. McKim, C. Charles Smith

INCOME ACCOUNT Receipts:			
Account interest	\$138.29		
Investment income	8,899.12		
Cash balance as of April 30, 2007	3,540.33		
•	2,240.22	\$12,677.74	
Total receipts and cash balance Disbursements:		\$12,077.74	
Life member dues	\$6,956.00		
Transfer to Investment Account	0.00		
	1,976.34		
Transfer to Reserve Account	1,970.34	#B 020 24	
Total disbursements		\$ <u>8,932.34</u>	02 545 40
Net income and cash balance			\$3,745.40
RESERVE ACCOUNT			
Receipts:			
Transferred from Income Account	\$1,976.34		
Cash balance as of January 31, 2008	0.00		
Total receipts and cash balance		\$1,976.34	
Disbursements:			
Transferred to Investment Account	\$0.00		
Total disbursements		\$0.00	
Net Reserve cash balance			\$1,976.34
INVESTMENT ACCOUNT			
Receipts:			
Transfer from Income Account	0.00		
Transfer from Reserve Account	0.00		
Capital gain	0.00		
Gross security sales	0.00		
Cash balance as of January 31, 2008	975.10		
Total receipts and cash balance	2,3.10	\$975.10	
Total Tookpis and outst outdoor		Ψ>13.10	
Disbursements:	-		-
Gross security purchases	\$0.00		
Total disbursements		<u>\$ 0.00</u>	
Net investment cash balance		 :	<u>\$975.10</u>
GRAND TOTAL CASH BALANCE			\$6,696.84
			,

H668 MICHAEL CHRISTNER | 412/922-9090 800/945-9091

EDWARDS.

FOR THE PERIOD: April 1, 2008 - April 30, 2008

ACCOUNT INFORMATION

HOLLIDAYSBURG PA 16648-2718 PASSAR PERMANENT FUND ATTN: JOHN D. FAULDS 3 SYLVAN DRIVE

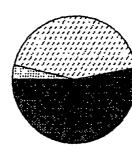
FOSTER PLAZA BUILDING 9 BRANCH ADDRESS: 750 HOLIDAY DR STE 750 GREEN TREE PA 15220

800/945-9091 Toll Free PHONE: 412/922-9090

FOR YOUR CONSIDERATION

your portfolio's taxable income for 2008. Your Wachovia Securities Financial Advisor invest for private high school and higher education expenses and potentially lessen grandchild's future by investing in an education fund. A variety of accounts let you soaring cost of education. It's never too early or too late to launch your child's or can help you evaluate the range of tax-advantaged accounts, illustrate the boost education will cost at a specific school at a specific time down the road. Contact Graduation season is upon us, and now is a good time to start preparing for the starting early can make with education savings and show how much a college your Financial Advisor today for a complimentary college cost analysis.

PORTFOLIO AT-A-GLANCE



Cash, Money Fund & Bank Deposits Taxable Bonds Equities

Total Account Value

Value on 03/31/2008 %	8	Value on 04/30/2008 %	Net Change
4,018,11 3,38	3.38 38	4,552.67 3.75	534. 56
52, 443. 88	4.07	52, 663, 56 43, 36	219, 68
62, 524, 00 52, 55	52, 55	64, 224. 00 52. 89	1, 700.00
\$118, 985. 99 100. 00%	900.001	\$121, 440, 23 100, 00%	\$2, 454. 24

4.552.67

Transfert Citizens 3 577.57

TOTAL ACCOUNT VALUE

\$121,440.23

YOUR ALLOCATION ON

04/30/2008

WACHOVIA SECURITIES

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PAGE 1 OF 6