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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Number and street (or P.O. box, if mails and delivered to street address). Room/suite E Telephone number	ΑI	For the 2	2012 calenda	ar year, or tax year beginning	January 1	, 2012,	and ending	De	cembe	r31,20	12
Name change	В	Check if ap	oplicable.	C Name of organization				D Emp	loyer id	entification numb	ег
Interest articles Time and the properties Time and the properti		Address ch	Florida Society Sons of the American Revolution					59-3532127			
Translated Tr			Number and street (or P.O. box, if mail is not delivered to street address). Room/suite E Tele				E Tele	phone n	umber	-	
City or town, state or country, and 2/P + 4 F Group Exemption Port St. Lucio. Florida 34953-2425 F G	_		I 1702 SW Nantucket Ave						(77	2) 336-0926	
Repetation prending Port St. Lucie, Florida 34953-2425 Number ▶	=		City or town, state or country, and ZIP + 4								
Accounting Method: □ Cash □ Accrual Other (specify) ▶	=		Wild Root Total III						nber 🕨	•	
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not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see in the organization chooses to file a return, be sure to file a complete return. L Add lines 5b. 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Porgram service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from sales of inventory (Subtract line 7b from line 5a) To Gross sales of inventory, less returns and allowances 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3,	JŢ	ax-exem	npt status (che	eck only one) - 🗸 501(c)(3) 🔲 501(c	:) () ◀ (insert no.) 🔲 4	1947(a)(1) or	527	(Form 9	90, 990	0-EZ, or 990-PF).
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10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors DEN; UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Interval in the contractors of the contract	30					ECEIV	ÆÐ -			5	,162.25
11 Benefits paid to or for members	⋚-					<u></u>	 ن	. ▶	+	95	<u>,478.99</u>
12 Salaries, other compensation, and employee benefits	VI ~									19	<u>,405.90</u>
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors DEN; UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		1				KZb	וכטו				
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	36.5 36.5	1	Salaries, of	mer compensation, and employed	penents	<u> </u>	اختا		-		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		1	Profession	al fees and other payments to ind	ependent contractors	BDEN;	UT				
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	홋	1	Occupancy	y, rent, utilities, and maintenance	· · · · · · · ·				-		,800.00
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		1							\longrightarrow		,300.88
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	S S										<u>,284.39</u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	<u>é</u>	+	Evenes or f	(deficit) for the year (Cubtoet line	17 from line (1)	<u> </u>	<u> </u>	▶	+		,791.17
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	ွန	1							18		3,687.82
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	SS		end-of-vea	r figure reported on prior year's re							
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	μ¥	20			· · · · · · · · · · · · · · · · · · ·						3,285.19
	ž	1									,452.34
Gat. No. 10642)	For								41	93 Form 990-E	7 0010
68	. 01	, upci t		on not reduce, see the separate ins	a acaons.	Cat	. NO. 106421		; (Crom 990-E	L (2012)
· · · · · · · · · · · · · · · · · · ·									6	O	

Pa	t II Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			82,994.19		86,973.01
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			82,994.19		86,973.01
26	Total liabilities (describe in Schedule O)			291.00	_	6,425.34
27	Net assets or fund balances (line 27 of column			83,285.19	27	93,425.35
Par	Statement-of-Program-Service-Accom	•		, i		Expenses
VA (In a	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 📋		juired for section
wna	t is the organization's primary exempt purpose?			 .		c)(3) and 501(c)(4) inizations and section
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			4947	7(a)(1) trusts, optional others.)
28	Florida Patriot Magazine- Quarterly publication to ec	lucate and inform our	members (1941) and	the general		
	publicabout the participants and events in the Histor	y of the American Re	volution, founding of	the United		1
	States and the activities of the Florida Society					
		ıncludes foreign gra		▶ 🗆	28a	7,910.09
29	Youth Programs- to honor and reward elemetary, m					
	and citizenship efforts, in historical research and cor	mmunity envolvemen	t, through essay, pos	ster and oration		1
	contests, Good Citizenship Prog., History Fiar, JROT]
		ıncludes foreign gra			29a	10,875.51
30	To educate and promote to the general public through					1
	participation, the Last Naval Battle of the American R			guards, food and		
	clothing drives, the honoring of police, fire and EMS					
		includes foreign gra	nts, check here .	▶ 📙	30a	6,656.39
31	Other program services (describe in Schedule O)		· · · · · ·	· · · · <u>· _</u>		,
		includes foreign gra			31a	1364.88
	Total program service expenses (add lines 28a		<u> </u>		32	26,207.47
Par					struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar		· · · · · · · · · · · · · · · · · · ·	. , .	<u> U</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	0	Estimated amount of other compensation
Philip	Tarpley, President 4303 Via Del Villetti					
<u>Veni</u>	e, FI 32217-4278	2 hrs/wk	0		0	0
Theo	dore Duay, Senior Vice President					
<u>1190</u>	Tara Drive, Plantation, FL 33325	2 hrs/wk	0	_	o	0
Steve	n Williams, Secretary	}				
<u>3403</u>	Caraway St., Cocoa, FL 32926-3625	5 hrs/wk	0		0	. 0
Hall	Riediger, Treasurer 1702 SW Nantucket AVE					
<u>Port</u>	St. Lucie, FL 34953-2425	5 hra/wk	0		0	0
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b	-	✓
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	-	Ĭ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	┨		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			Ť
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		 √
41	List the states with which a copy of this return is filed ► Florida			
42a		772) 3		
b	Located at ► 1702 SW Nantucket Ave, Port St. Lucie, Florida ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	34953	V-2425	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44	Politica de la companya del companya de la companya del companya de la companya d		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	700		_
	Form 990-EZ (see instructions)	45b		1

1									
rm 990	-EZ (20	12)						,	age 4
								Yes	No
		e organization engage, directly or in adidates for public office? If "Yes," of			on behalf of or	n oppositi	~ - / -		,
		Section 501(c)(3) organizations		, raiti		<u>· · · · · · · · · · · · · · · · · · · </u>	46	<u> </u>	
art V	_	All section 501(c)(3) organization	_	etione 47_49h an	d 52 and con	nlete the	tahlas f	or lin	20
		50 and 51	is must answer que	3110113 47 -430 an	id Jz, and Con	ipiete tite	tables i	Or 1111	ÇĞ
		Check if the organization used Sc	hedule () to respond	I to any question i	n this Part VI				
		oncer in the organization used ee	ricadic O to respond	to any question i	111131 4111		· · ·	Yes	No
\$ 7	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in effect di	urina the t	ax [1.00	
		If "Yes," complete Schedule C, Par					47	ļ	1
18	s the	organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedule E		48	<u> </u>	1
		e organization make any transfers t		•			49a		1
		s," was the related organization a se	=	-			49b	1	1
		plete this table for the organization's							
	emplo	oyees) who each received more that	n \$100,000 of compe	nsation from the or	ganization. If the	ere is none	e, enter "N	lone."	
	(a) I	Name and title of each amplayer	(b) Average	(c) Reportable	(d) Health b		(a) Fatimati	-d	unt of
	(a) i	Name and title of each employee paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS	contributions to benefit plans, a		(e) Estimate other con		
			devoted to position	(FORMS W-2) 1033-WIS	compens	ation			
one									
					ì]			
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f	T-4-1		\$100 000	L					
		number of other employees paid ovolete this table for the organization		. –					
		000 of compensation from the orga			ent contractors	wno each	received	HIOTE	e unan
				T					
(a) N	lame ar	nd address of each independent contractor pa	aid more than \$100,000	(b) Type of s	service	(c)	Compensat	ion	
one			"						
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				<u></u>					
		<u></u>							
					1				
	-			1					
		number of other independent contri	_	•	. •				
52		ne organization complete Sche dule			• •		. (7) v - :		A 1.
		cempt charitable trosts must attach			· · · · · ·		► ✓ Yes		No
nder pe ue, con	inalties ect, and	of perjury, I declare that I have examined this d complete. Declaration of pregarer (other than	return, including accompar n officer) is based on all info	lying schedules and state prination of which prepar	ements, and to the t rer has any knowled	estofmykno one	owledge an	d belief	, it is
		JA OHA			1	14 L	PDIT.	1/1	3
ign		Signature of officer			i Date	118	KIU	10	1_
lere		H.Hall Riediger, Treasurer			Dale				
•		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	<u> </u>	PTIN		
aid		· ······· · ypo propia a chamb				Check L self-employ	4		

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

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. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Florida Society Sons of the American Revolution 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated **d** Type III–Non-functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes No Yes Yes (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total grants, contributions, and Gifts, membership fees received. (Do not include any "unusual grants.") . . . 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carned 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 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2011 Schedule A, Part II, line 14 15 15 % 16a 3312% support test - 2012. If the organization did not check the box on line 13, and line 14 is 3312% or more, check this 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18

10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

20

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.)

D = -4:	11 the Organization rails to quality	ariadi tilo too	notou boio	w, ploade ee	inploto i dit ii	· <u>/</u>		
	on A. Public Support	/ \ 0000 T	# 1 0000 T	4) 2040]	(0 0044	4) 0040		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	\rightarrow	(f) Total
1	Gifts, grants, contributions, and membership fees							
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	70327	72118	78419	82425	842	229	387518
2	sold or services performed, or facilities							
	furnished in any activity that is related to the	İ	1	i			- 1	
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an		1				Ħ	
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid						- [
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	70327	72118	78419	82425	842	229	387518
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .						L	
b	Amounts included on lines 2 and 3						T	
	received from other than disqualified						- 1	
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year						\perp	
C	Add lines 7a and 7b	0	0	0	0		0	0
8	Public support (Subtract line 7c from	i						
	line 6.)							387518
	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	<u>:</u>	(f) Total
9	Amounts from line 6	70327	72118	78419	82425	842	229	387518
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties and income from similar sources .	1142	655	687	555		533	3572
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses						-	
	acquired after June 30, 1975	-480	446	687	555		032	3240
C	Add lines 10a and 10b	662	1763	1374	1110	2	565	6812
11	Net income from unrelated business				ı			
	activities not included in line 10b, whether				1			
46	or not the business is regularly carried on						\dashv	
12	Other income. Do not include gain or							
	loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,						\dashv	
13	and 12.)							
14	First five years. If the Form 990 is for the	70989	73219	79793	83535		794	394330 501(a)(3)
17	organization, check this box and stop he							50 1(c)(5) ► [*]
Cacti	on C. Computation of Public Suppor			<u> </u>	· · · · ·		<u> </u>	<u>· · · </u>
				2 column (f)		45	—	22.27.9/
15 16	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)					15	—	98.27 %
	on D. Computation of Investment In			· · · · ·	• • • •	10		98.40 %
17	Investment income percentage for 2012 (v line 12 colum	nn (fl)	17		4 70 0/
18	Investment income percentage for 2012 (18		1.72 %
19a							31,00	1.19 %
, Ja	33½% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization .							
h	331/3% support tests—2011. If the organiz							
	line 18 is not more than 331/3%, check this is							

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Florida Society Sons of the American Revolution 59-3532127 Line 4. Investment income **OTF Distribution** 2,623.94 Pepco Stock Dividend 432.00 101.32 Interest Line 8. Other revenue **Hospitality Income** 291.71 Other Income 3,130.00 1,424.54 **BOM Income net expenses** 50/50 Income 216.00 **Last Naval Battle Medals** 100.00 **Knight Essay Contest** 875.00 500.00 **Am. History Teachers Contest** Eagle Scout Scholarship Essay 1,893.75 JROTC Essay Contest 2,540.00 **Patriotic Education** 475.00 **Rumbaugh Oration Contest** 2,991.76 600.00 Americanism Poster contest **FSCAR Donation** 1,000.00 Center for Advancing America's Heritage 2,500.00 Battle of Pensacola 1,500.00 **Last Naval Battle of the Revolution** 1,656.39 Florida Society Endowment Trust Donation 1,874.00 1000.00 George Washington Trust Fund 19,405.90 Line 15. Printing, Publications and Postage Florida Patriot 7,910.09 Postage 136.00 Blue Book Printing 2,254.79 10,300.88 Line 16. Other Expenses Officer Expenses President 3,439.43 **Treasurer** 89.51

	Publicity and Newsletter	975.00	1,364.88
Line 34 House Keeping Changes			
Line 35b Society had no business activities durin t	he year.		

Line 44d Society had no tanning services or income this year