

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
G Do not enter social security numbers on this form as it may be made public
G Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

A	For th	e 2014 calendar year, or tax year begin	ning , 2	014, and endin	ıg	,				
В	Check if	applicable C			D	Employer identif	ication number			
	Add	dress change   Connecticut Socie	ety of the Sons of the	he	l	06-60687	'08			
	∏ <sub>Nar</sub>	me change American Revolut:		_	E	Telepnone numbe	er			
	$\vdash$	PO Box 411				(203) -232-8804				
	H	East Haddam, CT	06423		<del> </del>	(200)				
	$\vdash$				ء ا	Gross receipts \$	280,299.			
	$\vdash$	plication pending F Name and address of principal	officer Daniel Benoit		H(a) Is this a gro		<del></del>			
	L_J Apr			_	` · ·	•	H''' H'''			
_			Rd Stamford, CT 0690		H(b) Are all subo If 'No,' attac	h a list (see instr	ructions)			
<u> </u>		exempt status   X   501(c)(3)     501(c) (	)H (insert no.) 4947(a)(	1) or 527	_	_				
<u>J</u>		osite: G N/A		T.	H(c) Group exem					
K		of organization X Corporation Trust	Association Other G	L Year of format	ion 1890	M State of le	gal domicile CT			
Pa	ırt I	Summary								
	1	Briefly describe the organization's missi	on or most significant activities	<u>Founded</u>	April_2,_	1889, ou	ir purpose is			
ø		to keep alive the memory			<u>or gave s</u>	<u>ervice i</u>	o <u>r</u>			
Activities & Governance		<u>Independence in the Ameri</u>	<u>ican Revolutionary Wa</u>	<u>r </u>						
Ę			- <del>- , -</del>	,		77777				
Š	2 9	Check this box G if the organization  Number of voting members of the gover	n discontinued its operations or a	aisposea of mo	ore than 25%	orits net ass				
<b>⊙</b>	3	Number of independent voting members		line 1h)		4	<u>39</u> 39			
S	💆 :	Total number of individuals employed in				5	<u></u>			
Ę	6 -	Total number of volunteers (estimate if	•	220)		6	75			
<u> </u>	72	Total unrelated business revenue from F				7a	0.			
4	, д	Net unrelated business taxable income t				7b	0.			
					Prior	Year	Current Year			
	8	Contributions and grants (Part VIII, line	1h)			52,237.	242,370.			
Ĕ.	1 -	Program service revenue (Part VIII, line				,				
Revenue	1	Investment income (Part VIII, column (A		28,633.	35,410.					
8		Other revenue (Part VIII, column (A), lin				1,040.	751.			
		Total revenue 'add lines 8 through 11		A), line 12)		81,910.	278,531.			
_	13	Grants and similar amounts paid (Part I	X, column (A), lines 1-3)							
	1	Benefits paid to or for members (Part I)								
	15	Salaries, other compensation, employee	e benefits (Part IX,-column (A), I	ines 5-10)		15,570.	12,559.			
Expenses	162	Professional fundraising fees (Part-IX, c				22,994.				
Ü	"									
3	_ B			23,011.		05 005	C4 00C			
_		Other expenses (Part IX, column (A), III	nes IIa-IId, III, 44eb	<b>5</b> \		85,025.	64,926.			
	18	Total expenses Add lines 13-17 (music	equal Part IX 9 column (A), I me 2	5)		00,595.	100,479.			
_	19	Revenue less expenses Subtract line	8 from line 12			18,685.	178,052.			
Assets or			OGDEN, UT			Ourrent Year	End of Year			
	20	Total assets (Part X, line 16)	0002		4	97,202.	742,971.			
N S	:	Total liabilities (Part X, line 26)				75.	25,223.			
Zď	22	Net assets or fund balances Subtract lii	ne 21 from line 20		4	97,127.	717,748.			
Pa	art II	Signature Block								
Und	er penalti	ies of perjuny il declare that I have examined this retu claration of preparer (other than officer) is based on a	irn, including accompanying schedules and	statements, and to	the best of my kno	wledge and belie	f, it is true, correct, and			
	piete De	claration of preparer (other than officer) is based on	an information of which preparer has any ki			7,16-1	7.11.6			
		A day	1. C		Date Date	/// > / 9	2015			
Sig	gn	Signature of officer			_	·				
He	ere	A Daniel Benoit Type or print name and title		•	Treasur	er	·			
				10.1.		— — T	PTIN - A			
		Print/Type preparer's name	Preparer's signature	Date	Che	∽    ■」"     _	7			
Pa	id		Non-Paid Preparer		self	employed	<u> </u>			
	epare					_	<b>V</b>			
Us	e Onl	y Firm's address G	· · · · · · · · · · · · · · · · · · ·	<u></u>	Firm	n's EIN G				
					Pho	ne no				
Ма	y the If	RS discuss this return with the preparer	shown above? (see instructions	)			Yes No			
==			A		- 4 0 1 1 2   0 0 0 0 0 1 4	-	Form 990 (2014)			

	990 (2014) Connecticut Society of the Sons of the	06-6	06870	08	Р	age <b>2</b>
Par	Statement of Program Service Accomplishments					
•	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission					
	Founded April 2, 1889, our purpose is to keep alive the memory of	men	and w	vomer	ı wh	0
	fought or gave service for Independence in the American Revolution					
			<b>-</b>			
2	Did the organization undertake any significant program services during the year which were not listed on the price	or				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program service	ces. as	measure	ed by e	expens	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to othe	ers, the	total e	xpens	es,
	and revenue, if any, for each program service reported.					
4 a		evenue	\$		5,72	<u>(4.</u> )
	Promotion of Society among members and general public					
			- <b></b>	_ <b>_</b>		
	_		<del>-</del>			
			<del>-</del>			
4 h	(Code ) (Expenses \$ 32,633. including grants of \$ ) (R	evenue	Ś	- 3	4,87	77
	Management and operations of 3 historic museums related the Ameri					<del>/.</del> /
	War	<u> </u>	GAOT	10101	Tary	
	MGT					
					- <b>-</b> -	
			-			
4 c	: (Code) (Expenses \$ including grants of \$) (Re	evenue	\$			)
	<del></del>					
					<del>-</del>	
				<del>-</del> ·		
			<b>_</b>	·	- <b>-</b> -	
					- <b>-</b> -	
	Other program convices (Decembe in Schedule O.)					
4 d	Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$				١	
- A ~					<u>,                                     </u>	
BAA	• Total program service expenses ► 66,039.  TEEA0102L 05/28/14			Form	990 (	(2014)

	The one of the quite of the qui		Yes	No
			res	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	_	Х
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? If '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		х
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		х
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	ļ		
i	a 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
	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? 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
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? 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		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	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		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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		х
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		х
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
	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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20_		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	L	

Pa	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 <sup>7</sup> If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
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	24a	,	Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	<b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	4	Х
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30		v

Connecticut Society of the Sons of the 06-6068708 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 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a U **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 6 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a 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 **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a  $\overline{\mathbf{x}}$ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes.' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7de Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring X organization have excess business holdings at any time during the year? R Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966? **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10<sub>b</sub> 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13 c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Х

14 a

14 b

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 39 If there are material differences in voting rights among members See Sch. 0 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 1 b 39 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other See Schedule 0 officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O X stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No X 10 a 10a Did the organization have local chapters, branches, or affiliates? b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their X operations are consistent with the organization's exempt purposes? 10 b 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? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O Х Schedule O how this was done 12 c X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a X  $\overline{\mathbf{x}}$ b Other officers or key employees of the organization 15 b 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 X 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records 20 Daniel Benoit PO Box 411 East Haddam CT 06423 (203)-323-8804 Form 990 (2014) TEFA0106L 11/13/14 BAA

Form <b>990</b> (2014)	Connecticut	Society	of	the	Sons	of	the

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

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

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

- 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

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

			(C)							
(A) Name and Title	(B) Average hours per	director/trustee)						Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	veek (list any hours for related organiza- tions below dotted line)		Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Robert Rivard	0	<del>                                     </del>	П							
President	0	X	Ш	X				0.	0.	0.
(2) Ethan Stewart	0_									
Vice President	0	X	Ш	Х				0.	0.	0.
(3) Paul Selnau	0							_	_	_
Secretary	0	X		Х				0.	0.	0.
_(4) Daniel Benoit	00_									•
<u>Treasurer</u>	0	X		Х	_			0.	0.	0.
_(5) Douglas M Wood	0							_		•
Trustee	0	X	$\vdash$					0.	0.	0.
(6) Kenneth D Roach	0	١								_
Trustee	0	Х	$\sqcup$		-			0.	0.	0.
_(7) David J Perkins	0	١	i		İ				_	•
Trustee	0	X	Н	X	┝			0.	0.	0.
(8)_Christopher_Nichols	0	١,,		3.7						0
Vice President	0	Х	$\vdash$	X	$\vdash$			0.	0.	0.
_(9)_John_Emblidge	<u> </u>	١.,		3.7		!			,	
Director	0	X	$\vdash$	X				0.	0.	0.
(10) William Robbins	0	X		Х				0.	٥.	0.
Director	0	├^-		^	┼─			0.		<u> </u>
(11) Timothy Jacobs	16	X		Х				0.	0.	0.
Director	0		Н		<u> </u>	-		· · · · · · · · · · · · · · · · · · ·		<u> </u>
(12) Gary Pitcock Director	<del> </del>	X		Х				0.	0.	0.
(13) William P Fenn	0									
Director	0	X		Х				0.	0.	0.
(14) Lee A Tryon	0									
Director	0	X		Х				0.	0.	0.
										Farm 000 (2014)

Part VII   Section A. Officers, Directors, 1	(B)	T	<u> </u>		C)	C3,	<u> </u>	i riigilest con	ipenisated Emp	toyees (continues)
(A) Name and title	Average hours per week (list any hours for	offi	cer a	Pos check	sition more erson direct	than is both or/trus	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F)  Estimated amount of other compensation from the organization and related
	related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	74	Key employee	Highest compensated employee	약			organizations
(15) David H Packard Director	0	x		Х				0.	0.	0.
(16) Todd L Gerlander	0									
Director	0	X		X	<u> </u>	_		0.	0.	0.
(17) Marshall K Robinson									_	
Director	0	X	<u> </u>		<u> </u>	<u> </u>	_	0.	0.	0.
(18) Carl Stone		,,							0	
Director	0	X	Н		-	<del> </del>	-	0.	0.	0.
(19) Russell W Wirtalla		X			İ			0.	0.	О.
Director	0	┼≏	H		├	<del>                                     </del>	$\vdash$		<u> </u>	<u></u>
C20) James E Newton Director		X						О.	0.	0.
(21) Dean H Gaugler	0	<del>  ^</del>			$\vdash$		H			
Director		X						0.	0.	ο.
(22) Kenneth A Buckbee	0	†								
Director		X						0.	0	0.
(23) Robert G Carroon	00_									
Director	0	] x						0.	0.	0.
(24) Stephen P Shaw	0									
Director	0	X		<u> </u>			_	0.	0.	0.
(25) John B Towle										
Director	0	X				L	<u> </u>	0.	0.	0.
1 b Sub-total	-4: A						<b>•</b>	0.	0.	0.
c Total from continuation sheets to Part VII, Se	Ction A						<b>•</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limit	ted to those	listed	aho	ve) ı	who	recei	ved			
from the organization • 0	ied to those i	iistcu	abo	<b>v</b> c)	***	, , ,	vcu	more than proofer	or reportable domp	30110011011
- Hom the organization 0		-								Yes No
3 Did the organization list any <b>former</b> officer, dir on line 1a? If 'Yes,' complete Schedule J for s	ector, or tru	ıstee	, ke	y en	nplo	yee,	or h	nighest compensa	ted employee	3 X
4 For any individual listed on line 1a is the sum	of reportab	le co	mpe	ensa	ation	and	oth	er compensation	from	1
the organization and related organizations gre	ater than \$1	50,0	00?	If '	Yes'	com	plet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If ')	rue comper <i>es,' comple</i>	nsatio ete S	on fr chec	om dule	any J fo	unre or suc	elate ch p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors										
Complete this table for your five highest comp compensation from the organization. Report comp	ensated ind ensation for	epen the c	den alen	t co dar	ntra vear	ctors endi	tha Ing v	it received more t with or within the oi	han \$100,000 of rganization's tax veai	·.
(A) Name and business a					<u>,</u>		_ 5_	(B)	)	(C) Compensation
Traine and publicas address — Description of services — Compensation										
			_							
					_					
2 Total number of independent contractors (including	g but not lim	ited t	o the	ose	liste	d abo	ve)	who received more	than	
\$100,000 of compensation from the organizati	on ► 0									
DAA		TEEA	21001	03/	00/15					Form <b>990</b> (2014)

		Check if Schedule O co	intains a re	sponse or note to an	y line in this Part V	'IIL		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1 a	Federated campaigns	1	a				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1		1			
ع کے		Fundraising events	1	22/020.				
Ts L		Related organizations	1					
ੁ ਵਿ	0	Government grants (contributions			1			
8 %	l		·	<del>-</del>	1	[		
重量	f	All other contributions, gifts, gran similar amounts not included about	nts, and   ove   <b>1</b>	210 044		[		
흔듕				f  219,844. \$	-			İ
털	_	Noncash contributions included in <b>Total.</b> Add lines 1a-1f	1 111162 14-11.	₽	040 070	i		]
	n	Total. Add lines Ta-It		Business Code	242,370.			
Program Service Revenue	2.			Busiless Code	-			
æ	2 a			<del>-</del>				· <del></del>
e B	b							<u> </u>
<u>Ş</u> .	C							-
8	d							
E,	e	T T	<b>_</b>					
\$		All other program service	revenue					
<u> </u>	,	Total. Add lines 2a-2f						
	3	Investment income (include	dıng dıvıder	ids, interest and	05.440	05 440		
	_	other similar amounts)	. ( )		35,410.	35,410.	<del> </del>	
	4	Income from investment of	of tax-exem	pt bond proceeds -			ļ. <u>-</u>	
	5	Royalties		1 () 5			 	
	١.	<u> </u>	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss	<u> </u>	<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						:
	b	Less cost or other basis						
		and sales expenses						ŀ
		Gain or (loss)				<del>-</del>		
	d	Net gain or (loss)		·				
Φ	8a	Gross income from fundra	aising event	s				
		(not including . \$		_				
ě		of contributions reported of	on line 1c)					
Ř		See Part IV, line 18		a				
Other Revenu		Less: direct expenses		b				
ರ	С	Net income or (loss) from	fundraising	events •				
	9a	Gross income from gamin See Part IV, line 19	ig activities					
				a	ļ			
		Less direct expenses		b				
	С	Net income or (loss) from	gaming ac	tivities				
	10 a	Gross sales of inventory,	less returns	<b>3</b>				
		and allowances		a 2,519.				
		Less cost of goods sold		<b>b</b> 1,768.				
	С	Net income or (loss) from	sales of in	<del> </del>	751.	751.		
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶,				
	12	Total revenue. See instruc	ctions	<b>-</b>	278,531.	36,161.	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)

000	Check if Schedule O contains a re			implete column (ry	<del></del>
	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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	11,593.	11,593.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11/030.	22,038.		
9	Other employee benefits	1		1	
10	Payroll taxes	966.	966.		
11	Fees for services (non-employees)				
	Management				
_	· . · · · · · · · · · · · · · · · · · ·				
	Legal				
_	Accounting	4,253.		4,253.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	22,994.			22,994.
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column	199.		199.	
10	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	2,102.	2,102.		
				4 504	
13	Office expenses	5,802.	1,198.	4,604.	<del></del>
14	Information technology	3,875.	2,427.	1,448.	
15	Royalties				
16	Occupancy	14,158.	13,938.	220.	
17	Travel	3,208.	3,208.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,928.	5,911.		17.
20	Interest				
21	Payments to affiliates	18,161.	18,161.		
22	Depreciation, depletion, and amortization.				
23	Insurance	2,748.	2,043.	705.	
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	·	4,492.	4,492.		
b	,				
c	: <del></del>				
d	, <del></del>				
م	All other expenses				
	Total functional expenses. Add lines 1 through 24e	100,479.	66,039.	11,429.	23,011.
_	·		30,000.		
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 Cash - non-interest-bearing 41,745 1 215,303. Savings and temporary cash investments 2 19,265. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 170. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges Land, buildings, and equipment  $\,$  cost or other basis Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10b 10 c Investments - publicly traded securities 455 11 508,233 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 497,202 742,971 Accounts payable and accrued expenses 17 17 16,923 18 18 Grants payable 8,300 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 75 26 26 Total liabilities. Add lines 17 through 25 75 25,223. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 497,127 28,908. 28 Temporarily restricted net assets 233,390. 28 29 Permanently restricted net assets 455,450 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 33 717,748. 33 Total net assets or fund balances 497,127 Total liabilities and net assets/fund balances 34 34 497,202 742,971. Form 990 (2014)

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Part X

**Balance Sheet** 

Forn	1990 (2014) Connecticut Society of the Sons of the	6-6068708		Pa	ge 12
Pai	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	78,5	<u> 31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	00,4	<u>179.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1	<u>78,0</u>	<u>)52.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	<u>97,1</u>	<u> 127.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		42,5	<u> 569.</u>
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7	17,7	748.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	newed on a			ر
[	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	parate			,
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?		3 a		Х
ı	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b		
BAA			Form	990	(2014)

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

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name o	f the	organization	Connecticut	Society of	the Sons of the	_	_	Employer identificat	tion number				
			American Re	evolution				06-6068708	3				
Parl	ī	Reason			organizations must o	comple	te this	part.) See instruct	ions.				
The o	rga	inization is i	not a private found	lation because it is:	(For lines 1 through 11,	check or	nly one	box )					
1	Ĺ	A church, c	onvention of church	es, or association of	churches described in <b>sec</b>	tion 1 <b>70</b> (1	b)(1)(A)(i	i).					
2	r	A school d	lescribed in <b>sectio</b> i	n <b>170(b)(1)(A)(ii).</b> (A	ttach Schedule E )								
3	Г	A hospital	or a cooperative h	ospital service orga	nization described in <b>se</b>	ction 170	(b)(1)(A	<b>)</b> (iii).					
4		A medical	research organiza	tion operated in con	junction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii) Er	nter the hospital's				
		name, city	, and state										
5		170(b)(1)(A	<b>1)(iv).</b> (Complete F	Part II)	or university owned or op				section				
6		A federal,	state, or local gove	ernment or governm	iental unit described in s	ection 1	7 <b>0</b> (b)(1)	(A)(v).					
7		in section	170(b)(1)(A)(vi). (	Complete Part II)	part of its support from a		ental uni	t or from the general pub	lic described				
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10	L				ely to test for public saf								
11	L	or more pu	ublicly supported o through 11d that de	rganizations describ escribes the type of	vely for the benefit of, to sed in <b>section 509(a)(1)</b> o supporting organization	or <b>sectio</b> and com	<b>n 509(a</b> ) iplete lir	<b>(2).</b> See <b>section 509(a)</b> nes 11e, 11f, and 11g	(3). Check the box in				
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
b		manageme must com	nt of the supporting plete Part IV, Secti	organization vested in ions A and C.	controlled in connection n the same persons that o	ontrol or	manage	the supported organization	on(s) <b>You</b>				
С		Type III fun organization	ctionally integrated on(s) (see instructi	. A supporting organiza ons) <b>You must con</b>	ation operated in connection plete Part IV, Sections	n with, ar <b>A, D, an</b> d	nd function <b>d E.</b>	onally integrated with, its s	supported				
d		Type III nor	n-functionally integrated The case You must com	rated. A supporting or organization general plete Part IV. Sectio	ganization operated in co ly must satisfy a distribuns A and D, and Part V.	nnection t ition requ	with its s uremen	supported organization(s) t and an attentiveness i	that is not requirement (see				
е		Check this	box if the organiz	ation received a writ	tten determination from I supporting organization	the IRS t							
f	۴r		nber of supported		copporting organization								
				n about the supporte	ed organization(s)								
		(ı) Nan	ne of supported rganization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) la organizat in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No						
			<del></del>				-						
(A)_						-							
(B)							<del></del>						
(C)													
(D)													
<u>(E)</u>									<del></del>				
Total									000 - 000 57 001				
BAA	Fo	r Paperworl	k Reduction Act N	lotice, see the Instru	ictions for Form 990 or	990-EZ.		Schedule A (Form	990 or 990-EZ) 2014				

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 I fithe organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support					<b>.</b>	.,				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	.	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')										
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_					
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4										
Sec	tion B. Total Support		1	T	<del></del>	_					
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	<b>(e)</b> 2014	ļ	<b>(f)</b> Total			
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	_									
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).										
11	Total support. Add lines 7 through 10					<u></u>					
12	Gross receipts from related activ	rities, etc (see ins	structions)			Ĺ	12				
	First five years. If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth	tax year as a secti	on 501(c)(3)		▶ [			
Sec	tion C. Computation of Pu			11 (0)		<del></del>	44.1				
14	Public support percentage for 20 Public support percentage from			ne II, column (f),	)	-	14	<u>%</u>			
15	,					L		<del></del>			
	a 33-1/3% support test – 2014. If and stop here. The organization	qualifies as a pu	blicly supported o	organization							
Ł	33-1/3% support test – 2013. If and stop here. The organization	the organization of qualifies as a pu	did not check a bootblicly supported of	ox on line 13 or 10 organization	6a, and line 15 is	33-1/3% or r	nore,	check this box			
	17 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
	<b>b 10%-facts-and-circumstances test</b> — <b>2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			_				
RΔΔ				<u> </u>	Sc	hedule A (Fo	rm 99	0 or 990-EZ) 2014			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the	box on line 9 of Part I or if the orga	anization failed to qualify unde	r Part II	If the org	anızatı	on fails
to qualify under the tests listed	below, please complete Part II)					

Sec	tion A. Public Support									
Calend	dar year (or fiscal yr beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total			
1	Gifts, grants, contributions and membership fees									
	received (Do not include					40.050	450 560			
	any 'unusual grants ')	96,619.	114,384.	132,090.	73,098.	42,370.	458,561.			
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					2,518.	2,518.			
3	Gross receipts from activities									
	that are not an unrelated trade or business under section 513						0.			
4	Tax revenues levied for the						<u></u>			
•	organization's benefit and									
	either paid to or expended on its behalf						0.			
5	The value of services or						<u> </u>			
	facilities furnished by a governmental unit to the	,								
	organization without charge						0.			
6	Total. Add lines 1 through 5	96,619.	114,384.	132,090.	73,098.	44,888.	461,079.			
7 a	Amounts included on lines 1,									
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.			
h	Amounts included on lines 2	· · ·								
_	and 3 received from other than									
	disqualified persons that exceed the greater of \$5,000 or									
	1% of the amount on line 13	_		_			•			
	for the year	0.	0.	0.	0.	0.	0.			
	: Add lines 7a and 7b.	0	0.	0.	0.	0.	0.			
	Public support (Subtract line 7c from line 6)						461,079.			
	tion B. Total Support		<del></del>		T					
	dar year (or fiscal yr beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total			
	Amounts from line 6	96,619.	114,384.	132,090.	73,098.	44,888.	461,079.			
10 a	Gross income from interest, dividends, payments received on securities loans,									
	rents, royalties and income from									
	similar sources Unrelated business taxable	4,046.	2,263.	1,266.	25,368.	35,410.	68,353.			
C	income (less section 511									
	taxes) from businesses						0			
_	acquired after June 30, 1975.  Add lines 10a and 10b	4,046.	2,263.	1,266.	25,368.	35,410.	68,353.			
_		4,040.	2,203.	1,200.	23,300.	33,410.	00,333.			
•	activities not included in line 10b,									
	whether or not the business is regularly carried on		Ï				0.			
12	Other income Do not include			<del></del>						
	gain or loss from the sale of capital assets (Explain in									
	Part VI.).						0.			
13	Total support. (Add lines 9,	100 665	116 647	122 250	00 466	90 200	E20 422			
14	10c, 11 and 12)  First five years. If the Form 990	100,665.	116,647.	133,356.	98,466.	80,298.	529,432.			
14	organization, check this box and	stop here	mons mst, second	a, tillia, loaitii, o	i ilitii tax year as	a section 501(c)(c	" ▶ 🗍			
Sec	tion C. Computation of Pul		ercentage		· <del>-</del>					
15	Public support percentage for 20	14 (line 8, column	(f) divided by line	= 13, column (f))		15	87.09 %			
16	Public support percentage from	2013 Schedule A,	Part III, line 15			16	93.98 %			
Sec	tion D. Computation of Inv	estment Incon	ne Percentage							
17	Investment income percentage f	or <b>2014</b> (line 10c,	column (f) divided	l by line 13, colu	mn (f))	17	12.91 %			
18	10 6 00 %									
19 a	33-1/3% support tests – 2014. if	f the organization (	did not check the l	box on line 14, a	ind line 15 is more	e than 33-1/3%, ar	nd line 17			
-	is not more than 33-1/3%, check						► X			
t	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	the organization ( , check this box a	and <b>in</b> ot check a bo and <b>stop here.</b> The	organization qu	alifies as a public	ly supported organ	nization $\blacktriangleright$			
20	and the state of t									

Part IV Supporting Organizations

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

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

Sche	dule <b>A</b>	(Form 990 or 990-EZ) 2014 Connecticut Society of the Sons of the 06-606870	8	F	Page <b>5</b>
Par	t IV	Supporting Organizations (continued)			
-11	· ·	the expension expented a get as contributed from any of the following payons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
•	gove	rning body of a supported organization?	11a		
ŧ	A far	nily member of a person described in (a) above?	11b		
	A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	tion	B. Type I Supporting Organizations			
1	or ele Part If the direc	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint act at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove toors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year	1	Yes	No
2	Did that of bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported chization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	võice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played as regard	3	 	
Sec	tion	E. Type III Functionally-Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a		The organization satisfied the Activities Test			
ŧ	=	The organization is the parent of each of its supported organizations. Complete line 3 below			
	=	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ns)		
	_				
2	Activ	ities Test Answer (a) and (b) below.		Yes	No
a	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted itantially all of its activities.	2a		
b	the o	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	•	nt of Supported Organizations Answer (a) and (b) below.			

За

3b

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI

Sche	edule A.(Form 990 or 990-EZ) 2014 Connecticut Society of the Sor	ns of	the 06-60	)68708 P	age (
Pa					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete.	Novembe ete Sectio	er 20, 1970 <b>See instruct</b> ons A through E	ions. All	_
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	ar
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year)	rt			
ē	Average monthly value of securities	1a			
t	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
_5	Income tax imposed in prior year	5		<u> </u>	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally-in (see instructions)	tegrated	Type III supporting or	ganızatıon	

Schedule A (Form 990 or 990-EZ) 2014

BAA

BAA

b i

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

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

### 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.

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

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Connecticut Society of the Sons of the American Revolution

Employer identification number 06-6068708

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

Property Committee

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

2 Directors are father/son.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Changes to Constitution and Bylaws

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All Officers and Directors are required to complete an annual Conflict of Interest Statement.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request

### Form 990

# **Continuation Sheet for Form 990**

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

Connecticut Society of the Sons of the 06-6068708

Part VIII Continuation: Officers, Directors, Trustees, Key Employees, and

Highest	Comp	ensated	Employees	

Trighest Compensated Li								,		
(A)	(B)	(C) Position (check all that apply)			(D)	(E)	(F)			
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Lee A Gerlander	0									
Director	0	Х						0.	0.	0.
Harding M Dies	0									
Director	0	X						0.	0.	0.
John Emblidge	0									
Director	0	_X						0.	0.	0.
Richard G Hubert	0									
Director	0	Х						0.	0.	<u></u>
Marc C Robinson	0									
Director	0	Х						0.	0.	0.
Howard E Wayland	0									
Director	0	_X_						0.	0.	0.
Bruce C Lyon	0									
Director	0	X						0.	0.	0.
Edwin I Isaacs	0							_	_	
Director	0	X					Щ	0.	0.	<u> </u>
Tyler D Smith	0									
Director	0	Х						0.	0.	0.
Anthony F DiMeco	0	.,								•
Director	0	_X_						0.	0.	0.
Barry L Frandsen	0	Х						0.	0.	0
Director Christopher M Elliott	0	^	-					0.		0.
Director	0	Х						0.	0.	0.
Thomas B Gorin	0			_			$\vdash$			<u></u>
Director	0	Х						0.	0.	0.
Timothy T Curtis	0									
Director	0	Х_						0.	0.	0.
	<b>-</b>									
		-								
	<del>-</del>	.								
	<del>                                     </del>			-	_					
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Form **990** Cont 2014