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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

_	For the	2014 calon	dar year, or tax	Voor booin	nina		201	14, and e	nding			'	
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	H-1	return	71 Bayber		country, and ZIP of	or foreign poetal	code				(/3	<u> </u>	373-2615
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	Amen	ided return	Somerset				N.	J 088		(-) l- #	G Gross r		
	Applic	cation pending	F Name and add						l		group return		
			Susan Lucz						 -	If 'No,' a	subordinates attach a list. (see insti	d? Yes Ne ructions)
<u></u>		empt status	X 501(c)(3)	501(c) (sert no)	4947(a)(1)						
J	Webs	ite: ► ww	w.rootswel	b.ances	T T						exemption nu		
K		organization	X Corporation	Trust	Association	Other -		L Year of fo	ormation	1894	4 M:	State of I	legal domicile NJ
Pa		Summar											
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Governance			x ► if the ting members of									3	9:
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es			of individuals ei	-	-							5	· · · · · · · · · · · · · · · · · · ·
Activities &			of volunteers (e		•	•						6	1:
Act	7a To	otal unrelate	d business reve	nue from Pa	art VIII, colum	n (C), line 12	2					7a	0
	b N	et unrelated	business taxab	le income fr	om Form 990-	-T, line 34 .	<u></u>					7b	0
							- N 25		\neg	Р	rior Year		Current Year
	8 C	ontributions	and grants (Par	t VIII, line 11	h)	R	CEIV		\cdot		13,2	299.	12,819
Revenue	9 Pi	rogram servi	ice revenue (Pa	π VIII, line 2	(g) · · · · ·				잃.			25.	950
ě	10 In	vestment in	come (Part VIII,	column (A),	lines 3, 4, an	do <u>r</u> ad) · · · ·		nis	취		22,0	72.	39,918
—	11 0	ther revenue	e (Part VIII, colu	mn (A), line:	s 5, 6d, 8c, 9c	doc, and A	(Te)K, ₩ .#.!	M 10	(원)				
			- add lines 8 t						<u> ·</u>		35,9		53,687
			milar amounts p			1	و (افلاء ما ما ما ما <u>*</u>	منا فريا 	٠٠٠٠.	-	1,5	66.	1,547
	1		to or for membe			_				ļ			
စ္	l		r compensation		-		•			ļ			
nse.	16 a Pı	rofessional f	undraising fees	(Part IX, col	lumn (A), line	11e)							
Expenses	ьто	otal fundrais	ing expenses (F	Part IX, colur	mn (D), line 2	5) ►		3,88	<u> 39.</u>	š, is,	46 3 1 2	.ek	
W	17 0	ther expense	es (Part IX, colu	ımn (A), line	s 11a-11d, 11	f-24e)					18,5	552.	20,317
	18 To	otal expense	es. Add lines 13	-17 (must ed	qual Part IX, c	olumn (A), lı	ne 25)				20,1	18.	21,864
	19 R	evenue less	expenses Sub	tract line 18	from line 12						15,8	378.	31,823
8						-				Beginnir	ng of Curre	nt Year	End of Year
sets or slances	20 To	otal assets (Part X, line 16)								635,		667,155
₹.	21 To	otal liabilities	s (Part X, line 26	8)							3,4	187.	3,100
200	22 N	et assets or	fund balances.	Subtract line	e 21 from line	20				1	632,2	232.	664,055
Pá	rt II	Signatur	re Block										· · · · · · · · · · · · · · · · · · ·
			dare that I have examer (other than officer)	nined this return.	, including accomp	anying schedule	s and stateme	ents, and to t	the best	of my knowl	ledge and be	lief, it is	true, correct, and
com	plete Decla	ration of prepare	er (other than officer)	is based on all	information of white	ch preparer has	any knowledge	e ————					<u></u>
		$\mathcal{D}_{\mathcal{D}}$	son D.	fucy	n_						5/12	115	
Sig		Signatu	re of officer	~ , °		2	,			Da	ne		
He	re	<u> </u>	usan (<u>7. Luc</u>	czu, K	(egen-			,				
			print name and title.								, <u> </u>		
		Pnnt/Type p	reparer's name		Preparer's sign	ature		Date			Check	Υd	PTIN
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Us	e Only	Firm's addre	ess 414 C	entral	Avenue						Firm's EIN		-0124681
			Westf	ıeld			NJ 07	090			Phone no	(90	8) 935-0181
Ma	y the IRS	discuss this	s return with the	preparer sh	nown above?	(see instruct	ions)						. X Yes No
==			Peduction Act B	1-41		4 4!				0101 05/2			Form 990 (2014

		Statement of Program Service Accomplishments	r age z
Par	£ 311	- '	
	D	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · L -
1		y describe the organization's mission	
	Mom	men's service org. dedicated to	
		moting patriotism, preserving american history, educating children, and	
	See I	Form 990, Page 2, Part III, Line 1 (continued)	-
	D. J. 4		
2		he organization undertake any significant program services during the year which were not listed on the prior	∕as ☑ Na
			es X No
		s,' describe these new services on Schedule O.	Yes 🗓 No
3			Yes X No
		s,' describe these changes on Schedule O. The the organization's program service accomplishments for each of its three largest program services, as measured by exp	00000
4	Section	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experievenue, if any, for each program service reported.	nses,
4 a	(Code	e) (Expenses \$ 1,420. including grants of \$ 0.) (Revenue \$	0.)
	Buc	cleuch Mansion is a revolutionary home on the national registry of historic	al places.
		mansion is a public museum which has been restored and maintained by the	
4 t	(Code	e)(Expenses \$ 700. including grants of \$ 0.)(Revenue \$ tribution of awards for school age children participating in american history	324.) y contests.
			<u>-</u>
40	: (Code	e) (Expenses \$ 8,599. including grants of \$ 0.) (Revenue \$	626.)
		ious programs related to promoting American history among members and the gene	
	<u>• • • • • • • • • • • • • • • • • • • </u>	Tons Diodigms Iciacca co Diomonia impirant unessi amena memore and energine	
			
	1 Otho	er program services. (Describe in Schedule O)	
4 (1
			J
BAA		program service expenses	Form 990 (2014)

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election 4 Х 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. Х 5 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, Х 6 Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х 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 Х 9 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11 b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11 c 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 Х Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X. . . . 11 e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E. . . . 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х 14b Х 15 Х 16 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, Х 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 20 b

Part IV

Part: IV Checklist of Required Schedules (continued) Yes Nο Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I........ X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II Х 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

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37

38

Х

treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V			·
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a 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 2 a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a 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)	1		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
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 solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
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		X
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 Form 8282?	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10 Section 501(c)(7) organizations. Enter:			
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 b	1		
11 Section 501(c)(12) organizations. Enter:	1		
a Gross income from members or shareholders			
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?	12a	ļi	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
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			
which the organization is licensed to issue qualified health plans	1		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h If 'Vos' has it filed a Form 720 to report these payments? If 'No' around an explanation in Schedule O	14 a	\vdash	

Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		_
	Check if Schedule O contains a response or note to any line in this Part VI			. [X]
Sec	tion 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			E ELE
ŧ	Enter the number of voting members included in line 1a, above, who are independent 1b 91			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the pnor Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7 a	Х	
ŀ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		•	œ.
á	The governing body?	8 a	Х	
ı	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	<u> </u>
	Ment B. 1 One de Trans Control D'Acqueste miermanen about penere viet esquire a grant a grant a grant a grant a		Yes	No
10:	Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
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		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			2
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use			
	to conflicts?	12 b		
	Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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		Х
	Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		>	
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ı	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		/
901	ction C. Disclosure		L <u></u>	<u> </u>
<u>3ec</u>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	– – – availat	– – – le	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	le to		
20				
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	· · · · · · · · · · · · · · · · · · ·	32)	873-	2615

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any re	lated organi	zatio	n co	mpe	ensa	ted a	ny d	current officer, dire	ctor, or trustee.	
(A) Name and Title	(B) Average hours per	15	both dire	an of ector/	ot che unless fficer truste			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Susan Luczu Regent	1.00	х		Х				0.	0.	0.
(2) Margorie Freeman 1st Vice Regent	1.00	х		Х				0.	0.	0.
(3) Beverly Briggs Chaplain	1.00	х		Х				0.	0.	0.
(4) Deborah Shannon Recording Secretary	1.00	х		Х				0.	0.	0.
(5) Louise Rozansky Corr Secretary		х		Х				0.	0.	0.
(6) Diana Seiferheld Treasurer	1.00	х		Х				0.	0.	0.
(7) Barbara Pallister Registrar		х		Х				0.	0.	0.
_(8) Mary Kwietniak Historian	1.00			х				0.	0.	0.
(9) Amy Chancer Librarian	1.00	х		х				0.	0.	0.
(10) Karen Stroever President Buccleuch Board	1.00	х		Х				0.	0.	0.
(11) Elyse Bouchard 2nd Vice Regent	1.00	х		Х				0.	0.	0.
(12)										
(13)										
(14)										
								<u></u>		

Part VII Section A. Officers, Directors, Tru		Key	En			es,	an	d Highest Con	npensated Emp	oloyee	S (cont	inued)
(A) Name and title	Average hours per week	off	, unle	theck ess pe nd a c	nore rson	than ous both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations	amou	(F) stimated int of oth pensatio	
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org: an:	om the anization d related anization	
<u>(15)</u>		ļ —										
<u>(16)</u>												
(17)					-							
(18)							ļ					
(19)												
(20)			_				ļ .					
(21)												
(22)												
(23)												
(24)	_											
(25)												
1 b Sub-total			٠.	·	'			0.	0.			0.
c Total from continuation sheets to Part VII, Section							►			†		
d Total (add lines 1b and 1c)							eive	0 . d more than \$100.6	0.00 of reportable co	mpensa	tion	0.
from the organization												
	44-									: 68	Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	, or trustee dividual	e, key	, em		·ee,	or mg				. 3		X
4 For any individual listed on line 1a, is the sum of repute the organization and related organizations greater the	ortable co	ompe	nsa	tion	and	othe	r co	mpensation from		1		3440
such individual										. 4		Х
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c										5		Х
Section B. Independent Contractors												
 Complete this table for your five highest compensation from the organization. Report compe 	ed indepe nsation fo	nden r the	t co: cale	ntrac enda	ctors r yea	that ar en	rec ding	eived more than \$° g with or within the	100,000 of organization's tax y	ear.		
(A) Name and business addre	ess							(B) Description of) of services	Compe	C) ensatio	'n
				_		_	_					
										/ w ** /	,	
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin ►	nited	to th	nose	liste	ed ab	ove) who received mo	re tnan		ş*, , ° ,	17.

- 411	Check if Schedule O contains a response or note to a	any line in this Part VIII .			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a Federated campaigns 1 a				
툂	b Membership dues 1b 6,62	25.			
ا ج ت		80.			
	d Related organizations 1 d				
E G	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	14.			
달	g Noncash contributions included in lines 1a-1f \$			•	
මු ලි	h Total. Add lines 1a-1f	.▶ 12,819.			
Program Service Revenue	Business Code	e			
.≼	2a Programs Promoting American History and 900099	626.	626.	0.	0.
æ	b Student Programs 900099	324.	324.	0.	0.
ζį	c			<u> </u>	
æ	d				
ᇤ	e				
ğ	f All other program service revenue				
P	g Total. Add lines 2a-2f	• ▶ 950.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	037,3201	0.	0,	39,918.
	4 Income from investment of tax-exempt bond proceeds .	<u> </u>			
	5 Royalties				, , , , , , , , , , , , , , , , , , , ,
	6 a Gross rents	'			
	b Less rental expenses				
	c Rental income or (loss)				,
	d Net rental income or (loss)		~ h		
	(i) Securities (ii) Other				1
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	►			
Other Revenue	8 a Gross income from fundraising events (not including. \$ 680. of contributions reported on line 1c)				
æ	See Part IV, line 18 a				
ē	b Less: direct expenses b			٠	
ㅎ	c Net income or (loss) from fundraising events				The second secon
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities	>			
	10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b				:
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Codi				<u> </u>
	11a				
	b				
					
	d All other revenue	-	-		
	e Total. Add lines 11a-11d	•			
	12 Total revenue See instructions	F2 (07	050		20 010

Form	990 (2014) Daughters of the American Re		ue Chapter	23-702	7687 Page 10
	t IX Statement of Functional Expen				
Sec	tion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns All c	other organizations must o	complete column (A)	
	Check if Schedule O contains a res	`			
	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	1,547.	1,547.		. – .
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				
	: Accounting	3,055.	0.	3,055.	0.
	Lobbying			*******	
	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	*	
	Investment management fees	5,345.	5,345.	0.	0.
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	3,133.	875.	1,547.	711.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,959.	0.	0.	2,959.

26

d

Balance Sheet Part X (B) (A) End of year Beginning of year 6,849 1 25,492. 2 2 Savings and temporary cash investments 150,585 54,646. 3 Pledges and grants receivable, net 4 Loans and other receivables from current and former officers, directors, 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 7 4ssets 8 9 Land, buildings, and equipment cost or other basis. 10 a 10 a b Less accumulated depreciation 10 b 10 c Investments - publicly traded securities 11 349,992 11 239,149 Investments - other securities See Part IV, line 11 12 237,025 12 <u>239,136</u> Investments - program-related See Part IV, line 11 13 13 14 14 15 15 635,719 16 667,155 16 3,487 17 3,100 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, -6-4 1300 ¥. key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D. 25 .487 26 3,100 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► | and complete Balances lines 27 through 29, and lines 33 and 34. 664,055 Unrestricted net assets...... 632,232 27 27 28 28 29 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 Š 33 33 632,232 664,055. 34 635,719 34 667,155.

BAA

Form 990 (2014)

Form	1990 (2014) Daughters of the American Revolution Jersey Blue Chapter 23-	70276	87	Pa	ige 12					
Pai	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · ·	<u></u>	$\dot{oldsymbol{oldsymbol{oldsymbol{eta}}}}$					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>53,6</u>	<u> 587.</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2		21 <u>,</u> 8	<u> 364.</u>					
3	Revenue less expenses Subtract line 2 from line 1	3		31,823.						
4										
5	Net unrealized gains (losses) on investments	5								
6 Donated services and use of facilities										
7	Investment expenses	7								
8	Pnor period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9								
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10	c	ca (055.					
D	t XII Financial Statements and Reporting	10	- 0	04,0	155.					
Pai										
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·		<u></u>	\coprod					
	т п п.			Yes	No					
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_ `~i	, ,						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.									
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		,	· · · · · ·						
	Were the organization's financial statements audited by an independent accountant?		. 2b		х					
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		,							
	basis, consolidated basis, or both:			-						
	Separate basis Consolidated basis Both consolidated and separate basis									
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	it,	. 2 c	<u> </u>						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		\$e		*** .					
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. За	<u> </u>	Х					
1	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a									
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · · ·			<u></u>					
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	ame of the organization Employer identification number													
Dau	zh t	ters of the America	n Revolution	Jersey Blue Ch	apter		23-702768	7						
Part		Reason for Public Cha				this p	art.) See instruction	ns.						
		nization is not a private foundati												
1	Ĭ	A church, convention of church					A)(i).							
2	-	A school described in section												
3	-	A hospital or a cooperative hos			170(b)(1)/A)/iii)	L.							
4	-	A medical research organization						ne hospital's						
7	L	name, city, and state	in operated in conjune	don war a noophar doco				то ттооришто						
_	_		e benefit of a college	or university owned or or	perated b		emmental unit described	In section						
5	L	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II.)										
9	X	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10		An organization organized and												
11														
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	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.													
С		Type III functionally integrate organization(s) (see instruction	s). You must comple	te Part IV, Sections A,	D, and E	Ε.								
đ	L	Type III non-functionally inte functionally integrated. The organistructions). You must comp	anization generally mi	ust satisfy a distribution i	connecti requirem	on with ent and	its supported organization attentiveness require	on(s) that is not ement (see						
e		Check this box if the organization integrated, or Type III non-fund	on received a written of	determination from the IF porting organization	RS that is	з а Туре	I, Type II, Type III functi	onally						
f	En	ter the number of supported org	ganizations											
g	Pr	ovide the following information a	about the supported or	ganization(s).										
		(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organization In your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)						
					Yes	No								
(A)_														
						-								
(B)														
1-/														
<u>(C)</u>	c)													
(D)														
(E)														
			·											
Total				, 		,		_						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the

	organization fails to qualify un	der the tests listed	below, please con	ipiete Part III.)						
Sec	tion A. Public Support					1				
Cale begi:	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						Î			
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	٠. ،			,	,	2			
	that exceeds 2% of the amount shown on line 11, column (f)		*				,			
6	Public support. Subtract line 5 from line 4 · · · · · · · · ·	ì * ',	* o	* **		ę	, .			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total		
_	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	~ ` ` ` ` ` ` ` ` ` ` ` `		<i>∅ \$</i>	, *v >		* ŕ t			
12	Gross receipts from related activiti	es, etc (see instruc					12			
	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first_second_ti	hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)		▶ □		
Sec	tion C. Computation of Pu			·						
	Public support percentage for 201			, column (f))		[14	%		
15	Public support percentage from 20)13 Schedule A, Pa	art II, line 14		. .	[15	%		
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization die	d not check the boa	k on line 13, and th	ne line 14 is 33-1/3	3% or more, ch	neck t	this box		
	33-1/3% support test — 2013. If t and stop here. The organization of	he organization did qualifies as a public	I not check a box o cly supported organ	n line 13 or 16a, a nization	nd line 15 is 33-1/	/3% or more, c	heck	this box		
17 a	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									
	10%-facts-and-circumstances to or more, and if the organization m organization meets the Yacts-and-	eets the 'facts-and- circumstances' test	circumstances' test. The organization	t, check this box a qualifies as a pub	nd stop here. Exp licly supported org	plaın ın Part VI ganızatıon	how	the ▶ □		
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	x and see instr	uctio	ns ▶ []		

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

(Complete-only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support				·		-	
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	4	(f) Total
1	Gifts, grants, contributions		· , , , , , , , ,					
	and membership fees received (Do not include		į					
_	any 'unusùal grants ')	13,290.	11,634.	10,363.				35,287.
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	1,601.	902.	630.	1,050.			4,183.
3	Gross receipts from activities that are not an unrelated trade							
	or business under section 513 .							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on							
_	its behalf							
5	The value of services or facilities furnished by a							
	governmental unit to the							
	organization without charge	14 001	12 526	10,993.	1,050.		\dashv	39,470.
	Total. Add lines 1 through 5 Amounts included on lines 1,	14,891.	12,536.	10,993.	1,030.			39,470.
, ,	2, and 3 received from							
_	disqualified persons					<u> </u>		
ь	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							
c	Add lines 7a and 7b			and the same	1 Mars - 4 00000 Way	.#** 33. 2		
8	Public support (Subtract line 7c from line 6.)							39,470.
500	tion B. Total Support	, 77	, , ;;;; × ca 1	~ > · / > / \# ' '	. Min Min V	ic zv.	2 1	30,410.
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Amounts from line 6	14,891.	12,536.	10,993.	1,050.			39,470.
	Gross income from interest, dividends,	11,031.	12,000.	10,3501				
	payments received on securities loans,							
	rents, royalties and income from similar sources	12,015.	13,420.	13,942.				39,377.
b	Unrelated business taxable income (less section 511							
	taxes) from businesses					İ		
	acquired after June 30, 1975			10.010				20 227
	: Add lines 10a and 10b	12,015.	13,420.	13,942.				39,377.
11	activities not included in line 10b,							
	whether or not the business is					ļ		
12	regularly carried on							· · · · · · · · · · · · · · · · · · ·
	gain or loss from the sale of							
	capital assets (Explain in Part VI.)	862.	1,098.	835.	1,050.			3,845.
13	Total support. (Add lines 9,							22 422
	10c, 11 and 12)	27,768.	27,054.	25,770.	2,100.	 	 l	82,692.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization is top here	on s first, second, t	nira, iourin, or illin) 	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	ercentage					
15		4 (line 8, column (f	divided by line 13	i, column (f))			15	47.73 %
16	Public support percentage from 20	013 Schedule A, Pa	rt III, line 15				16	43.95 %
Sec	tion D. Computation of Inv							
17	Investment income percentage for						17	47.62 %
18	Investment income percentage from						18	52.97 %
19 a	33-1/3% support tests — 2014. If	the organization d	d not check the bo	x on line 14, and l	ine 15 is more tha	n 33-1/3%, a	ind line	17
	is not more than 33-1/3%, check to 33-1/3% support tests — 2013. If							
ľ	line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifie	s as a publicly sur	ported organ	nization	, and
20								
BAA			TEEA0403	07/17/14	S	chedule A (F	orm 99	0 or 990-EZ) 2014

Part IV Supporting Organizations

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

	tion A. All Supporting Organizations		Yes	No
		F	163	 140 -,
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		,	1 - 1
-	If 'No.' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	1		
	the designation If historic and continuing relationship, explain	1		
			,	1
2	Did the organization have any supported organization that does not have an IRS determination of status under section	1		
	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was	11		·
	described in section 509(a)(1) or (2)	2		
		1	"	
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)		<u> </u>	-
	and (c) below	3a		L
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		1 ′	1 1
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization			1
	made the determination	3b		
			/	
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	1		1
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
		1		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			12 -3
	f you checked 11a or 11b in Part I, answer (b) and (c) below	4a		<u> </u>
				1 4
1	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	,	1	3 3
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled		ļ	43
	or supervised by or in connection with its supported organizations	4b	l .	l
	c Did the organization support any foreign supported organization that does not have an IRS determination under	, '~	M,	3.4.4
`	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
		ş.¹ ,	36.	is a
5 :	a Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes, 'answer (b)			1
	and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported	Z.	، پرام	(g) 1
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the	,	,	1. 1
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	5a		. communication
	amendment to the organizing document)	Ja		100 - 50
			`	1
١	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5b		1
	organization's organizing document?	30		+
	C. L. 15 15 and the Man the experiment of the result of an expert beyond the experimental control?	5c		1
•	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
U	anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class benefited by one			
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of	ļ		·
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
	g organization orphical state of the sta			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		ĺ	1"
•	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with		ļ	-
	regard to a substantial contributor? If Yes,' complete Part I of Schedule L (Form 990)	7		
		. 0,		1. ~
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	ļ	
		İ		
9	a 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))?		1	
	If Yes,' provide detail in Part VI	9a	1	1
	" Tes, provide detail "I' art vi		ļ	↓
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the			
	supporting organization had an interest? If Yes, provide detail in Part VI	9b		
				1
	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	9с		
		2		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding		1	
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	10a		-
	answer (b) below	<u> </u>		+-
	h Did the expensation have any expect hydroge holdings in the tay year? // lee Schedule C. Form 4720, to determine	,		<u>l'</u> '
	b 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		
	minutes the argument has another entired historical formings for the contract of the contract	1	1	1

Pa	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	,	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	• • • • • • • • • • • • • • • • • • • •			
	A family 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		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		*
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	,	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	, ,	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
ı	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below 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 instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
;	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	,	
ĺ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	,		75
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a	<u>, </u>	
ı	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		
	Cabadula A (Form 00)		<u> </u>	2014

Schedule A (Form 990 or 990-EZ) 2014 Daughters of the American Revolution Jersey Blue Chapter

23-7027687

Page 5

23-7027687

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovem	ber 20, 1970. See instruc	tions. All
Sec	tion A — Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		des benochtensstaden despise on de annour une sondwirten, auch	Anne mannes de som man som mende opposite opposite op som som som som som som som som som som
a	Average monthly value of securities	1 a		
Ŀ	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c).	1 d		
E	Discount claimed for blockage or other factors (explain in detail in Part VI)	è %	·	
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	Recovenes of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount		w /s	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<,, ,6 ,	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	. 72 / 2	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	74 - 4 / 15 / 1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	ģ, v	
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Type	e III supporting organizatio	n
BAA			Schedule A (For	m 990 or 990-EZ) 2014

Sche	dule A (Form 990 or 990-EZ) 2014			Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6		·····	
10	Line 8 amount divided by Line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		I	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			ages come as
3	Excess distributions carryover, if any, to 2014:			
a				
b			,	
c				
d				
е	From 2013	V >	,	
f	Total of lines 3a through e		X	
	Applied to underdistributions of prior years		and the transportation of the contraction of the co	
	Applied to 2014 distributable amount	` , , , , , , , , , , , , , , , , , , ,		
	Carryover from 2009 not applied (see instructions)	, 4		
<u>:</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	. *		
4	Distributions for 2014 from Section D, line 7	e •		
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount		1	
	Remainder Subtract lines 4a and 4b from 4			, 1
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	<		A
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	*		
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			* \
а				
b	1			
С				
d	Excess from 2013			
	Excess from 2014			

Part VI 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).

Pt II Ln 10 Other Income Part III, Line 12 Description: Special Events Income 2010: 862. 2011: 1098. 2012: 835. 2013: 1050.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

n990. Inspection
Employer identification number

	Daughters of the American R	evolution Jersey B	lue Chapter		23-7027687	
Par	Organizations Maintaining Dono Complete if the organization answer	r Advised Funds or Oth	er Similar Fund			<u> </u>
	Complete if the organization ariswe		·			
	Tatal mount or at and of	(a) Donor advised for	unds	(b) ⊢	unds and other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year			<u>.</u>		_
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	anization's exclusive legal conti	rol?			No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of timpermissible private benefit?	the donor or donor advisor, or fo	or any other purpose	conferring		No
Par	til Conservation Easements. Complete if the organization answe	ered 'Yes' to Form 990. Pa	art IV. line 7.			
1	Purpose(s) of conservation easements held by th					
	Preservation of land for public use (e.g., recre	- '		historically	/ important land area	
	Protection of natural habitat	ŕ	Preservation of a	certified hi	stonc structure	
	Preservation of open space	1				
2	Complete lines 2a through 2d if the organization is	neld a qualified conservation co	ntribution in the form	of a conse	ervation easement on t	the
	last day of the tax year	·		, ,		
					leld at the End of the	Tax Year
	Total number of conservation easements			2 a		_
	Total acreage restricted by conservation easement			2 b		_
•	Number of conservation easements on a certified	historic structure included in (a	1)	2 c		_
C	Number of conservation easements included in (o structure listed in the National Register			2 d		
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished	d, or terminated by th	e organiza	ition during the	
4	Number of states where property subject to conse	ervation easement is located 🟲				
5	Does the organization have a written policy regard and enforcement of the conservation easements					No
6	Staff and volunteer hours devoted to monitoring, i	inspecting, and enforcing conse	ervation easements of	lunng the y	/ear	_
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, and enforcing conservati	on easements dunn	the year		
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?			0(h)(4)(B)(· · · · ·	i) · · · · .	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in its e organization's financial staten	revenue and expens nents that describes	se stateme the organiz	nt, and balance sheet, zation's accounting for	and
Par	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical ered 'Yes' to Form 990, Pa	Treasures, or Cart IV, line 8.	ther Sin	nilar Assets.	
1 2	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	ld for public exhibition, education	on, or research in fur	ement and therance o	balance sheet works of f public service, provid	of e,
t	o If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	FAS 116 (ASC 958), to report in or public exhibition, education, c	its revenue stateme or research in further	nt and bala ance of pul	ance sheet works of art blic service, provide th	t, e
	(i) Revenue included in Form 990, Part VIII, line	1			▶\$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, h amounts required to be reported under SFAS 116	istorical treasures, or other sim	lar assets for financ			
á	Revenue included in Form 990, Part VIII, line 1				▶\$	
	Assets included in Form 990, Part X					

Daught						. ugc =
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continu	ued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and	other records, check	any of the following that	are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other	. <u> </u>			
c Preservation for future genera	tions					
4 Provide a description of the organi Part XIII.	zation's collection	s and explain how the	ey further the organization	n's exempt purpose in		
5 Dunng the year, did the organization to be sold to raise funds rather that	on solicit or receiv in to be maintained	e donations of art, his d as part of the organ	storical treasures, or othe	r sımılar assets	Yes	No
Part IV Escrow and Custodia	I Arrangemer	nts. Complete if the	ne organization ans		990, Part IV	7,
1 a Is the organization an agent, truste on Form 990, Part X?	ee, custodian, or o	ther intermediary for	contributions or other ass	sets not included	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and com	nplete the following ta	ble			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an an						No
b If Yes,' explain the arrangement in						
Part V Endowment Funds. C	Complete if the	organization ans	wered 'Yes' to Form	990, Part IV, line 10)	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance						
b Contributions					<u> </u>	
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses					1	
g End of year balance					†	
2 Provide the estimated percentage		r end balance (line 10	column (a)) held as:		·-	
a Board designated or quasi-endow	=	e e e e e e e e e e e e e e e e e e e	,, (-),			
b Permanent endowment ►						
c Temporarily restricted endowment		9				
The percentages in lines 2a, 2b, a						
The percentages in lines 2a, 2b, a	na ze snoula eque	ai 100 /a.				
3 a Are there endowment funds not in organization by:	•	J			Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations			<i></i> .		. 3a(ii)	
b If 'Yes' to 3a(II), are the related org	ganizations listed a	as required on Schedi	ule R?		. 3b	
4 Describe in Part XIII the intended	uses of the organi	zation's endowment f	unds			
Part VI Land, Buildings, and	Equipment.					
Complete if the organize		ed 'Yes' to Form 9	90, Part IV, line 11a	a. See Form 990, Pa	rt X, line 10).
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1a Land		(ATTOOLINGTE)	220.0 (00.00)	deprediction .		
b Buildings					-	
c Leasehold improvements						
	⊢					
d Equipment	 					
e Other						
Total Add lines 1a through 1e /Column	(d) must paid E	om 000 Part Y colu	mn (R) line 10c l	<u>⊾</u> I		

BAA

Schedule **D** (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990 (c) Method of valuation Cost or er	
(1) Financial derivatives	 _ ` ′	(-),	,
2) Closely-held equity interests		 	
3) Other		1	
A) Fixed Income Investments	182,371.	FMV	
B) Tangible Assets-Commodities	54,654.		
<u></u>	34,031.		
D)			
E)			
(F)			
G)			
H)			
(I)			
otal (Column (b) must equal Form 990, Part X, column (B) line 12) •	237,025.		
Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)		-	
(2)			····
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)		-	··
(10)			
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶			
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶		Part IV, line 11d. See Form 990	, Part X, line 15.
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered (a) De		Part IV, line 11d. See Form 990	, Part X, line 15.
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered (a) December 13	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December 1	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered (a) December 13	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4)	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5)	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6)	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6)	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' to Form 990, F	Part IV, line 11d. See Form 990	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets.	'Yes' to Form 990, Fescription		
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	Yes' to Form 990, Fescription		(b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F	Yes' to Form 990, Fescription	1e or 11f. See Form 990, Part X, line	(b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Fescription	1e or 11f. See Form 990, Part X, line	(b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	Yes' to Form 990, Fescription	1e or 11f. See Form 990, Part X, line	(b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2)	Yes' to Form 990, Fescription	1e or 11f. See Form 990, Part X, line	(b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) December (a) December (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3)	Yes' to Form 990, Fescription	1e or 11f. See Form 990, Part X, line	(b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes' to Form 990, Fescription	1e or 11f. See Form 990, Part X, line	(b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) December (a) December (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' to Form 990, Fescription	1e or 11f. See Form 990, Part X, line	(b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13). ▶ Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes' to Form 990, Fescription	1e or 11f. See Form 990, Part X, line	(b) Book value
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Schedule D (Form 990) 2014 Daughters of the American Revolution Jersey Blue Chapter	23-7027687	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recovenes of pnor year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	só l	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIII Supplemental Information.	····	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, ine 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information.	

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.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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Name of the organization		Employer identification number
Daughters of the	American Revolution Jersey Blue Chapter	23-7027687
Pt VI, Line 2 Pt VI, Line 6	Family relationship, Karen Stroever/Krista Stro The organization has members	ever Fierman
·	The management comittee has the power to appoin	t a member of the
Pt VI, Line 7a	governing body	
Pt VI, Line 7b	Some decisions must be approced by the manageme The Form 990 is prepared after a compilation is organications CPA Firm. The Form is dicussed b issues regarind the Form (if any) are addressed	completed by the y the board and all
Pt VI, Line 11b	board before the form is signed and filed with	the IRS

Schedule O (Form 990), Supplemental Information to Form 990 Form 990; Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

restoring and maintaining the Buccleuch Mansion, a revolutionary home on the national ref. of hist. places.