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AMENDED

0902

OMB No 1545-1150

Form **990-EZ**

Short Form **Return of Organization Exempt From Income Tax**

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the **2008** calendar year, or tax year beginning

03/01, 2008, and ending

02/28/2009

NO STATUTE 1545-1150

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization		D Employer identification number
		DAUGHTERS OF THE AMERICAN REVOLUTION		23-7027687
		JERSEY BLUE CHAPTER		E Telephone number
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		(732) 968-2969
		71 BAYBERRY DR		F Group Exemption Number
		City or town, state or country, and ZIP + 4		
		SOMERSET, NJ 08873-4209		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 82,521.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,669.
	2	Program service revenue including government fees and contracts	2	4,797.
	3	Membership dues and assessments	3	8,336.
	4	Investment income	4	16,230.
	5a	Gross amount from sale of assets other than inventory	5a	45,699.
	5b	Less cost or other basis and sales expenses	5b	46,489.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-790.
	6	Special events and activities (complete applicable parts of Schedule G. If any amount is from gaming, check here <input type="checkbox"/>)		
	6a	Gross revenue (not including \$ 1,781. of contributions reported on line 1)	6a	3,790.
	6b	Less direct expenses other than fundraising expenses	6b	3,790.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STMT 4	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5a, 6c, 7c, and 8	9	32,242.
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	NONE
13		Professional fees and other payments to independent contractors	13	3,000.
14		Occupancy, rent, utilities, and maintenance	14	18,215.
15		Printing, publications, postage, and shipping	15	843.
16		Other expenses (describe) STMT 5	16	15,627.
17		Total expenses. Add lines 10 through 16	17	37,685.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,443.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	526,495.
	20	Other changes in net assets or fund balances (attach explanation) STMT 6	20	-108,329.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	412,723.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments STMT 7	525,587.	412,293.
23 Land and buildings	908.	430.
24 Other assets (describe) ▶		
25 Total assets	526,495.	412,723.
26 Total liabilities (describe) ▶		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	526,495.	412,723.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>NONE</u> , section 4912 ▶ <u>NONE</u> , section 4955 ▶ <u>NONE</u>		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ <u>NJ</u>		
42a The books are in care of ▶ <u>DIANA SEIFERHELD</u> Telephone no ▶ <u>732-968-2969</u> Located at ▶ <u>71 BAYBERRY DR SOMERSET, NJ</u> ZIP + 4 ▶ <u>08873</u>		
b 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)?		X
If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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 **46** ☐ Yes ☒ No
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ Yes ☒ No
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ Yes ☒ No
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b** If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ Yes ☒ No
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		NONE		

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		NONE

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Susan G. Luczu Date 9/5/12

Type or print name and title SUSAN G. Luczu - Regent Jersey Blue Chapter - NSDAR

Paid Preparer's Use Only

Preparer's signature Maureen DelCosto Date 8/23/12 Check if self-employed ☐ Preparer's Identifying Number (See instructions) P01360583

Firm's name (or yours if self-employed), address, and ZIP + 4 WITHUM SMITH + BROWN PC EIN 22-2027092

5 VAUGHN DR PRINCETON, NJ 08540-6313 Phone no 609-520-1188

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **DAUGHTERS OF THE AMERICAN REVOLUTION**

Employer identification number

JERSEY BLUE CHAPTER

23-7027687

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ 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 ☒ 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 operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,277	8,662	11,089	10,502	12,005	50,535
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 1-3	8,277	8,662	11,089	10,502	12,005	50,535
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)						0
6 Public support. Subtract line 5 from line 4						50,535

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	8,277	8,662	11,089	10,502	12,005	50,535
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,234	42,647	20,684	29,255	16,230	127,050
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,566	2,682	2,694	4,399	8,587	20,928
11 Total support. Add lines 7 through 10						198,513
12 Gross receipts from related activities, etc. (See instructions)					12	6,096
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	25.46 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f.	15	32.88 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,869.	11,344.	11,801.	10,502.	12,005.	55,521.
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				1,279.	4,797.	6,076.
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						
6 Total. Add lines 1-5	9,869.	11,344.	11,801.	11,781.	16,802.	61,597.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	NONE	NONE	NONE	NONE	NONE	NONE
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000				NONE	NONE	NONE
c Add lines 7a and 7b.	NONE	NONE	NONE	NONE	NONE	NONE
8 Public support (Subtract line 7c from line 6)						61,597.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	9,869.	11,344.	11,801.	11,781.	16,802.	61,597.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	18,234.	42,647.	20,684.	29,255.	16,230.	127,050.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	18,234.	42,647.	20,684.	29,255.	16,230.	127,050.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	974.		1,562.	3,120.	3,790.	9,446.
13 Total support. (Add lines 9, 10c, 11, and 12)						198,093.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	31.10%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	32.88%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	64.14%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	66.82%

- 19a** 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- b** 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☒

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II- LINE 17A

THE ORGANIZATION MEETS THE "FACTS AND CIRCUMSTANCES" TEST IN REGULATIONS

SECTION 1.170A-9(F) (3) AS FOLLOWS:

-THE ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR THE

SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, COMMUNITY, MEMBERSHIP AND

OTHER PUBLIC CHARITIES;

-SUPPORT IS RECEIVED FROM A BROAD BASE OF DONORS

-THE ORGANIZATION HAS A GOVERNING BODY WHICH REPRESENTS THE BROAD

INTERESTS OF THE PUBLIC

-THE ORGANIZATION PROVIDES FACILITIES DIRECTLY FOR THE BENEFIT OF THE

GENERAL PUBLIC ON A CONTINUING BASIS THROUGH IT'S OPERATION OF BUCCLEUCH

MANSION, WHICH IS A REVOLUTIONARY HOME ON THE NATIONAL REGISTRY OF

HISTORICAL PLACES. THE MANSION IS A PUBLIC MUSEUM WHICH HAS BEEN RESTORED

AND MAINTAINED BY THE CHAPTER.

-THE ORGANIZATION ALSO PROVIDES SERVICES DIRECTLY FOR THE BENEFIT OF THE

GENERAL PUBLIC ON A CONTINUING BASIS THROUGH PROGRAMS AND AWARDS FOR

SCHOOL AGE CHILDREN RELATED TO PROMOTING KNOWLEDGE OF AMERICAN HISTORY.

-THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION DESIGNED TO ENROLL PERSONS

FROM THE COMMUNITY WITH DUES RATES BEING DESIGNED TO MAKE MEMBERSHIP

AVAILABLE TO A BROAD CROSS-SECTION OF THE PUBLIC WITH THE ACTIVITIES OF

THE ORGANIZATION CENTERED AROUND AMERICAN HISTORY AND HAVING APPEAL TO

PERSONS HAVING A BROAD COMMON INTEREST.

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	974.		1,562.	3,120.	3,790.	9,446.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

TOTALS	974.	1,562.	3,120.	3,790.	9,446.
--------	------	--------	--------	--------	--------

PART II	2004	2005	2006	2007	2008
PROGRAM SERVICE REVENUE	0	0	0	1,279	4,797
SPECIAL EVENTS INCOME	2,566	2,682	2,694	3,120	3,790
	2,566	2,682	2,694	4,399	8,587

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

DIVIDEND INCOME

9,426.

INTEREST INCOME

6,804.

TOTAL

16,230.
=====

FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

FOOD & WINE EVENT

1,781.

TOTAL

1,781.

=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES
=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----
FOOD & WINE EVENT	3,790. -----	3,790. -----
TOTALS	3,790. =====	3,790. =====

FORM 990EZ, PART I - OTHER EXPENSES

=====

CONFERENCES, CONVENTIONS	115.
DEPRECIATION	478.
AWARDS	1,721.
BANK/BROKER FEES	1,780.
APPLICATION	850.
DUES	3,829.
FEES	40.
CAR	180.
CONSTITUTION TRIP	3,233.
MISCELLANEOUS	1,163.
VETERANS MENLO	522.
DAR LIBRARY	104.
DONATION	150.
INSURANCE	201.
MEALS	554.
NJ BULLETIN	56.
PRESIDENT GENERAL PROJECT	184.
PROGRAM	149.
ROTC	33.
YEARBOOK	245.
ESSAY CONTEST	40.

TOTAL	15,627.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

DECREASES IN FUND BALANCES

CHANGE IN UNREALIZED GAIN/LOSS ON INVEST

108,329.

TOTAL

108,329.
=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	5,627.	10,691.
SAVINGS	50,515.	82,085.
INVESTMENTS - SECURITIES	260,830.	135,119.
INVESTMENTS - OTHER	208,615.	184,398.
	-----	-----
TOTALS	525,587.	412,293.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE DAUGHTERS OF THE AMERICAN REVOLUTION-JERSY BLUE CHAPTER WAS
CREATED TO RESTORE AND MAINTAIN BUCCLEUCH MANSION, A REVOLUTIONARY
HOME ON THE NATIONAL REGISTRY OF HISTORICAL PLACES. THE MANSION IS
OPEN TO THE PUBLIC FOR TOURS.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
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PROGRAM SERVICE ACCOMPLISHMENT 1

BUCCLEUCH MANSION IS A REVOLUTIONARY HOME ON THE NATIONAL
REGISTRY OF HISTORICAL PLACES. THE MANSION IS A PUBLIC
MUSEUM WHICH HAS BEEN RESTORED AND MAINTAINED BY THE
CHAPTER.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MARJORIE FREEMAN 71 BAYBERRY DR SOMERSET, NJ 08873-4209	REGENT 5.	NONE	NONE	NONE
LINDA HUNTER 71 BAYBERRY DR SOMERSET, NJ 08873-4209	1ST VICE REGENT 5.	NONE	NONE	NONE
BARBARA PALLISTER 71 BAYBERRY DR SOMERSET, NJ 08873-4209	2ND VICE REGENT 5.	NONE	NONE	NONE
BEVERLY BRIGGS 71 BAYBERRY DR SOMERSET, NJ 08873-4209	CHAPLAIN 5.	NONE	NONE	NONE
BEVERLY WEBER 71 BAYBERRY DR SOMERSET, NJ 08873-4209	RECORDING SECRETARY 5.	NONE	NONE	NONE
KAREN STROEVER 71 BAYBERRY DR SOMERSET, NJ 08873-4209	CORR SEC/ REGISTRAR 5.	NONE	NONE	NONE
DIANA SEIFERHELD	TREASURER 5.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
71 BAYBERRY DR SOMERSET, NJ 08873-4209				
CHRISTINE METZING 71 BAYBERRY DR SOMERSET, NJ 08873-4209	HISTORIAN 5.	NONE	NONE	NONE
KRISTA FIERMAN 71 BAYBERRY DR SOMERSET, NJ 08873-4209	LIBRARIAN 5.	NONE	NONE	NONE
ELYSE BOUCHARD 71 BAYBERRY DR SOMERSET, NJ 08873-4209	DIRECTOR 5.	NONE	NONE	NONE
JUDY GENNARO 71 BAYBERRY DR SOMERSET, NJ 08873-4209	BUCCLEUCH MANSION CURATOR 5.	NONE	NONE	NONE
MARY KWIETNIAK 71 BAYBERRY DR SOMERSET, NJ 08873-4209	DIRECTOR 5.	NONE	NONE	NONE
SARAH ISRAEL 71 BAYBERRY DR SOMERSET, NJ 08873-4209	REGISTRAR/DIRECTOR 5.	NONE	NONE	NONE

23-7027687

EMPLOYEES

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

NAME AND ADDRESS

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS
EXPENSE ACCT.
AND OTHER
ALLOWANCES

COMPENSATION

GRAND TOTALS

NONE

NONE

NONE

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

2008

Name of estate or trust **DAUGHTERS OF THE AMERICAN REVOLUTION**
JERSEY BLUE CHAPTER

Employer identification number
23-7027687

Note: Form 5227 filers need to complete **only** Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1 b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ►	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6 a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6 b	-790.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ►	12	-790.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008

Part III Summary of Parts I and II**Caution:** Read the instructions before completing this part.

		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		-790.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		-790.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	16	(790.)
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Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero.	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T).	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,200	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26, go to line 27 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23.	25	
26	Subtract line 25 from line 24.	26	
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	
29	Subtract line 28 from line 27	29	
30	Multiply line 29 by 15% (15)	30	
31	Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	31	
32	Add lines 30 and 31	32	
33	Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T).	34	

Schedule D (Form 1041) 2008

Employer identification number

DAUGHTERS OF THE AMERICAN REVOLUTION

[illegible]

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b.	-790.
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Daughters for the American Revolution

Tax Year: 2008

Schedule O

Description of Amendments

Part I- Line 1, 2, 3, 6c, 8, 9, 16 and 17

Changes made to properly classify receipts for tax return purposes.

Line 1 was \$1,176, amended to \$3,669

Line 2 was \$7,426, amended to \$4,797

Line 3 was \$7,006, amended to \$8,336

Line 6c was \$813, amended to \$0

Line 8 was \$1,380, amended to \$0

Line 9 was \$33,241, amended to \$32,242

Line 16 was \$16,626, amended to \$15,627

Line 17 was \$38,684, amended to \$37,685