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Short Form
Return of Organization Exempt From Income TaxUnder 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

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30/2009

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION, INC. - PALM BEACH CHAPTER Number and street (or P O box, if mail is not delivered to street address) C/O REBECCA DOANE, 2000 PGA BLVD. City or town, state or country, and ZIP + 4 NORTH PALM BEACH, FL 33408	D Employer identification number 59-6169684
			E Telephone number (561) 656-0200
			F Group Exemption Number ►

- 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 527K 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 . . ► \$ **25,746.**

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 3,169.	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3 7,060.	
	4 Investment income	4 170.	
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 15,347.	
	b Less direct expenses other than fundraising expenses	6b 10,562.	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 4,785.	
	7 a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ► <i>RECEIVED</i>)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 15,184.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10 15,140.	
	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 1,625.
		14 Occupancy, rent, utilities, and maintenance	14
		15 Printing, publications, postage, and shipping	15 1,037.
		16 Other expenses (describe ► <i>DEC 16 2009</i>)	16 12,584.
		17 Total expenses. Add lines 10 through 16	17 30,386.
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -15,202.
		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 60,966.
Net Assets	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 45,764.	

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	60,912.	22 45,576.
23 Land and buildings		23
24 Other assets (describe ► <i>STMT 5</i>)	54.	24 188.
25 Total assets	60,966.	25 45,764.
26 Total liabilities (describe ► <i>STMT 27</i>)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,966.	27 45,764.

SCANNED JAN 06 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **STMT 6**

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28 SEE STATEMENT 7(Grants \$ **15,140.**) If this amount includes foreign grants, check here **28a****29**(Grants \$) If this amount includes foreign grants, check here **29a****30**(Grants \$) If this amount includes foreign grants, check here **30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here **31a****32 Total program service expenses (add lines 28a through 31a)** **32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) -0-	(d) Contributions to employee benefit plans & deferred compensation -0-	(e) Expense account and other allowances -0-
SEE STATEMENT 8				

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

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

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?

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

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?

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?

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

b Gross receipts, included on line 9, for public use of club facilities

39a

39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____

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

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

41 List the states with which a copy of this return is filed ► _____

42a The books are in care of ► REBECCA DOANE Telephone no ► 561-656-0200
Located at ► 2000 PGA BLVD. #4410, NORTH PALM BEACH ZIP + 4 ► 33408

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)?
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.?
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 ► 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

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

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37a		
37b	X	
38a	X	
38b		
39a		
39b		
40a		
40b	X	
40c		
40d		
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

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.	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	X
b	If "Yes," was the related organization(s) a section 527 organization?	49a	X
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"	49b	X

(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

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 contains all the information necessary to determine my correct tax liability.

**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

11/05/89

**Paid
Preparer's
Use Only**

Preparer's
signature

1

Date
11/18/04

Ch
self-
emp

Check it
self-
employe

Preparer's Identifying Number (See Instructions)

P00688802

address, and ZIP + 4 222 LAKEVIEW AVENUE, SUITE 280 WEST PALM BEACH, FL 33401 Phone no ▶ 561) 832-0038

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

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.

Name of the organization NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION, INC. - PALM BEACH CHAPTER	Employer Identification number 59-6169684
-------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 3 31/3 % 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 3 31/3 % 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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11	<input type="checkbox"/>	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
e	<input type="checkbox"/>	a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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 <input type="checkbox"/>
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
g	<input type="checkbox"/>	(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?
g	<input type="checkbox"/>	(ii) A family member of a person described in (i) above?
g	<input type="checkbox"/>	(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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 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 IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions)						12
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	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
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 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")	19,969.	19,408.	19,181.	12,596.	10,229.	81,383.
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	27,138.	25,133.	16,215.	21,478.	15,347.	105,311.
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	47,107.	44,541.	35,396.	34,074.	25,576.	186,694.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						186,694.

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.	47,107.	44,541.	35,396.	34,074.	25,576.	186,694.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	183.	242.	518.	315.	170.	1,428.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	183.	242.	518.	315.	170.	1,428.
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						188,122.
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	99.24%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.20%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.76%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.80%

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)

**Palm Beach Chapter
Daughters of the American Revolution, Inc.
EIN 59-6169684
Form 990EZ; Tax Year 2008**

Part I, Line 10 Grants & Similar Amounts Paid

Donations:

State of Florida DAVA	500.00
Tamassee School	610.00
Pahokee High School ROTC	200.00
State of Florida DAR	4,575.00
Treasurer General NSDAR	4,780.00
AFJROTC	1,000.00
West Palm Beach VA Medical Center	2,500.00
American History Awards	675.00
Good Citizen Awards	300.00
 Total	 <u>15,140.00</u>

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
INTEREST INCOME	170.
TOTAL	170.

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BENEFIT EVENT AND LUNCHEONS	15,347.	10,562.	4,785.
TOTALS	15,347.	10,562.	4,785.

FORM 990EZ, PART I - OTHER EXPENSES

PUBLICITY	45.
NATIONAL DAR DUES	3,935.
STATE DAR DUES	535.
CONFERENCE REIMB. EXP	2,499.
PHOTOGRAPHY	1,785.
CHAPTER EXPENSES	2,727.
SUBSCRIPTIONS	522.
MISCELLANEOUS	526.
BANK FEES	10.
 TOTAL	 12,584.

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

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	13,747.	14,251.
SAVINGS	47,165.	31,325.
TOTALS	60,912.	45,576.

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE	54.	188.
TOTALS	54.	188.

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

=====

TO PERPETUATE THE MEMORY AND SPIRIT OF THE MEN AND WOMEN WHO
ACHIEVED AMERICAN INDEPENDENCE; TO ENCOURAGE HISTORICAL RESEARCH;
TO PRESERVE REVOLUTIONARY RECORDS AND DOCUMENTS; AND TO PROMOTE THE
CELEBRATIONS OF ALL PATRIOTIC ANNIVERSARIES.

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

=====

PROGRAM SERVICE ACCOMPLISHMENT 1

CONFER MEDALS AND OTHER AWARDS TO SCHOOL CHILDREN WHO DEMONSTRATE GOOD CITIZENSHIP. PROMOTE AN ESSAY CONTEST TO TEACH THE IMPORTANCE OF HISTORY. SUPPORT NATIONAL AND STATE DAR EFFORTS.

NATIONAL SOCIETY OF THE DAUGHTERS OF THE

59-6169684

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
BETSY SMITH 709 HARBOUR POINT DR. NORTH PALM BEACH, FL 33410	TREASURER 3.	NONE	NONE	NONE
JEAN MERCHANT PO BOX 6115 7210 WESTLAKE DRIVE WEST PALM BEACH, FL 33405	HISTORIAN 2.	NONE	NONE	NONE
REBECCA ISIMINGER 717 KITTYHAWK WAY NORTH PALM BEACH, FL 33408	REGENT 8.	NONE	NONE	NONE
LINA LIKEN 14915 PEPPER MILL LANE DELRAY BEACH, FL 33484	REGISTRAR 1.	NONE	NONE	NONE
LOUISE LORD 2500 S. OCEAN BLVD. #202 PALM BEACH, FL 33480	RECORDING SECRETARY 3.	NONE	NONE	NONE
ALMA KRICK 375 LYITLE STREET WEST PALM BEACH, FL 33405-4648	LIBRARIAN 1.	NONE	NONE	NONE
NANCY SHEPHERD 1902 NOTRE DAME DRIVE LAKE WORTH, FL 33460-6349	CHAPLAIN 1.	NONE	NONE	NONE
JANICE THORSTAD 110 EL PUEBLO WAY	VICE REGENT 1.	NONE	NONE	NONE

NATIONAL SOCIETY OF THE DAUGHTERS OF THE

59-6169684

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

NAME AND ADDRESS P.M. BEACH, FL 33480	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION --	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
		---	---
MARY VOSS 1227 CRESTWOOD DRIVE DELRAY BEACH, FL 33483	CORRESPONDING SECRETARY 3.	NONE	NONE
			GRAND TOTALS

GRAND TOTALS

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization NATIONAL SOCIETY OF THE DAUGHTERS OF AMERICAN REVOLUTION, INC.- PALM BEACH CHAPTER	Employer identification number 59-6169684
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O REBECCA DOANE, 2000 PGA BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH PALM BEACH, FL 33408	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► REBECCA DOANE

Telephone No. ► 561 656-0200

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . ► . If it is for part of the group, check this box . . . ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or
► tax year beginning 07/01, 2008, and ending 06/30, 2009

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)