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For the 2009 calendar year,

Please

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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)

OMB No 1545-1150 2009

Open to Public

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Initial return

Termination

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 \$500,000 and total assets less than \$1,250,000 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 Inspection 05/01/09 , and ending 04/30/10 or tax year beginning C Name of organization Employer identification number National Society Daughters of the 30-0316122 British Empire in the USA Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite 13502 Clareton 281-373-0171

Specific Group Exemption City or town, state or country, and ZIP + 4 Amended return Instruc-TX 77429 Cypress Number Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash X Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) www.dbesociety.org Check > if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — $\boxed{\mathbf{X}}$ 501(c) (3) ◀ (insert no.) $\boxed{}$ 4947(a)(1) or 527 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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 86,692 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 34,086 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 3 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) Less direct expenses other than fundraising expenses 6b b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 52,603 8 Other revenue (describe See Statement 1 8 86,692 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 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 10,296 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 12,435 15 Penting, publications, postage, and shipping 15 Oher experises described See Statement 2 73,080 16 16 expenses. Add lines 10 through 16 95,811 17 17 E sess or (deficit) for the year (Sobract line 17 from line 9)

Nevassets or fund balances at peginning of year (from line 27, column (A)) (must agree with <u>-9,11</u>9 E 18 18 19 year figure reported on profe year's return) 76,968 19 Other charbes in menassessor fund balances (attach explanation)

Dart II Ralance Sheets. If Total assets on line 25, column (P) are \$1,250,000 or more file Form 900 instead of Form 900 E7

S	att it Dalatice Streets. It Total assets on line 25, column (B) are \$1,250,000 or more	, lile rollii 990 ilistead ol ro	<u> </u>	U-EZ
\bigcap	(See the instructions for Part II)	(A) Beginning of year		(B) End of year
<u></u> 22	Cash, savings, and investments	87,970	22	85,553
2 23	Land and buildings		23	
24	Other assets (describe See Statement 3)	8,863	24	5,513
2 5	Total assets	96,833	25	91,066
26	Total liabilities (describe ► See Statement 4)	19,865	26	23,217
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,968	27_	67,849

Net assets or fund balances at end of year Combine lines 18 through 20

67,849

20

21

20

DAA

		al Society Daughters ogram Service Accomplishmen		-0316122	1)]	Fyr	Page 2
	nat is the organization's primary exe		10 (000 110 111011 001	action for training		•	or section
	See Statement 5				1 '	•	nd 501(c)(4)
		ig out the organization's exempt purpose	es In a clear and concise				ns and section
		d, the number of persons benefited, or o				_	trusts; optional
ead	ch program title				_ I _	r others)	-
28	The National Society pro	ovided support to the British	Homes for retired				
	·	no are residents and/or citize		each			
	of the four districts.						
	(Grants \$) If this amount includes foreign gran	nts, check here	▶ _[28a		95,811
29							_
	(Grants \$) If this amount includes foreign gran	nts. check here	> [
30		<u>, </u>					
	(Grants \$) If this amount includes foreign gran	nts, check here		30a		
31	Other program services (attach so	hedule)		_			
	(Grants \$) If this amount includes foreign gran	nts, check here		31a		
32	Total program service expenses	(add lines 28a through 31a)			▶ 32		95,811
F	Part IV List of Officers, Direct	ctors, Trustees, and Key Employees. L					r Part IV)
	(2) A	lame and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contrit emptoyee ben		(e) Expense account and
	(a) N		devoted to position	enter -0)	deferred com		other allowances
Jo	ean Gol, MBE	Houston	President				
49	90 Valkeith	TX 77096	10.00	0		0	0
Sh	aron Pruitt	Houston	1st Vice Pre	sident			
75	32 Olympia	TX 77063	5.00	0		0	0
Do	prothy Norlund	Houston	2nd Vice Pre	sident			
41	.30 Mischire Dr.	TX 77025	20.00	0		•	0
Ri	.lla Chaka	Round Rock	3rd Vice Pre	sident			
	004 Woods Cove	TX 78681	20.00	0		. 0	0
	nnet Odam	Cypress	Rec. Secreta	-		Ì	
_	2411 Preece Ct.	TX 77429	20.00	0		٩	0
	neila Gilbert	Kingwood	Corr. Secreta	· -			
$\overline{}$	310 Plateau Court	TX 77339	20.00	0		0	0
	orma Lloyd	Cypress	Treasurer				_
	3502 Clareton	TX 77429	20.00	0		0	0
	nice Edelstein	Houston	National Org				
	312 Edloe	TX 77027	5.00	0		0	0
_							
				·			
_							

Form **990-EZ** (2009)

Form	990-EZ(2009) National Society Daughters of the 30-0316122		Р	age 3
Pa	ort V Other Information (Note the statement requirements in the instructions for Part V.)			
			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	33		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		_ <u>X</u> _
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 why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		<u> X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	┥゚		7.7
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			v
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 504(5)(7) accompanies 5 Fates	┥		
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a			
a b	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b	\dashv		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	_		
∓ 0a	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
-	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	Ì		ĺ
	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 Schedule L, Part I	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization	_		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed None			
42a		31-37	3 – 0	171
	13502 Clareton			
	·	7429		
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		Yes	No
	account)?	42b		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.	40	1	v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	<u> </u>
43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	-		_ [
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
	43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		163	1.00
	Form 990-EZ	44	1	x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	17		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	1	х
		Form 9	90-EZ	

<u>orm_990</u>		Society Daugnters of		30-0316122				age 4
Part V	Section 501(c)(3) o	rganizations and section 4947	(a)(1) nonexen	npt charitable tr	usts only. All s	ection	1	
	501(c)(3) organizat	ions and section 4947(a)(1) noi	nexempt charit	able trusts must	answer questi	ons 46	-49	b
	and complete the ta	ables for lines 50 and 51.						
6 Dıd	the organization engage in dire	ect or indirect political campaign activities	on behalf of or in	opposition to		١	res	No
can	didates for public office? If "Yes	s," complete Schedule C, Part I				46		X
7 Did	the organization engage in lobi	oying activities? If "Yes," complete Scheo	dule C. Part II			47	T	X
		ool as described in section 170(b)(1)(A)(ete Schedule F		48		X
	• •	nsfers to an exempt non-charitable relate		no concedio E		49a		X
	es," was the related organization	-	d Organization			49b		
	-	-	(-4h4h aff		and leave	430		
	· ·	ation's five highest compensated employ	•	•	•			
em	<u> </u>	ore than \$100,000 of compensation from	(b) Title and avera			(e) E	vnene	
		of each employee paid more \$100,000	` hours per week		employee benefit plans &	acco	unt ar	nd
			devoted to positio	1	deferred compensation	other a	llowa	nces
one								
					<u> </u>	L		
			1					
f Tot	al number of other employees p	paid over \$100,000		_		L		
•	,,		•	· · · · · · · · · · · · · · · · · · ·	-			
1 Cor	mplote this table for the organiz	ation's five highest compensated indepe	ndont contractors :	the each received m	ara than			
	•	•		ano each received in	ore triair			
\$10	o,000 or compensation from the	e organization If there is none, enter "No	one "					
	(a) No			(L) T (
	(a) Name and address of each inde	ependent contractor paid more than \$100,000		(b) Type of service	(c) (ompensa	tion	
None								
			İ					
d Tot	al number of other independent	t contractors each receiving over \$100,0	00					
u .o.	ar named of outer madpendent	t some details deal reserving ever \$100,50						
	Linder possition of persua. I	dealars that I have exemined this return includ		adulas and statements	and to the best of mi			—
	and belief, it is true, correct,	declare that I have examined this return, includ and complete. Declaration of preparer (other th	ing accompanying sci ian officer) is based oi	all information of which	, and to the best of my n preparer has anv kno	knowledg wledae	je	
Sign	1 norma	1 \ \	,	0/~				
_	Signature of officer	Loyd		100	13/10.			
lere	Norma Llo	ovd.	т~	Date ' easurer				
	Type or print name and			easurer				
_	y Type of print name and	une	1 5-4:	05	Dear-1-1-1	diffue = 31	he: 10	
	Preparer's	_\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	Check if self-	Preparer's Ider	iliying Num	iber (S	ee instr)
Paid		Hilliard	/08 و	23/10 employed	▶□ P0005	2376		
repar	er's Firm's name (or yours	Hilliard & Associate				6-04		322
Jse Or		101 Southwestern Box	-	Suite 216	Phone			
	address, and ZIP + 4	Sugar Land, TX 774				-242	2 – 2	997
May the		preparer shown above? See instructions		<u> </u>		X Yes		No
	C.CCCCC and retain wan the	p. sparor chown above: See instructions				·		(2009)

SCHEDULE·A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

National Society Daughters of the

British Empire in the USA 30-0316122

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

	\$F L 3	Reasc	on for Fublic Charity	status (Ali organizations	must	omplet	e u 115	Jail.)	oce III	Struct	10115.			
The	orga			e it is (For lines 1 through 11, c	•		•							
1	Ц	A church, con	evention of churches, or asso	ociation of churches described in	n section	170(b)(1)(A)(i).							
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)										
3	Ц	A hospital or a	a cooperative hospital service	e organization described in sec	tion 170(b)(1)(A)(i	ıi).							
4		A medical res	earch organization operated	I in conjunction with a hospital d	escribed	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	spital's	name,		
		city, and state	•											
5		An organization	on operated for the benefit o	f a college or university owned of	or operate	ed by a go	overnme	ntal unit	descri	oed in				
	_	section 170(b	o)(1)(A)(iv). (Complete Part	1)										
6		A federal, sta	te, or local government or go	overnmental unit described in se	ection 17	0(b)(1)(A)(v).							
7		An organization	on that normally receives a s	substantial part of its support fro	m a gove	rnmental	unit or f	rom the	genera	l public				
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)										
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)									
9	X	An organization	on that normally receives (1) more than 33 1/3 % of its supp	oort from	contributi	ons, me	mbersh	ıp fees,	and gro	oss			
		receipts from	activities related to its exem	pt functions—subject to certain	exception	ns, and (2	?) no mo	re than :	33 1/3 9	% of its				
		support from	gross investment income an	d unrelated business taxable in	come (les	s section	511 tax) from b	usiness	ses				
		acquired by the	ne organization after June 30), 1975 See section 509(a)(2).	(Complet	e Part III	.)							
10		An organization	on organized and operated e	exclusively to test for public safe	ty See s	ection 50	9(a)(4).							
11	Ш	An organization	on organized and operated e	exclusively for the benefit of, to p	perform th	ne functio	ns of, or	to carry	out the	•				
		purposes of o	ne or more publicly supporte	ed organizations described in se	ection 509	(a)(1) or	section :	509(a)(2) See	section				
		509(a)(3). Ch	eck the box that describes the	ne type of supporting organization	on and co	mplete lıı	nes 11e	through	11h					
		a Type	I b Type II	c Type III–Functiona	illy integra	ated	d	Тур	e III-Ot	her				
е		-		anization is not controlled direct										
		persons other	r than foundation managers	and other than one or more pub	licly supp	orted org	anızatıo	ns desci	ribed in	section	1			
		509(a)(1) or s	ection 509(a)(2)											
f		If the organiza	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					 1
		-	check this box											
g		_	-	ion accepted any gift or contribu	ution from	any of th	ie							
		following per	sons?									r		
		(i) A persor	who directly or indirectly co	introls, either alone or together v	with perso	ns descr	ıbed ın (u)				\longrightarrow	Yes	No
				the supported organization?								11g(ı)		
		• •	member of a person describ	* * *								11g(II)		
		• •	•	lescribed in (i) or (ii) above?								[11g(III)]		
<u>h</u>				ne supported organization(s)	I									
(1)		e of supported	(iı) EIN	(iii) Type of organization (described on lines 1–9	(IV) is the c	•		ou notify nzation in	(vi) organizat	s the	(VII) Amo		
	Οίζ	janization		above or IRC section		document?	col (I)	of your	(ı) organı	zed in the		suppo	м	
				(see instructions))	ļ <u>.</u>		<u> </u>	oort?	 	S?				
					Yes	No	Yes	No	Yes	No				
							ľ]						
		-												
							!							
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					<u></u>		<u></u>		<u> </u>					
				·	_							_		
Tota	al				<u> </u>	<u> </u>	<u> </u>	L	1	<u> </u>				

	dule A (Form 990 or 990-EZ) 2009 Nat	ional Soc	iety Dau	ghters of	the 30	-031612		Page 2
Pa	Support Schedule for Or (Complete only if you che)(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support	BORCA THE BOX	<u> </u>	o or raiti.				
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(0) 2000	(0) 2000	(0) 2001	(u) 2000	(0) 2000		(1) 10.01
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4					<u> </u>		
	tion B. Total Support		· 	·				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(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					<u> </u>		
12	Gross receipts from related activities, etc.	(see instructions)				Ĺ	12	_
13	First five years. If the Form 990 is for the	-	, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							•
	tion C. Computation of Public Su	<u> </u>				1	—т	
14	Public support percentage for 2009 (line 6			nn (f))		-	14	%
15	Public support percentage from 2008 Sch					L	15	%
16a	,,				33 1/3 % or more,	, check this bo	x	
_	and stop here. The organization qualifies							▶ _
b	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or i	more, check th	าเร	
	box and stop here. The organization qual		=					
17a	10%-facts-and-circumstances test—200	=						
	more, and if the organization meets the "fa						•	
	organization meets the "facts-and-circums						201	▶ _
b	10%-facts-and-circumstances test—200	-						
	more, and if the organization meets the "fa			•	•		;	. –
40	organization meets the "facts-and-circums		=		=			₹ -
18	Private foundation. If the organization did	not check a box o	on line 13, 16a, 16	op, 1/a, or 17b, che	eck this box and s	ee instructions	5	₽∟

Schedule A (Form 990 or 990-EZ) 2009 National Society Daughters of the 30-0316122

Section A. Public Support

Schedule A (Form 990 or 990-EZ) 2009 National Society Daughters of the 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.)

Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			36,197	29,810	34,086	100,093
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			20,315	28,777	52,603	101,695
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 through 5			56,512	58,587	86,689	201,788
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 \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						201,788
Sec	tion B. Total Support	l.,	L	L	L	l	201,788
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			56,512	58,587	86,689	201,788
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			36	7	3	46
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			36	7	3	4.6
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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.)			56,548	58,594	86,692	201,834
14	First five years. If the Form 990 is for the organization, check this box and stop her	=	it, second, third, fo	urth, or fifth tax year	as a section 501		▶ [X
Sec	tion C. Computation of Public S	upport Percen	itage				
15	Public support percentage for 2009 (line 8	B, column (f) divide	ed by line 13, colum	nn (f))		15	%
<u>16</u>	Public support percentage from 2008 Sch	edule A, Part III, li	ne 15			16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2009 (•	-	3, column (f))		17	%
18	Investment income percentage from 2008	•				18	%
19a	33 1/3 % support tests—2009. If the orga						⊾ Г
b	17 is not more than 33 1/3 %, check this I 33 1/3 % support tests—2008. If the organization	anization did not cl	heck a box on line	14 or line 19a, and l	ine 16 is more tha	an 33 1/3 %, and	F L
	line 18 is not more than 33 1/3 %, check t	•	-			-	> _
<u>20</u>	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this box	and see instruction	ons	<u></u> ▶

Schedule A (Form 990 or 990-EZ) 2009 National Society Daughters of the 30-0316122

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Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. **Federal Statements**

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Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	_	Amount
Convention registration fees	\$	41,954
Sales of chapter supplies Charter application fees		10,591 58
	<u>, —</u>	
Total	۶	52,603

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	A n	nount
Expenses	\$	
Advertising		550
Website maintenance		1,301
Travel		7,331
Convention and meetings		56,281
Insurance		1,638
Supplies		2,109
Service pins		3,420
Gift and enterntainment		349
Bank charges		76
Franchise tax		25
Total	\$	73,080

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	eginning of Year	 End of Year
Prepaid Expenses and Deferred Charges	\$ 8,863	\$ 5,513
	 8,863	5,513

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	inning Year	End of Year
Deferred Revenue	\$ 19,865	\$ 23,217
	 19,865	 23,217

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Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The primary objective of the National Society, a non-profit, non-political, non-sectarian, voluntary American society of women of British or British Commonwealth birth or ancestry, is support of the British Homes (established under the auspices of the National Society in the respective districts, who operate as separate corporations) for retired men and women who are residents and/or citizens of the United States in each of the four geographic districts.