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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except 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 \$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

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

07/01, 2009, and ending

06/30/2010

## A For the 2009 calendar year, or tax year beginning

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	D Employer identification number 59-6169684
Address change		Number and street (or P O box, if mail is not delivered to street address) C/O REBECCA DOANE, 2000 PGA BLVD.	E Telephone number (561) 656-0200
Name change		Room/suite 4410	F Group Exemption Number ►
Initial return			
Termination return			
Amended return			
Application pending			
		NORTH PALM BEACH, FL 33408	

- 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 Tax-exempt status (check only one) -  501(c) (3) ◀ (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 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

L 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 . ► \$ 39,279.

## 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 16,063.
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 7,570.
	4 Investment income . . . . .	4 66.
	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) . . . . .	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ►	
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a 15,580.
	b Less direct expenses other than fundraising expenses . . . . .	6b 12,037.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c 3,543.
	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 . . . . .)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9 27,242.
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10 26,892.
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 0.
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 2,310.
	16 Other expenses (describe . . . . .)	16 9,181.
	17 Total expenses. Add lines 10 through 16 . . . . .	17 38,383.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -11,141.
	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 45,764.
	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 34,623.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 . . . . .	45,576.	22 34,208.
23 Land and buildings . . . . .		23
24 Other assets (describe . . . . .)	188.	24 415.
25 Total assets . . . . .	45,764.	25 34,623.
26 Total liabilities (describe . . . . .)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,764.	27 34,623.

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

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

What is the organization's primary exempt purpose? ATCH 7

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, and other relevant information for each program title

**28 ATTACHMENT 8**

(Grants \$

26,892.

) 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-)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

**ATTACHMENT 9**

- 0 -

- 0 -

- 0 -

## Part 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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	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 why the organization did not report the income on Form 990-T		
a 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	X
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 instructions ► 37a 0.	37a	0.
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 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 . . . . .	38b	
39 Section 501(c)(7) organizations Enter	39a	
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 ► 0., section 4912 ► 0., section 4955 ► 0.	40a	
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 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
c 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 . . . . . ► 0.	40c	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0.	40d	
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 . . . . .	40e	X
41 List the states with which a copy of this return is filed ► FL,		
42a The organization's 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)? . . . . .	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.	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U S? . . . . .	42c	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	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	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 . . . . .	45	X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

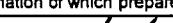
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	46	X
48	Is the organization 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 a section 527 organization? . . . . .	49a	X
50	Complete this table for the organization's 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	

f Total number of other employees paid over \$100,000 . . . . . ► 0

51 Complete this table for the organization's 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		

d Total number of other independent contractors receiving over \$100,000. . . . . ► 0

<b>Sign Here</b>	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	 Date 10/21/10		
	 Type or print name and title REBECCA G DOANE, Treasurer			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 10/21/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	PRICEWATERHOUSECOOPERS LLP 200 LAKEVIEW AVENUE, SUITE 280 WEST PALM BEACH, FL 33401	EIN 13-4008324	Phone no (561) 832-0038

Department of the Treasury  
Internal Revenue Service

**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.

**Name of the organization** NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION, INC.- PALM BEACH CHAPTER

**Employer identification number**

**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 (For lines 1 through 11, check only one box )

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ**

**Schedule A (Form 990 or 990-EZ) 2009**

**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) 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") . . . . .						
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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar 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 <b>Total support.</b> Add lines 7 through 10 . . .						12
12 Gross receipts from related activities, etc (see instructions) . . . . .						
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . 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 <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> 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) 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") . . . . .	19,408	19,181	12,59c	10,229	23,633	85,047
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 . . . . .	25,133	16,215	21,478	15,347	15,580	93,753
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 . . . . .	44,541	35,396	34,074	25,576	39,213	178,800
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 . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						178,600

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .	44,541	35,396	34,074	25,576	39,213	178,800
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	242	518	315	170	66	1,311
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	242	518	315	170	66	1,311
c Add lines 10a and 10b . . . . .	242	518	315	170	66	1,311
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) . . . . .	44,783	35,914	34,369	25,746	39,279	180,111
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 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.27 %
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	99.24 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	.73 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	.76 %
19a 33 1/3% support tests - 2009. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**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

ATTACHMENT 1FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	66.
<b>TOTAL</b>	<b><u>66.</u></b>

ATTACHMENT 2FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
BENEFIT EVENT AND LUNCHEONS	15,580.	12,037.	3,543.
TOTALS	<u>15,580.</u>	<u>12,037.</u>	<u>3,543.</u>

**Palm Beach Chapter  
Daughters of the American Revolution, Inc.  
EIN 59-6169684  
Form 990EZ; Tax Year 2009**

**Part I, Line 10 Grants & Similar Amounts Paid**

**Donations**

State Regent's Project Paw for Patriots	500 00
Tamassee School	15,650 00
Various High School ROTC Programs	1,250.00
State of Florida DAR	3,542.00
Treasurer General NSDAR	3,600 00
Safe Harbor Animal Rescue	100 00
West Palm Beach VA Medical Center	1,500.00
American History Awards	450.00
Good Citizen Awards	300 00
<b>Total:</b>	<b><u>26,892.00</u></b>

ATTACHMENT 4FORM 990EZ, PART I - OTHER EXPENSES

CONFERENCES, CONVENTIONS	2,020.
NATIONAL DAR DUES	3,185.
STATE DAR DUES	460.
CHAPTER EXPENSES	1,400.
PHOTOGRAPHY	1,280.
SUBSCRIPTIONS	594.
MISCELLANEOUS	122.
BANK FEES	120.
 TOTAL	 <u>9,181.</u>

ATTACHMENT 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	14,251.	2,936.
SAVINGS	31,325.	31,272.
<b>TOTALS</b>	<b><u>45,576.</u></b>	<b><u>34,208.</u></b>

ATTACHMENT 6FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
OTHER NOTES AND LOANS RECEIVABLE	188.	415.
<b>TOTALS</b>	<b><u>188.</u></b>	<b><u>415.</u></b>

ATTACHMENT 7

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 ACCOMPLISHMENTSATTACHMENT 8PROGRAM 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

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

59-6169684

ATTACHMENT 9

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
	COMPENSATION	0.		
BETSY SMITH 709 HARBOUR POINT DR. NORTH PALM BEACH, FL 33410	TREASURER 3.00	0.	0.	0.
JEAN MERCHANT PO BOX 6115 7210 WESTLAKE DRIVE WEST PALM BEACH, FL 33405	HISTORIAN 2.00	0.	0.	0.
REBECCA ISIMINGER 7117 KITTYHAWK WAY NORTH PALM BEACH, FL 33408	REGENT 8.00	0.	0.	0.
LINA LIKEN 14915 PEPPER MILL LANE DELRAY BEACH, FL 33484	REGISTRAR 1.00	0.	0.	0.
LOUISE LORD 2500 S. OCEAN BLVD. #202 PALM BEACH, FL 33480	RECORDING SECRETARY 3.00	0.	0.	0.
ALMA KRICK 375 LYTTLE STREET WEST PALM BEACH, FL 33405-4648	LIBRARIAN 1.00	0.	0.	0.
NANCY SHEPHERD	CHAPLAIN	0.	0.	0.

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
	COMPENSATION			
1902 NOTRE DAME DRIVE LAKE WORTH, FL 33460-6349	1.00			
JANICE THORSTAD 110 EL PUEBLO WAY PALM BEACH, FL 33480	VICE REGENT	0.	0.	0.
MARY VOSS 1227 CRESTWOOD DRIVE DELRAY BEACH, FL 33483	CORRESPONDING SECRETARY	3.00	0.	0.
	GRAND TOTALS		0.	0.

Application for Extension of Time To File an  
Exempt Organization Return

► 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](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>NATIONAL SOCIETY OF THE DAUGHTERS OF AMERICAN REVOLUTION, INC. - PALM BEACH CHAPTER</b>	Employer identification number <b>59-6169684</b>
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 <b>C/O REBECCA DOANE, 2000 PGA BLVD.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NORTH PALM BEACH, FL 33408</b>	

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	<b>Balance Due.</b> 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 or payment instructions

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

Form 8868 (Rev. 4-2009)