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Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A Fo	r the .	2010 calendar year, or tax year beginning 03-01-2010 and ending 02-	28-2011						
B Ch	eck ıf a	pplicable C Name of organization NATIONAL SOCIETY DAUGHTERS OF THE		D Em	ployer	identification number			
☐ Ad	dress ch	ange AMERICAN REVOLUTION		53-	0205	923			
┌ Na	me cha	Doing Business As nge		E Tele	phone	number			
┌ Ind	tal retu	Number and street (or P O box if mail is not delivered to street address)		Room/suite (2.0	2)87	9-3365			
Г Те	mınate	1776 D CTREET NIM		(20					
┌ Am	ended	return City or town, state or country, and ZIP + 4		G Gro	ss recei	pts \$ 165,396,117			
Г _{Арі}	olication	WASHINGTON, DC 200065303							
		F Name and address of principal officer		H(a)	, ,,				
		MERRY ANN T WRIGHT		H(a) Is this a group retu	rn for affi	liates? I Yes I No			
		1776 D STREET NW WASHINGTON, DC 200065303		H(b) Are all affiliates	ıncluded	d?			
		WASHINGTON, DC 200003303		If "No," attac	h a lıs	t (see instructions)			
I Ta	x-exem	pt status	27	H(c) Group exemp	otion r	number 🟲			
1 W	ehsit <i>e</i>	∷ ► WWW DAR ORG							
			l	1					
		ganization		L Year of formation	1896	M State of legal domicile DC			
Pa	rt I	Summary							
v	-	Briefly describe the organization's mission or most significant activities THE MISSION OF THE NATIONAL SOCIETY DAUGHTERS OF THE A PRESERVATION, EDUCATION, AND PATRIOTISM	MERICAI	N REVOLUTION IS	TO P	ROMOTE HISTORIC			
Governance	-								
Ë	-								
\$,	Check this box ▶─ if the organization discontinued its operations or dis	nosad of	more than 25% of it	c not	accats			
		Number of voting members of the governing body (Part VI, line 1a)			.s net	86			
Activities &		Number of independent voting members of the governing body (Part VI,			4	85			
Ħ		Fotal number of individuals employed in calendar year 2010 (Part V , line	•		5	170			
ਓ		Fotal number of volunteers (estimate if necessary)			6	4,775			
⋖		Fotal unrelated business revenue from Part VIII, column (C), line 12			7a	64,872			
		Net unrelated business taxable income from Form 990-T, line 34		7b	-2,619				
				Prior Year	1	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	4,508	3,874	4,586,659				
볼	9	Program service revenue (Part VIII, line 2g)		7,640	,025	8,385,626			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,323	,476	2,010,680			
ά	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	,165	2,465,119					
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column		16.000		17 449 094			
	13	Country and complete proof (Part IV column (A) know 1 2)		16,008		17,448,084			
	14		s and similar amounts paid (Part IX, column (A), lines 1–3)						
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A)			0	0			
\$	15	10)	, illies 5-	7,255	,360	7,489,941			
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0			
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶1,537,902							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,488	,665	8,133,626				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), lin		14,973		15,907,232			
	19	Revenue less expenses Subtract line 18 from line 12		1,035	5,495 1,540,85				
8 % ₩				Beginning of Curr	ent	End of Year			
Net Assets or Fund Balances		Tabella and (Bark V. L., 16)		Year					
Ass Ba	20	Total assets (Part X, line 16)	•	73,206		82,030,697			
5 E	21 22	Total liabilities (Part X, line 26)	7,710 65,496		7,606,120				
			• •	65,496	,335	74,424,577			
Unde know		Signature Block ties of perjury, I declare that I have examined this return, including accompa and belief, it is true, correct, and complete. Declaration of preparer (other tha							
		*****		2011-10-04					
Sigr	1	Signature of officer							
Her		SARAH POTTS VOLL TREASURER GENERAL							
		Type or print name and title							
		Preparer's signature ANDREW SMITH ANDREW SMITH	Date	Check if s		PTIN			
Paid		preparer's name ANDREW SMITH ANDREW SMITH Firm's name LARSONALLEN LLP		employed	<u> </u>	Errolo ETNI &			
Prep	arer L	Firm's address 2900 SOUTH QUINCY ST SUITE 150				Firm's EIN •			
Use		·				Phone no ▶ (703) 998- 5100			
Mav	the IR	ARLINGTON, VA 22206 S discuss this return with the preparer shown above? (see instructions)				✓ Yes No			

Form	1990 (2010)						Page 2
Par	Statement of Check if Schedu	f Program Servi le O contains a resp			rt III		
1	Briefly describe the org	ganızatıon's mıssıon					
A M E RESE	SOCIETY WAS ESTABL RICAN INDEPENDENC EARCH AND PUBLICAT RIOTIC ENDEAVORS	E THE SOCIETY A	CHIEVES THI	S OBJECTIVE T	HROUGH PROGE	RAMS WHICH EN	COURAGE HISTORICAL
2	Did the organization un the prior Form 990 or 9		ant program s	ervices during the		not listed on	⊤Yes ▽ No
	If "Yes," describe these	e new services on Sc	hedule O				
3	Did the organization ce services?			nt changes in how	ıt conducts, any	program 	┌ Yes ┌ No
	If "Yes," describe these	changes on Schedu	ıle O				
4	Describe the exempt pu Section 501(c)(3) and allocations to others, th	501(c)(4) organizat	ions and secti	on 4947(a)(1) tru	ısts are required	to report the amou	•
4a	(Code) (Expenses \$	3,559,613	ıncludıng grants of	\$) (Revenue \$	3,202,255)
		NTAINS OVER 195,000 V					N EXTENSIVE GENEALOGICAL BLE ELSEWHERE THE LIBRARY
	(Code) (Expenses \$	2,948,049	ıncludıng grants of	<u> </u>) (Revenue \$	2,402,543)
	HISTORIC PRESERVATION EXHIBITING, AND PRESERV CHARGE NATIONAL SOCIE PERTAINING TO LIFE IN CO	NATIONAL SOCIETY DAL VING OBJECTS RELATED T TY DAUGHTERS OF THE A DLONIAL AMERICA, THE R	IGHTERS OF THE TO THE AMERICAN AMERICAN REVOL EVOLUTIONARY N	AMERICAN REVOLUTI N REVOLUTION THE I LUTION'S AMERICANA WAR ERA, AND THE E	ION MAINTAINS A MU MUSEUM IS OPEN TO COLLECTION INCLUI ARLY REPUBLIC NAT	ISEUM FOR THE PURPO MEMBERS AND THE G DES MANUSCRIPT AND IONAL SOCIETY DAUG	OSE OF COLLECTING, SENERAL PUBLIC FREE OF IMPRINT MATERIALS
4c	(Code) (Expenses \$	2,525,370	including grants of	\$ 138,	,145) (Revenue \$	3,035,628)
	EDUCATION NATIONAL SO TO SIX OTHER SCHOOLS N GOVERNMENT, ECONOMIC REVOLUTION ALSO PUBLISH PATRIOTISM, AND EDUCAT	IATIONAL SOCIETY DAUG S, BUSINESS, LAW, CHEN HES AMERICAN SPIRIT M	HTERS OF THE A	MERICAN REVOLUTIO G, AND OCCUPATIONA	N AWARDS SCHOLAR	SHIPS IN POLITICAL S AL SOCIETY DAUGHTER	RS OF THE AMERICAN
4d	Other program service	,	•		-		
	(Expenses \$	625,532 inc	luding grants (of \$	145,520) (Reve	enue \$	472,417)
4e	Total program service	expenses ► \$	9.658.56	54			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
<u> </u>		Yes	No
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
gaming (gambling) winnings to prize winners?	1c	Yes	
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the			
year?			
	3D	Yes	
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
			No
	OD		
2	5с		
organization solicit any contributions that were not tax deductible?	6a		No
	6b		
Organizations that may receive deductible contributions under section 170(c).			
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	7b	Yes	
			N o
			.,,
· · · · · · · · · · · · · · · · · · ·			
	7e		No
	7f		N c
·	7g		
Form 1098-C?	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	9a		
·	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
against amounts due or received from them)			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u> _	
1 1 2 6 1			
year			
Note. See the instructions for additional information the organization must report on Schedule O	13a		
Enter the amount of receives the arganization is required to account by the atom.			
In which the organization is licensed to issue qualified health plans			
	11-		KI -
Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable. Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable. Enter the number of Forms W-2G included in line 1s. Enter -0 - if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable againing damping with your more 50 per your winds. Enter the number of Forms W-2G included in line 1s. Enter -0 - if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable againing damping with your payments of the second of the called against a responsible of the called against a responsible payments to vendors and reportable returns. Enter the number of Forms W-2G included in line 1s. Enter -0 - in organization with the year organization with the year organization with the year organization with the year organization have an interest in, or a signature or distinctions? If It is east on the second report and the organization have an interest in, or a signature or other sulforing accounts. As any time dumpt the calendar year, did the organization have an interest in, or a signature or other sulforing accounts. If It is a second in a foreign country. For enstructions for filing requirements for Form TO F 90-22 1, Report of Foreign Bank and Financial Accounts as foreign country. For enstructions for filing requirements for Form TO F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization aparty to a prohibited tas sheller transaction at any time during the tax year? Do any taxable party notify the organization file from 886-7? Does the organization have annual goos receipts that are noticed eductable? For expectations and the proposed of the second party for pools and services provided to the payor? If It is a complete to the complete the second payor and the organizations and accounts of the second payor and the organization receive a payor? Do the organizations for	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Do the the organization comby with back too withholding rules for reportable payments to vendors and reportable among (gambino) winnings to prive winners? Enter the number of employees reported on Form W-3. Transmitted of Wideward 1975. The sum of the number of employees reported on Form W-3. Transmitted of Wideward 1975. The sum of the number of employees reported on Form W-3. Transmitted of Wideward 1975. The sum of time 1 and 2 as greater than 250, you may be required to e-life. (See instructions) Has least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 Mote. If the sum of lines 1 and 2 as greater than 250, you may be required to e-life. (See instructions) Hives; his stiffed a Form 990-7 for this year? If Wide provide an explanation in Schedule 0. At any time during the calendar year, did the organization have an interest in, or a signature or other frantial accounts of the program country (which is a bank account, a securities account, or other financial accounts? See instructions for fring recurrements for Form TD F90-22 1. Report of Foreign Beak and Financial Accounts Was the organization aparty to a probleted tax shelter transaction at any time during the tax year? See instructions for fring recurrements for Form TD F90-22 1. Report of Foreign Beak and Financial Accounts Hives; to line See or Sb, did the organization that twise or in a party to a probleted tax shelter transaction at any time during the tax year? See the organization have a manual gross receipts that are normally greater than \$100,000, and did the organization in the program action in the form \$200 and \$	Enter the number resusted in Box 3 of Form 1996. Enter -0- if not applicable and in a specific process of the number resusted in Box 3 of Form 1996. Enter -0- if not applicable and in a specific process. The number of Forms V-26 included in time 14 of Enter -0- if not applicable and in a specific process. The number of Forms V-26 included in time 14 of Enter -0- if not applicable and in a specific process. The specific process of the pro

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
3	other officer, director, trustee, or key employee?	2		<u> No</u>
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AK, AL, AR, AZ, CO, CT, FL, GA, H ME, MI, MN, MS, NC, ND, NH, NJ, N OR, PA, RI, SC, TN, UT, WA, WI, W	IM , N	Ү,ОН,	

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THE SOCIETY

1776 D STREET NW WASHINGTON, DC 200065303

(202) 628-1776

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours		tion that a			II		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related	(F Estim amount o compen	ated of other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		organizations (W- 2/1099- MISC)	from organizat relai organiz	the ion and ted
See A	Additional Data Table											
					<u> </u>							
	0.1.7.1							<u> </u>				
1b c	Sub-Total						· ·					
	Total (add lines 1b and 1c)	<u> </u>						 	361,128	0		24,755
2	Total number of individuals (ii \$100,000 in reportable comp	ncluding but not lir	nited to	thos	e lıs) who	·	n	l	
											Yes	No
3	Did the organization list any f	ormer officer, dire	ctorort	ruste	e, k	ey e	mploy	ee, o	r highest compens	ated employee		

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HAMMOCK PUBLISHING INC 3322 WEST END AVE SUITE 100 NASHVILLE, TN 37203	MAGAZINE PUBLISHER	786,137
YOHO ELECTRICAL SERVICES PO BOX 881 MT AIRY, MD 21771	ELECTRICAL SERVICES	655,109
WILLIS OF MARYLAND INC 12505 PARK POTOMAC AVE 300 POTOMAC, MD 20854	INSURANCE BROKER	430,879
DIAMONDBACK DIRECT 844 RITCHIE HIGHWAY SUITE 202 SEVERNA PARK, MD 21146	PRINTING/POSTAGE/MAILHOUSE SERVICES	319,353
CRS FACILITY SERVICES LLC 475 MARKET ST SUITE 105 ELMWOOD PARK, NJ 07407	CLEANING SERVICES	316,827
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Part \		2010) Statement of Reven					Pa	age 9
		Statement of Revent	ue -			(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections 512, 513, or
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues	. 1c . 1d . 1e , and 1f . nes 1a-1f \$	4,586,659	4,586,659			514
Program Service Revenue	d e f	MEMBERSHIP DUES APPLICATION OTHER MEMB MAGAZINE REVENUE RECORD COPY LIBRARY AND OTHER FEES All other program service re Total. Add lines 2a-2f		900099 900099 541800 900099 900099	5,367,351 1,739,411 977,552 282,185 19,127 8,385,626	1,739,411 934,279	43,273	
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	(1) Real 1,436,898	(II) Personal	2,275,521 236,132 1,436,898			2,275,521
	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(I) Securities 147,214,154 147,478,995 -264,841	(II) O ther	-264,841			-264,841
Other Revenue	b c 9a b c 10a b c d d e	Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue MANAGEMENT FEES OTHER TICKETMASTER COMMISS All other revenue	Ine 1c) a b draising events	999,954 469,038 Business Code 900099 900099 711300				
	12	Total revenue. See Instructi	ons		17,448,084	9,112,843	64,872 orm 990 (2	3,683,71

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to c	-		(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		<u>'</u>		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	138,145	138,145		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	145,520	145,520		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	301,859	82,808	209,978	9,073
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,004,894	3,488,710	2,133,959	382,225
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	175,225	103,124	60,803	11,298
9	Other employee benefits	569,570	333,725	199,637	36,208
10	Payroll taxes	438,393	249,591	161,457	27,345
а	Fees for services (non-employees) Management	128,258	116,937	11,321	· · · · · ·
ь	Legal	78,207	5,235	35,039	37,933
с	Accounting	61,209		61,209	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	182,513	160,828	21,685	
g	Other	144,694	97,781	22,795	24,118
12	Advertising and promotion	30,140	30,140	·	
13	Office expenses	2,041,235		642,167	302,394
14	Information technology	37,670		4,438	13,395
15	Royalties	,	,	,	
16	Occupancy	777,237	594,445	170,583	12,209
17	Travel	105,560	<u> </u>		43,916
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		.,		
19	Conferences, conventions, and meetings	453,841	114,527	277,084	62,230
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,015,300	796,139	196,597	22,564
23	Insurance	417,567	104,392	313,175	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING & PUBLICATIONS	1,420,804	823,610	57,084	540,110
b	CONTRIBUTIONS	756,522	752,141	4,381	
c	OTHER EXPENSES	234,492	192,136	39,650	2,706
d	REAL ESTATE TAXES	145,418	114,728	30,435	255
е	SUBSCRIPTIONS & MEMBERS	65,807	40,759	21,240	3,808
f	All other expenses	37,152	9,173	21,864	6,115
25	Total functional expenses. Add lines 1 through 24f	15,907,232	9,658,564	4,710,766	1,537,902
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	· · · · · · · · · · · · · · · · · · ·				

Pa	rt X	Balance Sheet					. 490
					(A) Beginning of year		(B) End of year
-	1	Cash—non-interest-bearing			-43,614	1	1,024,600
	2	Savings and temporary cash investments			4,906,100	_	3,769,466
	3	Pledges and grants receivable, net			1,691,245		432,734
	4		•		130,413		160,678
		Accounts receivable, net			130,413	4	160,676
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, кеу	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ersponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	nploye	ers, and			
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
Ą	8	Inventories for sale or use			471,092	8	438,298
	9	Prepaid expenses and deferred charges			205,065	9	365,768
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	29,213,513			
	ь	Less accumulated depreciation	10b	14,700,495	14,154,018	10c	14,513,018
	11	Investments—publicly traded securities			50,806,488	11	60,359,410
	12	Investments—other securities See Part IV, line 11			803,456	12	857,608
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		_	82,183	15	109,117
	16	Total assets. Add lines 1 through 15 (must equal line 34)		· •	73,206,446		82,030,697
	17	Accounts payable and accrued expenses .	•		1,686,465		1,967,864
	18	Grants payable			1,000,100	18	
	19	Deferred revenue			4,956,624	19	4,844,013
	20	Tax-exempt bond liabilities			4,000,024	20	
S		·	- 0		207,747	21	103,367
bilities	21	Escrow or custodial account liability Complete Part IV of Schedul Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		•	207,747	21	103,367
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			859,275		690,876
	26	Total liabilities. Add lines 17 through 25	•		7,710,111	26	7,606,120
	20	Organizations that follow SFAS 117, check here ► ✓ and comp	lata li	nos 27	7,710,111	20	7,000,120
S O		through 29, and lines 33 and 34.	iete ii	iles 27			
Juc	27	Unrestricted net assets			21,838,224	27	23,150,837
1 83 1 84	28	Temporarily restricted net assets			32,185,554	28	39,184,151
G	29	Permanently restricted net assets			11,472,557	29	12,089,589
Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ an	d com	plete	, , , , ,		. ,
or F		lines 30 through 34.		<u>-</u>			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
45.5	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net /	33	Total net assets or fund balances	-		65,496,335	33	74,424,577
Ź	34	Total liabilities and net assets/fund balances			73,206,446		82,030,697
l —	"	rotur navnities and net assets/fully vaidlites			/ 3,200,446	34	02,030,697

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,4	148,08
2	Total expenses (must equal Part IX, column (A), line 25)	2			907,23
3	Revenue less expenses Subtract line 2 from line 1	3		1,5	540,85
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65,4	196,33
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,3	387,39
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		74,4	124,57
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		<u>. </u>	୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

DLN: 93493279002111

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

		e organız CIETY DAU	ation GHTERS OF TI	HE			Employer identi	fication n	umber	
AMER	ICAN RE	VOLUTION					53-0205923			
Pa	rt I	Reaso	n for Pu	blic Charity Stat	tus (All organization:	s must complete this pa	art.) See instruc	ctions		
The	organız	zation is	not a privat	e foundation becaus	e it is (For lines 1 thro	ugh 11, check only one bo	×)			
1	Γ	A churc	h, conventı	on of churches, or as	ssociation of churches o	lescribed in section 170(b)	(1)(A)(i).			
2	Γ	A schoo	l described	ın section 170(b)(1	.)(A)(ii). (Attach Sched	ule E)				
3	Γ	A hospi	tal or a coo	perative hospital sei	rvice organization descr	ribed in section 170(b)(1)(A)(iii).			
4	Γ			n organization operat ty, and state	ed in conjunction with a	hospital described in sect	ion 170(b)(1)(A)	(iii). Ente	rthe	
5	Γ	_	•	erated for the benefit A)(iv). (Complete P	-	ty owned or operated by a	governmental uni	t describe	ed in	
6	Γ	A federa	al, state, or	local government or	governmental unit desc	:ribed in section 170(b)(1)	(A)(v).			
7	Γ	describe	ed in	at normally receives A)(vi) (Complete P	·	support from a governmer	ital unit or from th	ie general	public	:
8	Γ	A comm	unity trust	described in section	170(b)(1)(A)(vi) (Co	mplete Part II)				
9	굣	An orga	nızatıon tha	at normally receives	(1) more than 331/3%	of its support from contrib	utions, membersh	np fees, a	nd gros	SS
		receipts	from activ	ities related to its ex	kempt functions—subjec	t to certain exceptions, ar	nd (2) no more tha	n 331/3%	of	
		ıts supp	ort from gro	oss investment incoi	me and unrelated busine	ess taxable income (less s	ection 511 tax) fr	rom busın	esses	
		acquire	d by the org	anızatıon after June	30, 1975 See section	509(a)(2). (Complete Part	III)			
10	Γ	An orga	nızatıon org	janized and operated	d exclusively to test for	public safety See section!	509(a)(4).			
11	Γ	one or n the box	nore publicl	y supported organiza	ations described in sect orting organi <u>za</u> tion and	efit of, to perform the function 509(a)(1) or section 5 complete lines 11e throug I - Functionally integrated	09(a)(2) See sec h 11h		a)(3).	Check
e	Γ	otherth				rolled directly or indirectly blicly supported organizati				
f g		check th	nis box			S that it is a Type I, Type	• •	pporting o	rganız	ation,
_			persons?	, 	, ,	· · · · · · · · · · · · · · · · · · ·				
		(i) a pe	rson who di	rectly or indirectly c	ontrols, either alone or t	together with persons desc	rıbed ın (ıı)		Yes	No
		and (III)	below, the	governing body of th	e the supported organiz	ation?		11g(i)		
		(ii) a far	mily membe	er of a person descril	bed ın (ı) above?			11g(ii)		
		(iii) a 3	5% control	led entity of a persoi	n described in (i) or (ii) a	above?		11g(iii)		
h 		Provide	the followir	ng information about	the supported organizat	tion(s)				
				(iii) Type of	(iv)	(v)	(vi)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your gove	(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 U S?		on in anized	(vii) A mount of support	
		instructions))	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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , , , ,	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

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

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

	ction A. Public Support	T	T	г				
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,329,466	8,283,225	10,654,031	9,545,225	Ş	,954,010	46,765,957
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	3,024,305	3,547,483	3,522,115	3,485,847	3	;,975,505	17,555,255
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	11,353,771	11,830,708	14,176,146	13,031,072	13	,929,515	64,321,212
	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of							0
_	the amount on line 13 for the year Add lines 7a and 7b							0
8	Public Support (Subtract line 7c from line 6)							64,321,212
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
9	A mounts from line 6	11,353,771	11,830,708	14,176,146	13,031,072	13	,929,515	64,321,212
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,831,749	7,277,221	3,993,586	3,538,283	3	,948,002	25,588,841
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	6,831,749	7,277,221	3,993,586	3,538,283	3	,948,002	25,588,841
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)	260,639	292,163	396,346	229,196		239,574	1,417,918
13	Total support (Add lines 9, 10c,	18,446,159	19,400,092	18,566,078	16,798,551	18	,117,091	91,327,971
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or f	ifth tax year as a	section5	501(c)(3) organization, ►
Se	ction C. Computation of Pub	lic Support P	ercentage					
15	Public Support Percentage for 2010			13 column (f))		15		70 430 %
16	Public support percentage from 200)9 Schedule A, P	art III, line 15			16		69 310 %
<u>Se</u> 17	ction D. Computation of Inv Investment income percentage for				(f))	1		
18	Investment income percentage for Investment income percentage from				(i))	17		28 020 %
	z some medine percentage nor	Cricuale	,,	•		1 10	l	29 130 %

18 Investment income percentage from 2009 Schedule A, Part III, line 17

19 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. 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. Also complete this part for any additional information. (See instructions).

Facts And	d Circumstances	s Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION PART III SECTION B, LINE 12 - THE OTHER INCOME REPRESENT MANAGEMENT FEES AND MISCELLANEOUS INCOME

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493279002111

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal R	evenue Service	orm 990. ► See separate instructions.			Tusbec	CION
	e of the organization NAL SOCIETY DAUGHTERS OF THE		Emp	loyer identificat	ion numbe	er
	CAN REVOLUTION		53-0	0205923		
ar	Organizations Maintaining Donor A		unds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds		b) Funds and ot	her accou	nts
-	otal number at end of year	(a) Bollot davised fallas		b) i and and a	ner decod	11113
	ggregate contributions to (during year)					
	ggregate grants from (during year)					
	ggregate value at end of year					
	Old the organization inform all donors and donor advi unds are the organization's property, subject to the		or advı	sed	┌ Yes	
	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ben conferring impermissible private benefit	donor advisors in writing that grant funds			┌ Yes	┌ No
art	III Conservation Easements. Complete	ıf the organization answered "Yes" to	o Forn	n 990, Part IV	, lıne 7.	
	Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of a c	ertifie	d historic struct	ure	
				Held at the I	nd of the	Year
	otal number of conservation easements		2a			
	otal acreage restricted by conservation easements	ŀ	2b			
	Number of conservation easements on a certified his	` '	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conservations the organization have a written policy regarding the forcement of the conservation easements it holds:	ation easement is located !			┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp					
	Amount of expenses incurred in monitoring, inspecti	-		g the year ► \$ _		
	Does each conservation easement reported on line 2 .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				☐ Yes	☐ No
	n Part XIV, describe how the organization reports coalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial nents	stater	nents that descr	ribes	
art	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Otl	her Similar A	ssets.	
	f the organization elected, as permitted under SFAS irt, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	h ın fu			е,
_	f the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii				
	i) Revenues included in Form 990, Part VIII, line 1			► \$		
	ii) Assets included in Form 990, Part X			► \$		
	f the organization received or held works of art, histollowing amounts required to be reported under SFA		r finan			
	Revenues included in Form 990, Part VIII, line 1			► \$		
	,					

b Assets included in Form 990, Part X

'ar	Titl Organizations Maintaining Co	llections of Art,	<u>, His</u>	torica	<u>al Tre</u>	asures, or (Othe	r Similar	<u>Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie follo	wing tha	at are a signific	ant u	ise of its coll	ectio	n	
а	▼ Public exhibition		d	ا تا	Loan or	exchange prog	grams	;			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	v they 1	further	the organizatio	n's e	xempt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang						ed "Y	es" to Forn	n 990),	
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for cor	ntributio	ons or other as	sets	not	Γ	Yes	▼ No
b	If "Yes," explain the arrangement in Part XIV	V and complete the f	ollow	ung tab	ole			1			
									A mo	unt	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						굣	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	(b	Prior Ye		(c)Two Years Ba		1) Three Years B	ack (e) Four Y	ears Back
la	Beginning of year balance	34,971,313			911,020	41,820,			_		
b	Contributions	921,881			985,317	1,724,					
C	Investment earnings or losses	5,570,664			528,363	-15,160,					
d	Grants or scholarships	780,711			594,537	474,	,13/		_		
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	40,683,147		34,9	971,313	27,911,	,020				
2	Provide the estimated percentage of the yea	r end balance held a	s								
а	Board designated or quasi-endowment 🕨	29 730 %									
ь	Permanent endowment > 28 190 %										
c	Term endowment ► 42 080 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ition t	that are	e held a	and administer	ed for	the			
_	organization by	oonon on the organiza								Yes	No
	(i) unrelated organizations							[3a(i)		Νo
	(ii) related organizations							🚉	Ba(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio								3b		<u> </u>
1	Describe in Part XIV the intended uses of th						4.0				
Pa I	t VI Investments—Land, Buildings	s, and Equipmei	1t. 5								
	Description of investment				ost or oth (investme			(c) Accumula depreciatio		(d) Bo	ok value
la	Land					20	7,420				207,420
b	Buildings					25,00	2,922	11,482	,315	1	3,520,607
c	Leasehold improvements										
d	Equipment					4,00	3,171	3,218	,180		784,991
e	Other								T		

14,513,018

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.
((a) Description of security or category	(b) Book value	(c) Method of valuation
(1)[:======	(including name of security)		Cost or end-of-year market value
	al derivatives		
Other	- held equity interests		
Total (Colum	mn (b) should equal Form 990, Part X, col (B) line 12)	F	
	Investments—Program Related. Se		13
			(c) Method of valuation
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 13)	-	
	mn (b) should equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, I		
	(2) enemia equations error (2) mile 20)	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
	Other Assets. See Form 990, Part X, I	ine 15.	(b) Book value
Total. (Colu	Other Assets. See Form 990, Part X, I (a) Descr	Ine 15.	(b) Book value
Total. (Colu	Other Assets. See Form 990, Part X, I (a) Description (a) Description (b) should equal Form 990, Part X, col.(B) line Other Liabilities. See Form 990, Part	ne 15. ption 15.) X, line 25.	
Total. (Colu	Other Assets. See Form 990, Part X, I (a) Descr	Ine 15.	
Total. (Colu Part X	Other Assets. See Form 990, Part X, I (a) Description (a) Description (b) should equal Form 990, Part X, col.(B) line Other Liabilities. See Form 990, Part	ne 15. ption 15.) X, line 25.	
Total. (Columnation of the Part X 1 Federal Inc.)	Other Assets. See Form 990, Part X, I (a) Description of Liability Other Liabilities. See Form 990, Part (a) Description of Liability	ne 15. ption 15.) X, line 25.	
Total. (Columnation of the Part X 1 Federal Inc.)	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.)	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.)	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.)	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.)	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	
Total. (Columnation of the Part X 1 Federal Inc.	Other Assets. See Form 990, Part X, I (a) Description of Liability come Taxes	15.) X, line 25. (b) A mount	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,448,084
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,907,23
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,540,85
4	Net unrealized gains (losses) on investments	4	7,387,390
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	7,387,390
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	8,928,24
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	24,944,97
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	7,496,890
3	Subtract line 2e from line 1	3	17,448,084
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,448,084
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	16,016,73
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	109,500
3	Subtract line 2e from line 1	3	15,907,23
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	15,907,23

Part XIV Supplemental Information

Ident if ier	Return Reference	Explanation
	PART III, LINE 1A	NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION ACQUIRES ITS COLLECTIONS, WHICH INCLUDE MICROFILM, LIBRARY BOOKS AND HISTORICAL TREASURES OF ITS MUSEUM AND AMERICANA COLLECTION, THROUGH PURCHASE OR DONATION NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION'S COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH AND ARE PROTECTED AND PRESERVED AS PERMITTED BY US GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, COLLECTIONS ARE NOT CAPITALIZED BY NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION, BUT RATHER EXPENSED CURRENTLY AS OF FEBRUARY 28, 2011, THE ESTIMATED FAIR VALUE OF THE COLLECTIONS WAS IN EXCESS OF \$50 MILLION NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION HAD NO SIGNIFICANT DEACQUISITIONS OR DISPOSALS OF MUSEUM/LIBRARY COLLECTIONS DURING THE FISCAL YEAR ENDED FEBRUARY 28, 2011
	PART III, LINE 4	NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION'S COLLECTIONS INCLUDE MICROFILM, LIBRARY BOOKS, AND HISTORICAL TREASURES OF ITS MUSEUM AND AMERICANA COLLECTION THE COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH AND ARE PROTECTED AND PRESERVED
	PART IV, LINE 2B	NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION ACTS AS AN AGENT IN THE COLLECTION AND DISBURSEMENT OF FUNDS RECEIVED FROM CONTRIBUTORS TO DAR SCHOOLS AS NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION DOES NOT HAVE VARIANCE POWER OVER THE DISBURSEMENT OF THESE FUNDS, AMOUNTS HELD FOR DAR SCHOOLS TOTALING \$103,367 AT FEBRUARY 28, 2011 ARE REFLECTED IN ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE FINANCIAL STATEMENT
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION ENDOWMENT CONSISTS OF MULTIPLE FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES TO PROVIDE FOR THE LONG TERM SUPPORT OF THE ORGANIZATION AND ITS PROGRAMS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT IS SUBJECT TO TAX ONLY ON ITS NET UNRELATED BUSINESS INCOME ADDITIONALLY, NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION IS EXEMPT FROM INCOME TAXES IN THE DISTRICT OF COLUMBIA IT HAS BEEN DETERMINED THAT NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE CODE NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN INCOME TAX POSITIONS NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS TAX POSITIONS ARE MORELIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION'S INCOME TAX RETURN ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR THE FISCAL YEARS ENDED 2008 - 2010 ARE OPEN TO EXAMINATION BY

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2010

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Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	RICAN REVOLUTION	FIRE			53-0205923	
Pa	rt I General Information "Yes" to Form 990, Par	1 on Activiti t IV, line 14b	es Outside th	ne United States. Co	omplete if the organiz	ation answered
L	For grantmakers. Does the o	=			-	
	assistance, the grantees' elig					
	the grants or assistance?					✓ Yes
2	For grant makers. Describe in Pa United States	rt V the organız	ation's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part \	/ ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
3a	Sub-total		0			
ŀ	Total from continuation sheets		0			1
	to Part I C Totals (add lines 3a and 3b)		0			

Part IV	, line 15, for an	sistance to Orgai y recipient who rece space is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp of if no one recipient	plete if the organiza received more thai	tion answered "Yes" n \$5,000	' to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	ASSISTANCE TO WOUNDED US MILITARY PERSONNEL			125,444	SWEATSHIRTS, PAJAMAS, UNDERGARMENTS, DUFFLE BAGS, TELEPHONE CARDS, JACKETS	FM∨
		MIDDLE EAST AND NORTH AFRICA	ASSISTANCE TO ACTIVE U S MILITARY PERSONNEL			20,076	TELEPHONE CARDS	FMV
				recognized as chari ovided a section 50				
•	•	_	·		. , , , , , ,		•	2

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ᅜ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	ᅜ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Part V Supplemental Infor	rmation
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Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

information.		
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE GRANT WAS SENT TO LANDSTUHL REGIONAL MEDICAL CENTER US MILITARY HOSPITAL, WOUNDED WARRIOR FUND TO PROVIDE CLOTHING AND OTHER ASSISTANCE TO WOUNDED US MILITARY PERSONNEL ANOTHER GRANT WAS ALSO SENT TO CAMP BROWN DEATHERNECK IN AFGHANISTAN, TO PROVIDE ASSISTANCE TO ACTIVE US MILITARY PERSONNEL
-		Schodula E / Form 000\ 2010

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DLN: 93493279002111

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Name of the organization						Employer identificati	on number
NATIONAL SOCIETY DAUGHTERS (AMERICAN REVOLUTION	OFTHE					53-0205923	
Part I General Informatio	n on Grants and	Assistance					
1 Does the organization maintain i							F., F.
the selection criteria used to aw Describe in Part IV the organiza							✓ Yes
Part II Grants and Other As					mplete if the erga	nization answered "V	'as" to
Form 990, Part IV, line duplicated if additiona	e 21 for any recip	ient that received n	nore than \$5,000. Che	eck this box if no one	recipient receive	d more than \$5,000.	es to . Part II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50							
3 Enter total number of other orga				Cat No FOOFED			do I (Form 000) 2010

	•	
Part III	Grants and Other Assistance to Individuals in the United State	s. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION AWARDS SCHOLARSHIPS TO QUALIFIED APPLICANTS APPLICANTS MUST BE UNITED STATES CITIZENS AND MUST ATTEND AN ACCREDITED COLLEGE OR UNIVERSITY IN THE UNITED STATES THE APPLICATION PROCESS IS CONDUCTED WITHOUT REGARD TO RACE, SEX, RELIGION, OR NATIONAL ORIGIN SCHOLARSHIPS ARE AWARDED BY THE SCHOLARSHIP COMMITTEE BASED ON ACADEMIC EXCELLENCE, COMMITMENT TO FIELD OF STUDY (AS REQUIRED), AND NEED

Software ID: Software Version:

EIN: 53-0205923

Name: NATIONAL SOCIETY DAUGHTERS OF THE

AMERICAN REVOLUTION

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	58	104,224			
FRIENDS OF AMERICAN HISTORY	4	3,400			
FRIENDS OF VETERANS	2	1,600			
JUNIOR AMERICAN CITIZENS	445	6,700			
OUTSTANDING TEACHER AWARD	1	3,000			
GOOD CITIZEN AWARDS	58	16,500			
U S MILLITARY ACADEMY AWARDS	8	2,421			
AUGUSTIN RUDD FUND	1	300			

DLN: 93493279002111

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number

AFILIN	TEAN REVOLUTION				53-0205923			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		contribut	ion
1	Art—Works of art							
2	Art—Historical treasures	Х	6	11,945	INDEPENDENT API	PRAIS	SAL	
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	2	6,983	FAIR MARKET VAL	UE		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ► ()							
26	Other ►()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received b	y the org	anization during the tax yea	ar for contributions				
	for which the organization complet	ed Form 8	8283, Part IV, Donee Ackr	owledgement	29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	period?			30a		No
	If "Yes," describe the arrangement			_				
31	Does the organization have a gift a	cceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t	hırd part	ies or related organizations	to solicit, process, or sell	non-cash			
-						32a		Νo
	If "Yes," describe in Part II				Non-deserte d			
33	If the organization did not report re	evenuesi	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II				,	ı	ı I	

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
NON REPORTING OF REVENUE	,	HISTORICAL TREASURES WERE DONATED FOR THE DAR MUSEUM COLLECTION THE COLLECTION IS NOT CAPITALIZED, AS PERMITTED BY US GAAP

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493279002111

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE
AMERICAN REVOLUTION

Employer identification number

53-0205923

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE TWELVE-MEMBER EXECUTIVE COMMITTEE CONSISTS OF NATIONAL OFFICERS, WHO ARE ALL MEMBERS OF THE NATIONAL BOARD OF MANAGEMENT (NBM) THE COMMITTEE HAS THE AUTHORITY TO MAKE RECOMMENDATIONS TO THE NBM AND PERFORM DUTIES OF THE BOARD BETWEEN MEETINGS, AS DEEMED EXPEDIENT THE COMMITTEE HAS CHARGE OF ALL INVESTMENTS AND INSURANCE AS WELL AS THE AUTHORITY TO ENTER INTO CONTRACTS AND AGREEMENTS CONCERNING THE BUSINESS OF THE SOCIETY IT ALSO MAKES RECOMMENDATIONS CONCERNING THE BUDGET TO THE NBM

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS MEMBERS IN THE NATIONAL SOCIETY THROUGH A CHAPTER OR AS A MEMBER-AT-LARGE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		EXECUTIVE OFFICERS ARE ELECTED BY MEMBERS AT THE ANNUAL MEETING, CONTINENTAL CONGRESS, EVERY THREE YEARS ELECTIONS FOR THREE-YEAR TERMS FOR OTHER NBM POSITIONS ARE HELD ANNUALLY ON A ROTATING BASIS AT THE ANNUAL MEETING OTHER HONORARY OFFICERS ARE ALSO ELECTED BY MEMBERS AT CONTINENTAL CONGRESS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		VOTING MEMBERS (STATE AND CHAPTER REGENTS AND DELEGATES) AT THE ANNUAL MEETING, CONTINENTAL CONGRESS, VOTE BY BALLOT UPON QUESTIONS INVOLVING NEW PROJECTS OR SPECIAL APPROPRIATIONS 300 VOTING MEMBERS CONSTITUTE A QUORUM

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FINAL DRAFT OF THE FORM 990 (AS APPROVED BY THE PAID PREPARER) WILL BE REVIEWED BY THE 12-MEMBER EXECUTIVE COMMITTEE DURING A MEETING HELD PRIOR TO THE FILING DEADLINE THE DETAILED REVIEW WILL BE CONDUCTED BY THE CONTROLLER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	MANAGEMENT AND THE EXECUTIVE COMMITTEE MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR POTENTIAL CONFLICTS THE CONFLICT OF INTEREST POLICY COVERS ALL NATIONAL BOARD OF MANAGEMENT MEMBERS, AS WELL AS COMMITTEE CHAIRMEN THOSE COVERED UNDER THE POLICY HAVE A DUTY TO DISCLOSE ANY DIRECT OR INDIRECT FINANCIAL INTEREST ANY DISCLOSED FINANCIAL INTERESTS ARE REVIEWED AND DISCUSSED BY THE AUDITING COMMITTEE, WHICH THEN DECIDES IF A CONFLICT OF INTEREST EXISTS AND DETERMINES WHETHER OR NOT TO ENTER INTO THE TRANSACTION/ARRANGEMENT THE AUDITING COMMITTEE ALSO QUESTIONS ANY NBM MEMBER WHO MAY HAVE FAILED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IF THE COMMITTEE DETERMINES SUCH FAILURE TOOK PLACE, IT IS AUTHORIZED TO TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPARABILITY DATA IS OBTAINED AND REVIEWED ANNUALLY, COMPENSATION FOR TOP MANAGEMENT POSITIONS IS REVIEWED ANNUALLY WITH THE PERSONNEL COMMITTEE PRIOR TO THE BUDGET PROCESS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST IN ADDITION, BY LAWS ARE AVAILABLE TO MEMBERS ON THE MEMBER WEBSITE AND ARE AVAILABLE FOR SALE AS PART OF THE MEMBER HANDBOOK TO ANY ONE WHO VISITS NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION HEADQUARTERS

ldentifier	Return Reference	Explanation			
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 7,387,390			

Software ID: Software Version:

EIN: 53-0205923

Name: NATIONAL SOCIETY DAUGHTERS OF THE

AMERICAN REVOLUTION

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MERRY ANN WRIGHT PRESIDENT GENERAL	40 00	Х		х				12,000	0	0
BEVERLY W JENSEN FIRST VICE PRESIDENT GENERAL	20 00	Х		Х				0	0	0
LAURA M REID CHAPLAIN GENERAL	20 00	х		Х				0	0	0
LYNN F YOUNG RECORDING SECRETARY GENERAL	20 00	Х		Х				0	0	0
SALLY N BUENO CORRESPONDING SECRETARY GEN	20 00	х		х				0	0	0
JEAN D MANN ORGANIZING SECRETARY GENERAL	20 00	Х		Х				0	0	0
SARAH P VOLL TREASURER GENERAL	20 00	Х		Х				0	0	0
PATRICIA E CARPENTER REGISTRAR GENERAL	20 00	Х		х				0	0	0
ANN A HUNTER HISTORIAN GENERAL	20 00	Х		x				0	0	0
JOAN A HUNTER LIBRARIAN GENERAL	20 00	Х		X				0	0	0
BEVERLY D WEST CURATOR GENERAL	20 00	X		X				0	0	0
JEAN W VAUGHAN REPORTER GENERAL	20 00	Х		X				0	0	0
TOLLE MARY LYNN VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0
JONES MARTHA B VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0
HINSHAW JOYCE S VICE PRESIDENT GENERAL	4 00	Х		x				0	0	0
HESKE SUZANNE M VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0
HUNTSMAN IVERNA L VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0
REICHENBERG LOA L VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0
LERUD-CHUBB DIANNE B VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0
CARPENTER BARBARA H VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0
STOUT CYNTHIA T VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0
WARD SHELBY D VICE PRESIDENT GENERAL	4 00	Х		Х				0	0	0
BRATTON SUE C VICE PRESIDENT GENERAL	4 00	Х		Х				0	0	0
STUHLMACHER JULIE F VICE PRESIDENT GENERAL	4 00	Х		Х				0	0	0
GLASGO W BONNIE S VICE PRESIDENT GENERAL	4 00	Х		Х				0	0	0

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a	che				I	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)			
VORK FAYE W VICE PRESIDENT GENERAL	4 00	×		х				0	0	0	
WITHERS SHARON M VICE PRESIDENT GENERAL	4 00	х		х				0	0	0	
CHAFFIN JUDITH H VICE PRESIDENT GENERAL	4 00	×		x				0	0	0	
CHASTAIN BARBARA B VICE PRESIDENT GENERAL	4 00	х		х				0	0	0	
CASKEY BANA W VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0	
ARCHER GRETTA B VICE PRESIDENT GENERAL	4 00	х		х				0	0	0	
SANDLIN LINDA S VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0	
GRIMES POLLY H VICE PRESIDENT GENERAL	4 00	х		х				0	0	0	
REFIOR DEBORA J STATE REGENT AK	4 00	х						0	0	0	
HORTON MARGUERITE P STATE REGENT AL	4 00	х						0	0	0	
THOMPSON SUE E STATE REGENT AR	4 00	х						0	0	0	
TROTH STEPHANIE H STATE REGENT AZ	4 00	х						0	0	0	
JARRARD KARON STATE REGENT CA	4 00	Х						0	0	0	
HUBBS CHARLOTTE M STATE REGENT CO	4 00	Х						0	0	0	
CAHILL JOYCE A STATE REGENT CT	4 00	х						0	0	0	
THORNE-SULIMA SHARON K STATE REGENT DC	4 00	х						0	0	0	
FRAMPTON MARJORIE A STATE REGENT DE	4 00	Х						0	0	0	
MAKANT BARBARA STATE REGENT FL	4 00	х						0	0	0	
BALDWIN SALLY M STATE REGENT GA	4 00	х						0	0	0	
KOOS-LEE KATHRYN A STATE REGENT HI	4 00	х						0	0	0	
VAN NIEWAAL LINDA D STATE REGENT IA	4 00	х						0	0	0	
MANWEILER DIANE STATE REGENT ID	4 00	Х						0	0	0	
BRUCKNER LUANNE STATE REGENT IL	4 00	Х						0	0	0	
BARNHART MARTHA STATE REGENT IN	4 00	Х						0	0	0	
FRISCH MARY K STATE REGENT KS	4 00	Х						0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per	Posi t	tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
WELLS JESSIEANNE H STATE REGENT KY	4 00	х						О	О	0	
COOK BONNIE P STATE REGENT LA	4 00	х						0	0	0	
EACOTT JULIA R STATE REGENT MA	4 00	х						О	О	0	
GEORGE RUANN STATE REGENT MD	4 00	Х						0	0	0	
SPILLER VIRGINIA M STATE REGENT ME	4 00	х						0	0	0	
DENNERT PATRICIA STATE REGENT MI	4 00	х						0	0	0	
STACHOUR FRANCES	4 00	х						0	0	0	
STATE REGENT MN NASH DONNA C	4 00	Х						0	0	0	
STATE REGENT MO WHITTINGTON JANET L STATE REGENT MS	4 00	Х						0	0	0	
SALITROS PEGGY F STATE REGENT MT	4 00	х						0	0	0	
ANDERSON SUE STATE REGENT NC	4 00	Х						0	0	0	
MCHENRY LAURIE L STATE REGENT ND	4 00	х						0	0	0	
EKELER JUDY K STATE REGENT NE	4 00	Х						0	0	0	
KESSLER LAURA M STATE REGENT NH	4 00	Х						0	0	0	
ARGRAVES EMILY D STATE REGENT NJ	4 00	Х						0	0	0	
PARKER GLORIA H STATE REGENT NM	4 00	Х						0	0	0	
LAMPUS KAREN W STATE REGENT NV	4 00	Х						0	0	0	
VANBUREN DENISE D STATE REGENT NY	4 00	Х						0	0	0	
SHOAF SHARLENE J STATE REGENT OH	4 00	Х						0	0	0	
HAMILL DIANE B STATE REGENT OK	4 00	Х						0	0	0	
BUCK JANE H STATE REGENT OR	4 00	Х						0	0	0	
DAVIS DEBORAH L STATE REGENT PA	4 00	Х						0	0	0	
SMITH JUNE STATE REGENT RI	4 00	Х						0	0	0	
ALTMAN MARILYN STATE REGENT SC	4 00	Х						0	0	0	
BAILEY ROSE E STATE REGENT SD	4 00	Х						0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours		((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		
JONES LINDA S STATE REGENT TN	4 00	Х						0	0	0	
HAGG JOY STATE REGENT TX	4 00	Х						0	0	0	
TOONE CINDY M STATE REGENT UT	4 00	Х						0	0	0	
HATFIELD PATRICIA M STATE REGENT VA	4 00	Х						0	0	0	
KREIS DIANE STATE REGENT VT	4 00	Х						0	0	0	
NELSON JANICE D STATE REGENT WA	4 00	Х						0	0	0	
MILLER SHERRON P STATE REGENT WI	4 00	Х						0	0	0	
NUTTER CHARLA L STATE REGENT WV	4 00	Х						0	0	0	
TETER DARLA C STATE REGENT WY	4 00	Х						0	0	0	
SIMONARD STEPHANIE H STATE REGENT FRANCE	4 00	Х						0	0	0	
CURTIS REE J STATE REGENT MEXICO	4 00	Х						0	0	0	
LINDA G CALVIN PY ADMIN 0310 - 06/10) PRESIDENT GENERAL	40 00	Х		х				12,000	0	0	
MERRY ANN WRIGHT PY ADMIN 0310 - 06/10) FIRST VICE PRESIDENT GENERAL	20 00	Х		х				0	0	0	
DELL D SCOPER PY ADMIN 0310 - 06/10) CHAPLAIN GENERAL	20 00	Х		х				0	0	0	
JOYCE H CARDINAL PY ADMIN 0310 - 06/10) RECORDING SECRETARY GENERAL	20 00	Х		х				0	0	0	
FLORENCE P PATTON PY ADMIN 0310 - 06/10) CORRESPONDING SECRETARY	20 00	Х		x				0	0	0	
GENERAL CAROLE T FARMER PY ADMIN 0310 - 06/10) ORGANIZING SECRETARY GENERAL	20 00	Х		×				0	0	0	
MARGARET S HURD PY ADMIN 0310 - 06/10) TREASURER GENERAL	20 00	Х		х				0	0	0	
DONNA C SANTISTEVEN PY ADMIN 0310 - 06/10) REGISTRAR GENERAL	20 00	Х		х				0	0	0	
MARGARET D MACKENZIE PY ADMIN 0310 - 06/10) HISTORIAN GENERAL	20 00	Х		х				0	0	0	
PAULINE T BARTOW PY ADMIN 0310 - 06/10) LIBRARIAN GENERAL	20 00	Х		Х				0	0	0	
MICHELLE M JUEHRING PY ADMIN 0310 - 06/10) CURATOR GENERAL	20 00	Х		х				0	0	0	
REBECCA E LOCKHART PY ADMIN 0310 - 06/10) REPORTER GENERAL	20 00	Х		X				0	0	0	
MCKEE ELIZABETH PY ADMIN 0310 - 06/10) VICE PRESIDENT GENERAL	4 00	Х		Х				0	0	0	
ALEXANDER NANCY B PY ADMIN 0310 - 06/10) VICE PRESIDENT GENERAL	4 00	Х		×				0	0	0	

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
BOTTINI DONNA R PY ADMIN 0310 - 06/10) VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0	
SEIFERT MARCIA M PY ADMIN 0310 - 06/10) VICE PRESIDENT GENERAL	4 00	×		х				0	0	0	
WILLIS MARTHA S PY ADMIN 0310 - 06/10) VICE PRESIDENT GENERAL	4 00	Х		X				0	0	0	
MAYER PATRICIA H PY ADMIN 0310 - 06/10) VICE PRESIDENT GENERAL	4 00	Х		х				0	0	0	
GILKESON SHIRLEY M PY ADMIN 0310 - 06/10) VICE PRESIDENT GENERAL	4 00	х		х				0	0	0	
SCHULTZ MARY LEE PY ADMIN 0310 - 06/10) STATE REGENT, AR	4 00	Х						0	0	0	
ANDRESS JO B PY ADMIN 0310 - 06/10) STATE REGENT, AZ	4 00	Х						0	0	0	
BRANCA LEONORA A PY ADMIN 0310 -	4 00	Х						0	0	0	
06/10) STATE REGENT, CA REHNBERG JENNIE MAY PY ADMIN	4 00	X						0	0	0	
03/10 - 06/10) STATE REGENT, CT BAKER PRISCILLA PY ADMIN 0310 -	4 00	X						0	0	0	
06/10) STATE REGENT, DC TRADER VIRGINIA F PY ADMIN 0310 06/10) STATE REGENT, DE	4 00	Х						0	0	0	
CHASTAIN BARBARA B PY ADMIN 0310 - 06/10) STATE REGENT, GA	4 00	Х						0	0	0	
WAHINEOKAI NANCY A PY ADMIN 0310 - 06/10) STATE REGENT, HI	4 00	Х						0	0	0	
HARRIS SUSAN D PY ADMIN 0310 - 06/10) STATE REGENT, IA	4 00	х						0	0	0	
COUPAL SHIRLEY S PY ADMIN 0310 - 06/10) STATE REGENT, KS	4 00	Х						0	0	0	
WITHERS SHARON M PY ADMIN 0310 - 06/10) STATE REGENT, KY	4 00	Х						0	0	0	
BROWN CAROLYN F PY ADMIN 0310 - 06/10) STATE REGENT, LA	4 00	х						0	0	0	
URBACZEWSKI ANNE L PY ADMIN 0310 - 06/10) STATE REGENT, MA	4 00	х						0	0	0	
MURRAY VREGE F PY ADMIN 0310 - 06/10) STATE REGENT, ME	4 00	Х						0	0	0	
PARKS LEMIRA L PY ADMIN 0310 - 06/10) STATE REGENT, MO	4 00	х						0	0	0	
GRIMES POLLY H PY ADMIN 0310 - 06/10) STATE REGENT, MS	4 00	Х						0	0	0	
PIAZZOLA JOANN M PY ADMIN 0310 - 06/10) STATE REGENT, MT	4 00	Х						0	0	0	
SOLWEY PAMELLA A PY ADMIN 0310 - 06/10) STATE REGENT, ND	4 00	Х						0	0	0	
HARING BETH B PY ADMIN 0310 - 06/10) STATE REGENT, NE	4 00	Х						0	0	0	
VOLL SARAH P PY ADMIN 0310 - 06/10) STATE REGENT, NH	4 00	Х						0	0	0	

Compensated Employees, and I	(B)				-			(D)	(E)	(E)
(A) Name and Title	A verage hours Position (check all that apply)							Reportable compensation	Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
HARE CAROLE P PY ADMIN 0310 - 06/10) STATE REGENT, NJ	4 00	Х						0	0	0
SHEARD ANITA K PY ADMIN 0310 - 06/10) STATE REGENT, NV	4 00	Х						0	0	0
ARCHER GRETTA B PY ADMIN 0310 - 06/10) STATE REGENT, NY	4 00	Х						0	0	0
GAINES PATSY J PY ADMIN 0310 - 06/10) STATE REGENT, OH	4 00	Х						0	0	0
DUFFE MARY F PY ADMIN 0310 - 06/10) STATE REGENT, OK	4 00	Х						0	0	0
STEWART LILLIAN E PY ADMIN 0310 - - 06/10) STATE REGENT, OR	4 00	Х						0	0	0
SNEDAKER ANDREA J PY ADMIN 0310 - - 06/10) STATE REGENT, PA	4 00	Х						0	0	0
DEETHARDT SHIRLEY A PY ADMIN 03/10 - 06/10) STATE REGENT, SD	4 00	Х						0	0	0
CHAFFIN JUDITH H PY ADMIN 0310 - 06/10) STATE REGENT, TN	4 00	Х						0	0	0
SPENCER CINDY P PY ADMIN 0310 - 06/10) STATE REGENT, UT	4 00	Х						0	0	0
CASKEY BANA W PY ADMIN 0310 - 06/10) STATE REGENT, VA	4 00	Х						0	0	0
HULL KATHRYN A PY ADMIN 0310 - 06/10) STATE REGENT, WA	4 00	Х						0	0	0
NALLEY VIRGINIA WPY ADMIN 0310 - 06/10) STATE REGENT, WV	4 00	Х						0	0	0
PETERSON DIANE C PY ADMIN 0310 - 06/10) STATE REGENT, WY	4 00	Х						0	0	0
MERVEILLEUZ DU VIGNAUX NICOLE PY ADMIN 03/10-06/10) STATE REGENT, FR	4 00	Х						0	0	0
TREMBLY-ZIOMBRA CRISTY PY ADMIN 03/10 - 06/10) STATE REGENT, MEXICO	4 00	X						0	0	0
STEPHEN NORDHOLT ADMINISTRATOR	40 00			х				124,901	0	10,121
SUSAN KINNECOME CONTROLLER	40 00			х				111,370	0	9,496
VIGLIANO LEANNE DIRECTOR OF HUMAN RESOURCES	40 00					х		100,857	0	5,138

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 625,532 including grants of \$ 145,520) (Revenue \$ 472,417)
BOARD PROJECTS THIS PROGRAM INCLUDES ACTIVITIES TARGETED FOR ACTION BY THE PRESIDENT GENERAL THE MOST

RECENT PROJECT INVOLVES THE ONGOING RESTORATION OF THE NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION COMPLEX OF HISTORIC BUILDINGS, STRENGTHENING MEMBERSHIP THROUGH SUPPORT AND TRAINING, AND A FINANCIAL GRANT PROGRAM BENEFITTING PROJECTS THAT FURTHER THE DAR MISSION IN LOCAL COMMUNITIES