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# Form **990-EZ**

# **Short Form**

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year to this form The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

BENT CENTROS

A	For t	ne 2010 calendar year, or tax year beginning 3/01 , 2010, and ending 2/28		, 2011
<u>B_</u>	Check	of applicable C	Employer	identification number
	Addres	s change ARIZONA SOCIETY OF THE DAUGHTERS OF THE	86-60	)52383
$\sqcup$	Name	- 1.2.2.1.20.1.1 1.2.10.20.1.1	Telephone	number
H	Initial r Termin	0117 11 0111111 011011 211	(520)	744-6091
Ħ		11000011, 112 007 12	Group E	xemption
			Number	
G	Acco	unting Method: X Cash	X if th	e organization is <b>not</b>
1	Webs	site: ► N/A required to	o attach	Schedule B (Form
_		tempt status (ck only one) $- X  \operatorname{Sur}(c)(3) =  \operatorname{Sur}(c)(1)  \operatorname{Sur}(c)(1) =  \operatorname{Sur}(c)(1)  =  Sur$		
	Chec	k ►if the organization is not a section 509(a)(3) supporting organization and its gross receipts are n 100 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required		
		nization chooses to file a return, be sure to file a complete return	(366 1113	structions) but it the
ĩ.	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tal	
		s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>►\$</u>	88,114.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instru	ctions	
_		Check if the organization used Schedule O to respond to any question in this Part I	- <del></del>	<u> </u>
	1	Contributions, gifts, grants, and similar amounts received	1	12,290.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	75,326.
	4	Investment income	4	498.
	ì	Gross amount from sale of assets other than inventory  5a	-	
		Less cost or other basis and sales expenses 5b	I	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5с	
R		Gaming and fundraising events		
RE>E2UE		Gross income from gaming (attach Schedule G if greater than \$15,000)  6a  6a	-	
Ě	þ	Gross income from fundraising events (not including \$ of contributions		
Ë		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	c	Less, direct expenses from gaming and fundraising events.  6c		
	d	Net income or (loss) from gaming and indraising events (add lines 6a and		
	l	ob and subtract line oc)	6d	_
		Gross sales of inventory, less eturns and allowances S. 7a	<b>-</b>	
	1	2033 6031 01 90003 3010 (2)		
	I _	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O):	8	00 114
_	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Grants and similar amounts paid (list in Schedule O)	► 9 10	88,114.
	10   11	Benefits paid to or for members	11	· · · · · · · · · · · · · · · · · · ·
Ε	12	Salaries, other compensation, and employee benefits	12	
E X P	13	Professional fees and other payments to independent contractors.	13	450.
E	14	Occupancy, rent, utilities, and maintenance	14	130.
S E	15	Printing, publications, postage, and shipping	15	
S	16	Other expenses (describe in Schedule O)  SEE SCHEDULE O	16	71,465.
	17	·	▶ 17	71,915.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,199.
A	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ar 🗌	•
N S E S T E	'	figure reported on prior year's return)	19	221,387.
ΤĘ	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	-6,668.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	230,918.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)

	tV Other Information (Note the statement requirements in the instructions for Part V.) SEE SCE Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule $\tilde{O}$	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
ь	If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions   O.  Did the organization file Form 1120-POL for this year?	37b		 X
	Did the organization file Form (126-For this year).  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3, 5		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations Enter.			
	Initiation fees and capital contributions included on line 9  N/A	ł		
	Gross receipts, included on line 9, for public use of club facilities  N/A	ł		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 . , section 4912 ► 0 .		,	
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	<u>. 4</u>	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		>,	,
e	All organizations. At any time during the tay year, was the organization a party to a prohibited tay	1		Mr. Sed
41	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed   AZ	40 e	2000	X
42 a			-609 Yes	
41 42 z 1 1 43 44 z	List the states with which a copy of this return is filed   AZ  The organization's books are in care of  VICKIE BISHOP  Located at   5447 W SHADY GROVE DR TUCSON AZ  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?   If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  Bif 'Yes,' be line 44c, has the organization filed a Form 720 to report these payments?   If 'No,' provide an explanation in Schedule O	744 42b	Yes	No X  N/A N/A No X  X

86-6052383

Page 3

Form 990-EZ (2010) ARIZONA SOCIETY OF THE DAUGHTERS OF THE

Form <b>990</b>	-EZ (2010) ARIZONA SOCIETY OF	THE DAUGHTERS	OF THE		86-605	2383	P	age <b>4</b>
		<del></del>					Yes	No
	ny related organization a controlled entity	•		•	. , ,	45	<u>.                                    </u>	X
	the organization receive any payment froection 512(b)(13)? If 'Yes,' Form 990 and	· · · · · · · · · · · · · · · · · · ·				nst ) 45 a		X
46 Did	the organization engage, directly or indir didates for public office? If 'Yes,' comple	ectly, in political campai te Schedule C. Part l	gn activities	on behalf o	of or in opposition to	46		
Part VI	Section 501(c)(3) organization	s and section 4947	(a)(1) non	nexempt c	haritable trusts on	ly. All se	ction	
	501(c)(3) organizations and se 47-49b and 52, and complete t	ction 4947(a)(1) not	nexempt of	charitable	trusts must answer	questio	ns	
	•							
	Check if the organization used Sched	ule O to respond to any	question in	this Part VI	<del></del>		Yes	
<b>47</b> Did	the organization engage in lobbying activ	uties? If 'Yes ' complete	Schedule C	C. Part II		47	162	No_X
	ne organization a school as described in	· · ·			dule E	48		Х
	the organization make any transfers to a			-		49a		Х
<b>b</b> If <b>'</b> Y	es,' was the related organization a section	on 527 organization?				49 b		
50 Con emp	nplete this table for the organization's five ployees) who each received more than \$1	e highest compensated on 00,000 of compensation	employees ( from the o	other than o	officers, directors, truste If there is none, enter '	es and key None '	'	
(	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comp	pensation	(d) Contributions to employee benefit plans and deferred compensation	accou	kpense unt and lowance:	s
NONE								
	· · · · · · · · · · · · · · · · · · ·		<del> </del>					
							-	
			ļ					
f Tota	al number of other employees paid over \$	\$100,000 <b>&gt;</b>	ı		<u> </u>			
<b>51</b> Con	nplete this table for the organization's five	highest compensated i	ndependent	t contractors	who each received mo	re than \$10	00,000	of
com	npensation from the organization. If there	'	<u> </u>		(h) Tuno of non-ven	(a) Carr		
NONE	(a) Name and address of each independent co	ntractor paid more than \$100,000	J		(b) Type of service	(c) Com	pensatio	<u></u>
				1				
	· · · · · · · · · · · · · · · · · · ·							
					· · · · · · · · · · · · · · · · · · ·			
<b>d</b> Tota	al number of other independent contracto	rs each receiving over \$	100,000	<b>•</b>				
	the organization complete Schedule A? I ritable trusts must attach a completed Sc		3) organızat	ions and 49	47(a)(1) nonexempt	► X Yes	. 「	No
	Ities of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than of		edules and state	ements, and to the	he best of my knowledge and be			
true, correct	t, and complete Declaration of preparer (other than off	cer) Thased on all information	of which prepar	er has any know	vledge	7/		
Sign	Signature on officer	B.	——————————————————————————————————————	1 -	- Date	<u>'</u>		—
Here	L Vickie L.	Bishus -	Sta	to 1	RPASUREA	し		
	Type or print name and title	0						
	Print/Type preparer's name	Preparer's signature	•	Date	Check If P	TIN		
Paid	LORIE D. BLUM	12) Olive D 131	un	51411	self-employed N	/A		
Preparer Use Only	Furm's name LORIE D. BLUM,	CPA, PC				NT / 7		
Juc Only		RD STE 112 85248-7760			/40	<u>N/A</u> 0) 895-	5502	
May the I	RS discuss this return with the preparer	-	uctions	-	Phone no (48	0) 893- ►X Yes	$\overline{}$	No No
BAA		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			,	Form 99		

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(D)

(E)

Total

ARIZONA SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number

86-6052383

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III - Other Type II С d l By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (v) Did you notify the organization in column (i) of (i) Name of supported (III) Type of organization (described on lines 1-9 (iv) is the organization in (vi) Is the organization in (vii) Amount of support organizatio column (i) organized in the US? above or IRC section column (i) listed in (see instructions)) your governing document? your support? No No Yes Yes No Yes (A) (B)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

### 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 )

Sec	tion A. Public Support	-						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	:						
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc (see ins	tructions)			L	12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 50	1(c)(3	) ▶ □
<u>Sec</u>	tion C. Computation of Pu	<u>blic Support F</u>	Percentage					
14	Public support percentage for 20	• •	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))	ì	<u> </u>	14	<u>%</u>
15	Public support percentage from	2009 Schedule A,	, Part II, line 14	•		L	15	
16 a	a3-1/3% support test — 2010. If and stop here. The organization				nd the line 14 is 3	3-1/3% or mo	re, ch	neck this box
t	33-1/3% support test — 2009. If and stop here. The organization	the organization of qualifies as a pul	did not check a be blicly supported o	ox on line 13 or 10 organization	6a, and line 15 is	33-1/3% or m	ore, c	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	es' test, check this	box and stop her	re. Explain in	Part I	IV how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organi	es' test, check this zation qualifies as	box and stop here a publicly suppor	re. Explaın ın ted organızat	Part I	IV how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a				<del></del>
RΔΔ					92	hedule A (For	rm gai	0 or 990.F7\ 2010

### Partill 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.)

Sec	tion A. Public Support					,			
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	66,511.	77,550.	92,910.	116,405.	87,616.	440,992.		
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						0.		
	Gross receipts from activities that are not an unrelated trade or business under section 513						0.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
6	Total. Add lines 1 through 5	66,511.	77,550.	92,910.	116,405.	87,616.	440,992.		
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0.	0.	0.	0.	0.	0.		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.		
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support (Subtract line								
	7c from line 6)			The state of the s			440,992.		
	tion B. Total Support	( ) 0005 T	#1.0007	4 3 0000	4 h 0000 I	43,0010	40 T		
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66,511. 3,802.	77,550. 5,301.	92,910.	116,405. 1,745.	87,616. 498.	440,992. 13,666.		
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.		
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,802.	5,301.	2,320.	1,745.	498.	13,666.		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.		
13	Total support. (Add ins 9, 10c, 11, and 12)	70,313.	82,851.	95,230.	118,150.	88,114.	454,658.		
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)			
Sec	tion C. Computation of Pul	<del></del>	ercentage			• • •			
15				e 13 column (f))		15	97.0 %		
16		•	•	c 15, column (17)		16	96.4 %		
	tion D. Computation of Inv					1 10 1	JU.4 6		
17	Investment income percentage for				mn (fl)	17	3.0 %		
18	Investment income percentage for	•	• •	•	(///	18	3.6 %		
19 a	33-1/3% support tests — 2010. If	the organization	did not check the	box on line 14, a	nd line 15 is more is a publicly supp	e than 33-1/3%, and			
	is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  • X  • 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 <b>stop here</b> . The organization qualifies as a publicly supported organization								
ŀ	Ine 18 is not more than 33-1/3% support tests — 2009. If line 18 is not more than 33-1/3% Private foundation. If the organi	s, check this box a	and <b>stop here.</b> The	organization qua	alifies as a public	ly supported organiz	1/3%, and zation ►		

Part IV	Supplement Part II. line	al Informat 17a or 17b:	ion. Complet	e this part to line 12. Also	provide the ex	xplanations rec	quired by Part II dditional inform	, line 10;
	(See instruc	tions).						
	-,,							
				· <b></b>				
							- <b></b>	
						<del></del>		
				<b>-</b>				

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization ARIZONA SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION	Employer Identification number 86-6052383
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	100 0002000
STATE CHAPTER OF FEDERALLY CHARTERED ORGANIZATION.	
FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPL	ISHMENTS
THE ARIZONA SOCIETY SUPPORTS THE NATIONAL SOCIETY OF THE DAUGH	TERS OF THE AMERICAN
REVOLUTION, WHICH WAS FOUNDED IN 1890 AS A VOLUNTEER WOMEN'S SI	ERVICE ORGANIZATION
DEDICATED TO PROMOTING PATRIOTISM AND PRESERVING AMERICAN HISTORY	ORY. FUNDS COLLECTED
ARE SENT TO THE NATIONAL SOCIETY.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL	BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	<u>.</u> <u>NO</u>
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECT	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO
	·

2010 SCHEDULE O - SUPPLEMENTAL INFORMATION  ARIZONA SOCIETY OF THE DAUGHTERS OF THE  AMERICAN REVOLUTION							
FORM 990-EZ, F OTHER EXPENS	PART I, LINE 16 SES						
	CONVENTIONS, AND	MEETINGS	·	\$ TOTAL \$	50,978. 60. 465. 2,173. 11,370. 1,440. 3,885. 1,094. 71,465.		
FORM 990-EZ, I	PART I, LINE 20 ES IN NET ASSETS O	R FIIND RAI ANCES					
PRIOR PERIOD		NTOND BALANCES		TOTAL \$	-6,668. -6,668.		
FORM 990-EZ, F	PART II, LINE 26						
HOLDING ACCT			BE TOTAL \$	0. \$ 0. \$	ENDING 2,541. 2,541.		