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Form **990**

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

<u>A</u>	For the 2	012 calendar year, or tax year beginning A	PR 1, 2012 and	ending N	MAR 31, 2013	
В	Check if	C Name of organization			D Employer identifi	cation number
	applicable	CA STATE SOC OF THE NA	TL SOC OF THE			
	Address change	DAUGHTERS OF AMER REVO				
	Name change	Doing Business As CSSDAR			94-6	107587
Г	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite		
F	Termin- ated	201 W BENNETT AVE		110011000110	•	963-1776
F	Amended		e	· · · · · · · · · · · · · · · · · · ·	G Gross receipts \$	422,619.
F	Applica-	GLENDORA, CA 91741			H(a) is this a group re	
	pending	F Name and address of principal officer CAR	OL JACKSON		for affiliates?	Yes X No
		201 W BENNETT AVE, GLEN			H(b) Are all affiliates inc	
	Tax-exem	pt status X 501(c)(3) 501(c)()		or 527		list (see instructions)
		► CALIFORNIADAR.ORG	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01	H(c) Group exemptio	
			sociation Other	I Vear		State of legal domicile: CA
		Summary			or lormation. IJ IO	i otate of legal dofficile. CA
	4 0,	iefly describe the organization's mission or most	significant activities: TO P	ROMOTE	HIGHODIC	
Governance	P.	RESERVATION, TO SUPPORT				TC
na	2 Cr	neck this box I if the organization disco				
Ver	3 Nu	umber of voting members of the governing body		sea or more	3	10
ဗိ	4 Nu	umber of independent voting members of the go	•		4	10
ං ජ ග	5 To	ortal number of individuals employed in calendary	• • • • •		5	10
Activities &	6 To	otal number of volunteers (estimate if necessary)	year 2012 (rait v, iiile 2a)			8500
ķ	72 TO	otal unrelated business revenue from Part VIII, co	Jump (C) [[35](2) [5](1)		6	0.
ĕ		et unrelated business taxable income from Form	PBO-T-line 34		. <u>7a</u> 7b	0.
_	D 146	st differenced business taxable income nominonin		70		
	8 Co	ontributions and grants (Part VIII, line 1h)	S JUL 2 2 2015	28-080	Prior Year 174,870.	Current Year
ЭПE	9 Pr	ogram service revenue (Part VIII, line 2g)	R JUL 2 2 2015		285,475.	230,947. 172,743.
Revenue	10 ln	vestment income (Part VIII, edium (A) lines 3.4	and ZdD O D	기료 —	8,505.	
æ	10 In	vestment income (Part VIII, column (A), lines 3, 4 ther revenue (Part VIII, column (A), lines 5, 6d, 8d	IN OUT		7,925.	9,642.
	1					6,800.
_		etal revenue - add lines 8 through 11 (must equal			476,775. 358,381.	420,132.
		rants and similar amounts paid (Part IX, column (0.	83,426.
	l	enefits paid to or for members (Part IX, column (A			19,493.	20,314.
Expenses	10 0c	alaries, other compensation, employee benefits (ofessional fundraising fees (Part IX, column (A),			19,493.	
Sen	h To			o.		0.
EX	47 0	rtal fundraising expenses (Part IX, column (D), lin		-0• -	102 672	225 000
		ther expenses (Part IX, column (A), lines 11a-11d		\vdash	103,672.	225,090.
	1	ptal expenses Add lines 13-17 (must equal Part le evenue less expenses. Subtract line 18 from line		-	481,546.	328,830.
μď	19 Re	evenue less expenses. Subtract line 16 from line	12		-4,771.	91,302.
Net Assets or	00 To	stal assets (Dart V. line 16)		Ве	eginning of Current Year	End of Year
ASSE	20 To	otal assets (Part X, line 16)			1,474,274.	1,558,975.
let let	21 To	etal liabilities (Part X, line 26)	t 00	<u> </u>	11,040.	4,364.
	22 Ne	et assets or fund balances. Subtract line 21 from Signature Block	line 20		1,463,234.	1,554,611.
		es of perjury, I declare that I have examined this return,	unaludina nacampanyina ashadula	a and atatam	and a the best of w	· · · · · · · · · · · · · · · · · · ·
		and complete. Declaration of preparer (other than office				y knowledge and belief, it is
uuc	,, сопесі, а	and compage. Declaration of the pare (office than office	er) is based off all illiorniation of wi	iich preparei	rias ariy kilowledge.	16
Si.		Signature of officer			Date	-10
Sig		CAROL JACKSON, STATE R	ECENT.		54.0	
He		Type or print name and title	EGENI			
	P	rint/Type preparer's name	Proparer's consture		Date Check	PTIN
Pai	l	iniviyes preparer a name	Preparer's signature		it	
		rm's name	L		self-employe	ed
		rm's address			Firm's EIN	
	· •, [1111 3 add 633			Dhana na	
Ma	v the IPS	discuss this return with the preparer shown abo	wa? (see instructions)		Phone no.	[V]., []
ivid	, uie ino	discuss this lettriti with the brebatet shown and	ver (see matructions)			X Yes No

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 27 (

232002
12-10-12

15320715 600367 CSSDAR

4d Other program services (Describe in Schedule O.)

270,056.

Form 990 (2012)

) (Revenue \$

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	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		<u>X</u>
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? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		_X_
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ŀ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ļ	
	Schedule D, Parts XI and XII	12a		<u>X</u>
þ	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 and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			- v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4		_ v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		.
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		y
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	_ <u>^</u>
<u> </u>	ii 165 to iiile 202, did the organization attaun a copy of its addited iiilianolal statements to this lotern.		990	(2012)

Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, counting IA, line 21 if Yes, "complete Schedule Parts I and II 22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, coclum IA, line 21 if Yes, "complete Schedule Parts I and III 23 Dut the organization answer "Yes" to Part IXI, Section A, line 3, 4, or \$ about compensation of the organization's current and former officers, directors, trustiess, key employees, and highest compensated employees? If Yes, "complete Schedule IX II Yes," to place the Schedule IX II Yes, "to only the Schedule IX II Yes," to live the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24b and complete Schedule IX II Yes, to to live 25 but the organization maintain an escrive account other than a refunding secrow at any time during the year? 24b 24b Dut the organization maintain an escrive account other than a refunding secrow at any time during the year? 24b 25c Section 501(6)3 and 501(6)4) organizations, Dut the organization engage in an excess benefit transaction with a disqualified person during the year? 11 Yes," complete Schedule I., Part II 25c X 25c Section 501(6)3 and 501(6)4) organizations, Dut the organization spage of the year of yes, complete Schedule I., Part II 25c X 25c Schedule I., Part II 25c X 25d X 27d Dut the organization aware that the graged in an excess benefit transaction with a disqualified person during the year? 3 27d Dut the organization proved a grant or other assistance to an officer, director, trustee, lay employee, or disqualified person outstanding as of the end of the organization's tax year? If Yes, complete Schedule I., Part II 25c X 27d Dut the organization proved a grant or other assistance to an officer, director, trustee, lay employee, or disquality of any of these persons? If Yes, complete Schedule I				Yes	No
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, Part I and IV and former officer, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and IV and	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), Inn 27 II "Yes," complete Schedule I, Parts I and III 2 2		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Dd the organization answer "Yes" to Part VII, Section A, line 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 U set the year, that was assued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No", go to line 25 Do the organization have a tax-exempt bond is sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No", go to line 25 Do the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? Do the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? Do the organization and 50 (c(k) aganizations. Did the organizations by an any exemption of the year of the year, if "Yes," complete Schedule L. Part I go the organization and any of the organization is any of the organization and any of the organization with a disqualified person in a prior year, and that the transaction what be the properties schedule L. Part I go the organization bear reported on any of the organization is prior for forms 990 or 990E2? If "Yes," complete Schedule L. Part II go the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV go any of these persons? If "Yes," complete Schedule L. Part IV go and the organization receive more officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV go and the organization receive more officer, director, trustee, or key employ	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 through 24d and complete Schedule II. Poil or to him 25 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 6 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 7 Did the organization on act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 8 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 9 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 9 Did the organization with the year? 9 Did the organization organization in a excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported that the transaction with a security in "Yes," complete Schedule L, Part II 9 Did the organization engage and or other assistance to an officer, director, trustee, key employee, substantial contribution or any process of any of these persons of "II "Yes," complete Schedule L, Part II 9 Did the organi		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J. 24 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 through 24d and complete Schedule K. If "No", go to line 25 b. 24b 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 J. 24d J. 24d J. 24d J. 24d J. 24d J. 25d Sectino 501(2)3 and 501(4)04 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I J. 25b Is the organization aware that it organization and an an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule L, Part I J. 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II J. 25d Was a loan to or by a current or former officer, assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of three persons? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) 26c A nemity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A nemity of which a current forferor efficer, director, trustee, or key employee? or a family member thereol) was an officer, director, trustee, or key employee? or a family member thereol) was an officer, director, trustee, or key employee? (or a family member thereol) was an officer, director, trustee, or key employee? (or a family member thereol) was an officer, director, trustee, or direct or indirect cowner? If "Yes," complete Schedule II,	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dut 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 through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are year, and that the transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization sprint Forms 990 or 990 cf.27 if "yes," complete Schedule L, Part i 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person on the organization part on the analytic of any of these persons? If "yes," complete Schedule L, Part iV 27d Was the organization party to a business transaction with one of the following parties (see Schedule L, Part iV Did the organization or party to a business transaction with one of the following parties (see Schedule L, Part iV A nemity of which a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part iV Did the organization or accept complete Schedule R, Part iV, inc. 2 D		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and that it ternasction has not bear reported on any of the organization engage in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization prome forms 990 or 990 E27 If "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, brighest compensated employee, or daqualified person outstanding as of the end of the organization is tax year? If "Yes," complete Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant stansaction with one of the following parties (see Schedule L, Part IV and Auritimative to a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I		Schedule J	23		X
Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax exempt bonds? Did the organization are tax as an "on behalf of" issuer for bonds outstanding at any time during the year? Did to organization are tax as an "on behalf of" issuer for bonds outstanding at any time during the year? Did be organization are 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 or with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or profer Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I Uses Schedule L, Part I Uses a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization is tax year? If "Yes," complete Schedule L, Part I Uses to any officer, director, trustee or any officer, trustee, sey employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV Institute or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Institute, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Institute, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Institute, or direct or indirec	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 25s X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a price of the person in a price year, and that the transaction has not been reported on any of the organization's price Forms 990 or 990 E27 If "Yes," complete Schedule L, Part II 25b X X 28s a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25b X 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28b X 29b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 30 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 31		Schedule K. If "No", go to line 25	24a		X
any tax-exempt bonds? 26	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(2/3) and 501(2/4) gradization. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25s X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person or large 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 II 26b X 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 28b X 28b X 27 28b X 28b	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34		Schedule N, Part II	32		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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 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 Y 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X		sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
b If "Yes" to line 35a, 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 35b 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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X		Part V, line 1	34_		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2 36 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37		If "Yes," complete Schedule R, Part V, line 2	36		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . 38 X	37				
Note. All Form 990 filers are required to complete Schedule O			37		X
	38				
		Note. All Form 990 filers are required to complete Schedule O .	38		L

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Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 3 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X <u>3a</u> b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a 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)? X 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a 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? X 7a b If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. Gross income from members or shareholders а 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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

Sea	tion A Governing Body and Management			
56 6	tion A. Governing Body and Management		 _	
4.	Enter the number of value members of the appearance had a state and of the second state and of the sec		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	i		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
_	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	77	X
6	Did the organization have members or stockholders?	6	Х	
7a		_		
	more members of the governing body?	7a_	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:]	
a	The governing body?	8a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	, , , , , , , , , , , , , , , , , , , ,	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
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		_ <u>X</u> _
b	Other officers or key employees of the organization	15b	_	<u>X</u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
тба	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		_ <u>X</u> _
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
C	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available Check all that apply.			
46	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
00	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	·	
	TREASURER - 626-963-1776			
232006 12-10-	201 W BENNETT AVE, GLENDORA, CA 91741		000	(0015
12-10-	12	Form	990	(2012)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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. 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.

Clist any hours for related organizations DEBRA S JAMISON A8.00 STATE REGENT CAROL O JACKSON STATE CHAPLAIN STATE CHAPLAIN CRAPE CORRESPONDING SECRETARY STATE REGISTRAR CAROL O JACKSON AX		Average hours per week	box	not c , unle cer an	Posi heck i ss pei	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
X		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		organization
CAROL O JACKSON 20.00 X X X X X X X X X	EBRA S JAMISON	48.00									-
X X X X X X X X X X	TATE REGENT		X	<u> </u>	X		<u> </u>		0.	0.	0
SANDRA OROZCO	AROL O JACKSON	20.00									
X X X X X X X X X X	TATE VICE REGENT		X	ļ	X		L		0.	0.	0
MIDGE ENKE 10.00	SANDRA OROZCO	5.00]								
X X X X X X X X X X	TATE CHAPLAIN		X		X				0.	0.	0
SALLY HOLCOMBE	IIDGE ENKE	10.00									
X X X X X X X X X X	TATE RECORDING SECRETARY		X		X				0.	0.	0
GAYLE MOONEY 20.00 STATE TREASURER X X 0. 0. 0. BEVERLY MONCRIEFF 10.00 X X 0. 0. 0. STATE REGISTRAR X X 0. 0. 0. 0. ADELE LANCASTER 5.00 X X 0. 0. 0. 0. STATE HISTORIAN X X 0. 0. 0. 0. 0. DONNA REIGEL 5.00 5.00 0.	SALLY HOLCOMBE	10.00	1								
X X X X X X X X X X	STATE CORRESPONDING SECRETARY		X	ļ	X		<u> </u>		0.	0.	0
BEVERLY MONCRIEFF	SAYLE MOONEY	20.00								_	
STATE REGISTRAR X X X 0. 0. C ADELE LANCASTER 5.00 X X 0.	TATE TREASURER		X	_	X				0.	0.	0
ADELE LANCASTER	SEVERLY MONCRIEFF	10.00	l								_
STATE HISTORIAN X X 0. 0. CO	TATE REGISTRAR		X	ļ	X		ļ		0.	0.	0
DONNA REIGEL 5.00	ADELE LANCASTER	5.00	∤								_
	STATE HISTORIAN	F 00	X		Х		<u> </u>		0.	0.	0
STATE LIBRARIAN X X U. U. U. ()		5.00	٠.,								
	TATE LIBRARIAN		X	<u> </u>	X				0.	0.	0
			┨								
	· · · · ·										<u> </u>
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CA STATE Form 990 (2012) DAUGHTERS									94-6107	587 Page 8
Form 990 (2012) DAUGHTERS Part VII Section A. Officers, Directors, Trust										367 1 age 0
(A) Name and title	(B) Average hours per week	(do n	F not ch unles	OSI Posineck r	tion nore son i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
								-		-
			,							
1b Sub-total c Total from continuation sheets to Part VI	I. Section A	1 1	1			>	L	0.	0.	0.
d Total (add lines 1b and 1c)	·					<u></u>		0.	0.	0.

	compensation from the organization			(
			Yes	No
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		X
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		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	ł		
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

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. Report compensation for the calendar year ending with or within the organization's tax year

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	74			
			,	
	mber of independent contractors (including but 0 of compensation from the organization	t not limited to those	listed above) who received more than	000

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Part VIII S

DAUGHTERS OF AMER REVOLUTION
Statement of Revenue

<u> </u>		Check if Schedule O cont		to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns Membership dues Fundraising events	1a 1b	146,906.				
iifts ar A		Related organizations	1c 1d					
S, G		Government grants (contribut	· —					}
tion	f	All other contributions, gifts, gran	nts, and					
the		similar amounts not included abo	ve 1f	84,041.				
d D	g	Noncash contributions included in lines	s 1a-1f \$					
<u>a</u> 0	h	Total. Add lines 1a-1f			230,947.			
_			TTO STOR O	Business Code	104 631	104 621		
JICe	2 a			900099	124,631. 48,112.	124,631. 48,112.	 ·	
Program Service Revenue	b			900099	48,112.	48,112.	· · · · · · · · · · · · · · · · · · ·	
III.	c d					- -	_	
Re	e						_	
Pr	_	All other program service reve	enue					
		Total. Add lines 2a-2f	•		172,743.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)	•	>	5,094.		·	5,094.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		<u> </u>				
		_	(i) Real	(II) Personal				
	6 a		6,800.					
		Less rental expenses Rental income or (loss)	6,800.					
	С	Net rental income or (loss)	0,000.	<u> </u>	6,800.	6,800.		
		Gross amount from sales of	(i) Securities	(II) Other		0,000.		
		assets other than inventory	W	7,035.				
	b	Less: cost or other basis				·		
		and sales expenses		2,487.				
	С	Gain or (loss)		4,548.				
	d	Net gain or (loss)		▶	4,548.	4,548.		
Other Revenue	8 a	including \$	of					
Re		contributions reported on line	1c). See	<u> </u>				
her		Part IV, line 18	. а			i		
ō		Less direct expenses Net income or (loss) from fund	b drawna ovonts		-			
		Gross income from gaming ac	-				·	
	0 4	Part IV, line 19	. a					ĺ
	b	Less: direct expenses	. b					
	С	Net income or (loss) from gam	ning activities	•				
		Gross sales of inventory, less	-					
		and allowances .	a					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale						<u></u>
ļ		Miscellaneous Revenu	ıe	Business Code				
	11 a					-		
	b		 	 	-			
	ч С	All other revenue				-		
		Total, Add lines 11a-11d		<u>'</u>				
	12	Total revenue. See instructions.			420,132.	184,091.	0.	5,094.
23200 12-10-	9 12							Form 990 (2012)

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
/D,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	EE 200	7 5 200		
	organizations in the United States. See Part IV, line 21	75,389.	75,389.		· ·
2	Grants and other assistance to individuals in	0 027	0 027		
_	the United States. See Part IV, line 22	8,037.	8,037.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified		,		
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,234.	8,298.	10,936.	
8	Pension plan accruals and contributions (include		-,		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,080.	332.	748.	
11	Fees for services (non-employees)	* * * * * * *			
а		85.	85.		
b	· · · · · · · · · · · · · · · · ·				
С	Accounting	8,450.		8,450.	
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	8,219.	8,219.		
13	Office expenses	2,530.	59.	2,471.	
14	Information technology				
15	Royalties				
16	Occupancy	20,112.		20,112.	
17	Travel	19,596.	19,596.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	444 000	444 000		_
19	Conferences, conventions, and meetings	111,893.	111,893.		
20	Interest				
21	Payments to affiliates		0.004		
22	Depreciation, depletion, and amortization	8,891.	8,891.	0 344	
23	Insurance	14,766.	6,455.	8,311.	.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	GIIDDI TEG	23,872.	21,903.	1,969.	
b	MOT DOOLOGOTTON	5,350.	22,000.	5,350.	
C	DETAINING C DUDI TOANTONO	1,023.	899.	124.	
d	MANDO C TIODNODO	303.		303.	
_	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	328,830.	270,056.	58,774.	
26	Joint costs. Complete this line only if the organization	, ,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

art	X	Chack if Schedule O contains a response to any question in this Part Y			
—		Check if Schedule O contains a response to any question in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	306,618.	1	142,507
	2	Savings and temporary cash investments .	808,358.	_2	1,083,855
1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
l		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		ŀ	
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
3	7	Notes and loans receivable, net		7	
23250	8	Inventories for sale or use	763.	8	16,320
١.	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 607, 357.			
	b	Less: accumulated depreciation 10b 291,064.	286,535.	10c	316,293
	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	•
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,474,274.	16	1,558,97
\top	17	Accounts payable and accrued expenses	11,040.	17	4,36
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
i		Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			· · · ·
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11,040.	26	4,36
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
,		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
6	28	Temporarily restricted net assets		28	•
Š	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	0.	30	(
200	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
Net Assets of Fully Balances	32	Retained earnings, endowment, accumulated income, or other funds	1,463,234.	32	1,554,61
ຍ	33	Total net assets or fund balances	1,463,234.	33	1,554,61
Z	:4:4				

Form **990** (2012)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

3b

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

Name of the organization

CA STATE SOC OF THE NATL SOC OF THE

Employer identification number

Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	et comple	te this nar	t \ See ins	tructions		4-010/	<u> 367</u>	
			because it is: (For lines					iluctions.				
1			es, or association of chur									
2 🗀						ection 170	(D)(1)(A)(I) .				
3 🗔			70(b)(1)(A)(ii). (Attach Sc	-		4700-1/41	/ A \ /:::\					
. —			ital service organization					/L-\/_4\/_ A \/!		Alba Inaaaa.		_
4			operated in conjunction	with a nos	spital desc	ribea in Se	ection 170	(D)(1)(A)(II	ı). Enter	tne nospita	rs nam	ie,
- [city, and stat		hanafa af a pallaga ay									
5 📖			benefit of a college or u	niversity o	wnea or o	perated by	a governi	mentai uni	t describ	ea in		
. 		(b)(1)(A)(iv). (Comp	•									
6			nent or governmental uni									
7 📖			ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public desc	nbed ı	n
		b)(1)(A)(vi). (Comple										
8			section 170(b)(1)(A)(vi).									
9 X			ceives: (1) more than 33									
			inctions - subject to certa	-	•	-				•		
			taxable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınızatıon	after June 3	30, 197	5.
		509(a)(2). (Complet										
10 🖳	-	-	perated exclusively to te	•	•		` '.	•				
11 📖			perated exclusively for th									or
			ations described in secti				2). See se e	ction 509(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl		_			_				
	a Type				nctionally	_				n-functional		•
e 📖	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than							n				
	foundation m	anagers and other	than one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	9(a)(2).	
f	if the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganızatıon, check t	his box									
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?			
	(ı) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (ııi) below	,	Yes	No
	the gove	erning body of the s	supported organization?							11g(i)		
	(ii) A famıly	member of a perso	n described in (i) above?	••	•					11g(ii)		
	(iii) A 35% d	controlled entity of a	a person described in (i) o	or (II) abov	θ?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)						-	
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	notify the	(vi) Is	the	(vii) Amoun	t of mor	netary
• •	anization	``	(described on lines 1-9	in col. (i) listed in your organization in col. organization in col. (i) organized in the			ed in the	(vii) Amount of monetary support				
			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	·	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
								<u> </u>				
					<u> </u>							
]							
Total			1	1	1	I	I	1	I			

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Schedule A (Form 990 or 990-EZ) 2012

12-04-12

Pa	art II Support Schedule for	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	vi)
L	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	r if the organization	on failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests						
Se	ction A. Public Support						
_	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(8) 2000	(6) 2010	(4) 2011	10/2012	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants ")						
	Tax revenues levied for the organ-		-	 -	 		
2	ization's benefit and either paid to						
	or expended on its behalf						
_	•		i				
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)				ļ		ļ
	Public support. Subtract line 5 from line 4		ļ			L	l
Se	ction B. Total Support	r	1		1		
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		•				
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		ļ				<u></u>
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stor	here					▶_
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (line 6, column (f) d	livided by line 11, o	column (f))	•	14	
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	
16a	a 33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	1			▶□
t	o 33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check to	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶ _
17a	a 10% -facts-and-circumstances tes	t - 2012. If the orç	ganization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check ti	his box and stop I	here. Explain in Pa	art IV how the orga	nızatıon
	meets the "facts and circumstances"	test The organiza	ation qualifice as a	publicly supports	d organization		

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012 DAUGHTERS OF AMER REVOLUTION Part III | Support Schedule for Organizations Described in Section 509(a)(2) 94-6107587 Page 3

(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

Se	ction A. Public Support	elow, please comp	nete Fait II)	-			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and			1-7			
	membership fees received (Do not						
	ınclude any "unusual grants ")	326,068.	430,485.	204,196.	460,345.	403,690.	1824784.
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			311,167.		7,035.	318,202.
3	Gross receipts from activities that			 -:-			
	are not an unrelated trade or bus- iness under section 513					_ ,	
4	Tax revenues levied for the organ-						
	ization'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	326,068.	430,485.	515,363.	460,345.	410,725.	2142986.
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	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.
	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						2142986.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	326,068.	430,485.	515,363.	460,345.	410,725.	2142986.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,963.	11,988.	14,583.	16,430.	11,894.	75,858.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	20,963.	11,988.	14,583.	16,430.	11,894.	75,858.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	347,031.	442,473.	529,946.	476,775.	422,619.	2218844.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here .			_ 		···	
	ction C. Computation of Publ		_				
	Public support percentage for 2012 (I			olumn (f))		15	96.58 %
16						16	<u>%</u>
	ction D. Computation of Inves			- 10 1 (0)			2 42 %
	Investment income percentage for 20	•	•	e 13, column (t))	•	17	3.42 %
	Investment income percentage from 2	•		on line 14 and line	15 is mare than 3	18	%
19	a 33 1/3% support tests - 2012. If the more than 33 1/3%, check this box as	-					IT IS NOT ►X
	33 1/3% support tests - 2011. If the	•		•			•
•	• •	_			•	•	▶ □
20	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						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

CA STATE SOC OF THE NATL SOC OF THE

Employer identification number 94-6107587

DAUGHTERS OF AMER REVOLUTION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Sche	edule D (Form 990) 2012 DAUGHTER	S OF AMER	REVOLUTIO	<u>N</u>			.07587 Page 2
Pa	rt III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or C	Other Si	milar Asse	ts(continued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that are	a signific	ant use of its	collection items
	(check all that apply):						
а	X Public exhibition	d	Loan or exc	hange programs			
b	Scholarly research	е	Other				
С	X Preservation for future generations						
4	Provide a description of the organization's coll	lections and explair	n how they further t	he organization's	exempt p	urpose in Par	t XIII.
5	During the year, did the organization solicit or						
	to be sold to raise funds rather than to be mail						Yes X No
Pai	rt IV Escrow and Custodial Arrang	ements. Comple	te if the organizatio	n answered "Yes	" to Form	990, Part IV,	
	reported an amount on Form 990, Part						
1a	Is the organization an agent, trustee, custodia	n or other intermed	ary for contribution	s or other assets	not inclu	ded	
	on Form 990, Part X?		•				Yes No
b	If "Yes," explain the arrangement in Part XIII ai	nd complete the fol	llowing table:	•			
	, ,						Amount
С	Beginning balance					1c	
d	Additions during the year	•		•		1d	
- e	Distributions during the year	•	••			1e	
f	Ending balance			•	_	1f	
2a		m 990 Part X line	 21?	•	<u> </u>	•	Yes No
_	If "Yes," explain the arrangement in Part XIII		•	provided in Part	YIII		_ 165 NO
	rt V Endowment Funds. Complete if t						
		(a) Current year	(b) Prior year	(c) Two years ba		ree years back	(e) Four years back
1a	Beginning of year balance	507,838.	(b) i noi year	714.4		706.858.	
h	Contributions	3,279	<u></u>	4.20			687,950.
	Net investment earnings, gains, and losses	3,423.		4.2	2.	5,891,	13,689.
4	Grants or scholarships	930.			40		
u	Other expenditures for facilities	930.		4.	40.	1,750.	500.
e	· · ·	0 674					
	and programs	8,674.	·				
'-	· · · · · · · · · · · · · · · · · · ·	504.036	FAR A3A	740 0			
g	End of year balance	504,936,	507,838,	718,2	79,[710,999,	701,139.
2	Provide the estimated percentage of the curre	nt year end balance	•	ı)) neid as			
a	Board designated or quasi-endowment		_%				
D	Permanent endowment	%					
С		%					
2-	The percentages in lines 2a, 2b, and 2c should				£ 4L		
Sa	Are there endowment funds not in the possess	sion of the organiza	ition that are neid a	na aaministerea	tor the org	ganization	<u> </u>
	by:						Yes No
	(i) unrelated organizations	-					3a(i) X
	(ii) related organizations			-			3a(ii) X
	If "Yes" to 3a(ii), are the related organizations I			• •	•	•	3b
Par	rt VI Land, Buildings, and Equipme					 .	
Pai			1			 	
	Description of property	(a) Cost or ot	1	,	c) Accum	I	(d) Book value
		basis (investm		(other)	deprecia	LION	150 000
	Land	150,0			0.45		150,000.
b	Buildings	350,4	± / D •		245	,772.	104,703.
C	Leasehold improvements	<u> </u>	202				
d	Equipment		292.		45	,292.	0.
	Other	61,5					61,590.
Total	I. Add lines 1a through 1e (Column (d) must equ	<u>ual Form 990, Part I</u>	X, column (B), line 1	O(c))		. •	316,293.

Schedule D (Form 990) 2012 DAUGHTERS OF Part VII Investments - Other Securities. See	F AMER REVO	OLUTION 12	94	-6107587 Page 3
(a) Description of Security or category (including name of security)	(b) Book value		valuation. Cost or end	d-of-year market value
1) Financial derivatives				<u> </u>
2) Closely-held equity interests				
3) Other			•	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)	·			
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
(1)			·	
(2)				<u> </u>
(3)				<u></u>
(4)				
(5)				
(6)				
(7)			 	
(8)	·			
(9)				
(10)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		_		
Part IX Other Assets. See Form 990, Part X, line				(h) Doole volue
	Description	 		(b) Book value
(1)				
(2)		· · · ·		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	-v	 •		
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities. See Form 990, Part X, I	ine 25			
1. (a) Description of liability	110 20.	(b) Book value		
(1) Federal income taxes		(-,		
(2)				
(3)				
(4)			_	
(5)				
(6)			_	
(7)			†	
(8)			1	
(9)			1	
(10)		 -	1	
(11)	· · · -			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		7	
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex		he organization's financia	al statements that re	ports the organization's
liability for uncertain tax positions under FIN 49 (ASC 7		=		

CA STATE SOC OF THE NATL SOC OF THE

a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 2a 2b 2c 3b 2c 4a 4a 4a 4c		dule D (Form 990) 2012 DAUGHTERS OF AMER REVOLUT		<u>94-6107587</u>	Page 4
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	Par	t XIII Supplemental Information			
					9 4; Part
					
					
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization CA STATE DAUGHTERS	STATE SOC OF THE NATI	SOC	OF THE				Employer identification number $94-6107587$
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sstance, and the select	tion
criteria used to award the grants or assistance?	istance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Governments an \$5,000, Part II car	d Organizations in the	e United States. Connal space is need	omplete if the orga led	ınızatıon answered "\	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL SOCIETY DAUGHTERS OF AMERICAN REVOLUTION - 1776 D STREET - WASHINGTON, DC 20006	53-0205923	501(C)(3)	45,418.	0			
TAMASSEE DAR SCHOOL 1925 BUMGARDNER DR TAMASSEE, SC 29686	57-6000973	501(C)(3)	6,250.	0.			
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	and government or		listed in the line 1 table				A
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Page 2

94-6107587

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

DAUGHTERS OF THE NATL SOC OF THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part IV Supplemental Information. Complete this part to provide the information required in Part II, column (b), and any other additional information.	recipients recipients the information recipients	cash grant	cash assistance	(book, FMV, appraisal, other) (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHEDULE I, PART I, LINE 2: STATE CHAIRMEN OF NATIONAL COMMITTEES OVERSEE	RMEN	OF NATION	AL COMMITT	EES OVERSEE	
CONTEST AWARDS BASED ON NATIONAL SOCIET	ETY CRITERIA	ITERIA			

SCHEDULE 0

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Internal Revenue Service

Name of the organization

CA STATE SOC OF THE NATL SOC OF THE DAUGHTERS OF AMER REVOLUTION

Employer identification number 94-6107587

DAUGHTERS OF AMER REVOLUTION 94-610/58/
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACTIVITIES
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OF THE CALIFORNIA SOCIETY
MUST HAVE BEEN APPROVED AND ACCEPTED INTO MEMBERSHIP BY THE NATIONAL BOARD
OF MANAGEMENT OF THE NATIONAL SOCIETY
FORM 990, PART VI, SECTION A, LINE 7A: PER THE BYLAWS OF THE CALIFORNIA
STATE SOCIETY, MEMBERS WHO HAVE BEEN ELECTED AS DELEGATES TO THE ANNUAL
STATE CONFERENCE VOTE TO ELECT THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7B: PER THE BYLAWS OF THE CALIFORNIA
STATE SOCIETY MEMBERS WHO HAVE BEEN ELECTED AS DELEGATES TO THE ANNUAL
STATE CONFERENCE MAY VOTE ON BYLAW AMENDMENTS AND MOTIONS BROUGHT TO THE
FLOOR
FORM 990, PART VI, SECTION B, LINE 11: COPIES OF TAX RETURNS ARE PROVIDED
TO BOARD OF DIRECTORS AT THE MEETING SUBSEQUENT TO FILING.
FORM 990, PART VI, SECTION C, LINE 18: REQUESTS ARE MADE TO STATE
HEADQUARTERS.
FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE PUBLISHED
IN ANNUAL PROCEEDINGS OF STATE SOCOETY THAT IS AVAILABLE TO EACH MEMBER. A
COPY IS SENT TO THE TREASURER GENERAL OF THE NATIONAL SOCIETY WHERE IT IS
AVAILABLE FOR REVIEW. OTHER REQUESTS FOR INFORMATION ARE AVAILABLE AT STATE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 9	990-EZ) (2012)			Page 2
Name of the organization	CA STATE SOC	OF THE NATL SOC	OF THE	Employer identification number
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FORM 990, PAR	T XI, LINE 9,	CHANGES IN NET AS	SSETS:	
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