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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1776 D STREET NW

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200065303

D Employer identification number
53-0205923

E Telephone number
(202) 879-3365

G Gross receipts $ 27,658,564

F Name and address of principal officer
ANN T DILLON
1776 D STREET NW
WASHINGTON, DC 200065303

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DAR ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1896

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROMOTE HISTORIC PRESERVATION, EDUCATION, AND PATRIOTISM

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	86
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	85
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	172
6	Total number of volunteers (estimate if necessary)	**6**	4,775
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	499,818
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,142,552	9,073,021
9	Program service revenue (Part VIII, line 2g)	10,250,170	10,470,248
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,013,345	2,195,216
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,488,144	3,309,371
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,894,211	25,047,856
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,377,921	1,607,785
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,406,428	7,515,675
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	734,597
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,952,161		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,885,491	7,487,308
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,669,840	17,345,365
19	Revenue less expenses Subtract line 18 from line 12	8,224,371	7,702,491

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	124,401,120	137,482,635
21	Total liabilities (Part X, line 26)	9,964,799	10,013,916
22	Net assets or fund balances Subtract line 21 from line 20	114,436,321	127,468,719

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2017-09-07
Signature of officer Date

CAROL O JACKSON TREASURER GENERAL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID TRIMNER CPA	DAVID TRIMNER CPA			P00444822

Firm's name ▶ CLIFTONLARSONALLEN LLP — Firm's EIN ▶ 41-0746749

Firm's address ▶ 901 N GLEBE ROAD SUITE 200
ARLINGTON, VA 22203 — Phone no (571) 227-9500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION (NSDAR) WAS ESTABLISHED TO PERPETUATE THE MEMORY AND SPIRIT OF THE MEN AND WOMEN WHO ACHIEVED AMERICAN INDEPENDENCE THE SOCIETY ACHIEVES THIS OBJECTIVE THROUGH PROGRAMS WHICH ENCOURAGE HISTORICAL RESEARCH AND PUBLICATION, PRESERVATION OF HISTORICAL RELICS AND DOCUMENTS, EDUCATION AND PROMOTION OF PATRIOTIC ENDEAVORS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,073,286 including grants of $) (Revenue $ 4,198,616)

See Additional Data

4b (Code) (Expenses $ 3,171,983 including grants of $ 1,100,945) (Revenue $ 4,014,871)

See Additional Data

4c (Code) (Expenses $ 3,055,454 including grants of $ 50,000) (Revenue $ 2,882,440)

See Additional Data

(Code) (Expenses $ 508,216 including grants of $ 456,840) (Revenue $ 479,217)

BOARD PROJECTS THIS PROGRAM INCLUDES ACTIVITIES TARGETED FOR ACTION BY THE PRESIDENT GENERAL THE MOST RECENT PROJECT INVOLVES THE ONGOING PRESERVATION, RESTORATION AND IMPROVEMENT OF THE NSDAR COMPLEX OF HISTORIC BUILDINGS AND THE COLLECTIONS THEREIN, SUPPORTING CHAPTERS, ADVANCING DAR'S TECHNOLOGICAL CAPABILITIES IN SUPPORT OF ITS MISSION, FUNDING COMMUNITY GRANTS FOR HISTORIC PRESERVATION, EDUCATION, AND PATRIOTISM, AND IMPROVING NSDAR'S FINANCIAL STABILITY THROUGH PROMOTION OF ESTABLISHED PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 508,216 including grants of $ 456,840) (Revenue $ 479,217)

4e **Total program service expenses ▶** 10,808,939

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 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	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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 J*	**23**	Yes	
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 K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	48		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	172		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
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)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	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 any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	86		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	85		
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
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**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
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**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**		No
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	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 exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ AK , AL , AR , AZ , CO , CT , FL , GA , HI , IL , KS , KY , MA , ME , MI , MN , MS , NC , ND , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , WA , WI , WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ 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, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶SUSAN KINNECOME 1776 D STREET NW WASHINGTON, DC 200065303 (202) 879-3365

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								785,113	0	53,705

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
THE CHRISTMAN COMPANY 1881 CAMPUS COMMONS SUITE 405 RESTON, VA 20191	BUILDING RESTORATION	2,627,058
HAMMOCK INC 814 CHURCH STREEY SUITE 500 NASHVILLE, TN 37203	MAGAZINE PUBLISHER	749,806
AMERGENT 9 CENTENNIAL DRIVE PEABODY, MA 01960	PRINTING, CONSULTING, AND MAILHOUSE SERV	693,439
GRAND HYATT WASHINGTON DC 1000 H STREET NW WASHINGTON, DC 20001	BANQUET/RECEPTION SERVICES, LODGING	322,880
CAVALIER SERVICES INC 4520 EAST-WEST HIGHWAY SUITE 200 BETHESDA, MD 20814	CLEANING SERVICES	297,857

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 11

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c	9,240			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,063,781			
	g Noncash contributions included in lines 1a-1f $ 150,114					
	h **Total.** Add lines 1a-1f . . . . . ▶		9,073,021			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	6,829,882	6,829,882		
	b APPLICATION & OTHER MEMBER FEES	900099	2,261,330	2,261,330		
	c MAGAZINE REVENUE	541800	1,022,313	988,728	33,585	
	d RECORD COPY	900099	352,042	352,042		
	e LIBRARY & RESEARCH FEES	900099	4,681	4,681		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		10,470,248			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,202,462			2,202,462
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶		331,409			331,409
		(i) Real	(ii) Personal			
	6a Gross rents	1,475,552				
	b Less rental expenses	0				
	c Rental income or (loss)	1,475,552				
	d Net rental income or (loss) . . . . . ▶		1,475,552			1,475,552
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,736,593	260,000			
	b Less cost or other basis and sales expenses	1,824,303	179,536			
	c Gain or (loss)	-87,710	80,464			
	d Net gain or (loss) . . . . . ▶		-7,246			-7,246
	8a Gross income from fundraising events (not including $ 9,240 of contributions reported on line 1c) See Part IV, line 18 . . . . a		18,000			
	b Less direct expenses . . . b		18,922			
	c Net income or (loss) from fundraising events . . ▶		-922			-922
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a		1,692,843			
	b Less cost of goods sold . . b		587,947			
	c Net income or (loss) from sales of inventory . . ▶		1,104,896	638,663	466,233	
	Miscellaneous Revenue	Business Code				
	11a MANAGEMENT FEES	900099	354,191			354,191
	b TICKETMASTER COMMISSION	711300	23,067			23,067
	c COMMISSIONS FROM VENDORS	900099	6,111			6,111
	d All other revenue		15,067			15,067
	e **Total.** Add lines 11a–11d . . . . . ▶		398,436			
	12 Total revenue. See Instructions . . . . . ▶		25,047,856	11,075,326	499,818	4,399,691

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,337,887	1,337,887		
2 Grants and other assistance to domestic individuals See Part IV, line 22	265,395	265,395		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	4,503	4,503		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	330,112	178,739	125,384	25,989
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,036,921	3,538,972	1,983,377	514,572
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	172,554	100,754	57,150	14,650
9 Other employee benefits	499,548	291,686	165,450	42,412
10 Payroll taxes	476,540	278,252	157,830	40,458
11 Fees for services (non-employees)				
a Management	354,315	324,021	30,294	
b Legal	66,863	6,884	41,259	18,720
c Accounting	62,094		62,094	
d Lobbying				
e Professional fundraising services See Part IV, line 17	734,597			734,597
f Investment management fees	69,131	44,777	24,354	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	507,264	334,079	58,279	114,906
12 Advertising and promotion	9,213	9,213		
13 Office expenses	2,056,893	1,125,507	706,346	225,040
14 Information technology	121,424	65,796	43,868	11,760
15 Royalties				
16 Occupancy	582,146	435,940	135,762	10,444
17 Travel	115,789	71,507	15,661	28,621
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	542,872	124,293	316,918	101,661
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,360,760	1,079,601	250,698	30,461
23 Insurance	332,919	83,230	249,689	
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)				
a PRINTING & PUBLICATIONS	607,918	607,918		
b REAL ESTATE TAXES	117,533	79,304	37,689	540
c SUBSCRIPTIONS & MEMBERS	85,390	52,033	25,815	7,542
d PRESIDENT GENERAL EXPEN	58,463	12,425	37,798	8,240
e All other expenses	436,321	356,223	58,550	21,548
25 **Total functional expenses.** Add lines 1 through 24e	17,345,365	10,808,939	4,584,265	1,952,161
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	492,522	1	1,423,690
	2	Savings and temporary cash investments	16,091,016	2	18,280,727
	3	Pledges and grants receivable, net	3,046,799	3	1,626,219
	4	Accounts receivable, net	666,484	4	1,097,290
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	477,643	8	645,625
	9	Prepaid expenses and deferred charges	415,216	9	343,363
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 42,890,480			
	b	Less accumulated depreciation — 10b: 21,245,308	20,180,597	10c	21,645,172
	11	Investments—publicly traded securities	82,162,113	11	91,545,529
	12	Investments—other securities See Part IV, line 11	868,730	12	875,020
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	124,401,120	16	137,482,635
Liabilities	17	Accounts payable and accrued expenses	1,514,850	17	1,239,281
	18	Grants payable		18	
	19	Deferred revenue	7,523,762	19	7,902,015
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	325	21	1,084
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	925,862	25	871,536
	26	**Total liabilities.** Add lines 17 through 25	9,964,799	26	10,013,916
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	38,991,325	27	46,211,686
	28	Temporarily restricted net assets	54,545,871	28	57,199,634
	29	Permanently restricted net assets	20,899,125	29	24,057,399
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	114,436,321	33	127,468,719
	34	Total liabilities and net assets/fund balances	124,401,120	34	137,482,635

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,047,856
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,345,365
3	Revenue less expenses Subtract line 2 from line 1	3	7,702,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,436,321
5	Net unrealized gains (losses) on investments	5	5,329,907
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	127,468,719

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 53-0205923

Name: NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Form 990 (2016)

Form 990, Part III, Line 4a:

GENEALOGY AND RESEARCH THE NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION (NSDAR) MAINTAINS A RESEARCH AND AN EXTENSIVE GENEALOGICAL LIBRARY THE LIBRARY CONTAINS APPROXIMATELY 225,000 VOLUMES, AS WELL AS MANY UNPUBLISHED GENEALOGY TYPESCRIPTS NOT AVAILABLE ELSEWHERE THE LIBRARY IS OPEN TO MEMBERS AND NON-MEMBERS

Form 990, Part III, Line 4b:

EDUCATION NSDAR SUPPORTS TWO SCHOOLS IN THE APPALACHIAN AREA AND MAKES CONTRIBUTIONS TO SIX OTHER SCHOOLS NSDAR AWARDS SCHOLARSHIPS IN POLITICAL SCIENCE, HISTORY, GOVERNMENT, ECONOMICS, BUSINESS, LAW, CHEMISTRY, NURSING, AND OCCUPATIONAL THERAPY NSDAR ALSO PUBLISHES AMERICAN SPIRIT MAGAZINE, A BIMONTHY PUBLICATION FOCUSING ON AMERICAN HISTORY, HISTORIC PRESERVATION, PATRIOTISM, AND EDUCATION

Form 990, Part III, Line 4c:

HISTORIC PRESERVATION NSDAR MAINTAINS A MUSEUM FOR THE PURPOSE OF COLLECTING, EXHIBITING, AND PRESERVING OBJECTS RELATED TO THE AMERICAN REVOLUTION THE MUSEUM IS OPEN TO MEMBERS AND THE GENERAL PUBLIC FREE OF CHARGE NSDARS AMERICANA COLLECTION INCLUDES MANUSCRIPT AND IMPRINT MATERIALS PERTAINING TO LIFE IN COLONIAL AMERICA, THE REVOLUTIONARY WAR ERA, AND THE EARLY REPUBLIC NSDAR ALSO MAINTAINS CONSTITUTION HALL, AN AUDITORIUM DEDICATED TO THE US CONSTITUTION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANN T DILLON PRESIDENT GENERAL	40 00	X		X				12,000	0	0
LYNN F YOUNG 01-0616 PRESIDENT GENERAL	40 00	X		X				12,000	0	0
DENISE D VANBUREN FIRST VICE PRESIDENT GENERAL	20 00	X		X				0	0	0
PAMELA R WRIGHT CHAPLAIN GENERAL	20 00	X		X				0	0	0
ANN S CRIDER 01-0616 CHAPLAIN GENERAL	20 00	X		X				0	0	0
MORGAN LAKE RECORDING SECRETARY GENERAL	20 00	X		X				0	0	0
BARBARA H CARPENTER 01-0616 RECORDING SECRETARY GENERAL	20 00	X		X				0	0	0
VIRGINIA LINGELBACH CORRESPONDING SECRETARY GENERAL	20 00	X		X				0	0	0
KARON JARRARD 01-0616 CORRESPONDING SECRETARY GENERAL	20 00	X		X				0	0	0
NANCY HEMMRICH ORGANIZING SECRETARY GENERAL	20 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL O JACKSON TREASURER GENERAL	20 00	X		X				0	0	0
MARTHA G BARNHART 01-0616 TREASURER GENERAL	20 00	X		X				0	0	0
MARY FRISCH REGISTRAR GENERAL	20 00	X		X				0	0	0
SHARON M WITHERS 01-0616 REGISTRAR GENERAL	20 00	X		X				0	0	0
VIRGINIA TRADER HISTORIAN GENERAL	20 00	X		X				0	0	0
BANA W CASKEY 01-0616 HISTORIAN GENERAL	20 00	X		X				0	0	0
PATRICIA M HATFIELD LIBRARIAN GENERAL	20 00	X		X				0	0	0
JUDITH H CHAFFIN 01-0616 LIBRARIAN GENERAL	20 00	X		X				0	0	0
BARBARA FRANKENBERRY CURATOR GENERAL	20 00	X		X				0	0	0
JENNIE MAY REHNBERG 01-0616 CURATOR GENERAL	20 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CONNIE OLDE REPORTER GENERAL	20 00	X		X				0	0	0
MINDY T KAMMEYER 01-0616 REPORTER GENERAL	20 00	X		X				0	0	0
BARBARA T HALPIN VICE PRESIDENT GENERAL	4 00	X						0	0	0
BILLIE F BREEDLOVE VICE PRESIDENT GENERAL	4 00	X						0	0	0
CONSTANCE GRUND VICE PRESIDENT GENERAL	4 00	X						0	0	0
DANNA KOELLING VICE PRESIDENT GENERAL	4 00	X						0	0	0
DONNA NASH VICE PRESIDENT GENERAL	4 00	X						0	0	0
DOROTHY LIND VICE PRESIDENT GENERAL	4 00	X						0	0	0
GAIL TERRY VICE PRESIDENT GENERAL	4 00	X						0	0	0
GALE ACRAFTON VICE PRESIDENT GENERAL	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEANIE HORNUNG VICE PRESIDENT GENERAL	4 00	X						0	0	0
JULIA ROGERS VICE PRESIDENT GENERAL	4 00	X						0	0	0
LAURA KESSLER VICE PRESIDENT GENERAL	4 00	X						0	0	0
LUANNE F BRUCKNER VICE PRESIDENT GENERAL	4 00	X						0	0	0
LYNDA W CLOSSON VICE PRESIDENT GENERAL	4 00	X						0	0	0
MARTHA M CRAPSER VICE PRESIDENT GENERAL	4 00	X						0	0	0
MARY MCALEENAN VICE PRESIDENT GENERAL	4 00	X						0	0	0
PATSY MCFALL VICE PRESIDENT GENERAL	4 00	X						0	0	0
PEGGY C TROXELL VICE PRESIDENT GENERAL	4 00	X						0	0	0
ROBERTA P MCMULLEN VICE PRESIDENT GENERAL	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA MCCANN VICE PRESIDENT GENERAL	4 00	X						0	0	0
SUSAN THOMAS VICE PRESIDENT GENERAL	4 00	X						0	0	0
VIRGINIA S STORAGE VICE PRESIDENT GENERAL	4 00	X						0	0	0
BONNIE COOK 01-0616 VICE PRESIDENT GENERAL	4 00	X						0	0	0
ELIZABETH JONES 01-0616 VICE PRESIDENT GENERAL	4 00	X						0	0	0
JANET WHITTINGTON 01-0616 VICE PRESIDENT GENERAL	4 00	X						0	0	0
ZADEEA HARRIS 01-0616 VICE PRESIDENT GENERAL	4 00	X						0	0	0
JUDITH DEAN STATE REGENT - AK	4 00	X						0	0	0
NANCY FOLK STATE REGENT - AL	4 00	X						0	0	0
JERRI TOWNSEND STATE REGENT - AR	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY DEERE 01-0616 STATE REGENT - AR	4 00	X						0	0	0
TERRI MOTT STATE REGENT - AZ	4 00	X						0	0	0
GILLIAN MORSE 01-0616 STATE REGENT - AZ	4 00	X						0	0	0
BEVERLY MONCRIEFF STATE REGENT - CA	4 00	X						0	0	0
CAROL JACKSON 01-0616 STATE REGENT - CA	4 00	X						0	0	0
MARGARET NORTON STATE REGENT - CO	4 00	X						0	0	0
ALICE RIDWAY STATE REGENT - CT	4 00	X						0	0	0
APRIL B STALEY 01-0616 STATE REGENT - CT	4 00	X						0	0	0
JANET MCFARLAND STATE REGENT - DC	4 00	X						0	0	0
ANN T SCHAEFFER 01-0616 STATE REGENT - DC	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN BEACHELL STATE REGENT - DE	4 00	X						0	0	0
CLAUDIA ONKEN 01-0616 STATE REGENT - DE	4 00	X						0	0	0
VIRGINIA POFFENBERGER STATE REGENT - FL	4 00	X						0	0	0
JOYCE PATTON STATE REGENT - GA	4 00	X						0	0	0
IDA FISCHER 01-0616 STATE REGENT - GA	4 00	X						0	0	0
KATHERINE JOHNSON STATE REGENT - HI	4 00	X						0	0	0
MARY ELLEN SMITH 01-0616 STATE REGENT - HI	4 00	X						0	0	0
LUCINDA CARTER STATE REGENT - IA	4 00	X						0	0	0
SHARON BRADEN 01-0616 STATE REGENT - IA	4 00	X						0	0	0
RHONDA KREN STATE REGENT - ID	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON FRIZZELL STATE REGENT - IL	4 00	X						0	0	0
LOIS HUNTINGTON STATE REGENT - IN	4 00	X						0	0	0
KATHRYN WALKER WEST STATE REGENT - KS	4 00	X						0	0	0
BRENDA J DOOLEY 01-0616 STATE REGENT - KS	4 00	X						0	0	0
LESLIE MILLER STATE REGENT - KY	4 00	X						0	0	0
BARBARA ZINK 01-0616 STATE REGENT - KY	4 00	X						0	0	0
ZORA OLSSON STATE REGENT - LA	4 00	X						0	0	0
SUE L SIMPSON 01-0616 STATE REGENT - LA	4 00	X						0	0	0
HOLLY BLAIR STATE REGENT - MA	4 00	X						0	0	0
CAROL LARKIN STATE REGENT - MD	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH HOTCHKISS STATE REGENT - ME	4 00	X						0	0	0
SANDRA H SWALLOW 01-0616 STATE REGENT - ME	4 00	X						0	0	0
DIANE SCHRIFT STATE REGENT - MI	4 00	X						0	0	0
RACHEL SANISIDRO STATE REGENT - MN	4 00	X						0	0	0
SUSAN BOWMAN STATE REGENT - MO	4 00	X						0	0	0
CYNTHIA C MCNAMARA STATE REGENT - MS	4 00	X						0	0	0
JANE LEE HAMMAN STATE REGENT - MT	4 00	X						0	0	0
CATHERINE LANE 01-0616 STATE REGENT - MT	4 00	X						0	0	0
ELIZABETH GRAHAM STATE REGENT - NC	4 00	X						0	0	0
ENID LYNCH STATE REGENT - ND	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY LEGERSKI 01-0616 STATE REGENT - ND	4 00	X						0	0	0
CONSTANCE PLETTER STATE REGENT - NE	4 00	X						0	0	0
KATHLEEN OCASIO 01-0616 STATE REGENT - NE	4 00	X						0	0	0
WENDY STANLEY JONES STATE REGENT - NH	4 00	X						0	0	0
PHYLLIS M GAGNON 01-0616 STATE REGENT - NH	4 00	X						0	0	0
KAREN STROEVER STATE REGENT - NJ	4 00	X						0	0	0
CORNELIA OLDE 01-0616 STATE REGENT - NJ	4 00	X						0	0	0
GENORA CANON STATE REGENT - NM	4 00	X						0	0	0
LYNN WALLACE KINSELL STATE REGENT - NV	4 00	X						0	0	0
LYNDA MORRISON-RADER 01-0616 STATE REGENT - NV	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY ZWETSCH STATE REGENT - NY	4 00	X						0	0	0
NANCY WRIGHT STATE REGENT - OH	4 00	X						0	0	0
CYNTHIA HENDERSON STATE REGENT - OK	4 00	X						0	0	0
ORRIENE DENSLOW 01-0616 STATE REGENT - OK	4 00	X						0	0	0
ALICE MILES STATE REGENT - OR	4 00	X						0	0	0
CYNTHIA PARNELL 01-0616 STATE REGENT - OR	4 00	X						0	0	0
CYNTHIA SWEENEY STATE REGENT - PA	4 00	X						0	0	0
BARBARA WATROUS STATE REGENT - RI	4 00	X						0	0	0
DIANNE CULBERTSON STATE REGENT - SC	4 00	X						0	0	0
SHARON YOUNG STATE REGENT - SD	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAVONNE ANDERSON 01-0616 STATE REGENT - SD	4 00	X						0	0	0
CHARLOTTE REYNOLDS STATE REGENT - TN	4 00	X						0	0	0
JUDY OSTLER STATE REGENT - TX	4 00	X						0	0	0
BRENDA REEDER STATE REGENT - UT	4 00	X						0	0	0
JUDY BARKING 01-0616 STATE REGENT - UT	4 00	X						0	0	0
JUDITH SUBER STATE REGENT - VA	4 00	X						0	0	0
CAROL SCHWENK STATE REGENT - VT	4 00	X						0	0	0
JULIE PITTMANN STATE REGENT - WA	4 00	X						0	0	0
CAROL J GAFFNEY 01-0616 STATE REGENT - WA	4 00	X						0	0	0
JUDY MASON STATE REGENT - WI	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAUDETTE R FINKE 01-0616 STATE REGENT - WI	4 00	X						0	0	0
MALINDA DAVIS STATE REGENT - WV	4 00	X						0	0	0
DONNA WEAVER STATE REGENT - WY	4 00	X						0	0	0
SUSAN HAINES 01-0616 STATE REGENT - WY	4 00	X						0	0	0
LUCY MORIN STATE REGENT - FRANCE	4 00	X						0	0	0
DOMINIQUE FAVREUL 01-0616 STATE REGENT - FRANCE	4 00	X						0	0	0
LINDA SHIFLETT STATE REGENT - MEXICO	4 00	X						0	0	0
JANET FRY 01-0616 STATE REGENT - MEXICO	4 00	X						0	0	0
STEPHEN W NORDHOLT HQ ADMINISTRATOR	40 00			X				144,075	0	15,357
SUSAN KINNECOME CONTROLLER	40 00			X				134,458	0	12,222

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEANNE VIGLIANO DIRECTOR OF HUMAN RESOURCES	40 00					X		130,094	0	7,363
SANDRA POLLACK DEVELOPMENT DIRECTOR	40 00					X		127,816	0	5,193
VICTOR KUNZE DIRECTOR OF INFORMATION SYSTEMS	40 00					X		112,788	0	6,857
DAVID COPPEDGE BUILDING SUPERINTENDENT	40 00					X		111,882	0	6,713

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number
53-0205923

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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 _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 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).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 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)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts 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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported 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 ▶ ☐

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,255,924	9,192,192	5,796,086	10,142,552	9,073,021	39,459,775
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	8,336,425	10,261,490	11,182,365	11,729,820	11,208,107	52,718,207
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	13,592,349	19,453,682	16,978,451	21,872,372	20,281,128	92,177,982
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				545,897	110,722	656,619
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b				545,897	110,722	656,619
8 **Public support.** (Subtract line 7c from line 6)						91,521,363

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	13,592,349	19,453,682	16,978,451	21,872,372	20,281,128	92,177,982
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,380,262	3,326,034	3,736,635	3,425,582	4,009,423	17,877,936
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	34,054	43,614	50,877	66,640	110,603	305,788
c Add lines 10a and 10b	3,414,316	3,369,648	3,787,512	3,492,222	4,120,026	18,183,724
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 VI)	248,374	281,683	329,839	330,946	398,436	1,589,278
13 **Total support.** (Add lines 9, 10c, 11, and 12)	17,255,039	23,105,013	21,095,802	25,695,540	24,799,590	111,950,984

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	81 750 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	80 300 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	16 240 %
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	17 830 %

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART III, SECTION B, LINE 12	THE OTHER INCOME REPRESENTS MANAGEMENT FEES AND MISCELLANEOUS INCOME

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number
53-0205923

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 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? ☐ Yes ☐ No

6 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 impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 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 Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☑ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	61,427,748	56,006,728	51,426,870	45,683,427	43,787,812
b Contributions	16,443,739	11,579,418	9,006,848	8,895,167	5,662,058
c Net investment earnings, gains, and losses	-248,646	-654,894	-4,010,686	-2,455,184	2,116,850
d Grants or scholarships		122,500	416,304	696,540	5,883,293
e Other expenditures for facilities and programs	9,903,261	5,381,004			
f Administrative expenses					
g End of year balance	67,719,580	61,427,748	56,006,728	51,426,870	45,683,427

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 28 690 %
- b Permanent endowment ▶ 34 490 %
- c Temporarily restricted endowment ▶ 36 820 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		207,420		207,420
b Buildings		36,863,005	16,424,897	20,438,108
c Leasehold improvements				
d Equipment		5,820,055	4,820,411	999,644
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				21,645,172

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CHARITABLE GIFT ANNUITY	871,536
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	871,536

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	30,506,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	5,329,907		
b	Donated services and use of facilities	2b	109,500		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	5,439,407
3	Subtract line **2e** from line **1**			3	25,066,778
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	4a			
b	Other (Describe in Part XIII)	4b	-18,922		
c	Add lines **4a** and **4b**			4c	-18,922
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	25,047,856

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	17,473,787
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	109,500		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	18,922		
e	Add lines **2a** through **2d**			2e	128,422
3	Subtract line **2e** from line **1**			3	17,345,365
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	17,345,365

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0205923

Name: NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A	THE NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION (NSDAR) ACQUIRES ITS COLLECTIONS , WHICH INCLUDE MICROFILM, LIBRARY BOOKS AND HISTORICAL TREASURES OF ITS MUSEUM AND AMERIC ANA COLLECTION, THROUGH PURCHASE OR DONATION NSDAR'S COLLECTIONS ARE HELD FOR PUBLIC EXHI BITION, EDUCATION OR RESEARCH AND ARE PROTECTED AND PRESERVED AS PERMITTED BY U S GENERA LLY ACCEPTED ACCOUNTING PRINCIPLES, COLLECTIONS ARE NOT CAPITALIZED BY NSDAR, BUT RATHER E XPENSED CURRENTLY AS OF DECEMBER 31, 2016 AND 2015, THE ESTIMATED FAIR VALUE OF THE COLLE CTIONS WAS IN EXCESS OF $52 0 MILLION AND $52 0 MILLION, RESPECTIVELY NSDAR HAD NO SIGNIF ICANT DEACCESSIONS OR DISPOSALS OF MUSEUM/LIBRARY COLLECTIONS DURING THE YEARS ENDED DECEM BER 31, 2016 AND 2015

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	NSDAR'S COLLECTIONS INCLUDE MICROFILM, LIBRARY BOOKS, AND HISTORICAL TREASURES OF ITS MUSEUM LIBRARY, AND AMERICANA COLLECTION THE COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH AND ARE PROTECTED AND PRESERVED

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	NSDAR ACTS AS AN AGENT IN THE COLLECTION AND DISBURSEMENT OF FUNDS RECEIVED FROM CONTRIBUTORS TO DAR SCHOOLS AS NSDAR DOES NOT HAVE VARIANCE POWER OVER THE DISBURSEMENT OF THESE FUNDS, AMOUNTS HELD FOR DAR SCHOOLS TOTALING $1,084 AT DECEMBER 31, 2016 ARE REFLECTED IN ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE FINANCIAL STATEMENT

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION ENDOWMENT CONSISTS OF MULTIPLE FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES TO PROVIDE FOR THE LONG TERM SUPPORT OF THE ORGANIZ ATION AND ITS PROGRAMS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION (NSDAR) IS EXEMPT FROM FEDERAL I NCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT IS SUBJECT TO TAX ONLY ON ITS NET UNRELATED BUSINESS INCOME ADDITIONALLY, NSDAR IS EXEMPT FR OM INCOME TAXES IN THE DISTRICT OF COLUMBIA IT HAS BEEN DETERMINED THAT NSDAR IS NOT A PR IVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE CODE NSDAR FOLLOWS THE INCOME TAX ST ANDARD FOR UNCERTAIN INCOME TAX POSITIONS NSDAR EVALUATED ITS TAX POSITIONS AND DETERMINE D THAT ITS TAX POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION NSDAR'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EVENTS EXPENSES -18,922

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENTS EXPENSES 18,922

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number
53-0205923

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	AMERGENT 9 CENTENNIAL DRIVE PEABODY, MA 01960	PLAN & MANAGE DIRECT MAIL CAMPAIGNS, ADVICE ON DONOR SEGMENT		No	0	693,439	0
2	THE STELTER COMPANY PO BOX 5228 DES MOINES, IA 503055228	PLANNING AND MANAGEMENT OF ONLINE AND EMAIL SOLICITATIONS		No	0	41,158	0
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶				734,597	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue		(a) Event #1 GREETINGS FROM ROADSIDE AMERICA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	27,240			27,240
	2 Less Contributions	9,240			9,240
	3 Gross income (line 1 minus line 2)	18,000			18,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	16,371			16,371
	8 Entertainment				
	9 Other direct expenses	2,551			2,551
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				18,922
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-922

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number
53-0205923

Part I General Information on Grants 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 criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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

(a) Name and address of organization or government	(b) 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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 19

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	81	235,500			
(2) OUTSTANDING TEACHER AWARD	1	3,000			
(3) U S MILITARY ACADEMY AWARDS	6	1,545			
(4) FRIENDS OF AMERICAN HISTORY	12	7,000			
(5) FRIENDS OF VETERANS	2	1,600			
(6) GOOD CITIZENS AWARDS	60	16,750			
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION (NSDAR) AWARDS SCHOLARSHIPS TO QUALIFIED APPLICANTS APPLICANTS MUST BE UNITED STATES CITIZENS AND MUST ATTEND AN ACCREDITED COLLEGE OR UNIVERSITY IN THE UNITED STATES THE APPLICATION PROCESS IS CONDUCTED WITHOUT REGARD TO RACE, SEX, RELIGION, OR NATIONAL ORIGIN SCHOLARSHIPS ARE AWARDED BY THE SCHOLARSHIP COMMITTEE BASED ON ACADEMIC EXCELLENCE, COMMITMENT TO FIELD OF STUDY (AS REQUIRED), AND NEED THE SPECIAL PROJECTS GRANTS COMMITTEE MONITORS THE USE OF NSDAR GRANT FUNDS BASED ON THE TERMS OF A GRANT AGREEMENT SIGNED BY THE GRANTEE ORGANIZATION A FINAL WRITTEN REPORT MUST BE SUBMITTED TO THE COMMITTEE CHAIRMAN, INCLUDING PHOTOS OF THE PROJECT AND A COMPLETE FINANCIAL REPORT OF PROJECT EXPENDITURES, BEFORE THE SECOND HALF OF THE GRANT FUNDING IS RELEASED FOR PROJECTS TAKING LONGER THAN SIX MONTHS TO COMPLETE, THE GRANTEE ORGANIZATION MUST SUBMIT A STATUS REPORT, INCLUDING THE PROJECT TIMELINE AND PHOTOS OF THE PROJECT PROGRESS NSDAR MUST AUTHORIZE ANY PROPOSED MODIFICATIONS TO THE ORIGINAL PROJECT IN ADVANCE NSDAR RESERVES THE RIGHT TO EXERCISE OVERSIGHT INCLUDING STATUS CALLS, INTERIM PROGRESS REPORTS, AND REVIEW OF FILES AND RECORDS

Additional Data

Software ID:
Software Version:
EIN: 53-0205923
Name: NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** 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
2ND BRIGADE COMBAT TEAM 10TH MOUNTAIN DIVISION FAMILY READINESS GROUP 10012 SOUTH RIVA RIDGE LOOP FORT DRUMM, NY 13602		501(C)(3)		9,521			GIFT CARDS, LINENS, TOWELS
BACONE COLLEGE 2299 OLD BACONE ROAD MUSKOGEE, OK 744031568	73-0590036	501(C)(3)	21,252				RESTORATION OF HISTORIC CAMPUS BUILDING, CHOIR EXPENSES, ENDOWMENT INTEREST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) 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
BERRY COLLEGE 2277 MARTHA BERRY HIGHWAY MOUNT BERRY, GA 30149	58-0566133	501(C)(3)	43,000				SCHOLARSHIPS, CHAPEL CARILLON AND SOUND SYSTEM
CAMP CORRAL 801 N WEST STREET RALEIGH, NC 276031137	45-3555807	501(C)(3)	15,000				CAMP FOR CHILDREN OF FALLEN MILITARY MEMBERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** 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
CHEMAWA INDIAN SCHOOL 3700 CHEMAWA ROAD NE SALEM, OR 97305		501(C)(3)	15,000				CULTURAL PROGRAMS
CROSSNORE SCHOOL 100 DAR DRIVE CROSSNORE, NC 286160249	56-0567980	501(C)(3)	149,400				FURNITURE, INDEPENDENT LIVING PROGRAMS, SCHOLARSHIPS, ENDOWMENT INTEREST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** 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
FRIENDS OF THE NATIONAL WWI MEMORIAL 921 PENNSYLVANIA AVENUE SE SUITE 316 WASHINGTON, DC 20003	13-4358477	501(C)(3)	50,000				PARTIAL FUNDING OF ADDITION OF ROOSEVELT'S D-DAY PRAYER TO CIRCLE OF REMEMBRANCE
GARY SINISE FOUNDATION PO BOX 50008 STUDIO CITY, CA 916145001	80-0587086	501(C)(3)	10,000				EDUCATION, ENTERTAINMENT, COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** 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
HILLSIDE SCHOOL INC 404 ROBIN HILL ROAD MARLBOROUGH, MA 017521099	04-2111216	501(C)(3)	61,554				SCHOLARSHIPS, OUTDOOR CLASSROOM, BASEBALL FIELD, ORCHARD, ENDOWMENT INTEREST
HINDMAN SETTLEMENT SCHOOL 238 HIGHWAY 100 S HINDMAN, KY 41822	61-0447248	501(C)(3)	58,677				OUTDOOR CLASSROOM, SUMMER TUTORING PROGRAM, SERVER AND SCANNER, ENDOWMENT INTEREST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) 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
INDIAN YOUTH OF AMERICA INC PO BOX 2786 SIOUX CITY, IA 51106	52-1150452	501(C)(3)	10,000				SCHOLARSHIPS, YOUTH CAMP FOOD, LODGING AND RENT
KATE DUNCAN SMITH SCHOOL 6077 MAIN STREET GRANT, AL 357478331	63-0338084	501(C)(3)	185,295				BASEBALL FIELD RENOVATIONS, LAWNMOWER, ART SUPPLIES,MUSIC PROGRAM, BASKETBALL EQUIPMENT, STUDENT HEALTH PROGRAM, ENDOWMENT INTEREST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) 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
KIDS IN SUPPORT OF SOLDIERS PO BOX 180998 CASSELBERRY, FL 327180998	26-4119366	501(C)(3)	14,822				CARE PACKAGES FOR TROOPS
MUSEUM OF THE AMERICAN REVOLUTION 123 CHESTNUT STREET PHILADELPHIA, PA 19106	23-2773714	501(C)(3)	50,000				FRAMING & INSTALLATION OF THE SIEGE OF YORKTOWN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) 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
SHEPPARD'S HAND PO BOX 34033 LEXINGTON, KY 405884033			25,000				KITCHEN RENOVATION IN HOUSING PROJECT FOR AT-RISK FEMALE VETERANS
TAMASSEE DAR SCHOOL 1925 BUMGARDNER DRIVE TAMASSEE, SC 29686	57-6000973	501(C)(3)	297,372				DISHWASHER, CONVECTION OVEN, SECURITY, MEDICAL AND BOARDING ASSISTANCE, ENDOWMENT INTEREST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) 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
VETERANS ADMINISTRATION HEALTH CARE SYSTEMS CA 795 WILLOW ROAD MENLO PARK, CA 94025			10,000				WOMEN'S PTSD CLINICAL/SOCIAL WORK
VETERANS ADMINISTRATION HEALTH CARE SYSTEMS NY 222 RICHMOND AVENUE BATAVIA, NY 14020			10,000				WOMEN'S PTSD CLINICAL/SOCIAL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) 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
VETERANS ADMINISTRATION HEALTH CARE SYSTEMS OH 3200 VINE STREET CINCINNATI, OH 45220			10,000				WOMEN'S PTSD CLINICAL/SOCIAL WORK
VETERANS ADMINISTRATION HEALTH CARE SYSTEMS TX 1901 VETERANS MEMORIAL DRIVE TEMPLE, TX 76504			10,000				WOMEN'S PTSD CLINICAL/SOCIAL WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) 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
WEST POINT ASSOCIATION OF GRADUATES 698 MILLS ROAD WEST POINT, NY 10996	14-1260763	501(C)(3)	10,000				ATHENA'S ARENA CONFERENCE SPONSOR
WOMEN'S MEMORIAL FOUNDATION DEPT 560 WASHINGTON, DC 200420560	52-1513535	501(C)(3)	30,000				GENERAL DONATION AND IT UPGRADE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) 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
WARRIOR AND FAMILY SUPPORT CENTER 3628 RAWLEY E CHAMBERS ROAD SAN ANTONIO, TX 78219	16-1762964	501(C)(3)		8,149			GIFT CARDS, CLOTHING
WARRIOR TRANSITION BRIGADE WALTER REED NATIONAL MILITARY MEDICAL CENTER 8901 WISCONSIN AVENUE BETHESDA, MD 208995600		501(C)(3)		30,706			GIFT CARDS, FOLDABLE WAGONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number
53-0205923

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHEN W NORDHOLT HQ ADMINISTRATOR	(i)	144,075	0	0	7,621	7,736	159,432	0
	(ii)	0	0	0	0	0	0	0

See Additional Data Table

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number
53-0205923

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAMELA R WRIGHT	CHAPLAIN GENERAL OF THE ORGANIZATION	178,344	PAMELA R WRIGHT SERVES AS CHAPLAIN GENERAL OF THE ORGANIZATION SHE'S ALSO THE OWNER OF PAMELA WRIGHT COLLECTIONS, LLC WHICH SELLS JEWELRY AND RIBBONS TO THE ORGANIZATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number
53-0205923

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures	X	7		
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	18	150,114	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	HISTORICAL TREASURES - 7 ITEMS FROM FOUR DONORS
PART I, LINE 33	HISTORICAL TREASURES WITH AN ESTIMATED VALUE OF $1,800 (BASED ON INDEPENDENT APPRAISALS AND INTERNAL ESTIMATES/COMPARABLES) WERE DONATED TO THE DAR MUSEUM COLLECTION THE COLLECTION IS NOT CAPTITALIZED, AS PERMITTED BY U S GAAP

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number
53-0205923

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	MANAGEMENT AND THE EXECUTIVE COMMITTEE MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR POTENT IAL CONFLICTS THE CONFLICT OF INTEREST POLICY COVERS ALL NATIONAL BOARD OF MANAGEMENT MEM BERS, AS WELL AS COMMITTEE CHAIRMEN THOSE COVERED UNDER THE POLICY HAVE A DUTY TO DISCLOS E ANY DIRECT OR INDIRECT FINANCIAL INTEREST ANY DISCLOSED FINANCIAL INTERESTS ARE REVIEWE D AND DISCUSSED BY THE AUDIT COMMITTEE, WHICH THEN DECIDES IF A CONFLICT OF INTEREST EXIST S AND DETERMINES WHETHER OR NOT TO ENTER INTO THE TRANSACTION/ARRANGEMENT THE AUDIT COMMI TTEE ALSO QUESTIONS ANY NBM MEMBER WHO MAY HAVE FAILED TO DISCLOSE ACTUAL OR POTENTIAL CON FLICTS OF INTEREST IF THE COMMITTEE DETERMINES SUCH FAILURE TOOK PLACE, IT IS AUTHORIZED TO TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION DURING THE YEAR, THERE WAS A SET OF TRANSACTIONS WITH A SINGLE VENDOR WHERE A POTENTIAL CONFLICT OF INTEREST WAS NOT ADDRESSE D ACCORDING TO THE WRITTEN POLICY CORRECTIVE MEASURES HAVE BEEN IMPLEMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPARABILITY DATA IS OBTAINED AND REVIEWED ANNUALLY, COMPENSATION FOR TOP MANAGEMENT POSI TIONS IS REVIEWED ANNUALLY WITH THE HUMAN RESOURCES COMMITTEE PRIOR TO THE BUDGET PROCESS THE MOST RECENT YEAR IN WHICH THE PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PER SONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECIS ION WAS 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, BYLAWS ARE AVAILABLE TO MEMB ERS ON THE MEMBERS WEBSITE AND ARE AVAILABLE FOR SALE AS PART OF THE MEMBER HANDBOOK TO AN YONE WHO VISITS NSDAR HEADQUARTERS