## Form 990

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calend	dar year,	or tax year beginning	Mar 1	, 2009, and e	nding Feb	28	,	2010
В	Çheck if a			C Name of organization				D Employ		ication Number
	Addi	ress change	Piease use IRS labei	WA State Socie	ty Daughters of	American Re	evolution	n 91-	60546	594
		ne change	or print or type.		P O box if mail is not delive		oom/suite	E Telepho		
	H	al return	See specific	19508 80th A	ve W	A	4	(42	5) 29	3-4510
	$\vdash$	nination	Instruc- tions.	City, town or country		State ZIP cod		<del> </del>		
	<del>   </del>	ended return		Edmonds		WA 980	26-6216	G Gross r	eceipts \$	44,328.
	$\vdash$	lication pending	F Name a	and address of principal office	er			s a group retur		
	L.,.,		Sally Bud	kingham 19508 80th	ave w, #a Edmonds	WA 980		Il affiliates inc		Yes No
$\overline{}$	Tax-e	exempt status				a)(1) or 527	II INO	,' attach a list	(see instr	ructions)
J		site: ► N/		1-2 1 - 2 1 - 2		-7(-7	<del></del>	exemption n	ımber ►	
ĸ		of organization	X Corpor	ation Trust As	sociation Other >	L Year of F	ormation 193			gal domicile WA
	art I	Summa						<u>,                                    </u>	7.0.0	
`				anization's mission o	r most significant activ	ities: Provio	de schol	arships	, ed	ucation
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ファライゴーフ Governal					continued its operation		more than 25	5% of its as		
ି ଏ					body (Part VI, line 1a)				3 7	
_ s			_	,	he governing body (Pa	rt VI, line 1b)				'5
길톭			•	yees (Part V, line 2a) eers (estimate if nece		• •		•	5 6 1	, 970
Activities					Part VIII, Icolumn (C)	ine 12	•		7a	0.
⊱	h.			taxable income from		,			7b	<del>`</del>
50				DECEN	/ED	···		Prior Year		Current Year
Bevenue 010 (	8 0	Contributions	and gran	ts (Part VIII, line Th)			} <del></del>	24,9	158	22,652.
Je e	9 P			ue (Part VIII, line 2g)	ည္တ			10,8		13,671.
š.	10 Ir			rt Vill, collide (A), 3"	29104, and to).			10,2		8,005.
æ	11 C				, 6d, 8c, 90010c, and	11e)				<del></del>
	12 T	otal revenue	- add lir	nes 8 through 11 (mus	t equal Part VIII, colu	nn (A), line 12)	<u> </u>	46,0	56.	44,328.
	13 G	arants and si	mılar amo	unts pand (Flater X C	Numer (A), lines 1-3)			9,0	50.	11,640.
	14 B	Benefits paid	to or for a	nembers (Part IX, co	umn (A), line 4)					
ø	15 S	Salaries, othe	r comper	isation, employee ber	efits (Part IX, column	(A), lines 5-10)			0.	0.
Expenses	16a P	rofessional f	fundraisin	g fees (Part IX, colum	ın (A), line 11e)	•				
<u>ē</u>	ьт	otal fundrais	ıng exper	ses (Part IX, column	(D), line 25) ►		0.			
a				X, column (A), lines 1				33,5	26.	28,895.
	1	-	-	• •	Part IX, column (A), I	ine 25)		42,5	_	40,535.
				s. Subtract line 18 fro				3,4		3,793.
8 8					· · · · · · · · · · · · · · · · · · ·		Bog	inning of Y		End of Year
e ste	20 T	otal assets (	Part X. In	ne 16) .			Degi	278,8		282,663.
88	1	otal liabilities		•				2,0,0	,,,,	2027003.
Net Ass Fund Bo	1			nces. Subtract line 2	from line 20			278,8	70	282,663.
Pa	rt II	Signatu		<del>,</del>	TOTALINE ZO	<del></del>		270,0	70.	202,003.
L <u>: .</u>					ad this return, including acco	maanuna sahadulas aa	nd statements, as	ad to the best of	of my know	uladae and halief it is
		true, correct, a	nd complete	Declaration of preparer (of	ed this return, including acco nor than officer) is based on a	il information of which	preparer has an	y knowledge		reuge and belief, it is
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He		Signature	of officer				- D	ate		7
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				- All	<del></del>	Date	10	Check If	Prep	parer's identifying number instructions)
Pa	id	Donner	1	-1111			l s	self- employed	X	, manachoria)
Pro	e-	Preparer's Signature	Rob	ert Turaylor,	CPA	07/03		F4	ات	
	rer's	Firm's name (o		LOR & DONAHOO		75.700				
Us		yours if self- employed),	182					EIN ►		
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May	v the IR	<del></del>			n above? (see instruc		<del></del>			X Yes No
_	<u> </u>				lotice, see the separa		<del>·                                      </del>	TEFA0101	07/20/04	

Form	990 (20	09)	WA Sta	ate Socie	ety Dau	ighter	s of A	meric	an Rev	olut	ion					91-6	054	694			Page 2
Par	t III	Sta	tement	of Progr	am Sei	rvice A	Accom	ıplis <u>h</u> ı	ments												
1	Briefly o	descri	be the or	ganızatıon'	s missior	٦.												-			
	Provi	ide	scho1	arships	, edu	catio	on														
	Did the	ornar	uzation u	ındertake a	ny sianifi	cant pro	ogram s	ervices	during t	he ve	ar whi	ich we	re not	listed (	on the	prior					
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_				e changes													_				
4	Describe	e the (c)(4)	exempt p	purpose act ations and :	nevemer section 4	its for e .947(a)(	acn or t 1) trusts	ne orga	inization nuired to	s thre	e larç rt the	gest pr amour	ogram	servic ants a	es by e	expens	ses. S	ectic	n 50 the	l(C)(c	9
	expense	es, ar	d revenu	ie, if any, fo	or each p	rogram	service	reporte	ed.	Поро		<b>u</b> u.	o. g.	u			3 10 0		J, C	· total	
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4 d	Other pr	rogran	n service	s. (Describ	e in Sche	edule O	.)														
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4 e	Total pr	ogran		expenses				,535.													

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	•		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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х_
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	88_		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11		<u> </u>
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		-	ŕ
•	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		-	
•	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			
	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	,		
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	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? If Yes, complete Schedule D, Part X			,
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
	AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No			<del></del> -
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional    12 A   X	10		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>х</u> х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
	business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u> _
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	17		X
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		<u>x</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>x</u> _

Form 990 (2009) WA State Society Daughters of American Revolution

Part IV Checklist of Required Schedules (continued)

	•	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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		X
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
١	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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation 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		X
!	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29_		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
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		х
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		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule $R$ , Part $V$ , line $2$	35		<u>x</u>
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		х_
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		<u>x</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	х.	
		_		

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3 a b If 'Yes' has it filed a Form 990.T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? . . . . . Х 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 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? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х b Did the organization make any distribution to a donor, donor advisor, or related person? 9b Х 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 a 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 other members or shareholders . 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

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Form **990** (2009)

12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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

Sec	ction A.	Governin	g Body a	nd Manag	<u>gement</u>										
														Yes	No
1	a Enter the	e number of v	oting memb	ers of the gr	overning b	body				1 a	75		]		
	<b>b</b> Enter the	e number of v	oting memb	ers that are	ındepend	dent .				1 b	75		1	i l	
2	Did any	officer, directe lirector, truste	or, trustee, c	r key emplo	oyee have	a family	relatio	nship or a	business rel	lations	hip with a	ny other	2		х
3	Did the	organization d	elegate con	trol over ma	nagemen	t duties	customa	rily perforr	ned by or u	nder th	e direct s	upervision			
		s, directors o		-	-	-			•	n?			3		X
4		organization n e prior Form 9			anges to it	is organi	zationai	document	5				4		X
5	Did the	organization b	ecome awar	re during the	e year of a	a materia	al divers	ion of the	organization	n's asse	ets?		5	ı	Х
6	Does the	organization	have memb	ers or stock	kholders?								6		х
7	a Does the	e organization	have memb	ers, stockh	olders, or	other pe	ersons w	ho may el	ect one or m	nore m	embers o	f the	7a		х
	•	decisions of t	he governin	a body subic	ect to app	roval by	membe	rs. stockho	 Iders or off	her ner	sons?	•	7b		x
	Did the	organization c		• • •		-		-	•	•		year by	7.5		
	the follo	•											ļ		
	•	erning body?											8a	Х	
	<b>b</b> Each co	mmittee with	authority to	act on beha	If of the g	joverning	body?						8 b	X	
9	Is there organiza	any officer, di ition's mailing	rector or true	stee, or key	employed	e listed ii	n Part V d addres	II, Section	A, who can edule O	not be	reached .	at the	9		х
Sec	ction B.	Policies	(This Se	ction B r	equests	ınform	ation	about po	licies not	requ	ired by	the Interna	Ī		
Rev	enue Code	ə.)											_		
										-				Yes	No
10	a Does the	organization	have local	chapters, br	anches, o	or affiliate	es?						10a		Х
	b If 'Yes,' and bran	does the orga	nization hav	e written po	olicies and	d procedu	ures gov	rerning the	activities of	f such (	chapters,	affiliates,	10b		
		organization i											11	х	
11.	A Describe	n Schedule	O the proce	ss. if anv. u	sed by the	e organiz	zation to	review thi	s Form 990.						
		organization	•	-	-	_				•			12a		Х
		ers, directors						-		that co	uld aive ri	se	,		
	to confli		,	<b>.</b>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		g		12b		
1	c Does the	e organization e O how this i	regularly ar s done .	nd consister	ntly monito	or and er	nforce c	ompliance	with the pol	licy? <i>If</i>	'Yes,' des	cribe in	12c		
13	Does the	organization	have a writt	ten whistleb	lower poli	ıcy? .			•			·	13		X
14	Does the	organization	have a writt	ten docume	nt retentio	on and de	estructio	n policy?					14		Х
15	Did the p	process for de comparability	termining co	ompensation	n of the fo	ollowing p	persons	include a r	eview and a	approva	al by inde	pendent			
	•	inization's CE		· -					ion and dec	131011			15a		X
	•	ficers of key e			-	agccr	it dillola	•		•	•		15b	-	X
,		o line 15a or		_		edule O	(See in	· structions )			•	•	133		^
16			•	•				•		054000		h a tayahla			·
	entity du	organization if ring the year?									•		16a		X
-	in joint v	has the organ enture arrang	ements und	er applicabl	le federal	tax law,	and tak	en steps to	safeguard	the org	ganızatıon	's exempt			
<u> </u>		th respect to Disclosu		ements?	_ <del></del>		•	<u> </u>	•		<u> </u>	<del></del>	16b		
				4 AL F	000		L - 41		1- 1 1 · ·						
17		states with wh											. <del></del>		- <del>-</del> -
18	inspection	6104 requires on Indicate ho	ow you make	e these avai	ilable. Che	eck all th	at apply	<b>'.</b>	ole), 990, ar	nd 990	-T (501(c)	(3)s only) ava	allable	for pu	blic
	_	website		other's web		X	•	•							
19	Describe stateme	in Schedule nts available t	O whether (a o the public	and if so, ho	ow) the or	rganızatıd	on make	s its gover	ning docum	ients, c	onflict of	interest polic	/, and t	inanc	ıal
20	State the	e name, physi	cal address.	, and teleph	one numb	per of the	eperson	who posse	esses the bo	ooks ar	nd records	of the organ	ızatıon	:	
	► <u>Sally</u>	E Bucki	ngham_	19508	80th A	ve W,	#A_E	dmonds	<u>-</u>	<u> </u>	98026	(4	25)_2	93-4	<u>1510</u>

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)		(c)					(D)	(E)	(F)
Name and Title	Average hours		tion			that app		Reportable	Reportable	Estimated
	per week	adividual frustee or direx or	mshluhoval toustee	Officer	key employee	Higt est compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
See attached listing										
Various	0.00	X		Х	Х			0.	0.	0.
		_								
			-							
	<u> </u>									
										<del>-</del>
										·
		-								
							_			
						-				
			_							
				_			$\dashv$			

· (A)	(B)	· I · · · I				(D)	(E)	(F)			
Name and Title	Average hours per week	·		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amount o compens from organiz and rei organiza	of other sation the ation lated
		\   									
1 b Total						_	•	0.	0.	.]	0.
Total number of individuals (including but not limited from the organization	to those	e list	ed a	abov	e) v	vho	rece	eived more than \$	100,000 in reportab	le compens	ation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such interest of the organization and related organizations greater the individual</li> <li>5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Schedule J for the organization?</li> </ul>	ortable an \$150 mpensa	com ,000	pens ? <i>If</i>	satio <i>'Yes</i> n an	on a. s' cc	nd o	ther lete	r compensation fro Schedule J for su	om ch	3 4 5	X
Section B. Independent Contractors											<u>  X</u>
Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization.											
Name and business address	S				_			Description of	of Services	(C) Compensa	tion
					_						
2. Tatal number of independent and the first fir			- l l-	4h -							
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	ut not li	rnite	a to	เกอร	se II	stec	abo	ove) who received	more than		

Pal	LVI	II   Statement of Revenue				<del></del>	
	•			(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	12	Federated campaigns . 1	а			<del></del>	
F.S.		· · ·	b 10,109.				
850		· · · · · · · · · · · · · · · · · · ·					
S.A			c				
듣쒸			d				
S,E	е	Government grants (contributions)	le				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		<u></u> -	12,543.				
NO.	_	Noncash contribus included in lns 1a-1f	۶				
	<u>h</u>	Total. Add lines 1a-1f		22,652.			
3			Business Code				
Y.	2a	WAStRegent_project_		6,934.	6,934.	0.	0.
2	b	Yearbook, newsletter	_	3,017.	3,017.	0.	0.
힐	С	Mag.advertising		1,401.	1,401.	0.	0.
6		JrMember sales		2,319.	2,319.	0.	0.
Σ	_			5/3231			<del>``</del>
PROGRAM SERVICE REVENUE	•	All other program service revenue	-	<del></del>	<del></del>	<del></del>	<del> </del> -
ĕ		, ,	<u></u>	12 671			
-		Total. Add lines 2a-2f	<del></del>	13,671.	<u> </u>	<del> </del>	<u> </u>
	3	Investment income (including divider	nds, interest and	8,005.	9 005	0.	_
	_	other similar amounts)		8,005.	8,005.	<u> </u>	0.
	4	Income from investment of tax-exem	pt bond proceeds				
	5	Royalties	<del></del>				
		(ı) Real	(ii) Personal	, , ,	, , , , ,	, and the second	,
	6a	Gross Rents		*	34	*	
	b	Less: rental expenses				[ ' .	1
	С	Rental income or (loss)		,	. ,	ψ .	
į		Net rental income or (loss)					
		() Securities	s (ii) Other		· , .		
		Gross amount from sales of assets other than inventory	- (1)				
		assets other diam inventory					
ļ		Less cost or other basis	i l		`		
		and sales expenses					
- [		Gain or (loss)		<del></del>			
ı	d	Net gain or (loss)					
NE	8a	Gross income from fundraising even (not including \$	ds				
OTHER REVEN		of contributions reported on line 1c)	1			;	}
~		See Part IV, line 18	. a	,		,	
물	b	Less direct expenses .	b				4.
6	c	Net income or (loss) from fundraising	events . ►				
1		. ,				9	
	Эa	Gross income from gaming activities See Part IV, line 19	· . a	\$ 2º - >	×	· .	~
- 1		Less: direct expenses	b	4 4 81	* - *	,	
		Net income or (loss) from gaming ac			<u></u>		
- 1							<del></del>
- 1	10a	Gross sales of inventory, less returns				,	,
1		and allowances	a	,	,		_
		Less: cost of goods sold .	. b				
]	<u>c</u>	Net income or (loss) from sales of in					
ļ		Miscellaneous Revenue	Business Code				
	11 a		-				
l	b						
	С						
	d	All other revenue .					
	е	Total. Add lines 11a-11d	<b>-</b>				Ì
	_	Total revenue. See instructions	. <b>▶</b>	44,328.	21,676.	0.	0.
							<u> </u>

Form 990 (2009)

Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 11,640. 11,640. Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 ... Benefits paid to or for members Compensation of current officers, directors, 0. 0 0. 0. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) a Management **b** Legal c Accounting 1,100 0 1,100 0. d Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion Office expenses 5,395 5,395 0. 0. Information technology 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 21 Payments to affiliates Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed . .. 5% of total expenses shown on line 25 1/2 below.) . . 12,988 0. a Nat'l.Org/NSDAR 12,988. 0. 6,996. 6,996. ٥. 0. b WAStateRegent Exp. 0. c\_Advertising\_\_ 1,485. 1,485. 0. d JrMember costs 931. 931. 0. 0. f All other expenses 25 Total functional expenses. Add lines 1 through 24f 40,535. 39,435 1,100 0. Joint costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part >	Balance Sheet			
	•	(A) Beginning of year		<b>(B)</b> End of year
1	Cash non-interest-bearing	41,921.	1	48,862
2	Savings and temporary cash investments	236,449.	2	233,301
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	_	5	
6	(20 20 20 20 20 20 20 20 20 20 20 20 20 2			· · · · · · · · · · · · · · · · · · ·
	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L $$ .		6	
S 7	Notes and loans receivable, net		7	
Ĕ   8	Inventories for sale or use		8	
š   9	Prepaid expenses and deferred charges .		9	
10	a Land, buildings, and equipment cost or other basis  10a			
	Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b		10 c	
11	Investments — publicly-traded securities		11	
12	Investments – other securities See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	500.	15	500
16	Total assets Add lines 1 through 15 (must equal line 34)	278,870.	16	282,663
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
<u>i</u>	of Schedule L		22	
5 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
y F	Organizations that follow SFAS 117, check here ► X and complete lines	,		
7	27 through 29 and lines 33 and 34.	,		
27	Unrestricted net assets	41,921.	27	48,862
28	Temporarily restricted net assets	500.	28	500
	Permanently restricted net assets	236,449.	29	233,301
}	Organizations that do not follow SFAS 117, check here ▶ □ and complete	3 .		
30	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
31 32 33 34	Total net assets or fund balances.	278,870.	33	282,663
34	Total liabilities and net assets/fund balances.	278,870.	34	282,663

BAA

Form **990** (2009)

Form <b>990</b> (2009)	<b>WA State Society</b>	Daughters of	American Re	volution

91-6054694

Page **12** 

Par	t XI   Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		Х
t	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
C	I if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3 a	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		х
t	olf '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.	3 b		

BAA

Form **990** (2009)

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

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization							Employe	r identificat	tion number				
WA State Society Daugh	tion				91-6	054694	1						
Part I Reason for Public Ch	harity Status	s (All organizations	must o	comple	te this	part.)	See ı	nstruct	ions				
The organization is not a private four	ndation because	e it is: (For lines 1 through	gh 11, cl	neck onl	y one bo	ox.)							
1 A church, convention of chu	urches or assoc	ciation of churches descr	ribed in s	section	1 <b>70(b)</b> (1	)(A)(i).							
2 A school described in secti	on 170(b)(1)(A)	(ii). (Attach Schedule E	.)			,							
3 A hospital or cooperative hi	ospital service	organization described i	n sectio	n 1 <b>70</b> (b)	(1)(A)(ii	i).							
4 A medical research organiz	•	•		٠.		•	<b>ЬΥ1</b> ΥΔΥ	iii) Ente	r the boson	al'c			
name, city, and state	anon operated	in conjunction that a no	opital at			•••••	-/( · /( · //	,	i the hospi	u. J			
5 An organization operated for 170(b)(1)(A)(iv). (Complete	or the benefit of Part II)	f a college or university	owned o	r operat	ed by a	governr	nental u	nit descr	ibed in sec	tion			
7 An organization that norma	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 X An organization that norma from activities related to its investment income and unr June 30, 1975 See section	exempt function	ons – subject to certain s taxable income (less s	exceptio	ns. and	(2) no n	nore tha	an 33-1/3	3 % of its	s support fr	om arc	oss		
10 An organization organized	and operated e	xclusively to test for pub	lic safet	y Sees	ection 5	509(a)(4	).						
11 An organization organized or more publicly supported or describes the type of supp	rganizations de:	scribed in section 509(a)	)(1) or s	ection 5	09(a)(2)	ions of, . See <b>s</b> e	or carry ection 5	out the 09(a)(3).	purposes of Check the	f one o box th	or nat		
a 🗌 Type I	<b>b</b> Type II	c 🗌 Type III	– Func	tionally	integrate	ed		d 🗌	Type III-	Other			
e By checking this box, I cert than foundation managers a 509(a)(2)	ify that the orga and other than	anization is not controlle one or more publicly sup	d directly oported	y or indi organiza	rectly by itions de	one or scribed	more d in secti	squalifie on 509(a	d persons )(1) or sect	other Ion			
f If the organization received check this box	a written deter	rmination from the IRS th	nat is a	Type I, T	ype II o	r Type I	II suppo	rtıng org	anızatıon,				
g Since August 17, 2006, has	the organization	on accepted any gift or	contribu	tion fron	n any of	the foll	owing p	ersons?	F	[			
(i) a person who directly below, the governing		ontrols, either alone or to oported organization?	ogether v	vith pers	ons des	cribed i	n (II) an	d (III)	11 g (i)	Yes	No		
(ii) a family member of a	a person descri	ibed in (i) above?							11 g (ii)				
	-	described in (i) or (ii) abo	ove?						11 g (iii)				
h Provide the following inform	-								<u> </u>	<del></del>			
(i) Name of Supported Organization	(il) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) i organizat (i) listed gove	is the ion in col I in your irning ment?	(v) Did y the organ col o your st	iization în (i) of	organizat	zed in the l	(vli) Amoun	t of Sup	port		
	,		Yes	No	Yes	No	Yes	No					
										•			
			<u> </u>										
			]										
		<del></del>											
Total	`												

Pai	edule A (Form 990 or 990-EZ) 200 rt II . Support Schedule for	Organizations	Described in	Sections 170	an Revolution (b)(1)(A)(iv) and	170(b)(1)(A)(v	Page 2
	(Complete only if you checke	_					
Sec	tion A. Public Support				·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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)			,			
	Public support. Subtract line 5 from line 4		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*			
Sec	tion B. Total Support		, — —				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 .				<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		-	-			
12	Gross receipts from related activi	ties, etc. (see ins	tructions) .			12	
13	First five years. If the Form 990 organization, check this box and	s for the organiza	ition's first, second	I, third, fourth, o	•	section 501(c)(3)	▶ []
	tion C. Computation of Pu						
Sec	Public support percentage for 20	09 (line 6, column	(f) divided by line	11, column (f) .		. 14	%
						15	%
	Public support percentage from 2	2008 Schedule A,	Part II, line 14.	• ••	• • • •	[13]	
14 15	Public support percentage from 2 a 33-1/3 support test – 2009. If the and stop here. The organization	organization did	not check the box	on line 13, and	the line 14 is 33-1/3		

17 a 10%-facts-and-circumstances test — 2009 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 IV how

the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<b>&gt;</b>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 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 9 of Part I) Section A. Public Support (c) 2007 (d) 2008 **(e)** 2009 Calendar year (or fiscal yr beginning in)► (a) 2005 (b) 2006 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 29,122 34,677 33,031 24,958. 22,652 144,440. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 33,031. 24,958. 29,122. 34,677. 22,652. 144,440. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b. 8 Public support (Subtract line ¥ ,s 7c from line 6.) 144,440. Section B. Total Support **(b)** 2006 Calendar year (or fiscal yr beginning in) ► (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 29,122 34,677 33,031 24,958 22,652 144,440. 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 8,005 7,336. 11,999 10,487. 10,272. 48,099. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7,336. 11,999 10,487. 10,272. 8,005 48,099. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of čapital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) 192,539. 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 75.02% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 75.15% 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 24.98% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . 18 24.85%

19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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

Schedule A (Form 990 or 990-E2) 2009 Na State scolety baughters of American Revolution 31-6034694 Per [Part IV.] Supplemental Information. Complete this part to provide the explanations recording the III, line 10; Part III, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	Schedule A	(Form 990 or 99	90-EZ) 2009	WA State Soc	iety Daught	ers of Americ	can Revolution	91-6054694	Page 4
	Part IV	Supplement Part II, line	tal Informati 17a or 17b;	i <b>on.</b> Complete and Part III, I	this part to ine 12. Prov	provide the edide any other	explanations requal additional information	uired by Part II, lin mation. See instruc	e 10; ctions.
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Schedule D (Form 990) 2009 WA State Society Da	ughters of American	Revolution	91-6054694	Page 3
Part VII Investments—Other Securities See	Form 990, Part X, line	e 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or e	Method of valuation end-of-year market value	
Financial derivatives				
Closely-held equity interests .				
Other	-			
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Total (Column (b) must equal Form 990 Part X, col. (B) line 12.)	-			
Part VIII Investments—Program Related (Se	e Form 990 Part X III	ne 13\		
(a) Description of investment type	(b) Book value		Method of valuation	
(a) Description of investment type	(b) book value	Cost or e	end-of-year market value	
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Total (Column (b) must equal Form 990, Part X, Col (B) line 13)		· · · · · · · · · · · · · · · · · · ·		
Part IX Other Assets (See Form 990, Part )			<del> </del>	
(a)	Description	<del></del>	<b>(b)</b> Book va	alue
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Total. (Column (b) must equal Form 990, Part X, col.(B),	line 15)		<u> </u>	
Part X Other Liabilities (See Form 990, Pa		•		
(a) Description of Liability	(b) Amount	· · · · · · · · · · · · · · · · · · ·		
Federal Income Taxes	(2) :	<del>-</del>   :	· · · · · ·	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				
2. FIN 48 Footpote In Part XIV, provide the text of the foo	strote to the organization's f	inancial statements the	at reports the organization's list	i

for uncertain tax positions under FIN 48.

Page 3

# SCHEDULE 1 (Form 990)

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

2009

OMB No 1545-0047

Open to Public Inspection

**≗** □ (h) Purpose of grant or assistance **A** Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered 'Yes' to Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 91-6054694 (g) Description of non-cash 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? (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed WA State Society Daughters of American Revolution (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance (b) EIN 1 1 1 1 1 1 1 1 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service ŀ Name of the organization ŀ ١ 1 1

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

TEEA3901 02/10/10

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 91-6054694 (e) Method of valuation (book, FMV, appraisal, other) Individuals & orgs receiving grants, etc are well researched before (d) Amount of non-cash assistance WA State Society Daughters of American Revolution (c) Amount of cash grant \_a grant, etc\_is granted. (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Pt\_I\_Line\_2 Pt\_I\_Line\_2 Part III BAA

## SCHEDULE O

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Employer identification number 91-6054694 WA State Society Daughters of American Revolution Pt VI-B, Line 11A Officers review the form 990 prior to mailing with the Treasurer who has asked appropriate questions to the CPA who prepared the form 990 Pt VI-C, Line 19 Form 990 available at the State of Washington and Org. prepares a booklet annually that contains all pertinent data re the Organization & its formation, goverance, \_\_\_and purpose.

## **Miscellaneous Statement**

Form 990, Page 3-Grants & Awards & Allocations		
DAR Good Citizen Awards		
American History Essay Awards	]	
C.Kohn Rossman Scholarship		
W.Rjemke Schreiner Scholarship		
Sarah S. Patton Scholarship		

Total

## **Supporting Statement of:**

Form 990 p 10/Line 2 col (A)

Description	Amount
Good Citizen Awards	350.
JAC Awards	150.
American History Awards	140.
Sarah S Patton Scholarship	2,000.
WRjemki Schreiner Scholarship	9,000.
Total	11,640.

#### **Washington State Society NSDAR Officers** 2008-2010

**State Regent** 

Kathryn Hull

P O Box 208 Pacific, WA 98047-0208

**First Vice Regent** 

**Janice Nelson** 

6715 NE 60th St Vancouver 98661-1926

**Second Vice Regent** 

Carla Rigby

6801 Alpine Way Yakima 98908-1634

Chaplain

Janelle Braithwait

18014 E Montgomery Avenue Greenacres 99016-9306

**Recording Secretary** 

Kathleen Grulke

P O Box 599 Vaughn 98394-0599

Corresponding Secretary Marissa Goldenman

7075 SE Kansas Ave Port Orchard 98366-7172

**Organizing Secretary** 

**Christine Crowder** 

841 SE Marine Drive College Place 99324-4006

Treasurer

Sally Buckingham

19508 80th Ave W Apt A Edmonds, WA 98026-6216

Registrar

**Charlotte Abbott** 

2921 W Bertona Street Seattle 98199-2746

Historian

Jennie Willardson

1272 E 23rd Ave Spokane 99216-0327

Librarian

**Carol Davis** 

812 S 234th Place Des Moines 98198-8113