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# SCANNED APR 0 9 2013

Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150 2012

Open to Public Inspection

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A	For th	e 2012 c	alendar year, or tax year beginning and	ending			
	Check if applicab		C Name of organization	- Trade	D Emp	loyer i	dentification number
		ss change					
		change	ETHAN & MARY BAKER ALLEN CHAPTER OF DAF				010564
	lnıtıal	return	Number and street (or P O box, if mail is not delivered to street address)	Room/suite		-	number
	Termi	inated	280 LEDGEMONT LANE		8	<u> 02-</u>	462-2170
	Amen	ded return	City or town, state or country, and ZIP + 4		F Gro	up Exe	mption
	Applica	ation pending	CORNWALL, VT 05753		Nur	nber 🕨	<u> </u>
G	Accoun	iting Meth	od X Cash Accrual Other (specify) ▶		H Che	ck 🕨	X if the organization is not
		e: ▶ <u>N</u>			requ	uired to	attach Schedule B
<u>J</u>	Tax-ex	empt stati	us (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no ) 4947(a)	(1) or 527	(Fo	rm 990	, 990-EZ, or 990-PF)
K	Check I	<b>X</b>	if the organization is not a section 509(a)(3) supporting organization or a section 527 orga	nization and its g	ross re	ceipts	are normally <b>not</b> more than
	\$50,00	0 A Form	990-EZ or Form-990 return is not required though Form 990-N (e-postcard) may be required	ed (see instructi	ons) Bi	ut if the	organization chooses to file
	a returr	ı, be sure	to file a complete return				
L	Add lin	es 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets (Part	II,		
			B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$	11,414.
	art I		enue, Expenses, and Changes in Net Assets or Fund Balance	s (see the instri	uctions	for Par	t I)
		Check	if the organization used Schedule O to respond to any question in this Part I				X
	1		tions, gifts, grants, and similar amounts received			1	
	2		service revenue including government fees and contracts			2	<del></del>
	3	-	thip dues and assessments			3	755.
	4	Investme	nt income SEE SCHE	DULE O		4	507.
	5a		nount from sale of assets other than inventory 5a	10,1	52.		
	b		st or other basis and sales expenses 5b				
	C		oss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	10,152.
	6		and fundraising events				
e)	1 -	•	come from gaming (attach Schedule G if greater than				
Ž	-	\$15,000)					
Revenue	h		come from fundraising events (not including \$ of contribut	ions			
Œ	"		draising events reported on line 1) (attach Schedule G if the sum of such				
			come and contributions exceeds \$15,000)				
	d	Net incor	ect expenses from gaming and fundraising events (and lines be and 6b and subtract line 6c)	-		6d	
	7a	Gross sa	les of inventory, less returns and allowances 7a		'		<del></del>
	Ь		1 mm 1 () / A m 1 ( ) /				
	"	Gross nr	st of goods sold			7c	
	8	Other rev	reque (describe in Schedule O) OCO			8	
	g	Total rev	renue (describe in Schedule 0) OGDEN, UT		<b>•</b>	9	11,414.
_	10		nd similar amounts paid (list in Schedule 0)			10	
	11		paid to or for members			11	
S	12		other compensation, and employee benefits			12	
ıse	13		onal fees and other payments to independent contractors			13	285.
Expenses	14		cy, rent, utilities, and maintenance			14	5,278.
ŭ	15		publications, postage, and shipping			15	31.
	16	-	polications, postage, and simplifing penses (describe in Schedule O)  SEE SCHI	EDULE O		16	915.
	17		Denses. Add lines 10 through 16	<b>-</b>	<b>•</b>	17	6,509.
	18		r (deficit) for the year (Subtract line 17 from line 9)			18	4,905.
ets	19		is or fund balances at beginning of year (from line 27, column (A))			· · ·	
SS	ן י		ree with end-of-year figure reported on prior year's return)			19	105,297.
Net Assets	20		anges in net assets or fund balances (explain in Schedule O)			20	0.
Z	21		ts or fund halances at end of year. Combine lines 18 through 20		•	21	110,202.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Form	1990-EZ (2012) ETHAN & MARY BAKER ALLEN	CHAPTER OF	DAR		03-	60105	64 Page 2
Pa	Balance Sheets (see the instructions for Part II)				-		
	Check if the organization used Schedule O to res	spond to any que			,		
			(A) B	eginning of year	1		nd of year
22	Cash, savings, and investments			105,097			110,002.
23	Land and buildings			200	- 23		200.
24	Other assets (describe in Schedule O)				24		
25	Total assets			105,297	- 25		110,202.
26	Total liabilities (describe in Schedule O)				26		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		L	105,297	• 27		110,202.
Pe	rt III Statement of Program Service Accomplishmen						penses
	Check if the organization used Schedule O to res		estion i	n this Part III	X		for section and 501(c)(4)
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE O	) 		<del></del>		organizatio	ons and section
	nbe the organization's program service accomplishments for each of its three largest program er, describe the services provided, the number of persons benefited, and other relevant information.			a clear and concise		4947(a)(1 for others	) trusts, optional )
	SUPPORT WITH DUES, THE NATIONAL SOC	IETY OF DA	R IN	THE WOR	<u>K</u>	] ]	
	IT DOES.	· · · · · · · · · · · · · · · · · · ·					
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u></u>		28a	
29							
		<del></del>					
	<del></del>				_		
	(Grants \$ ) If this amount includes foreign g	grants, check here		<u></u>	ليا	29a	
30							
					<del></del> -	1 1	
	(Grants \$ ) If this amount includes foreign of	rants, check here				30a	
	Other program services (describe in Schedule O)			_			
	(Grants \$ ) If this amount includes foreign of	rants, check here			<u> </u>	31a	
32	Total program contino evacaces (add lines 28a through 31a)					32	
	Total program service expenses (add lines 28a through 31a)	mployooo					
	ert IV List of Officers, Directors, Trustees, and Key E					instructions f	for Part (V)
		pond to any que	estion i	n this Part IV			
	Check if the organization used Schedule O to res	spond to any que (b) Average hour	estion i	(c) Reportable mpensation (Forms	(d) He	alth benefits,	(e) Estimated
	ert IV List of Officers, Directors, Trustees, and Key E	pond to any que	estion in the state of the stat	this Part IV	(d) He contr emplo plans,	alth benefits, butions to byee benefit and deferred	
Pe	Check if the organization used Schedule O to res  (a) Name and title	(b) Average hour per week devoted	estion in the state of the stat	(c) Reportable mpensation (Forms W-2/1099-MISC)	(d) He contr emplo plans,	alth benefits, abutions to byee benefit	(e) Estimated amount of other
BA	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE-HENNESSY	(b) Average hour per week devoted position	estion in the state of the stat	n this Part IV (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter-0-)	(d) He contr emplo plans,	alth benefits, abutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
BA RE	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE-HENNESSY  GENT	(b) Average hour per week devoted	estion in the state of the stat	(c) Reportable mpensation (Forms W-2/1099-MISC)	(d) He contr emplo plans,	alth benefits, butions to byee benefit and deferred	(e) Estimated amount of other
BA RE SH	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE-HENNESSY  GENT  EILA FOOTE	(b) Average hour per week devoted position	estion in the state of the stat	n this Part IV (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, nibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
BA RE SH VI	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE-HENNESSY  GENT  EILA FOOTE  CE REGENT	(b) Average hour per week devoted position	estion in the state of the stat	n this Part IV (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter-0-)	(d) He contr emplo plans,	alth benefits, abutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
BA RE SH VI JO	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE-HENNESSY  GENT  EILA FOOTE  CE REGENT  AN BINGHAM	(b) Average hour per week devoted position  1.00	estion in the state of the stat	n this Part IV (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter-0-)  0.	(d) He contr emplo plans,	alth benefits, routions to byee benefit and deferred epensation	(e) Estimated amount of other compensation  0.
BA RE SH VI JO	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE-HENNESSY  GENT  EILA FOOTE  CE REGENT  AN BINGHAM  EASURER	(b) Average hour per week devoted position	estion in the state of the stat	n this Part IV (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter -0-)	(d) He contr emplo plans,	alth benefits, nibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation  0.
BA RE SH VI JO	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to resch	(b) Average hour per week devoted position  1.00  1.00	estion in the state of the stat	n this Part IV  (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter-0-)  0.	(d) He contr emplo plans,	alth benefits, rbutions to byse benefit and deferred upensation 0.	(e) Estimated amount of other compensation  0.
BA RE SH VI JO RE	Check if the organization used Schedule O to resched the organization used Schedule O to reschedule O to r	(b) Average hour per week devoted position  1.00	estion in the state of the stat	n this Part IV (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter-0-)  0.	(d) He contr emplo plans,	alth benefits, routions to byee benefit and deferred epensation	(e) Estimated amount of other compensation  O .  O .
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BA RE SH VI JO RE JO HI	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE—HENNESSY  GENT  EILA FOOTE  CE REGENT  AN BINGHAM  EASURER  AN BINGHAM  GISTRAR  AN BINGHAM  STORIAN	(b) Average hour per week devoted position  1.00  1.00	estion in the state of the stat	n this Part IV  (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter-0-)  0.	(d) He contr emplo plans,	alth benefits, rbutions to byse benefit and deferred upensation 0.	(e) Estimated amount of other compensation  0.  0.
BA RESH VI JO RE JO HI BA	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE—HENNESSY  GENT  EILA FOOTE  CE REGENT  AN BINGHAM  EASURER  AN BINGHAM  GISTRAR  AN BINGHAM  STORIAN  RBARA LANE	(b) Average hour per week devoted position  1.00  1.00  1.00  1.00	estion in the state of the stat	n this Part IV  (c) Reportable mpensation (Forms W-2/1099-MISC) not paid, enter-0-)  0.  0.	(d) He contr emplo plans,	alth benefits, ributions to byse benefit and deferred opensation   0.   0.   0.   0.	(e) Estimated amount of other compensation  O.  O.  O.
BA RESH VI JO RE JO HI BA	Check if the organization used Schedule O to res  (a) Name and title  RBARA FOOTE—HENNESSY  GENT  EILA FOOTE  CE REGENT  AN BINGHAM  EASURER  AN BINGHAM  GISTRAR  AN BINGHAM  STORIAN	(b) Average hour per week devoted position  1.00  1.00  1.00	estion in the state of the stat	n this Part IV  (c) Reportable mpensation (Forms W-2/1099-MiSC) not paid, enter-0-)  0.  0.	(d) He contr emplo plans,	alth benefits, noutrons to byse benefit and deferred opensation  O .  O .	(e) Estimated amount of other compensation  O.  O.  O.
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pai	t V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0 .	33		_X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	İ		
	on lines 2, 6a, and 7a, among others)?	35a		<u>X</u>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	4		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	In a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	1		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization   •  O •			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		<b>[</b>	v
	transaction? If "Yes," complete Form 8886-T	40e	L	<u>X</u>
41	List the states with which a copy of this return is filed ► NONE  The organization's books are in care of ► JOAN BINGHAM  Telephone no ► 802-46	2 2	170	
42 a		575	7/0	
		, , , ,	<u> </u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voo	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	X
	account)?	420		
	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.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		х
·	If "Yes," enter the name of the foreign country	720	1	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and effect the amount of tax exempt interest received of accorded during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1	1
•••	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	446		X
r	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1	<b></b>	<del> </del>
	In Schedule O	440	-	1
45 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	3-77		190-EZ	(2012)

Form 9	990-EZ (2	2012)	ET	HAN	&	MARY	BAKER	ALLEN	CHAPTER	OF D	AR	03-6010	564 Page 4
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### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 02 6010564

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h	Provide the f	ollowing information	about the supported org	ganization	(S).						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 ETHAN & MARY BAKER ALLEN CHAPTER OF DAR 03-6010564 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (c) 2010 (b) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 660. 755. 92,772. 700. 29,100. 61,557. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 755. 92,772. 700. 660. 29,100. 61,557. 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) 92,772. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) 92,772. 755. 660. 29,100. 700. 61,557. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 744. 10,659. 14,544. 847. 1,363. 931 and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 107,316. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 86.45 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 95.05 15 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. 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 - 2012. 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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 %	Sec	etion A. Public Support	NOW, please comp	Diete Fait II.)		-,·-		
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assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12)  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 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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 - 2011. 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  1	12						1	
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Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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 - 2011. 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  19 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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  10 Investment income percentage from 2011 Schedule A, Part III, line 17  11 Investment income percentage from 2011 Schedule A, Part III, line 17  12 Investment income percentage from 2011 Schedule A, Part III, line 17  13 Investment income percentage from 2011 Schedule A, Part III, line 17  14 Investment income percentage from 2011 Schedule A, Part III, line 13, column (f))  15 Investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f))  16 Investment income percentage from 2011 Schedule A, Part III, line 17  17 Investment income percentage from 2011 Schedule A, Part III, line 17  18 Investment income percentage from 2011 Schedule A, Part III, line 17  18 Investment income percentage from 2011 Schedule A, Part III, lin	14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi:	zation,
Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15		check this box and stop here						<b>▶</b>
16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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 - 2011. 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	Se	ction C. Computation of Publ	ic Support Pe	ercentage		<u> </u>		
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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 - 2011. 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	15	Public support percentage for 2012 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
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19a 33 1/3% support tests - 2012. 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 - 2011. 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	17	Investment income percentage for 20	12 (line 10c, colu	mn (f) divided by h	ne 13, column (f))		17	%
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ı							and
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	20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see i	nstructions	<u> </u>

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ETHAN & MARY BAKER ALLEN CHAPTER OF DAR

Employer identification number

ETHAN & MARY BAKER ALLEN CHAPTER OF DAR	03-6010564
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	375
CVPS DIVIDENDS	132
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	507
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
STATE AND NATIONAL DUES	755
STOCK TRANSFER FEES	160
TOTAL TO FORM 990-EZ, LINE 16	915
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - DAUGHTERS REVOLUTION IS A NON-PROFIT, NON-POLITICAL VOLUNTEER WOMEN DRGANIZATION DEDICATED TO PROMOTING PATRIOTISM, PRESERVING HISTORY AND EDUCATION. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	N'S SERVICE G AMERICAN
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTI	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	