

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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

2011

Open to Public

•		the Treasury tue Service	<b>▶</b> Th	ne organizat	ion may have to use	a copy of this	return to s	atisfy state repor	ting require	ments		Inspection			
A I	or the	e 2011 calend	dar year, or ta		· · · · · · · · · · · · · · · · · · ·			01, 2011, and er			03	-31, <b>20</b> 12			
В	heck if	applicable	C Name of orga	anization K3	NGS DAUGHTER	S HOME IN	C	,			D	Employer identification no.			
		change	Doing Busine						-		╗	3-0186433			
$\overline{}$	lame ch		_		box if mail is not delivered	to street address)			Room/suite		E	Telephone number			
二	nitial reti	-		G STREE		,	,					(802) 524 - 5744			
一	eminat			state or country		_			1			613,023			
二					VT 05478						۵	Gross receipts \$			
二	mende											GIOSS Tecespis &			
U '	фрисат	on pending	F Name and	address of prin	сіраі опісег				H(a) Is the	is a grou	p retur	n for □ v <sub>==</sub> [∑] N <sub>=</sub>			
			<u> </u>	7		<u> </u>			<b>—</b> i						
			501(c)(3)	501(c) (	) (insert no )	4947(a)(1) or	527	7				uded? Yes No (see instructions)			
<u> </u>	Vebsite:								<del></del>	up exemp	-				
			Corporation	_ Trust A	ssociation Other	<u> </u>	L,	Year of formation 1	925 M	State of	legal d	iomicile VT			
Pa	rt I	Summar	<u>y</u>												
	1	Briefly descr	ribe the organi	ızatıon's mıs	ssion or most signific	cant activities	TO PR	OVIDE ROOM	& BOARI	TO :	EHTE	E ELDERLY WHO			
	į	NEED SOM	E CARE BI	JT NOT F	NOUGH TO BE	IN A NURS	ING HOM	TE		•					
e G															
lo	İ														
v e	2	Check this b	xox 🕨 🔲 if the	e organizati	on discontinued its o	perations or di	sposed of	more than 25% o	f its net ass	ets					
ייי זייה	3	Number of v	oting member	s of the gov	erning body (Part V	I, line 1a)					3	11			
l a	4	Number of in	ndependent vo	otina membr	ers of the governing	body (Part VI,	line 1b)			[	4	0			
s c	5		•	•	ın calendar year 20	• •				-	5	22			
8 e	6		er of volunteers		•	•	•				6				
_	7a			•	n Part VIII, column (						7a	0			
				_	ne from Form 990-T,	• •				· ·	7b	0			
_	+-	Net unrelate	u business ta	xable incom	R - C	1116 34	<u></u>	1							
- R					RECEI	VFN	Ī	-	Pnor		250	Current Year			
e	8		s and grants (								050	9,468			
8	9	Program ser	vice revenue	(Part VIII, III	ne <sup>2g)</sup> NOV i a	$\frac{1}{2000}$	• • • • •		457,95			506,044			
n U	10				(A), lines 3, 4 and		• • • • •			17,	184	11,800			
ė	11			η.	lines 5, 6d, 8c, 9c,	1071						0			
	12				l (must equal Part V		line 12)			484,	189	527,312			
	13	Grants and	sımılar amoun	its paid (Par	t IX, column (A), line	es <u>4-3)</u>						0			
E	14	Benefits paid	d to or for mer	nbers (Part	IX, column (A), line	4)						0			
×	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							441	322,800					
, b	16a	Professional	l fundraising fe	ees (Part IX	, column (A), line 11	le)						0			
'n,	E	Total fundra	ising expense	s (Part IX, c	column (D), line 25)	•		0							
s e	17				lines 11a-11d, 11f-2	-				182,	819	194,922			
s	18	-			st equal Part IX, col			[		480,	260	517,722			
	19	· ·			e 18 from line 12						929	9,590			
Net	+:-		<del>poooo</del>						Beginning of C	·	<del></del>	End of Year			
Asse	s 20	Total accets	: (Part Y line)	16)	. ~			-		654,		666,828			
or Fund	21	-		•				-			618	9,149			
Bal-	-		•	· ·	ct line 21 from line 2					647,		657,679			
ance	rt		re Block	es. Subirat	Lane Li HOITINE Z	<u> </u>				,					
				vaminad this es	tum, including accompan	wing echedules and	etatemente	and to the best of my	knowledge and	helief it	ıs	<del></del>			
					officer) is based onjall info				Kilowiedye alio	Dellei, II	13				
		T	<b>X</b> ()	000	20160	0.						1./10/10			
c:~	_	<u> </u>	new	Lex!	<u> Inniell</u>	<del>[2</del> ]					1 4	11/13/12			
Sig		Signatu	ure of officer			_					Date	•			
He	e	1 <b>B</b>			S. TREASUR	ER									
		Type or	r print name and ti	itle	-							,			
,		Pnnt/Type pr	reparer's name		Preparer's signature	14		Date	Che	ck 🗌	ıf P	TIN			
Pai	d	Julie	Hoy EA		- Kuli	e thou	A3.	11-12-2012	self-	employe	d	P00198961			
Pře	pare	Firm's name	<b>&gt;</b>	Taxing	Matters Inc	7			Firm's EIN	> a	0-4	1882042			
	e On				plain Commons	3			Phone no						
			•	_	Albans VT 054						80	2-524-9564			
May	the IF	RS discuss this	s return with th		shown above? (see							🛚 Yes 🗌 No			

	rt III Statement of Program Service Accomplishments
+ 64	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	TO PROVIDE ROOM & BOARD TO EHTE ELDERLY WHO NEED SOME CARE BUT NOT ENOUGH TO BE IN A NURSING
	HOME
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4-	/O-d-
4a	(Code) (Expenses \$ 512,338 including grants of \$) (Revenue \$ 527,312)
	KINGS DAUGHTERS HOME PROVIDES SHELTER AND GUIDANCE TO ELDERLY PERSONS WHO ARE IN THE NEED OF SOME SPECIAL CARE BUT ARE UNABLE OR DO NOT HAVE ENOUGH NEED TO ENTER A NURSING HOME
	SOME SPECIAL CARE BUT ARE UNABLE OR DO NOT HAVE ENOUGH NEED TO ENTER A NURSING HOME
	The state of the s
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	The state of the s
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
<b>A</b> J	Others are are an annual (Decembe in Colondal of Col
4d	Other program services (Describe in Schedule O )
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 512,338
76	Form 990 (2011)
	10111 330 (2011)

17

18

19

20a

16 X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b **b** If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Form **990** (2011) EEA

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#### Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ................. Χ 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 X 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 23 Х 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 24a Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? þ Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a X 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 X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 X 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). 28a X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ......... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b 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 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Ь Did the organization receive any payment from or engage in any transaction with a controlled entity within the X 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 X 36 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, Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2011) KINGS DAUGHTERS HOME INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

L.Y.ATT	Check if Schedule O contains a response to any question in this Part V			. П
	Official in Confedure C contains a response to any question in this talk V	·ii	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ŧ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	ŧ		
·	reportable gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
La		I		
_	,	2ь	х	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<del></del> .	
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	1	х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ł	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-	1	v
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	ŧ		
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	. 1	- 1	37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{X}{X}$
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
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			3.5
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>CL</b>		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ŧ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>.</b> . [		
	and services provided to the payor?	7a		
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>.</b> .		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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 and section 509(a)(3) supporting	ł		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	. 1		37
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	.		7.7
a	Did the organization make any taxable distributions under section 4966?	9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		Х
10	Section 501(c)(7) organizations. Enter	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	I		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	40-		
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
_	Note. See the instructions for additional information the organization must report on Schedule O	I		
Ь	Enter the amount of reserves the organization is required to maintain by the states in which	I		
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		٠,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

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KINGS DAUGHTERS HOME INC

Pai	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 Check if Schedule O contains a response to any question in this Part VI			. 🔯
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or			ĺ
	If the governing body delegated broad authority to an executive committee or similar			İ
	committee, explain in Schedule O			ĺ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ŀ		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		77
_	one or more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
_	stockholders, or persons other than the governing body?	7Ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	ĺ
a	The governing body?	8b	X	<del></del>
9 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		X
Sec	tion 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<del>  ^-</del> -
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?  The organization's CEO, Executive Director, or top management official	15a	Х	i
a	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions )	102		<del></del>
16a				i
104	with a taxable entity during the year?	16a		Х
ь	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		X
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website 🗓 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	70		
	organization ▶ MARY PAPPAS (802)524-5744 10 RUGG STREET SAINT ALBANS, VT 054	, 0		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	
	and
Independent Contractors  Check if Schedule O contains a response to any question in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related	dorganization	n comp	oens	atec	any	y curre	nt o	fficer, director, or tr	ustee		
(A)	(8)		(C)				(D)	(E)	(F)		
Name and Title	Average			Pos	tion			Reportable	Reportable	Estimated	
	hours per week	(do no	t che	ck m	ore th	an one		compensation from	compensation from related	amount of other	
	(describe	box, u	ınless	pers	on is	both an		the	organizations	compensation	
	hours for	officei	r and a	a dire	ctor/t	rustee)		organization	(W-2/1099-MISC)	from the	
	related organizations in Schedule O)	Itd nri dur se vtc let de or a o lr	1 r u s t e e	ı c e	K e y e m p l o y e e	H c e m g m p l o s n p e o s t s e t e d	F o r m e r	(W-2/1099-MISC)		organization and related organizations	
(1) ALMA MARQUETTE			a I		θ					_	
DIRECTOR		х		1				o	o	0	
(2) CAROL LIVINGSTON					├	<del> </del>		0		<u> </u>	
DIRECTOR		Х			,		İ	o	0	0	
(3) CECILE CIOFFI					-	<del>                                     </del>	-	•	<u> </u>		
DIRECTOR		Х					1	l	o	0	
(4) DON WELLS	<b>†</b>				-	<del> </del>					
TREASURER		Х		l x				0	o	0	
(5) FRED ANDERSON						ĺ					
DIRECTOR		X						0	0	0	
(6) JILL WHITE											
DIRECTORS		X						0	0	0	
(7) JOAN MARTIN											
DIRECTOR		Х						0	0_	0	
(8) KATHY TABOR		-									
PRESIDENT		X		X		<u> </u>		0	0	0	
(9) MARARET COON											
VICE PRESIDENT		X		X				0	0	0	
(10)MAY SHEARER											
DIRECTOR	ļ	X						0	0	0	
(11)SUE KNIGHTES				1			1				
SECRETARY		X		Х	<u> </u>		ļ	0	0	0_	
(12)MARY PAPPAS											
SUPERVISOR	40.00	<u> </u>	<u> </u>	X				57,936	0	0	
(13)											
(14)										_	

Pa	rt VII Section A. Officers, Directors, Trustees,	tees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and Title	(B) Average hours per week (describe	box, office	unles r and	Pos eck m s pers direc	son is tor/tn	han one s both an ustee)	$\square$	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	a	(F) Estimated amount of other mpensate from the	of tion
		hours for related organizations in Schedule O)		ı t	C	Key employee	H c e m g m p l o y e s t s a t e d	F o r m e r	(W-2/1099-MISC)	(** 2 1033 MISOS)	a	rganizati ind relate ganizatio	ion ed
(15)													
(16)										<u>-</u> .	+		
(17)													
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(24)													
(25)													
1b c d	Sub-total	Α						<b>&gt;</b>	57,936	0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed a	above)	who	rec	eive	ed mor	e tha		0			
_												Yes	No
3	Did the organization list any <b>former</b> officer, director or t employee on line 1a? If "Yes," complete Schedule J for	such individ	lual					·			3		х
4	For any individual listed on line 1a, is the sum of reporta organization and related organizations greater than \$15	-											
5	Individual	 pensation fro	 m any	 unre	· · elate	 ed or	 rganiza	 ation	or individual		4	<u> </u>	X
Sec	for services rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Sched	ule J fo	or su	ıch p	oers	on				5	<u> </u>	X
1	Complete this table for your five highest compensated is compensation from the organization. Report compensations year.												
	(A) Name and business address								(B) Description of se	ervices	Comp	(C) ensation	
							•						
_													
_													
2	Total number of independent contractors (including but received more than \$100,000 of compensation from the				ed a	bove	e) who						

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a					
Contri-	Ь	Membership dues 1b		į			
butions,	С	Fundraising events 1c					
Gifts,	d	Related organizations 1d	<u> </u>				
Grants and	e	Government grants (contributions) 1e					
Other	f	All other contributions, gifts, grants,					
Similar Amounts		and similar amounts not included above 1f	9,468				
74 HOLDING	g	Noncash contributions included in lines 1a-1f: \$					
	_ h	Total. Add lines 1a-1f		9,468			
			Business Code				
	2a	ROOM AND BOARD	623990	506,044	506,044		
Dmamm	ь						
Program Service	С						
Revenue	d						
	е						
	f	All other program service revenue			-		
	g	Total. Add lines 2a-2f		506,044			
	3	Investment income (including dividends, interest,					
		and other similar amounts)		18,838	18,838		
	4	Income from investment of tax-exempt bond prod	eeds▶				
	5	Royalties					
		(ı) Real	(ii) Personal				
	6a	Gross rents		]	=		
	ь	Less rental expenses		]			
	С	Rental income or (loss)		}			
	d	Net rental income or (loss)		[			
		Gross amount from sales of (i) Securities	(II) Other		,		
		assets other than inventory 78,67:	3	ſ			
	ь	Less cost or other basis		]			
•		and sales expenses 85,71	լ	-			
t	С	Gain or (loss) (7,03	8)		1		
h	d	Net gain or (loss)		(7,038	) (7,038	)	
e r	8a	Gross income from fundraising					
_		events (not including \$		[			
R e	1	of contributions reported on line 1c)					
v		See Part IV, line 18					
e	ь	Less direct expenses b					
ű	С	Net income or (loss) from fundraising events .	<b>&gt;</b>				
e	9a	Gross income from gaming activities.		<u> </u>	-		
		See Part IV, line 19	L				
	ь	Less direct expenses <b>b</b>		ļ .	:		
	С	Net income or (loss) from gaming activities	<u> ▶</u>				
	10a	Gross sales of inventory, less					, , , , , , , , , , , , , , , , , , , ,
		returns and allowances a			i		
	Ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u> ▶	527,312	517,844	0	0

#### 03-0186433

Page 10

#### Statement of Functional Expenses Part IX

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)

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	-			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	50,936	50,936		
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	242,395	242,395		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	29,469	29,469		
11	Fees for services (non-employees)				
а	Management	340	340		
Þ	Legal	228	228		
C	Accounting	3,275	3,275		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	1 261	1 261		
f	Investment management fees	1,361	1,361		
g	Other	141	141	-	
12	Advertising and promotion	3,713	3,713		
13	Office expenses	4,210	4,210		<del></del>
14	Information technology				
15	Royalties	20 577	20 577		
16	Occupancy	38,577	38,577		
17	Travel	2,972	2,972		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	20 115	20 115		
19	Conferences, conventions, and meetings	30,115	30,115		
20	Interest				
21	- ·	F 204		5 394	
22	Depreciation, depletion, and amortization	5,384 56,938	56 020	5,384	
23 24	Other expenses Itemize expenses not covered	56,735	56,938		
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 ) DUES SUBSCRIPTIONS	567	567		
a		39,760			
b	GROCERIES	198	39,760 198		
d	LICENSES AND PERMITS	7,143	7,143		
	All other expenses	/,143	7,143		
е 25	Total functional expenses. Add lines 1 through 24e	517,722	512,338	5,384	0
25 26	Joint costs. Complete this line only if the	511,122	514,338	5,30%	
LU	organization reported in column (B) joint costs				
	from a combined educational campaign and		-		
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

art A	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	6,503	1	34,90
2	Savings and temporary cash investments		2	
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	Receivables from other disqualified persons (as defined under section		1	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1 1	
	employers and sponsoring organizations of section 501(c)(9) voluntary		1	
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	11
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or	······································		
	other basis. Complete Part VI of Schedule D 10a 199,503			
ь	Less accumulated depreciation	170,266	10c	168,71
11	Investments - publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	
12	Investments - other securities See Part IV, line 11	478,202	12	463,21
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)	654,971	16	666,82
17	Accounts payable and accrued expenses	7,618	17	9,14
18	Grants payable		18	-
19	Deferred revenue	<del></del>	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		1 1	
1	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		25	
26	Total liabilities. Add lines 17 through 25	7,618	26	9,14
	Organizations that follow SFAS 117, check here ▶ 🗓 and complete			
=	lines 27 through 29, and lines 33 and 34.		] [	
27	Unrestricted net assets	647,353	27	657,67
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
	complete lines 30 through 34.		1 1	
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	647,353	33	657,67
34	Total liabilities and net assets/fund balances	654,971	34	666,82

Form	990 (2011) KINGS DAUGHTERS HOME INC 03-01864	133	P	age <b>12</b>
Par	T XI Reconciliation of Net Assets			
_	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>	. 🛚
1	Total revenue (must equal Part VIII, column (A), line 12)		527,	312
2	Total expenses (must equal Part IX, column (A), line 25)		517,	722
3	Revenue less expenses. Subtract line 2 from line 1		9,!	590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		547,	353_
5	Other changes in net assets or fund balances (explain in Schedule O)		•	736
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
_	column (B))		557,6	579
Par	† XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			<u>. 🗆</u>
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other MODIFIED CS		Ī	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		ŧ	
	Schedule O.		ŧ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		Х
ь	Were the organization's financial statements audited by an independent accountant?	. 2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ĺ	
	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		Ī	
	Schedule O		‡	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		<b></b>	
	issued on a separate basis, consolidated basis, or both:		ŧ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ŧ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	
	the Single Audit Act and OMB Circular A-133?	. 3a		X
ь	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	. Зь		
	FFΔ	Form	990 (	2011)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **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

2011

Open to Public Inspection

Employer identification number

		DAUGHTERS HOME	INC						03-0	186433			
Pai	11	Reason for	<b>Public Charit</b>	y Status (All organiza	ations must	complete	this part.) \$	See ınstru	ctions.				
The d	orgar	nization is not a privat	e foundation becau	use it is: (For lines 1 throu	igh 11, che	ck only on	e box )						
1		A church, convention	of churches, or a	ssociation of churches de	escribed in	section 17	70(b)(1)(A)	(i).					
2		A school described in	n <b>section 170(b)(1</b>	)(A)(ii). (Attach Schedule	e E.)								
3		A hospital or a coope	erative hospital ser	vice organization describ	ed ın <b>secti</b>	on 170(b)(	(1)(A)(iii).						
4		A medical research of	organization operat	ted in conjunction with a l	hospital des	scribed in s	section 17	0(Ь)(1)(A)	(iii). Enter	the hospita	al's name	∍,	
		city, and state											
5		An organization oper	ated for the benefi	t of a college or university	y owned or	operated t	by a govern	nmental ur	nit describe	ed in			
		section 170(b)(1)(A	(iv). (Complete Pa	art II.)									
6		A federal, state, or lo	cal government or	governmental unit descr	ıbed ın <b>sec</b>	tion 170(b	)(1)(A)(v).						
7		An organization that	normally receives	a substantial part of its si	upport from	a governr	nental unit	or from th	e general p	oublic			
		described in section 170(b)(1)(A)(vi). (Complete Part II )											
8													
9	X	An organization that	normally receives	(1) more than 33 1/3% o	f its suppoi	t from con	tributions, i	membersh	nip fees, an	d gross			
		receipts from activitie	es related to its exe	empt functions - subject t	o certain ex	ceptions,	and (2) no	more thar	133 1/3% c	of its			
		support from gross in	vestment income	and unrelated business t	axable inco	me (less s	section 511	tax) from	businesse	s			
		acquired by the orga	nızatıon after June	30, 1975. See section 5	609(a)(2). (d	Complete F	Part III)						
10		An organization orga	nized and operate	d exclusively to test for p	ublic safety	. See <b>sec</b> l	tion 509(a)	(4).					
11		An organization orga	nized and operate	d exclusively for the bene	efit of, to pe	rform the f	functions of	f, or to car	ry out the				
		purposes of one or n	nore publicly suppo	orted organizations descr	ibed in sec	tion 509(a)	(1) or sect	ion 509(a)	(2) See <b>s</b> e	ection			
		509(a)(3). Check the	box that describes	s the type of supporting o	organization	and comp	olete lines 1	l 1e throug	h 11h				
		a 🗌 Typel	<b>ь</b> 🗌 Тур	ell c	] Type III-	Functional	lly integrate	ed	d	Type I	II-Other		
e		By checking this box	, I certify that the c	organization is not control	lled directly	or indirect	tly by one c	r more dis	squalified				
		persons other than for	oundation manage	rs and other than one or a	more public	ly support	ed organiza	ations des	cribed in s	ection			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	ceived a written de	etermination from the IRS	that it is a	Type I, Ty	pe II, or Ty	pe III supp	orting				
		organization, check	this box										🗆
g		Since August 17, 20	06, has the organiz	ation accepted any gift o	r contributi	on from an	y of the						
		following persons?											,
		(i) A person who o	lirectly or indirectly	controls, either alone or	-	•						Yes	No
		and (III) below,	the governing body	of the supported organi	zation?						11g(i)	L	
		(ii) A family member	er of a person desc	cribed in (i) above?							11g(iı)		
		(iii) A 35% controlle	ed entity of a perso	n described in (i) or (ii) al	bove? .						11g(in)		<u></u>
h		Provide the following	information about	the supported organizati	on(s).								
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Did yo			ls the	1	Amount	of
		Olganization		(described on lines 1-9 above or IRC section	governing d	-	the organi		organizati (i) organiz		]	upport	
				(see instructions) )		ı	supp	oort?	<del> </del>	S ?			
					Yes	No	Yes	No	Yes	No			
(A)													
									ļ		ļ <u>-</u>		
(B)													
		· · · · · · · · · · · · · · · · · · ·			ļ.,								
(c)						:							
					ļ								
(D)													
<del></del>					-				ļ		1		
(E)													
				<u> </u>	<u> </u>	<u> </u>	1		<u> </u>				
_				1	1		<b></b>		1				
Tota			t	+	+	5	I	t	t	5	1		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge ..... Total. Add lines 1 through 3 ..... 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 In 4 Section B. Total Support (d) 2010 (a) 2007 (b) 2008 (c) 2009 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ 7 R Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is 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 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2010 Schedule A, Part II, line 14 ....... 15 % 15 33 1/3% support test - 2011. 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 33 1/3% support test - 2010. 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 - 2011. 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 10%-facts-and-circumstances test - 2010. 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

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

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

KINGS DAUGHTERS HOME INC 03-0186433

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2007	( <b>b</b> ) 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	117,013	3,103	40,472	9,050	9,468	179,106
2		331,807	393,325	468,539	457,955	505,594	2,157,220
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>.</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	448,820	396,428	509,011	467,005	515,062	2,336,326
,7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						2,336,326
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in) ▶	(a) 2007	( <b>b</b> ) 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
9	Amounts from line 6	448,820	396,428	509,011	467,005	515,062	2,336,326
104	payments received on securities loans, rents, royalties and income from similar sources	13,877	37,207	15,297	17,983	18,838	103,202
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	13,877	37,207	15,297	17,983	18,838	103,202
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	462,697	433,635	524,308	484,988	533,900	2,439,528
14	organization, check this box and stop here	<u> </u>		, or fifth tax year as			▶□
	ction C. Computation of Public Su	<del>-                                    </del>	<del>-</del>				
15	Public support percentage for 2011 (line 8, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		15	95.77 %
16	Public support percentage from 2010 Schediction D. Computation of Investme					16	95.90 %
		·		luma (fl)	· · · · · · · · · · · · · · · · · · ·	17	4.23 9
17 18	Investment income percentage for 2011 (line Investment income percentage from 2010 So	• •	-			18	4.23 9 4.10 9
	33 1/3% support tests - 2011. If the organi	zation did not checi	k the box on line 14	I, and line 15 is mo	re than 33 1/3%, a	nd line	
Ь	17 is not more than 33 1/3%, check this box  33 1/3% support tests - 2010. If the organiline 18 is not more than 33 1/3%, check this	zation did not checi	k a box on line 14 c	or line 19a, and line	16 is more than 30	3 1/3%, and	▶ 🔯
20	Private foundation If the organization did n		-				

#### SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization KINGS DAUGHTERS HOME INC 03-0186433 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 2 Aggregate contributions to (during year) . . . . . Aggregate value at end of year . . . . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other .......... purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ...... 🗋 Yes 🗌 No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 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 XIV, 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: 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: 

03 - 018643 <b>milar Asse</b> of its	ets (contin	Page 2 lued)
n		
<del></del>	Yes	☐ No
	☐ Yes	☐ No
Amour	nt	
	☐ Yes	☐ No
e years back	(e) Four year	s back
		<u> </u>

Sched	ule D (Form 990) 2011 KINGS DAUGHTERS						03-0186			age <b>2</b>
Pa	rt III Organizations Maintaining	Collections of	Art, Histo	rical T	reasures, oi	r Oth	er Similar As	sets (c	ontinue	ed)
3	Using the organization's acquisition, accession,	and other records, ch	neck any of	the follow	ing that are a si	gnıfıca	nt use of its			
	collection items (check all that apply)									
a	Public exhibition	d 🗌 Loar	n or exchan	ge progra	ms					
ь	Scholarly research	e  Othe								
С	Preservation for future generations	_				-				
4	Provide a description of the organization's collect	ctions and explain how	w they furth	er the ora	anızatıon's exen	not pu	roose in			
	Part XIV	one and explain he	in alloy large	o, a.e e.g		p. pu	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5	During the year, did the organization solicit or re	ceive donations of ar	t historical	raseurae	or other similar					
•	assets to be sold to raise funds rather than to be							. 🗆 Y	oc l	□No
Pa	rt IV Escrow and Custodial Arra							<u>· U '</u>		
		•		ir iizatioi i	alisweled res	lo Foi	III <del>33</del> 0,			
	Part IV, line 9, or reported an amoun				<u> </u>					
1a	Is the organization an agent, trustee, custodian	•						,		٦.,
_								. 🗆 ነ	es	_  No
b	If "Yes," explain the arrangement in Part XIV and	d complete the follow	ing table.				,			
						<u> </u>	Am	ount		
C	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Form	990, Part X, line 21?						. 🗆 Y	'es	_ No
_ ь	If "Yes," explain the arrangement in Part XIV.									
Pa	rt V Endowment Funds. Complete	if the organization an	swered "Ye	s" to Forr	n 990, Part IV, li	ne 10				
		(a) Current year	(b) Pnor	year	(c) Two years bac	k	(d) Three years back	(e) Fou	years b	ack
1a	Beginning of year balance						<del></del>	,		
Ь	Contributions							T		~~~~
С	Net investment earnings, gains, and losses							1		
d	Grants or scholarships									······
е	Other expenditures for facilities					<u> </u>			*****	
	and programs					ł				
f	Administrative expenses							İ		
g	End of year balance					-		<del> </del>		<del></del>
2	Provide the estimated percentage of the current	L	o 1a colum	n (a)) bol	d ac:	1_		l		
		=	ie ig, coluii	111 (a)) 1161	u as					
a b										
_		0/								
С	Temporarily restricted endowment	<u></u> %								
0	The percentages in lines 2a, 2b, and 2c should	•	414			_				
3a	Are there endowment funds not in the possession	on of the organization	tnat are ne	o ano aoi	ministered for the	е				
	organization by							(a)	Yes	No
	(i) unrelated organizations			• • • •				3a(i)	ļ	
	(ii) related organizations			• • • •				3a(ii)		
Ь	If "Yes" to 3a(II), are the related organizations list	·						3b		
4	Describe in Part XIV the intended uses of the or									
Pa	rt VI Land, Buildings, and Equip	oment. See Form	990, Part X	line 10.	<del></del>		· · · · · · · · · · · · · · · · · · ·			
	Description of property	(a) Cost or other	er basis	(b) Cost	or other	(c) A	ccumulated	( <b>d</b> ) Boo	k value	
		(investme	ent)	basis	(other)	dep	preciation			
1a	Land		75,000						75	,000
Ь	Buildings		42,537				13,903			,634
С	Leasehold improvements		75,217				12,203		63	,014
d	Equipment		6,749		1		4,684			,065
е	Other			-						-
Tota	I. Add lines 1a through 1e. (Column (d) must equ	<u> </u>	column (B),	line 10(c	))				168	,713

Part VII	Investments - Other Securitie	S. 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	
(1) Financial o	lerivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A) SMITH	BARNEY	463,215	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
_(G)				
(H)				
(l)			······································	
	b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 463,215		
Part VIII	Investments - Program Relate	ed. See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				<del> </del>
(5)				<del></del>
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. See Form 990, Part X			<b>5 5 1 1 1</b>
-(4)		(a) Description		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)	•			
(7)				
(8)				
(9)				
(10)		<del> </del>		
	nn (b) must equal Form 990, Part X, col (B) li	ne 15 )		
Part X	Other Liabilities. See Form 990, Par			
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	<del>-</del>			
	(b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		
	SC 740) Footnote. In Part XIV, provide the te		financial statements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

	ule D (Form 990) 2011 KINGS DAUGHTERS HOME INC	03-0186433	Page 4			
Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1				
2	Total expenses (Form 990, Part IX, column (A), line 25)	2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3				
4	Net unrealized gains (losses) on investments	4				
5	Donated services and use of facilities	5				
6	Investment expenses	6				
7	Prior period adjustments	7				
8	Other (Describe in Part XIV.)	8				
9	Total adjustments (net) Add lines 4 through 8	9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10				
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return				
1	Total revenue, gains, and other support per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	_				
Ь	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)	_				
e	Add lines 2a through 2d					
3	Subtract line 2e from line 1	. 3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	_				
Ь	Other (Describe in Part XIV )	_				
C	Add lines 4a and 4b	<del>                                     </del>				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					
	Reconciliation of Expenses per Audited Financial Statements With Expense					
1	Total expenses and losses per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	<b>—</b>				
Ь	Prior year adjustments	<b> </b>				
С.	Other losses	<b>-</b>				
d	Other (Describe in Part XIV.)	<b>⊢</b> • 1				
e	Add lines 2a through 2d		<del></del>			
3	Subtract line 2e from line 1	3	- <del></del> -			
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					
D		4c				
с 5	Add lines <b>4a</b> and <b>4b</b>					
	Total expenses Addition Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b					
	2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete					
	part to provide any additional information					
<u></u>						
		<del></del>				
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### 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.

OMB No 1545-0047

2011

2011

KINGS DAUGHTERS HOME INC	03-0186433
01. Form 990 governing body review (Part VI, line 11)	
THE FINANCIAL RESULTS FOR EACH QUARTER AND YEAR ARE SHARED WITH THE I	BOARD OF DIRECTORS BY
OUR TREASURER AS IS THE FACT THAT THE 990 HAS BEEN FILED AFTER REVIEW	BY THE TREASURER,
QUESTIONS ARE ANSWERED, COPIES ARE MADE AVAILABLE IF REQUESTED	
02. CEO, executive director, top management comp (Part VI, line 15a)	
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND ADJUSTED ANNU	JALLY BY OUR BOARD.
SEVERAL BOARD MEMBERS HAVE BEEN EMPLOYED IN HEALTH CARE AND THEY PROV	/IDE INPUT AS TO LOCAL
COMPENSATION LEVELS WHILE CONSIDERING JOB RESPONSIBILITIES AND PERFORM	RMANCE
03. Governing documents, etc, available to public (Part VI, line 19)	
ALL GOVERNING DOCUMENTS, ETC. ARE MAINTAINED ON FILE AT OUR BUSINESS	OFFICE AND ARE
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST	
04. Explanation of other changes in net assets or fund balances (Part	XI, line 5)
UNREALIZED INCREASE IN SECURITIES BALANCE ADJUSTED TO ACTUAL FMV	
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	· · ·

Form 4562

# Depreciation and Amortization

(Including Information on Listed Property) 2011 Attachment Department of the Treasury Sequence No 179 ► See separate instructions. ▶ Attach to your tax return. Internal Revenue Service Business or activity to which this form relates Identifying number KINGS DAUGHTERS HOME INC FORM 990 - 1 03-0186433 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (c) Elected cost (a) Description of property Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .................. Property subject to section 168(f)(1) election ................. 15 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property ) (See instructions.) Section A 5,262 17 MACRS deductions for assets placed in service in tax years beginning before 2011 If you are electing to group any assets placed in service during the tax year into one or more general 18 Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use (g) Depreciation deduction (a) Classification of property vear placed in (a) Convention ff) Method service only-see instructions) 3-year property 19a 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs. 25-year property 122 2011-05 3,831 S/I Residential rental 27 5 yrs MM 27 5 yrs MM S/L property ММ S/L Nonresidential real 39 vrs ММ property Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/Ł 12-year 12 yrs 40 yrs ММ 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 5,384 and on the appropriate lines of your return Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the 23

OMB No 1545-0172