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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.**

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning MAY 1, 2009 **and ending** APR 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization QUEEN'S DAUGHTERS INC.		D Employer identification number 61-6087291
		Number and street (or P.O. box, if mail is not delivered to street address) 10519 SAWYER PLACE	Room/suite 	E Telephone number 502-425-3841

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) _____

I Website: NONE-N/A

H Check if the organization is not

J Tax-exempt status (check only one) - 501(c) (3) (insert no.) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 45,890.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

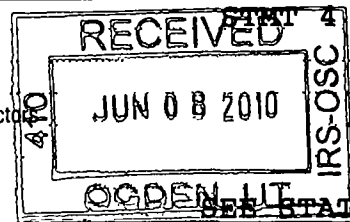
1	Contributions, gifts, grants, and similar amounts received	1	1,425.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	12,200.
4	Investment income	4	270.
5a	Gross amount from sale of assets other than inventory STMT 2	5a	1,000.
b	Less: cost or other basis and sales expenses	5b	1,288.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<288.>
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	30,995.
b	Less: direct expenses other than fundraising expenses	6b	19,644.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,351.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	24,958.
10	Grants and similar amounts paid (attach schedule)	10	22,320.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,285.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	5,583.
16	Other expenses (describe _____)	16	1,634.
17	Total expenses. Add lines 10 through 16	17	30,822.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<5,864.>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	35,152.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	1,764.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	31,052.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	29,298.	24,559.
23 Land and buildings		
24 Other assets (describe <u>MFS TOTAL RETURN FUND B</u>)	5,854.	6,493.
25 Total assets	35,152.	31,052.
26 Total liabilities (describe _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,152.	31,052.

SCANNED September 7 2010



99

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE STATEMENT 7 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 GRANT TO CATHOLIC CHARITIES, A 501(C)(3) ORGANIZATION, FOR MOTHER/INFANT CARE-A SIX WEEK PROGRAM TO EDUCATE AND HELP UNWED MOTHERS

(Grants \$ 8,220.) If this amount includes foreign grants, check here

28a 8,220.

29 SIX (6) HIGH SCHOOL SCHOLARSHIPS ARE PROVIDED EACH YR. TO NEEDY GIRLS AND BOYS DESIRING A CATHOLIC EDUCATION, BUT NEEDING FINANCIAL ASSISTANCE

(Grants \$ 14,100.) If this amount includes foreign grants, check here

29a 14,100.

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 22,320.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 6'.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	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 period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 39a N/A		
39b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	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.		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
40c	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 ▶ 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ EVA BLANFORD Telephone no. ▶ 502-425-3841 Located at ▶ 10519 SAWYER PLACE, LOUISVILLE, KY ZIP + 4 ▶ 40241		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
42c	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.		X
43	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here

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

Signature of officer: Eva Blanford Date: 6/2/10

Type or print name and title: EVA BLANFORD, TREASURER

Paid Preparer's Use Only

Preparer's signature: Will R. Klump CPA Date: 6.1.10 Check if self-employed: Preparer's identifying number (See Instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: WILLIAM R. KLUMP, PSC
1300 GARDINER LANE, SUITE 9
LOUISVILLE, KENTUCKY 40213

EIN: _____ Phone no.: (502) 479-8540

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. 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 ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,386.	21,440.	13,940.	17,054.	13,625.	76,445.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	10,386.	21,440.	13,940.	17,054.	13,625.	76,445.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						76,445.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	10,386.	21,440.	13,940.	17,054.	13,625.	76,445.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	718.	661.	1,117.	575.	270.	3,341.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	718.	661.	1,117.	575.	270.	3,341.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	11,104.	22,101.	15,057.	17,629.	13,895.	79,786.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	95.81 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.62 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	4.19 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	4.38 %

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

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FASHION SHOWCARD PARTY				2
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	11,775.	4,809.	5,095.	21,679.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	11,775.	4,809.	5,095.	21,679.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,134.	2,775.	5,954.	17,863.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(17,863)
	11	Net income summary. Combine line 3, column (d), and line 10				3,816.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))	
		1	Gross revenue			9,316.
Direct Expenses	2	Cash prizes			1,000.	1,000.
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			782.	782.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(1,782)	
8	Net gaming income summary. Combine line 1, column (d), and line 7				7,534.	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>KY</u>		
a Is the organization licensed to operate gaming activities in each of these states?	X	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	X	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

13a		%
13b	100.00	%

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

Name ▶ **EVA BLANFORD, TREASURER**

Address ▶ **10519 SAWYER PLACE - LOUISVILLE, KY 40241**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a Yes No **X**

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ **RAFFLE COMMITTEE**

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a Yes No **X**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ **7,534.**

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
INSURANCE			780.
HOSPITALITY AND VISITATION			800.
KY CHARITABLE GAMING TAX AND PERMITS			54.
TOTAL TO FORM 990-EZ, LINE 16			1,634.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
85.106 MFS TOTAL RETURN FD-A	1,000.	1,288.	0.	<288.>	
TO FORM 990-EZ, LINE 5	1,000.	1,288.	0.	<288.>	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS CARRIED AT MARKET VALUE			1,764.
TOTAL TO FORM 990-EZ, LINE 20			1,764.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	NONE	3,000.
SCHOLARSHIPS PRESENTATION ACADEMY 861 SOUTH 4TH STREET LOUISVILLE, KY 40203	NONE	5,100.
SCHOLARSHIP MERCY ACADEMY 5801 FEGENBUSH LN. LOUISVILLE, KY 40228	NONE	2,000.
SCHOLARSHIPS ST. XAVIER HIGH SCHOOL 1609 POPLAR LEVEL RD LOUISVILLE, KY 40217	NONE	4,000.
GRANT TO HELP UNWED MOTHERS-MOTHER INFAN CATHOLIC CHARITIES, ARCHDIOCESE OF 2911 SOUTH 4TH STREET LOUISVILLE, KY 40208	NONE	8,220.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>22,320.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

QUEEN'S DAUGHTERS INC.

61-6087291

CARLA BASS MILLER LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
SUZANNE TIMPERMAN LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
JANE HUMPHREYS LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
GINNY MAKIN LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
JUNE FALLON LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
EVELYN BERG LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
BARBARA KLUMP LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
HELEN LANGLEY LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
DOTTIE SHUTZ LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
SHEILA KAELIN LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
BARBARA BOHN LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
MARY V. KREBS LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.
BONNIE CHESTER LOUISVILLE, KY	DIRECTOR 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990-EZ, PART IV

0. 0. 0.

TO PROVIDE SERVICES AND FUNDS TO CATHOLIC CHARITIES, OTHER 501(C)3 ORGANIZATIONS, AND HIGH SCHOOL SCHOLARSHIPS TO NEEDY GIRLS AND BOYS.

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