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# Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public Inspection

AF	or the	2011 calendar year, or tax year beginning and ending	<u> </u>		
<b>B</b> ç	heck if	C Name of organization	DE	Employer identific	cation number
ap	pplicabl	Mary Brickett Circle of			
X	Addre Chang	King's Daughters & Sons, Inc.	ı		
	Name Chang	Doing Business As		64-6	022313
	]Initial return	Number and street (or P O box if mail is not delivered to street address)  Room/s	suite E 7	Telephone number	r
	Termii ated				75 <u>1-4</u> 705
	Amen		G	Gross receipts \$	65,872.
	Applic	<sup>a</sup> Yazoo City, MS 39194	H(a	) Is this a group re	
	pendi	F Name and address of principal officer:Betty Nickels		for affiliates?	Yes X No
		same as C above	Н(ь	) Are all affiliates inc	
1 T	ax-ex		527		list. (see instructions)
		te: ► N/A		) Group exemption	
					State of legal domicile MS
	rt I	Summary	TOUT OF TOTAL	mation +307   10	Totate or logal dominene ===
		Briefly describe the organization's mission or most significant activities: Support	of He	ealth Car	
<u>8</u>	1	Briefly describe the organization's mission or most significant activities.	<u> </u>	caren car	<u> </u>
Activities & Governance	•			OFO( of its not as	
Ş		Check this box  If the organization discontinued its operations or disposed of r	more than	1 - 1	4
g		Number of voting members of the governing body (Part VI, line 1a)		3	4
<b>∞</b>		Number of independent voting members of the governing body (Part VI, line 1b)		4	0
ië		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	52
Ξ.		Total number of volunteers (estimate if necessary)		6	
AC		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7b	0.
			F	Prior Year	Current Year
<b>e</b>	8	Contributions and grants (Part VIII, line 1h)		1,640.	51,675.
ا ة	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,780.	14,197.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,468.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	18,888.	65,872.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		690.	548.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)		3,089.	2,886.
İ		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25		3,779.	3,434.
		Revenue less expenses. Subtract line 18 from line 12	00	15,109.	62,438.
- 8			Meningu	ng of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Öİ	626,752.	672,689.
Sa		Total liabilities (Part X, line 26)		0.	0.
			S	626,752.	672,689.
D <sub>o</sub>		Net assets or fund balances Subtract line 21 from line 20 OGDEN, UT	<del></del>	02071321	0,2,003
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atemente	and to the heet of m	v knowledge and belief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of which prej			y kilowidaye alia bellet, it is
true,	correc		parer nas a	IIIy Kilowieuge	<del> </del>
		Signature of officer		Date / > /	./.
Sigr		l'		12/	<i>3 (</i> 3
Here	е	Betty Nickels, Treasurer			<del> </del>
		Type or print name and title	Date		PTIN
_		Print/Type preparer's name		1 F / 1 2 If	
Paid		Kenneth L. Guthrie, CPA Kymyts L USTRO	T T /	15/13 self-employ	
Prep		Firm's name Matthews Cutrer & Lindsay, PA		Firm's EIN	64-0897081
Use	Only	Firm's address > 599 C Steed Rd		_	
		Ridgeland, MS 39157		Phone no 6	01-898-8875
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

6-16 24

Form **990** (2011)

Form 990 (2011)

Mary Brickell Circle of

			_Tes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
4	public office? If "Yes," complete Schedule C, Part I	3_		Λ
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.,
	Part VI	11a		Х
ь	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		Х
.a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ŀ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		Х
16	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	2011)

	Mary Brickell Circle of			
		6022313	<u>}</u> Р	age 4
Pa	rt 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 in the		1	l
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part	ıx,		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	t		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ne		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		]
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b	<u> </u>	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disque	alified		1
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<del> </del>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<del> </del>	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):		}	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<del>-</del>	X
b			┼──	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.			١.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	┿	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
_	contributions? If "Yes," complete Schedule M	30	+	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l .
	If "Yes," complete Schedule N, Part I	31	+	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	<del> </del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
0.4	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedulle R, Part I	33_	+	<del>  ^</del>
34	Was the organization related to any tax-exempt or taxable entity?		х	
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	35a	+	<del>  ^</del>
U	DIG THE OLIGINATION TECEIVE ANY PAYMENT HOLD OF ENGAGE IN ANY TRANSACTION WITH A CONTROLLED ENTRY WITHIN THE MEANING	<u> </u>	1	1

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

X

X

35b

36

37

36

37

section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

If "Yes," complete Schedule R, Part V, line 2

	Check if Schedule O contains a response to any question in this Part V			ᆜ
		<u> </u>	Yes	No
	Enter the number reported in Box 9 of Form 1090. Enter of I not applicable	0		
	Litter the number of Forms W-2d included in line 1a. Litter -0-11 flot applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	The control year orients with a vital the year overed by the retent	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Δ
D	If "Yes," enter the name of the foreign country:			
F-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<del></del>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30	ļ	<del></del>
va	any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-55		
-	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	7.7.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	🤈 7a	[	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	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	ļ <u>.</u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	, , , ,	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ <del></del>	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<del> </del>
b	, , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:			
a		$\dashv$		
		$\dashv$		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	$\neg$		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	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.	7		<b>.</b>
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			· · · · · · · · · · · · · · · · · · ·
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand		ļ	
	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	<u> </u>	<u> </u>
		Form	990	(2011)

64-6022313

Page 6

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

Section A. Governing Body and Management  1 a. Enter the number of victing members of the governing body at the end of the tax year if there are malared differences in victing rights among members of the governing body, or if the governing body designated broad subhortly to an executive committee or similar committee, explain in Schedule 0  5 Enter the number of victing members included in line 1s, above, who are independent 1  2 Did any officiar, director, furtales, or key employee have a family relationship or a business relationship with any other officer, director, furtales, or key employee?  3 Did the organization challenges on key employees to an inagement on company or other person?  4 Did the organization and a signature of a significant diversion of the organization was filed?  5 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  8 Did the organization have members, stockholders?  9 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization have members, stockholders, or persons other than the governing body?  10 Did the organization becomes of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  10 Did the organization proteins of the organization stockholders, or persons other than the governing body?  11 Did the organization have local chapters, branches, or affiliates?  12 Did the organization have local chapters, branches, or affiliates?  13 If Yes, if of the organization have written policies and proceedures governing the activities of such chapters, affiliates, and branches to ensure the repetitions are considered with the organization secondary of the organization secondary of the organization secondary of t		Check if Schedule O contains a response to any question in this Part VI					_	X
18 Enter the number of voting members of the governing body at the and of the tax year if there are metal differences in worting inflat among members of the governing body, of the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0  19 Center the number of voting members included in line 1s, above, who are independent of the form of the control over management during the subsense relationship with any other officien, directors, or two there, or key employees have a farmly relationship or a business relationship with any other officien, directors, or trustees, or key employees to a management company or other person?  2	Sec	tion A. Governing Body and Management						
If these are material differences in voting rights among members of the governing body of elegible forms authority of an escublex committee or similar committee, opplar in Schedule 0  b. Einer the number of voting members included in line 1a, above, who are independent  D. Did any officier, director, trustee, or key employee have a family relationship or a business relationship with any other officier, director, directors, of trustees, or key employees have a family relationship or a business relationship with any other officier, directors, of trustees, or key employees to a management company or other person?  D. Did the organization disease control over management duties customanly performed by or under the direct supervision of officers, directors, of trustees, or key employees to a management company or other person?  D. Did the organization have members or stockholders?  D. Did the organization have members or stockholders?  D. Did the organization have members of stockholders?  D. Did the organization have members of stockholders?  D. Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  D. Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  D. Did the organization extra the proventing body?  B. Did the organization extra the proventing body?  B. Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B. Did the organization with authority to act on behalf of the governing body?  B. Did the organization with authority to act on behalf of the governing body?  B. Did the organization have local chapters, branches, or affiliates?  D. Did the organization have a written continue the number and aderioses an intervention of the subject of the organization have a written continue to poke and the organization to							Yes	No
body delegated troad suthority to an exacutive committee or smillar committee, splain in Schedule 0  before the number of voting members included in line 1a, above, who are independent  before the committee of the property of the propert	1a	Enter the number of voting members of the governing body at the end of the tax year	1a		_4			
b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee and a family relationship or a business relationship with any other officer, director, trustee, or key amployee?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members are stockholders?  6 Did the organization have members, stockholders?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  6 The governing body?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 The governing body?  9 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  11 Each committee with authority to act on behalf of the governing body?  12 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization smalling address? If Yes, increase and addresses an Schedule O  12 Is been organization have local chapters, branches, or affiliates?  13 Is Has the organization have local chapters, branches, or affiliates?  14 Is Has the organization have a written		If there are material differences in voting rights among members of the governing body, or if the governing						
2 Did any officer, director, frustee, or key employee? 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? 4 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? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members, attockholdiers? 7 Did the organization have members, attockholdiers, or other persons who had the power to elect or appoint one or more member of the governing body? 7 Did the organization notemperometacyl document the meetings held or written actions underfaken during the year by the following 8 The governing body? 9 In the organization contemperometacyl document the meetings held or written actions underfaken during the year by the following 8 The governing body? 9 In the organization contemperometacyl document the meetings held or written actions underfaken during the year by the following 8 The governing body? 9 In the organization contemperometacyl document the meetings held or written actions underfaken during the year by the following 8 The governing body? 9 In the organization director, trustee, or key employee lated in Part VII, Section A, who cannot be reached at the organization in saming address? If Y'res's, provide the names and addresses and Schedule O 9 X  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  Yes No. 10a Did the organization have a 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?  11b Has the organization have a written policies and procedures governing the activities		body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
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and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  12d Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the organization have a written document retention and destruction policy?  16 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?  18 The organization's CEO, Executive Director, or top management official  19 Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  19 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  19 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?  10 Used the organization of the follow as 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			nantei	s affiliates.				
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State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	19		AMICT	or interest policy	, an	unar	icidi	
Betty Nickels - 662-751-4705	20		nd rer	ords of the orga	n1791	ion.	•	
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King	s	Daughte	ersi	&	Sons.	Inc.

64-6022313

### 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

### 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  $\cdot 0 \cdot$  in columns ( $\check{D}$ ), (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

X Check this box if neither the organic (A)  Name and Title	(B) Average hours per week	(do	not c	Pos heck	ition more		one h an	compensation	( <b>E</b> )  Reportable  compensation  from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Кеу ептріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Janice Adams		T							_	
President	0.00	X		X				0.	0.	0
(2) Beverley King					ŀ				_	
Vice President	0.00	X	<u> </u>	X	<u></u>	<u> </u>	L.	0.	0.	0
(3) Mary Sue Shipp								1	_	_
Treasurer	0.00	X		X	L	<u> </u>		0.	0.	0
(4) Rhonda Carpenter	_					1				_
Secretary	0.00	X		X				0.	0.	0
					:					
		-				-				

Form 990 (2011)

Page 8

. 41	Section A. Officers, Directors, 1		mple	oyee			High	est			1			
	(A)	(B)				C) sition	,		(D)	(E)		_	(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable			tımate	
		hours per week		k, unle icer ar					compensation	compensation			ount	of
		(describe	-	1				,	from	from related			other	***
		hours for	E E	1	1		L .		the organization	organization (W-2/1099-Mi			pensa om th	
		related	60.0	<b>1</b> 8			SE		(W-2/1099-MISC)	(44-2) 1099 1411	30,		anızat	
		organizations	Tuste	<u>Ĕ</u>		8	훁		(11 27 1033 111100)			_	relat	
		ın Schedule	Individual trustee or director	Institutional frustee	ਫ਼	Key employee	Highest compensated employee	تق				organizations		
		O)	ğ	<u>15</u>	Officer	, Ke	E G	Former						
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1 b	Sub-total Sub-total						<b>•</b>		0.		0.			0.
c	Total from continuation sheets to Part	VII, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			0
	compensation from the organization		-					-					Yes	No
3	Did the organization list any former office			e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on				17
	line 1a? If "Yes," complete Schedule J for								_			3		X
4	For any individual listed on line 1a, is the									the organization		4		х
5	and related organizations greater than \$1 Did any person listed on line 1a receive o			-						dual for services	,			
	rendered to the organization? If "Yes," co											5	]	X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest of	componented in			nt c		racto	are f	hat received more than	\$100,000 of con	nnene	ation f	rom	
	the organization. Report compensation for													
	(A) Name and busines	o oddrogo	37/	~***	-				<b>(B)</b> Description of s	on door	_	(C omper		_
	Name and busines	s address	N	INC	<u>.                                    </u>			$\dashv$	Description of s	ervices		OHIDE		
				_				_		<del></del>				
								$\dashv$						
								$\dashv$						
	Total number of independent control	/including his -		mit -	d •-	+h-	90 11	*****	I shovel who received -	ore than				<del></del>
2	Total number of independent contractors \$100,000 of compensation from the orga		OL II	····te	u 10		Se 115 )	5180	above, who received if	ore man			<del></del>	
												F (	<b>700</b>	^^-

		a Justicine Montheyer			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a		1a1b					
عَ ق	C	- · ·	1c					
ifts ar A	d		1d					
S,E	e		<del></del>					
S.S.	f	All other contributions, gifts, grant	. —					
F E	•	similar amounts not included above		51,675.				
돌이	a	Noncash contributions included in lines						
g g	_	Total. Add lines 1a-1f		<b></b>	51,675.			
				Business Code				
g	2 a		_					
Program Service Revenue	b							
S P	c							
e a	d							<del>_</del>
5	е							
<u> </u>	f	All other program service reve	nue					
$\rightarrow$	g	Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, intere		14 107			14 107
		other similar amounts)			14,197.			14,197.
	4	Income from investment of tax	x-exempt bond p	oroceeds P	<u>-</u>			
	5	Royalties		P.	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			<del>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	_		(ı) Real	(ii) Personal				
	6 a		<del></del>					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)     Gross amount from sales of	(i) Securities	(II) Other	······································			
	/ a	assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis		_				
	Ų	and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)	Ļ	<b>•</b>				
une		Gross income from fundraising including \$						
Other Reven		contributions reported on line						
بر بر		Part IV, line 18	a	}				
돭	b	Less: direct expenses	b					
0	c	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	, а					
	b	Less: direct expenses	b					
ļ	c	Net income or (loss) from gam	ning activities	<b>•</b>				
1	10 a	Gross sales of inventory, less	returns					
		and allowances	а				1	
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu		Business Code				
İ	11 a						<del></del>	
i	t		···-	-				
	c						<del> </del>	
	-	All other revenue				<del> </del>		
		Total Add lines 11a-11d			65,872.	0.	0.	14,197.
13200	12 9	Total revenue. See instructions			,		1	Form <b>990</b> (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons		s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	548.	548.	··	<del>,,, '', ', ,,,' ,,, ,,, ,,, ,, ,</del>
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			<u> </u>	<del></del>
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	_			
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 Pension plan accruals and contributions (include				<del></del>
8	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
ь	Legal				
c	Accounting	1,045.		1,045.	
d	Lobbying	,			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses		<u> </u>		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings		<u> </u>		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0)				
а	Dues Expense	1,700.	1,700.		
b	Miscellaneous	75.	75.		
С	Foreign Tax Paid	66.	50.	16.	
d					
е	All other expenses	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del>-</del>
25	Total functional expenses. Add lines 1 through 24e	3,434.	2,373.	1,061.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)			<u></u>	5 000 (0011)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,615.	1	55,758.
	2	Savings and temporary cash investments			132,551.	2	133,407.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		Ì		4	<del></del>
	5	Receivables from current and former officers, di	rectors	s. trustees. kev			·····
		employees, and highest compensated employee		· · · · ·			
		of Schedule L		,		5	
	6	Receivables from other disqualified persons (as	define	d under section	or specific real real real real real real real real		<del>илин на поста с постана</del> м
	}	4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect		i i			
		employees' beneficiary organizations (see instru		, , , ,		6	
ets	7	Notes and loans receivable, net	01.01.0	'	9,325.	7	8,525.
Assets	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges				9	
	10a	_	1	1		-	
		basis. Complete Part VI of Schedule D	10a				
	Ь	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities	.00			11	
	12	Investments - other securities. See Part IV, line 1	1		478,261.	12	474,999.
	13	Investments - program-related. See Part IV, line	1		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	34)	626,752.	16	672,689.	
	17	Accounts payable and accrued expenses	<u> </u>		17		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			<u> </u>	20	
ø,	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director		F	······································		·····
abil		highest compensated employees, and disqualifie					
ت		of Schedule L	- po.	oonor comprand r arriv		22	
	23	Secured mortgages and notes payable to unrela	ited th	ırd parties		23	
	24	Unsecured notes and loans payable to unrelated		·	<del></del>	24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		1		İ	
		Schedule D		,		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117, check he	re 🕨	X and complete	MATERIAL AND THE STATE OF THE S		
S		lines 27 through 29, and lines 33 and 34.		·			
Š	27	Unrestricted net assets			626,752.	27	672,689.
ala	28	Temporarily restricted net assets		Ī	<u> </u>	28	
Ō	29	Permanently restricted net assets		Ţ		29	
Ē		Organizations that do not follow SFAS 117, ch	neck h	ere 🕨 🔲 and			
<u> </u>		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			1	30	
\SS	31	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc		Г	<del></del>	32	
ž	33	Total net assets or fund balances	,		626,752.	33	672,689.
	34	Total liabilities and net assets/fund balances		Ī	626,752.	34	672,689.

Mary Brickell Circle of 64-6022313 King's Daughters & Sons, Inc. Page **12** Part XI Reconciliation of Net Assets X Check if Schedule O contains a response to any question in this Part XI 65,872. Total revenue (must equal Part VIII, column (A), line 12) 3,434. 2 2 Total expenses (must equal Part IX, column (A), line 25) 62,438. 3 Revenue less expenses. Subtract line 2 from line 1 3 626,752. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 <16,501.> 5 5 Other changes in net assets or fund balances (explain in Schedule O) 672,689. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Separate basis

Act and OMB Circular A-133?

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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

Inspection

Name of the organization

Mary Brickell Circle of

King's Daughters & Sons, Inc.

Employer identification number

64-6022313 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Other **b** Type II c Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 9 Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (iI) EIN organization in col organization organization in col in col (i) listed in your organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes Yes No No Yes No King's

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Daughters Gr 64-07110137

Schedule A (Form 990 or 990-EZ) 2011

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Soc	fails to qualify under the tests	listed below, plea	ase complete Part	III.) 			<del></del>
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2007	(b) 2008	(6) 2009	(4) 2010	10,2011	19 10101
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	ĺ					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)		<del></del>				
	Public support. Subtract line 5 from line 4		1	<u> </u>	<u> </u>	_l	
	ction B. Total Support	(-) 2007	(h) 2009	(c) 2009	(d) 2010	(e) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(6) 2009	(4) 2010	(6) 2011	17 1000
_	Amounts from line 4				<del>                                     </del>	<u> </u>	
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
9							
	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						<u> </u>
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	r the organization	i's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	<b>,</b> —
_	organization, check this box and sto						
	ction C. Computation of Pub						
	Public support percentage for 2011 (			column (f))		14	<u>%</u> %
	Public support percentage from 2010			. 40	44 - 00 4/00/	15	
16a	33 1/3% support test - 2011. If the				14 IS 33 1/3% OF	more, check this b	ox and <b>▶</b> □
	stop here. The organization qualifies				d line 15 to 22 1/2	04 ar mara abaak t	hio boy
t	33 1/3% support test - 2010. If the				d line 15 is 33 1/3	% or more, check t	INIS DOX
<b>.</b> –	and stop here. The organization qua				20 13 162 or 16h	and line 14 is 1004	or more
178	10% -facts-and-circumstances tes						
	and if the organization meets the "factorized and if the organization meets the "factorized and in the organization and in the organization and in the organization meets the "factorized and in the organization meets the "factorized and in the organization meets the "factorized and in the organization meets the "factorized and in the organization meets the "factorized and in the organization meets and in the organization meets and in the organization meets and in the organization meets and in the organization meets are also and in the organization meets and in the organization meets are also and in the organization meets and in the organization meets are also also and in the organization meets are also and in the organization meets are also and in the organization meets are also and in the organization meets are also also and in the organization meets are also also also also also also also also					art iv now the orga	Inzation
	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes					r 17a and line 15 is	10% or
•	nore, and if the organization meets t						
	more, and it the organization meets t	ino racio-andicint	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	silver and box and	(Pic		· ·

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

# Schedule A (Form 990 or 990-EZ) 2011 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 failed to qualify under Part II. If the organization fails to

qualify under the tests listed be	ow, please comp	olete Part II )				<del></del>
Section A. Public Support					T	
Calendar year (or fiscal year beginning in) 🖊	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
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						,
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						'
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income	1					
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					<u> </u>	
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)						
14 First five years. If the Form 990 is for	the organization'	s first, second. thu	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here			. ,	•	,	▶□
Section C. Computation of Publ	ic Support Pe	rcentage			<del>-</del>	
15 Public support percentage for 2011 (			column (fl)		15	%
16 Public support percentage from 2010			00.011111 (1))		16	%
Section D. Computation of Inves					1.0	
					17	%
17 Investment income percentage for 20	· ·		ne 13, column (1))	•	17	
18 Investment income percentage from				4E in mana sh	18 33.1/30/ and line	
19a 33 1/3% support tests - 2011. If the						I / IS NOT ▶ □
more than 33 1/3%, check this box a						<b>▶</b> □
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see i	nstructions	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

2011
Open to Public Inspection

Name of the organization

Mary Brickell Circle of

King's Daughters & Sons, Inc.

Employer identification number 64-6022313

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements is	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets Included In Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		➤ \$ ➤ \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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	Mary Br	ickell Cir	cle c	f						
Sche	dule D (Form 990) 2011 King's	Daughters	& Son	s, In	C.	_	6	4-60	22313	Page 2
	t III Organizations Maintaining C				easures,	or Other				
3	Using the organization's acquisition, accessi									
	(check all that apply):	•	·	•		•				
а	Public exhibition	c	<b>,</b> 🗀 L	oan or exc	hange progra	ams				
ь	Scholarly research	•								_
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	v further t	he organizati	on's exem	pt purpo	se in Part	XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	□ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the d	organizatio	n answered	"Yes" to F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	ble:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e		·	
f	Ending balance						1f			
	Did the organization include an amount on F		21?						Yes	No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization ar	swered "	Yes" to Fo	rm 990, Part	IV, line 10	<u> </u>			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back (c	<b>f)</b> Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance								14 <b>44</b> 1-11111111	·
b	Contributions									
C	Net investment earnings, gains, and losses								111111111111111111111111111111111111111	******
d	Grants or scholarships					_  -				
е	Other expenditures for facilities					1				
	and programs				ļ					
f	Administrative expenses									'' '!*****
9	End of year balance		_		L				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	ind administe	ered for the	e organiz	ation	[v	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm					(=\ A =		_	(a) Dooles	
	Description of property	(a) Cost or o			or other (other)		cumulate reciation	u	(d) Book v	alut
		Dasis (investi	ment)	Jasis	(Ottion)	Gebi				<del>-</del>
	Land							<del></del>		
	Buildings	<del></del> -			<del></del>					
	Leasehold improvements									
	Equipment						<del></del> -			
	Other	oual Form 000, Dan	Y solve	o (B) line	10(c) )	l				0.
rotal	. Add lines 1a through 1e. (Column (d) must e	rquai Fullii 990, Pan	, A, Colum	ı (D), ilri€	, U(U).)					

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.			rage (
(a) Description of security or category (including name of security)	(b) Book value	(0	e) Method of value or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) Ameriprise One Financial				
(B) Accounts	474,999.	End-of-Yea	ar Market	Value
(C)				
(D)			<u> </u>	<u> </u>
(E)				<u> </u>
(F)				
(G)				
(H)				<u>-</u> -
(1)	4.5.4			
Total (Col (b) must equal Form 990, Part X, col (B) line 12 )	474,999.			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13			<u> </u>
(a) Description of investment type	(b) Book value	•	<ul> <li>Method of valua or end-of-year mar</li> </ul>	
(1)				
(2)				
(3)				
(4)			<del></del>	
(5)				
(6)		<del></del>	<del></del>	
(8)		<del></del>		
(9)				<del></del>
(10)			······································	······································
Total (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶  Part IX Other Assets. See Form 990, Part X, line	45			
	Description			(b) Book value
	Description			(b) Book value
(1) (2)				
(3)				
(4)				
(5)				<u> </u>
(6)	<del></del>			
(7)				
(8)				
(9)	<del></del> -			<del></del>
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		) Book value	Transcription of the second se	
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to	25.)			C-12-1-2-2-18-2-2-2-2-2-2-2-2-2-2-2-2-2-2
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to	the organization's financial statement	nts that reports the organizati	on s liability for uncerta	in tax positions under

		Mary Brickell Circle of					
<u>Sche</u>	dule D	(Form 990) 2011 King's Daughters & Sons,	Inc.		64-602	22313	Page 4
Par	t XI	Reconciliation of Change in Net Assets from Form 990		Financial Stat			
1	Total	revenue (Form 990, Part VIII, column (A), line 12)		1		65,	872.
2	Total	expenses (Form 990, Part IX, column (A), line 25)		2		3,	434.
3	Exces	ss or (deficit) for the year. Subtract line 2 from line 1		3			438.
4	Net u	nrealized gains (losses) on investments		4		<16,	500.
5	Donat	ted services and use of facilities		5			
6	Inves	tment expenses		6			
7	Prior	period adjustments	-	7			
8	Other	(Describe in Part XIV.)		8			<u>&lt;1.</u>
9	Total	adjustments (net) Add lines 4 through 8		9	<del></del>		501.
10		s or (deficit) for the year per audited financial statements. Combine lines		10		<u>45,</u>	<u>937.</u>
Par	t XII	Reconciliation of Revenue per Audited Financial State	ments With	Revenue per	<u>Return</u>		
1	Total	revenue, gains, and other support per audited financial statements			1	<u> </u>	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net u	nrealized gains on investments	2a		4		
Ь	Donat	ted services and use of facilities	2b		4		
C	Reco	veries of prior year grants	2c		-		
		(Describe in Part XIV)	2d		4		
е	Add l	nes 2a through 2d			2e		
3		act line 2e from line 1			3	<del></del>	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
		tment expenses not included on Form 990, Part VIII, line 7b	4a		-		
		(Describe in Part XIV.)	4b		-		
		nes 4a and 4b			4c		
<u>5</u>		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	omonto Misi	h Evnance no	5 Deturn		
		Reconciliation of Expenses per Audited Financial Stat	ements with	n Expenses pe	r neturn_		
1		expenses and losses per audited financial statements			1		
2		nts included on line 1 but not on Form 990, Part IX, line 25:	0-				
a		ted services and use of facilities	2a 2b	<del></del>	-		
b		year adjustments	1		-		
С		losses	2c 2d		-		
		(Describe in Part XIV.)	20		۱ 🚽		
_		nes 2a through 2d			2e 3		
3		act line 2e from line 1					
4		ints included on Form 990, Part IX, line 25, but not on line 1:	4a				
		tment expenses not included on Form 990, Part VIII, line 7b	4a 4b		$\dashv$ $\parallel$		
		(Describe in Part XIV)	40		4c		
		nes 4a and 4b			5		
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information					
Comp X, line	olete ti e 2, Pa	nis part to provide the descriptions required for Part II, lines 3, 5, and 9; P rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c					1; Part
Par	t x	I, Line 8 - Other Adjustments:		···			
Rou	ındi	ng	<u> </u>				-1.
							<u> </u>
	<del></del>					-	
					<del></del>		· <u>-</u>

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

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011 Open to Public Inspection

Name of the organization

Mary Brickell Circle of King's Daughters & Sons, Inc.

Employer identification number 64-6022313

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 64-6022313

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

King's Daughters & Sons, Inc.

Mary Brickell Circle of

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization and	swered "Yes" to Form 990, Par	rt IV, line 34 because	It had one or more re	alated tax-exempt

organizations duning the tax year,			ļ				
(a)	(q)	9	<u> </u>	(e)	€	(g)	2(h)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c) (c)
of related organization		foreign country)	section	status (if section	entity	entity	ہ
				501(c)(3))		Yes	°N
King's Daughters and Sons Group Home							
2303 Gordon Avenue							
Yazoo City MS 39194	Group Home	Mississippi	501(c)(3)	Line 3			×
	,						
	Γ						1
	<b>r</b>					-	
	1						
				_		_	

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Schedule R (Form 990) 2011

Mary Brickell Circle of

Inc. King's Daughters & Sons,

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

64-6022313

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ  $\Xi$ Yes Share of end-of-year assets 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) <u>6</u>  $\equiv$ Share of total Income ε ate allocations? Disproportion-Yes Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e 6 Direct controlling entity Share of total Income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) O e Primary activity Direct controlling entity g (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Ē Part IV

Page 3

64-6022313

Mary Brickell Circle of Schedule R (Form 990) 2011 King's Daughters & Sons, Inc.

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) PartV

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more rel	ated organizations listed	ın Parts II-IV?	<u> </u>		}
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
				÷		×
					$\dagger$	; >
<ul> <li>Gift, grant, or capital contribution from related organization(s)</li> </ul>				၁	7	۲
d Loans or loan guarantees to or for related organization(s)				7		×
e Loans or loan guarantees by related organization(s)				<b>e</b>	_	×
					<u> </u>	ļ
f Sale of assets to related organization(s)				<b>+</b>		×
					T	>
g Purchase of assets from related organization(s)				6	$\dagger$	:[۵
h Exchange of assets with related organization(s)				£		×
i Lease of facilities, equipment, or other assets to related organization(s)				<b>;</b> =		×
					•••	•
j Lease of facilities, equipment, or other assets from related organization(s)				<b>-</b>	$\neg$	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			*		×
l Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lon(s)			£		×
n Sharing of paid employees with related organization(s)				1n		×
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				• •		×
				5		×
					-,,	-
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				-		×
				1-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.			
ŀ	(b) Transaction	(c) Amount Involved	(a) Method of determining			
	type (a-r)		amount involved			
(F)						
11						
(2)						
8						
	Į.					
(4)						
(5)						]
(9)						
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64-6022313

Page 4

Mary Brickell Circle of

Schedule R (Form 990) 2011 King's Daughters & Sons, Inc.

Part Vt Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	1-10 Billion B					1	6		
(a)	a)	(2)	(a) (e)		(6) (7)	E ,	<b>3</b>	3	( <u>K</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income parners sec (related, unrelated, ongs?) onder from the section 512-514)	Share of total	Share of end-of-year assets	Dispropor- tonate allocations?	Dispropor- bone amount in box 20 allocations of Schedule K-1 pariner of Schedule K-1 pariner ownership (Form 1065)	General or managing partner?	Percentage ownership
								2	
								_	
						_			
									•
		•						-	•
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