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# Form **99**0

Department of the Treasury

#### **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)

Open to Public

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. and ending For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization Check if THE SARAH DAFT HOME Name change 87-0213532 Doing Business As Initial Number and street (or P 0. box if mail is not delivered to street address) Room/suite E Telephone number 801-582-5104 Temin-737 SOUTH 1300 EAST 973.387. Amended City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending 84102 SALT LAKE CITY, UT H(a) Is this a group return F Name and address of principal officer:MARSHA NAMBDA Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ( ) (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.SARAHDAFTHOME.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Year of formation 1911 M State of legal domicile Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE SARAH DAFT HOME PROVIDES Governance HIGH-QUALITY, AFFORDABLE, ASSISTED LIVING SERVICES FOR THE AGED AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 385 6 Total number of volunteers (estimate if necessary) ..... ,553 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7h b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 25,184 <u>96,</u>638. Contributions and grants (Part VIII, line 1h) 802.325 867,626. Program service revenue (Part VIII, line 2g) 235 Investment income (Part VIII, column (A), lines (3, 4, and 7d) (7, -1) .561 10 0 Other revenue (Part VIII, column (A), lines 5, 64, 84, 9c, 10c, and 11e) 11 969,378 830.744 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9 ZUIZ 0 13 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 488,247 Salaries, other compensation, employee benefits (Part (X, Columb (A), Irres 5-10) 512,231 16a Professional fundraising fees (Part IX, column (A), line 11e 21,150. b Total fundraising expenses (Part IX, column (D), line 25) 392,432 374,268 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 880,679. 886,499 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <49,935.> 82,879 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 280 **End of Year** Total assets (Part X, line 16)
Total liabilities (Part X, line 20) 1,718,380 1,326,183. 44.513. <del>45</del>5. Total liabilities (Part X, line 26) 325,728. 673.867 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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 1/my10 Signature of officer Signil MARSHA NAMBDA, EXECUTIVE DIRECTOR Type or print name and title Makan Date PTIN Print/Type preparer's name Preparer's 11, 15, 12 CHRIS A YOAKAM P01451085 Paid ARTHUR AND ASSOCIATES 27-0190390 Firm's EIN Preparer Firm's name PO BOX 58985 Firm's address Use Only Phone no 801 359-0332 SALT LAKE CITY, UT 84158

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2011)

Yes No

# Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	<del></del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		V
	Schedule D, Part III	8		<u>X</u>
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	١.		X
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<del>  ^</del>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		X
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<del> </del>	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		ŧ	
а	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1	Ī	1
a	Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	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	ļ		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ŀ	x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	-	<del>  ^</del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	X	
_	Schedule D, Parts XI, XII, and XIII	12a	<del>  ^</del> -	<del> </del>
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>                                     </del>	Y
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  x</del>
14a b	The state of the s			
•	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	i	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	+^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
00-	complete Schedule G, Part III	20a	$\vdash$	† <del>Ŷ</del>
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	<del>  ^`</del>
	II 165 to line 204, old the digalization attach a copy of its addited infancial statements to this fetum?		000	(2011)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	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 IX,			١.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	'		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Ì		
	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			
	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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>⊢</b> —
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<b>.</b> .		
	any tax-exempt bonds?	24c		
	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			X.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ.
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			X
	Schedule L, Part I	25b		<del>  ^</del>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26	l	X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		<del>  ^</del>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		<del>  ```</del>
28	instructions for applicable filing thresholds, conditions, and exceptions):		I	
_	A SECOND AND A SECOND OF SECOND CONTRACT OF SECOND	28a	†	X
a b	The second secon	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32	ļ	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ļ	<u>X</u>
35a	•	35a	ļ	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		X	
	Note. All Form 990 filers are required to complete Schedule O	<u>  38</u>		<u> </u> (2011)

orm	990 (2011) THE SARAH DAFT HOME 87-0213	<u>532</u>	P	age (
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
	•		Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1a	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	Χ	1
_	(gambling) winnings to prize winners?			<del> </del>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  filed for the calendar year ending with or within the year covered by this return  2a 33			
	filled for the calendar year ending with or within the year covered by the return.	2b	Χ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<del>´.`</del>	<b>†</b>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	•	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		ŕ
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		╁
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		<b> </b> >
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		+-
b	If "Yes," enter the name of the foreign country:		ŧ	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_ :	Ī	<b>X</b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	+
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>+^</b>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		+-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		Ι,
	any contributions that were not tax deductible?	6a	<u> </u>	)
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).		Ī	١,
а	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		
t	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1,
	to file Form 8282?	7c		
c	If "Yes," Indicate the number of Forms 8282 filed during the year		<b>‡</b>	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	1_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		$\perp$
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	$\perp$
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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		
9	Sponsoring organizations maintaining donor advised funds.			
ē	Did the organization make any taxable distributions under section 4966?	9a		
Ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		Ī	
	Initiation fees and capital contributions included on Part VIII, line 12 10a		I	
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	1	
11	Section 501(c)(12) organizations. Enter:	1	1	
٠٠	Gross income from members or shareholders		ŧ	
	Gross income from other sources (Do not net amounts due or paid to other sources against	1	ŧ	
t	amounts due or received from them.)		1	
4٨.	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	†	Ì
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	1
		1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<del>†</del>	†
•		134	<del> </del> -	
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
ı			1	
	organization is licensed to issue qualified health plans	1	Į.	
•			₩	-
14		14a	+	+
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	n <b>99</b> 0	

THE SARAH DAFT HOME

Form	990 (2011) THE SARAH DAFT HOME		<u>87-02</u>				age <b>6</b>
	WI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			or a "No	)" <i>r</i> e	spon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See	instructions.				
	Check if Schedule O contains a response to any question in this Part VI		<u> </u>				X
Sect	ion A. Governing Body and Management						
			•			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10	1		
	If there are material differences in voting rights among members of the governing body, or if the governing				1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	İ			I		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		10	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other		1		
_	officer, director, trustee, or key employee?			2	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under th	e dıre	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			. 3	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 w	as filed?	- 2	1		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			[	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoin'	t one or				
	more members of the governing body?			.   7	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tock	olders, or				
_	persons other than the governing body?			7	ъ		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	he following		7	,	
а	The governing body?	,		. 8	la 🏻	X	
ь	Each committee with authority to act on behalf of the governing body?			8	ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Code.)				
<u> </u>	TOTAL DE L'ANGUER					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. 10	0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	0ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bef	ore filing the form	n? 1	1a	<u>X</u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?	1	2b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	⁄es," (	describe				
	ın Schedule O how this was done			_	2c		
13	Did the organization have a written whistleblower policy?			1	13	<u> X</u>	
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approve		ındependent		1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	)			1	v	
а	The organization's CEO, Executive Director, or top management official			1	5a	<u>X</u>	L-V
b	Other officers or key employees of the organization			1	5b_		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?			1	6a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatı	on's				
	exempt status with respect to such arrangements?			1	6b_		<u>.                                    </u>
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶UT					_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sed	ction 501(c)(3)s c	only) ava	allab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onfile	t of interest polic	y, and f	finar	ncıal	
	statements available to the public during the tax year.				_		
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the org	anizatio	n: 🕨	<b>-</b>	
	THE ORGANIZATION - 801-582-5104						
<b>12200</b> 2	737 SOUTH 1300 EAST, SALT LAKE CITY, UT 84102		<del></del>			000	(0.5
13200	v 10			F	·orm	990	(2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)					isai	(D)	(E)	(F)
Name and Title	Average hours per week	box,	not c	Posi heck i as per	tion more rson i	than o	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	кеу етріоуга	Highest compensated employee	<b>Former</b>	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARGARET BILLINGS PRESIDENT	1.00	Х						Θ.	Θ.	Θ.
(2) TIMOTHY CLARK MEMBER	1.00	X	-					0.	0.	0.
(3) PAT CURTIS	0.50	X						0.	0.	0.
MEMBER (4) TYLER ELLINGER			_				_			
MEMBER (5) DR. CHRIS GAY		X				-		0.	0.	0.
MEMBER (6) LOUISE LEWANDOWSKI	0.50	Х	ļ			_		Θ.	Θ.	0.
(6) LOUISE LEWANDOWSKI MEMBER	2.00	X						0.	Θ.	0.
(7) GRETHE PETERSON MEMBER	0.50	X						Θ.	0.	Θ.
(8) MATT RADKE MEMBER	1.00	X						0.	0.	0.
(9) DENISE ROBERTS MEMBER	0.50	Х						0.	0.	0.
(10) SUSAN SAFFEL-SHRIER MEMBER	0.50	X						0.	0.	0.
(11) MARSHA J NAMBA EXECUTIVE DIRECTOR	50.00	X						51,039.	0.	4,222.
							,			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

	*			(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 b c d e f	Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above  1c 1d 1d 1d 1f	6,934. 89,704.				
<u>a</u> <u>S</u>	_	Total. Add lines 1a-1f	•	96,638.		· · · · · · · · · · · · · · · · · · ·	
rvice	2 a b	RESIDENTIAL FEES	Business Code 623000	867,626.	867,626.		
Program Service Revenue	c d						
Pro	e f	All other program service revenue					
	9	Total. Add lines 2a-2f	<b></b>	867,626.			
	3	Investment income (including dividends, inter- other similar amounts) Income from investment of tax-exempt bond p	🟲	3,561.			3,561.
	5	Royalties	▶	<del></del>	······		
	6 a b c		(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				,
0	d	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not	<b>&gt;</b>				
Other Revenue	b	including \$ 6,934. of contributions reported on line 1c). See  Part IV, line 18 a  Less: direct expenses b	4 000				
0		Net income or (loss) from fundraising events	<b>_</b>	0.			<u> </u>
		Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b					
	c	Net income or (loss) from gaming activities . Gross sales of inventory, less returns	<b>•</b>				
		and allowances a  Less: cost of goods sold b  Net income or (loss) from sales of inventory					
	11 a	Miscellaneous Revenue MISC. INCOME	Business Code 900099	1,553.		1,553.	
	c	All III					
	d e	All other revenue  Total. Add lines 11a-11d	<b>&gt;</b>	1,553.		······································	
13200 01-23-	12	Total revenue. See instructions.	<b></b>	969,378.	867,626.	1,553.	3,561. 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 complète columns (B), (C), and (D).

	ck if Schedule O contains a respons ounts reported on lines 6b, of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	assistance to governments and				
-	the United States See Part IV, line 21			<del></del>	
	ner assistance to individuals in				
	tes. See Part IV, line 22			<del> </del>	**************************************
	ner assistance to governments,				,
-	and individuals outside the				
	See Part IV, lines 15 and 16				······
•	o or for members				······································
trustees, and k		51,039.	44,308.	5,495.	1,236
	ot included above, to disqualified	02,000.			
•	ned under section 4958(f)(1)) and				
	ed in section 4958(c)(3)(B)				
7 Other salaries		461,192.	407,101.	44,160.	9,931
	cruals and contributions (include				
•	section 403(b) employer contributions) .				
9 Other employe					
10 Payroll taxes					
11 Fees for service	es (non-employees):				
a Management					
<b>b</b> Legal .					
c Accounting		4,929.	986.	3,943.	
<b>d</b> Lobbying					
e Professional fun	draising services See Part IV, line 17				
f Investment ma	anagement fees .	15 404	15 610	1 507	220
g Other		15,494.	13,648.	1,507.	339
12 Advertising an	d promotion	5,146.	4,535.	499.	112
13 Office expense	es <u>.</u>	15,285.	8,681.	5,626.	978
14 Information te	chnology				
15 Royalties		00 202	04 000	0.335	2 100
16 Occupancy		96,303.	84,868.	9,335.	2,100
17 Travel		2,727.	2,404.	264.	59
•	ravel or entertainment expenses				
	, state, or local public officials	2 422	2,144.	236.	53
	conventions, and meetings	2,433.	2,144.	230.	
20 Interest					
21 Payments to a		72,308.	63,723.	7,009.	1,576
· ·	depletion, and amortization	21,707.	19,130.	2,104.	473
23 Insurance		21,707.	19,130.	2,104.	7/3
above (List mis 24e amount exc	Itemize expenses not covered cellaneous expenses in line 24e If line eeds 10% of line 25, column (A)				
EUUD	24e expenses on Schedule O')	97,440.	97,440.		
ъ SUPPLIE	5	21,416.	20,693.	366.	357
	ES AND BAD DEBT	8,840.	6,882.	1,678.	
RESIDEN		6,600.	6,511.	73.	16
e All other expe		3,640.			3,640
•	expenses. Add lines 1 through 24e	886,499.	783,054.	82,295.	21,150
	mplete this line only if the organization				
	mn (B) joint costs from a combined				
•	paign and fundraising solicitation	İ			
Check here	<del></del>				
Check here ►	ıf following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (

Part X	Balance Sheet	(A)		(B)
•		Beginning of year		End of year
1	Cash - non-interest-bearing	700.	1	142,165
2	Savings and temporary cash investments	235,527.	2	204,136
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	29,096
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)	ĺ	6	
2 7	Notes and loans receivable, net		7	
Slasse 7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,480.	9	8,290
10a		•		
	basis. Complete Part VI of Schedule D 10a 1,755	. 560 .		
Ь	621	, <b>297</b> . 993, 573.	10c	1,134,263
11	Investments - publicly traded securities	94,903.	11	1,134,263 200,430
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	-	14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,326,183.	16	1,718,380
17	Accounts payable and accrued expenses	455.	17	44,513
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employ	rees,		
21 22 22 22 22 22 22 22 22 22 22 22 22 2	highest compensated employees, and disqualified persons. Complete	<b>}</b>	1	
ڈ	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part	X of		
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	455	26	44,513
	Organizations that follow SFAS 117, check here	nplete	1	X
န္	lines 27 through 29, and lines 33 and 34.		1	
ဋ    27	Unrestricted net assets	1,325,728	27	1,623,867
g 28	Temporarily restricted net assets		28	50,000
D 29	Permanently restricted net assets		29	
두	·	and		
-	complete lines 30 through 34.		ŧ	
<u>چ</u> 30	Capital stock or trust principal, or current funds		30	
§ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 22 28 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž   33	Total net assets or fund balances	1,325,728	33	1,673,867
34	Total liabilities and net assets/fund balances	1,326,183	34	1.718.380

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

**Employer identification number** Name of the organization THE SARAH DAFT HOME 87-0213532 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). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c \_\_\_\_ Type III - Functionally integrated **b** Type II 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). 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? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? ... 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 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 organizátion in col organization organization in col in col (i) listed in your support organization (I) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes Total

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					<del></del>		
Caler	idar 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	Į				05 535	06 626	
	include any "unusual grants.")					96,636.	<u>96,636.</u>	
2	Tax revenues levied for the organ-							
	ızatıon'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					06-635		
4	Total. Add lines 1 through 3					96,636.	96,636.	
5	The portion of total contributions	•		<b>‡</b>		1		
	by each person (other than a			ŧ				
	governmental unit or publicly							
	supported organization) included			‡ ‡				
	on line 1 that exceeds 2% of the			1				
	amount shown on line 11,			•				
	column (f)		{ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del> </del>	<b></b>		00 000	
	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u> </u>	96,636.	
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	<del></del> -	<del></del>	<del> </del>	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4					96,636.	96,636.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties					2 561	2 561	
	and income from similar sources					3,561.	3,561.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on				<del> </del>			
10	Other income. Do not include gain							
	or loss from the sale of capital						•	
	assets (Explain in Part IV.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>	ļ	<u> </u>	100,197.	
		L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u>.</u> ‡	1	<del> </del>	867,626.	
	Gross receipts from related activities			 :_d		12	007,020.	
13	First five years. If the Form 990 is fo		s tirst, second, th	ira, tourtn, or tittn t	ax year as a secu	on 501(c)(5)	▶□	
Sac	organization, check this box and storection C. Computation of Publ		rcentage					
	Public support percentage for 2011 (			column (fl)		14	96.45 %	
	Public support percentage from 2010				••	15	%	
	33 1/3% support test - 2011. If the			on line 13. and line	 14 is 33 1/3% or i	L		
100							<b>►</b> X	
h	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
_	and stop here. The organization qua						▶ 🗀	
17a	10% -facts-and-circumstances tes					and line 14 is 10%	or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"					_	▶	
ь	10% -facts-and-circumstances tes					17a, and line 15 is	10% or	
_	more, and if the organization meets t							
	organization meets the "facts-and-cir						. ▶□	
18	Private foundation. If the organization						ıs 🕨 🗀	
						edule A (Form 990		

# 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
availify under the teste listed below, please complete Part II )

Sec	tion A. Public Support						
	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	1					
	membership fees received. (Do not						
	ınclude any "unusual grants.")	<u> </u>					
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 organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					ļ	
t	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						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					<u> </u>	
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9							
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	Unrelated business taxable income	ľ					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	c Add lines 10a and 10b						
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						
13	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) org	anızation,
	check this box and stop here	<u> </u>					▶□
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
	Public support percentage for 2011			column (f))		15	%
16	Public support percentage from 201	0 Schedule A, Par	t III, line 15			16	%
	ction D. Computation of Inve						<del> </del>
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	33 1/3%, and li	ne 17 is not
-	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2010. If the						%, and
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization						▶□
					_		

#### **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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	THE SARAH DAFT HOME	87-0213532
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
		<u>`··</u>
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 advised fur	nds
_	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	Impermissible private benefit?	Yes No
Par	······································	
	- Manut	, iiile 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	illy important land area
	Protection of natural habitat	ustoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	
	,	Held at the End of the Tax Year
а	Total number of conservation easements	2a
		2b
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	(
	violations, and enforcement of the conservation easements it 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 the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	
Ū		Yes No
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	rganization's accounting for
-	conservation easements.	
Pai	<b>社舗 Organizations Maintaining Collections of Art, Historical Treasures, or Other</b>	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 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
		ervice, provide the following amounts
	relating to these items:	<b>.</b> •
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
b	Assets included in Form 990, Part X	► \$
-		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Part VIII Investments - Other Securities. S  (a) Description of security or category  (including name of security)	(b) Book value		(c) Method of valuated or end-of-year mark		
) Financial derivatives		,			
P) Closely-held equity interests					
s) Other					
(A)					
(B)					
(C)		_			
(D)					
(E)					
(F)	-			<del> </del>	
(G)	<del> </del>		<del></del>	<u>.</u> .	
(H)					
(1)					
otal. (Col (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments - Program Related.	Sac Form 990 Part Y Ju				
		10.	(c) Method of valua	tion:	
(a) Description of investment type			st or end-of-year mark		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	45				
Part IX Other Assets. See Form 990, Part X, lin	a) Description	<u> </u>		(b) Book value	
	J Besonption			(3) 50011 14.100	
(1)		-			
(2)					
(4)					
(5)					
(6)					
(7)					
(8)	-				
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15.)		<b>&gt;</b>		
Part X Other Liabilities. See Form 990, Part 3	X, line 25.		po 11 110	·	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				`	
(9)					
(10)					
Total (Column (b) must equal Form 990, Part X, col (R) II	ne 25.)		1		
FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote  2. FIN 48 (ASC 740)	e to the organization's financial s	tatements that reports the organ	ization's liability for uncertain	n tax positions under	
710 48 (ASC 740) 101-23-12	<del></del>			edule D (Form 990) 20	

	EXI Reconciliation of Change in Net Assets from Form 990 to Audite	d Finan	cial State		13332 Page 4
		u riilan	1		969,378.
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		886,499.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		82,879.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		02,079.
4	Net unrealized gains (losses) on investments		4		<del></del>
5	Donated services and use of facilities		5		
6	Investment expenses		6		265,260.
7	Prior period adjustments		7		203,200.
8	Other (Describe in Part XIV.)	••	8	<del></del>	265,260.
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	h Davie	10	2-4	348,139.
Par	t XII Reconciliation of Revenue per Audited Financial Statements Wi	tn Kever	iue per r	1 1	969,377.
1	Total revenue, gains, and other support per audited financial statements			1	303,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	· · ·		-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants 2c			- 1	
d	Other (Describe in Part XIV.)			- 1	0
е	Add lines 2a through 2d	••••		2e	<u>0.</u> 969,377.
3	Subtract line 2e from line 1	••		3	909,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			- 1	
b	Other (Describe in Part XIV.)			4 1	0
C	Add lines <b>4a</b> and <b>4b</b>			4c	0.00.00
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	969,377.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements W	ith Expe	nses pe	r Return	006 400
1	Total expenses and losses per audited financial statements			1	886,499.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities			4	
b	Prior year adjustments 2b			_	
С	Other losses			] ]	
d	Other (Describe in Part XIV.)			-	•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	886,499.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			_	
b	Other (Describe in Part XIV.)			_	_
С	Add lines 4a and 4b			4c	<u>0.</u>
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u> </u>	5	886,499.
Pa	t XIV Supplemental Information		_		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this				
			<u>-</u>		
	·				
			<u> </u>		<del> </del>
		· <del></del>			<del> </del>

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

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

**Employer identification number** Name of the organization THE SARAH DAFT HOME 87-0213532 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISABLED. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD REVIEWS AND APPROVES FORM 990 PRIOR TO ISSUANCE FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS THE PROPOSED SALARY INCREASES AND VOTES TO APPROVE FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: PRIOR PERIOD ADJUSTMENTS: 265,260.