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Short Form Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning MAY 1, 2013 and ending APR 30, 2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: QUEEN'S DAUGHTERS INC.

D Employer identification number: 61-6087291

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite **E** Telephone number:
3025 BEAUMONT ROAD 502-458-6430

City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Number ▶
LOUISVILLE, KY 40205

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ NONE-N/A

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 73,223.

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

Check if the organization used Schedule O to respond to any question in this Part I

| | Description | Code | Amount |
|--|--|---------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 20,787. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 8,940. |
| | 4 Investment income | 4 | 337. |
| | 5a Gross amount from sale of assets other than inventory | 5a | 1,000. |
| | b Less: cost or other basis and sales expenses | 5b | 914. |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 86. |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | 12,715. |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 29,444. |
| c Less: direct expenses from gaming and fundraising events | 6c | 20,953. | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 21,206. | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 51,356. | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 19,669. |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 1,490. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | 6,586. |
| | 16 Other expenses (describe in Schedule O) | 16 | 802. |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 28,547. |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 22,809. |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 30,461. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | 806. |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 54,076. |

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2013)

SCANNED JUL 15 2014

14

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments | 25,726. | 22 | 34,112. |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O | 4,735. | 24 | 19,964. |
| 25 Total assets | 30,461. | 25 | 54,076. |
| 26 Total liabilities (describe in Schedule O) | 0. | 26 | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 30,461. | 27 | 54,076. |

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

| | | | |
|----|--|-----|----------------|
| 28 | <u>GRANT TO CATHOLIC CHARITIES, A 501(C)(3) ORGANIZATION, FOR MOTHER/INFANT CARE-A SIX WEEK PROGRAM TO EDUCATE AND HELP UNWED MOTHERS</u> (Grants \$ <u>10,118.</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | <u>10,118.</u> |
| 29 | <u>FOUR (4) HIGH SCHOOL SCHOLARSHIPS ARE PROVIDED EACH YR. TO NEEDY GIRLS AND BOYS DESIRING A CATHOLIC EDUCATION, BUT NEEDING FINANCIAL ASSISTANCE</u> (Grants \$ <u>8,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | <u>8,000.</u> |
| 30 | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | <u>18,118.</u> |

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

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| BETTY ARNETT PRESIDENT | 0.00 | 0. | 0. | 0. |
| BARBARA KLUMP VICE PRES | 0.00 | 0. | 0. | 0. |
| GINNY MACKIN VICE PRES | 0.00 | 0. | 0. | 0. |
| NANCY POOLE VICE PRES | 0.00 | 0. | 0. | 0. |
| EMILY FELHOELTER VICE PRES | 0.00 | 0. | 0. | 0. |
| MAGGIE BAUER SECRETARY | 0.00 | 0. | 0. | 0. |
| SANDY FOWLER SECRETARY | 0.00 | 0. | 0. | 0. |
| BARBARA ZWISCHENBERGER TREASURER | 0.00 | 0. | 0. | 0. |
| PEG BERGAMINI PARLIAMENT | 0.00 | 0. | 0. | 0. |
| SARAH NOEL HISTORIAN | 0.00 | 0. | 0. | 0. |
| SHARON SPATH DIRECTOR | 0.00 | 0. | 0. | 0. |
| KATE FORD DIRECTOR | 0.00 | 0. | 0. | 0. |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

| | | Yes | No |
|-----|--|-----|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | X |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | N/A | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed ▶ NONE | | |
| 42a | The organization's books are in care of ▶ BARBARA ZWISCHENBERGER, TREA Telephone no. ▶ 502-458-6430 Located at ▶ 3025 BEAUMONT ROAD, LOUISVILLE, KY ZIP + 4 ▶ 40205 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | X |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____ | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes No
46 Yes No
X

If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Yes No
47 Yes No
X
48 Yes No
X
49a Yes No
X
49b Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are NONE.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are NONE.

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No
[X] Yes [] No

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.

Sign Here: Signature of officer: Barbara Zwischenberger, Treasurer; Date: 6-26-2014; Type or print name and title: Barbara Zwischenberger, Treasurer

Paid Preparer Use Only: Print/Type preparer's name: WILLIAM R. KLUMP; Preparer's signature: William R. Klump, CPA; Date: 6/25/14; Check self-employed: [] if self-employed; PTIN: P01077936; Firm's name: KLUMP & BLANDFORD PSC; Firm's EIN: 61-0960687; Firm's address: 1300 GARDINER LANE, SUITE 9 LOUISVILLE, KY 40213; Phone no.: (502) 479-8540

May the IRS discuss this return with the preparer shown above? See instructions

Yes No
[X] Yes [] No

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

QUEEN'S DAUGHTERS INC.

Employer identification number

61-6087291

Part I 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.)

- 1 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)
- 9 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)**.
- 11 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
 - a Type I b Type II c Type III - Functionally integrated d Type III Non-functionally integrated
- e 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) 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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
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| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|--------------------------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| ► | <input type="checkbox"/> | |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| ► | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| ► | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| ► | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |
| ► | <input type="checkbox"/> | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 13,625. | 6,876. | 9,910. | 10,670. | 29,727. | 70,808. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 13,625. | 6,876. | 9,910. | 10,670. | 29,727. | 70,808. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6) | | | | | | 70,808. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 13,625. | 6,876. | 9,910. | 10,670. | 29,727. | 70,808. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 270. | 131. | 130. | 110. | 337. | 978. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 270. | 131. | 130. | 110. | 337. | 978. |
| 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) | 13,895. | 7,007. | 10,040. | 10,780. | 30,064. | 71,786. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.64 % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 97.95 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.36 % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 2.05 % |

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|----|---|--------------|------------------|--------------------------------|---------|
| | | FASHION SHOWCARD PARTY | | 2 | (add col. (a) through col (c)) | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 18,040. | 2,937. | 8,467. | 29,444. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 18,040. | 2,937. | 8,467. | 29,444. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 9,133. | 1,989. | 8,443. | 19,565. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 19,565. |
| | 11 | Net income summary Subtract line 10 from line 3, column (d) | | | | 9,879. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | |
|-----------------|---|---|---|---|--|--------|
| Revenue | 1 | Gross revenue | | 12,715. | 12,715. | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | 1,388. | 1,388. |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | 1,388. | |
| | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) | | | 11,327. | |

9 Enter the state(s) in which the organization operates gaming activities. KY
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 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.

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OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

QUEEN'S DAUGHTERS INC.

Employer identification number
61-6087291

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

MFS TOTAL RETURN FUNDS

337.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: ASSUMPTION HIGH SCHOOL

GRANTEE ADDRESS: 2170 TYLER LANE LOUISVILLE, KY 40205

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/17/13

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION: GRANT TO HELP UNWED MOTHERS-MOTHER INFANT CARE

GRANTEE NAME: CATHOLIC CHARITIES, ARCHDIOCESE OF

GRANTEE ADDRESS: 2911 SOUTH 4TH STREET LOUISVILLE, KY 40208

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/12/13

AMOUNT GIVEN:

10,119.

ACTIVITY CLASSIFICATION: GRANT TO HELP NEEDY

GRANTEE NAME: LITTLE SISTERS OF THE POOR

GRANTEE ADDRESS: 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40213

GRANTEE RELATIONSHIP: NONE

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2013

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Inspection

Name of the organization

QUEEN'S DAUGHTERS INC.

Employer identification number
61-6087291

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/08/13

AMOUNT GIVEN:

400.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: DESALES HIGH SCHOOL

GRANTEE ADDRESS: 425 W KENWOOD DRIVE LOUISVILLE, KY 40214

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/17/13

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION: GRANT TO HELP NEEDY

GRANTEE NAME: CATHOLIC CHARITIES-DIAPER BANK MINISTRY

GRANTEE ADDRESS: 2911 S 4TH STREET LOUISVILLE, KY 40208

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/24/13

AMOUNT GIVEN:

400.

ACTIVITY CLASSIFICATION: GRANT TO HELP NEEDY

GRANTEE NAME: SISTERS OF ST. BENEDICT

GRANTEE ADDRESS: 802 E. 10TH ST. FERDINAND, IN 47532

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/17/13

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OMB No 1545-0047

2013

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Inspection

Name of the organization

QUEEN'S DAUGHTERS INC.

Employer identification number
61-6087291

AMOUNT GIVEN:

350.

ACTIVITY CLASSIFICATION: GRANT TO HELP NEEDY

GRANTEE NAME: MERCY SACRED HEART RETIREMENT COMMUNITY

GRANTEE ADDRESS: 2120 PAYNE STREET LOUISVILLE, KY 40206

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/08/13

AMOUNT GIVEN:

400.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: MERCY ACADEMY

GRANTEE ADDRESS: 5801 FEGENBUSH LANE LOUISVILLE, KY 40228

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/17/13

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: TRINITY HIGH SCHOOL

GRANTEE ADDRESS: 4007 SHELBYVILLE ROAD LOUISVILLE, KY 40207

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/17/13

AMOUNT GIVEN:

2,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

19,669.

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Department of the Treasury
Internal Revenue Service

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QUEEN'S DAUGHTERS INC.

Employer identification number
61-6087291

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------------|---------|
| INSURANCE | 681. |
| KY CHARITABLE GAMING TAX AND PERMITS | 65. |
| BANK SERVICE CHARGES & NEW CHECKS | 56. |
| TOTAL TO FORM 990-EZ, LINE 16 | 802. |

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

| CHANGES IN NET ASSETS OR FUND BALANCES: | AMOUNT: |
|--|---------|
| UNREALIZED GAIN ON INVESTMENTS CARRIED AT MARKET VALUE | 806. |

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|-----------------------|--------------|-------------|
| MFS TOTAL RETURN FUND | 4,735. | 19,964. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE SERVICES AND FUNDS TO CATHOLIC CHARITIES, OTHER 501(C)3 ORGANIZATIONS, AND HIGH SCHOOL SCHOLARSHIPS TO NEEDY GIRLS AND BOYS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

