**Return of Organization Exempt From Income Tax** 

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For	the 2	2022 calend	ar year, or ta	ax year beginı	ning			, 2022, a	nd endi	ng		, 20	
В	Chec	k if ap	plicable:	C Name of organization King's Home, Inc.								D Employer identification number		
Ц	Address ch		ange	Doing business as									63-0760276	
	Name	lame change		Number and street (or P.O. box if mail is not delivered to street address)					Room/sui	Room/suite		hone number		
	Initial	return	ı	PO Box 162								(205) 678-8331		
	Final	return	/terminated	City or town, state or province, country, and ZIP or foreign postal code							<b>G</b> Gros	s receipts		
Ц	Amer	nded re	eturn	Chels	sea, AL 35	043						\$	9,758,830	
	Applic	cation	pending	F Name and address of principal officer: Lew Burdette						H(a) Is this a group return for subordinates? Yes X N				
				Same as C above							H(b) Are all subordinates included? Yes N			
l	Тах-е	xempt	t status: X	501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527						If "No,"	attach a lis	st. See instructions		
J	Webs	site:								H(c) Group e	H(c) Group exemption number			
			janization: X	Corporation	Trust Ass	ociation Other		L	Year of formation	on: <b>197</b>	7 м з	State of leg	gal domicile: <b>AL</b>	
Pa	art I		Summar	у										
Governance	1 Briefly describe the organization's mission or most significant activities: King's Home seeks to serve a										re and	d glorify God by		
		1	providing Christ-centered homes and services in which compassion and competence combine to											
		Ī	meet the needs of women, children and families escaping domestic violence and other abusive											
		9	conditions.											
			Check this box 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.											
<u>დ</u> ფ				-	_	ning body (Part \						3	27	
es		4 1	Number of in	ndependent v	oting members	s of the governing	g body (Part VI, lin	e 1b)				4	27	
Ϋ́		5	Total numbe	r of individua	ls employed in	calendar year 20	)22 (Part V, line 2a	a) -				5	330	
Activities		6	Total numbe	r of volunteer	rs (estimate if r	necessary) .						6	1,000	
1						Part VIII, column	· //					7a	0	
		b l	Net unrelate	d business ta	axable income	from Form 990-T	, Part I, line 11			<u></u>		7b	0	
											Prior Year		Current Year	
		8 (	Contributions	s and grants	(Part VIII, line	1h)					5,477	,360	5,056,821	
Jue		9 I	Program ser	vice revenue	e (Part VIII, line	2g)					3,307	,481	2,957,693	
Revenue	1	<b>0</b> I	Investment in	ncome (Part	VIII, column (A	A), lines 3, 4, and	7d)				21	,106	8,075	
å	1	1 (	Other revenu	ue (Part VIII,	column (A), lin	es 5, 6d, 8c, 9c,	10c, and 11e)			444	,522	1,477,815		
	1	2	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9, 2								9,250	,469	9,500,404	
	1	3 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)										0	
	1	4 I	Benefits paid	aid to or for members (Part IX, column (A), line 4)									0	
G	1			•		•	K, column (A), lines				5,920	,454	6,223,205	
Expenses	1	6a	Professional	fundraising f	fees (Part IX, c	olumn (A), line 1	1e)						0	
	_	b <sup>-</sup>	Total fundrais	sing expense	es (Part IX, colu	umn (D), line 25)			509,930					
	1	7 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								2,763	,066	2,817,695	
	1	8	Total expens	es. Add line	s 13-17 (must	equal Part IX, co	umn (A), line 25)				8,683	,520	9,040,900	
	1	9	Revenue les	s expenses.	Subtract line	18 from line 12					566,949		459,504	
9	Ses									Begir	ning of Curre	ent Year	End of Year	
9	ag 2	0	Total assets	(Part X, line	16)						5,776	,096	6,775,423	
As	Fund Balances			s (Part X, lin	,						1,809	,950	2,349,773	
		_	Net assets or fund balances. Subtract line 21 from line 20								3,966	,146	4,425,650	
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							nying schedules and sta formation of which prepa			of my know	edge and belie	et, it is		
			-		·	•								
Sig	nr	Ļ		Burdette	1								<b>1</b> -	
			Signature of officer  Date											
He	re	-	Lew Burdette, President  Type or print name and title											
			1			I B			D-t-			_	DTIN	
D-	: A		Print/Type pre	•		Preparer's signature			Date		Check	if	PTIN	
Paid Prepare		<b>40</b> -		ison, CF		Sam Alliso	•		11-14-20		self-em	ployed	P01368198	
	•		Firm's name			se CPA, LLC					irm's EIN			
US	e O	nıy	Firm's addres							hone no.	one no.			
_			Birmingham AL 35266  S discuss this return with the preparer shown above? See instructions								205-249-4894			
Ma	the /	IKS	discuss this	return with th	ne preparer sho	own above? See	instructions .						X Yes No	