

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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Schedule A (Form 990 or 990-EZ) 2011

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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.)

Sacti	on A. Public Support	Gudor the tes	is is too boil	ove, pigase co	inplote t art i		
	dar 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	(8) 2007	(0) 2006	(6) 2009	(0) 2010	(0) 2011	(1) 10(2)
•	received. (Do not include any "unusual grants.")	8259	9606	15389	9710	16309	59273
2	Gross receipts from admissions, merchandise	6233	3040	19308	3710	10303	38273
	sold or services performed, or facilities						
	furnished in any activity that is related to the	23164	31105	103580	41225	44753	243827
3	organization's tax-exempt purpose Gross receipts from activities that are not an		31103	(03380	71223	44733	
•	unrelated trade or business under section 513	0	0	اه	٥	a	0
4	Tax revenues levied for the			<u>_</u>			
•	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	اه	0
5	The value of services or facilities						
	furnished by a governmental unit to the		i				
	organization without charge	اه	o	٥	اه	٥	0
6	Total. Add lines 1 through 5	31423	40711	118969	50935	61062	303100
7a	Amounts included on lines 1, 2, and 3						
•	received from disqualified persons .	o	a	0	o	اه	0
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000				j		
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
¢	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	当年 第二次		1.04	STREET, STREET	, व्याप्तान्य विद्यालया	
<del></del>	line 6.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	र्म हे हैं, क्षरमर्भ है। तेन	Carlo Mari Carlo	(24/9 ) ( 5 )	a decision to	303100
	on B. Total Support			4 1 4 4 4 4 4 4 1	- ( n a a a a a a a a a a a a a a a a a a		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	31423	40711	118969	50935	61062	303100
10a	Gross income from interest, dividends, payments received on securities loans, rents,		į				
	royalties and income from similar sources .	24	15	47	17	10	113
h	Unrelated business taxable income (less			- 7/	<del>-</del>		
•	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	0	٥	٥	اه	0
c	Add lines 10a and 10b	24	15	47	17	10	113
11	Net Income from unrelated business						
	activities not included in line 10b, whether				İ		
	or not the business is regularly carried on	0	0	0	0	اه	0
12	Other income. Do not include gain or		<u>-</u>				
	loss from the sale of capital assets	1					
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,				_		
	and 12.)	L					303213
14	First five years. If the Form 990 is for the	-					
C4	organization, check this box and stop he			· · · · ·			· · • []
15	on C. Computation of Public Support			2 column (0)		15	99.9 %
16	Public support percentage for 2011 (iiile of Public support percentage from 2010 Sci		•			16	99.9 %
	on D. Computation of Investment In			<u> </u>	· · · · ·	10	
17	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))						
18							.01 %
19a	331a% support tests—2011. If the organ						
	17 is not more than 331,6%, check this box and stop here. The organization qualifies as a publicly supported organization . > 🗷						
Ь	331/2% support tests - 2010. If the organiz	zation did not ci	neck a box on	line 14 or line 1	9a, and Ilne 16	is more than 3	
	line 18 is not more than 3310%, check this	box and stop h	e <b>re. T</b> he organi	Ization qualifies	as a publicly su	ipported organi	zation 🕨 🔲
20	Private foundation. If the organization di	id not check a l	ox on line 14,	, 19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗖

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THE IMPERIAL COURT OF KENTUCKY INC PO BOX 265 LEXINGTON KY 40588



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## DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Title