

# **Short Form Return of Organization Exempt From Income Tax**

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

2019

OMB No. 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

Inter	nal Reve	nue Service	► Go to www.irs.gov/Form990EZ for instructions and the li	atest informat	ion.\¯`	
AI	or the	2019 calend	ar year, or tax year beginning , 2019,	and ending		, 20
B	heck if ap	pplicable	C Name of organization		D Employ	er identification number
	Address o	change	The Imperial Court of Kentucky, Inc			61-1354600
	Name cha	epne	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
-	initial retu		PO BOX 265			(859) 550-7501
~=		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption
_	Amended Applicatio	on pending	Lexington, KY 40588	Ŋგ	Numbe	·
-		ting Method:			Check >	f the organization is not
			imperialcourtkentucky.org	''		attach Schedule B
			ck only one) —   501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) c	r	•	, 990-EZ, or 990-PF).
_			✓ Corporation ☐ Trust ☐ Association ☐ Other	1 []327]	(1 0111 000	, 555 EE, 51 555 1 1 7
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more or if tota	l accote	
			5500,000 or more, file Form 990 instead of Form 990-EZ			•
						one for Port IV
	art I		e, Expenses, and Changes in Net Assets or Fund Baland	-		•
—	T 4		the organization used Schedule O to respond to any question			
	1		ons, gifts, grants, and similar amounts received			1,408
	2	_	ervice revenue including government fees and contracts			2
	3		ip dues and assessments		· · · -	3 1,553
	4	Investment	• • • • • • • • • • • • • • • • • • •		· ·  _	4
	5a		unt from sale of assets other than inventory 5a			
	b		or other basis and sales expenses	<u> </u>		
	C		ss) from sale of assets other than inventory (subtract line 5b from I	ine 5a)	5	ic
	6	_	d fundraising events:		i,	
_	а	Gross inc	ome from gaming (attach Schedule G if greater than		į	
ĭ		\$15,000) .		<u> </u>	480	
Revenue	b	Gross inco	me from fundraising events (not including \$ 1,408 o	f contribution	ns	
æ	1	from fundr				
_		sum of suc	th gross income and contributions exceeds \$15,000) 6b	L	88,499	
	С	Less: direc	t expenses from gaming and fundraising events 6c		5,574	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a an	d 6b and sul	otract	
	}	line 6c) .			· · 6	6d 83,405
	7a	Gross sale	s of inventory, less returns and allowances			
	Ь	Less: cost	of goods sold			
	C	Gross prof	t or (loss) from sales of inventory (subtract line 7b from line 7a)	·	7	'c
	8	•	nue (describe in Schedule O)			8
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. •	9 86,366
_	10		similar amounts paid (list in Schedule O)			0 59,838
	11		aid to or for members		<u> </u>	11
Ø	12		ther compensation, and employee benefits			2
Expenses	13		al fees and other payments to independent contractors		_	3
ě	14		/, rent, utilities, and maintenance		<b>-</b>	4 2,447
찚	15		ublications, postage, and shipping		<b></b>	5 201
	16		Inses (describe in Schedule O)			6 23,167
	17		nses. Add lines 10 through 16			
	18		deficit) for the year (subtract line 17 from line 9)			
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)			713
Š	۱.,		r figure reported on prior year's return)			9 6.978
₹	00	-			<u> </u>	9 6,978
Ž	20		ges in net assets or fund balances (explain in Schedule O)	activity states 22	<b></b>	
	21		or fund balances at end of year. Combine lines 18 through 28	EGEIVE	D	7,001
For	rapen	work Reduct	ion Act Notice, see the separate instructions.	No. 106421	\X	Form <b>990-EZ</b> (2019)
			4		OS	
			13 A S	JG <b>2 7</b> 20	20 5	
			[1]		18°	
				GDEN, I	JT -	
			i O	$\smile$ $\smile$ $\cup$	<b>∵</b>	

Pa	rt II Balance Sheets (see the instructions t					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			3,230		3,38
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			2,636	T T	1,60
25	Total assets			5,866	++	4,99:
26					26	
27	Net assets or fund balances (line 27 of column			5,866	27	4,99
Par	Statement of Program Service Accom			•	l	Expenses
147	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗸	(Red	guired for section
	t is the organization's primary exempt purpose?		<del></del>		501	(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise moons benefited, and other relevant information for ea	anner, describe the			orga	anizations; optional for
28	Aids Volunteers of Lexington 365 Waller Ave Suite 10 Support for those infected/affected by HIV/AIDS through and medical assistant			well as testing		
	(Grants \$ 12,040) If this amount	includes foreign gra	ants, check here .	▶ □	28a	12,040
29	Moveable Feast 474 Silver Maple Way Lexington, KY				1	
	Delivers hot nutritious meals daily to people living w					
				***************************************	[	1
	(Grants \$ 10,000) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	10,000
30	Scott County Humane Society 751 Sloan Dr #13 Geor	getown, KY 40324				1
	United in a mission to ensure human care and condit		animals through spa	y/neuter humane	ļ	1
	awareness education, and responsible pet adoption	and ownership.			ŀ	ł
	(Grants \$ 9,974) If this amount	includes foreign gra	ints, check here .	▶ 🛛	30a	9,974
31	,				Ì	
		includes foreign gra			31a	
	Total program service expenses (add lines 28a t				32	1 00,000
Par	t IV List of Officers, Directors, Trustees, and Key			•	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a		<del></del>	<del></del>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		1	Estimated amount of ther compensation
Clavi	on Burchell - President	·			_	
	Lakeshore Dr Apt 22 Lexington, KY 40502	1 2	1	o[	٥	(
	n Means - Vice President				Ť	<del></del>
	Carducci St Unit 3108 Lexington, KY 40509	1 2		ol.	اه	(
	n Proctor - Secretary					
	eesway Dr Lexington, KY 40511	2	(	ol	0	(
	ua McKinley - Treasurer					
1995	Brynell Dr Lexington, KY 40505	2		<u> </u>	0	
Tim I	ogsdon - Director					
		2		<u> </u>	0	
Shan	non Ashley - Director					
126 L	eesway Dr Lexington, KY 40511	2		)	0	
John	Rhyne - Director				-	
648 V	Valdo Way Lexington, KY 40505	2			0	
	el Perkins - Director		[	İ	- [	
1995	Brynell Dr Lexington, KY 40505	2		0	0	
	ael Owens - Director					
1849	Chatsworth Dr Apt A Lexington, KY 40505	2		<u> </u>	<u> </u>	
	·	1	]	1		
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		1				
				<del> </del>	+	
		1	}	1		
		I	I	Ī	- 1	

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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s 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	33	103	✓
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	34		<b>✓</b>
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)?	35a		1
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	35b		7
Ċ	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	35c		1
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	36	,	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	304		<b>Y</b>
39	Section 501(c)(7) organizations. Enter:	1 1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40ь		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		-	
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
<b>.</b>	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		V	
b	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 ▶	42b	Yes	√ V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	1.		
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</b>
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	445		
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<b>√</b>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		▼_
•	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7
	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	45b		
	1 VIIII VVV LE. 000 III SUUUUUN	143D		•

40	D4 AI		م امدنها مساهد ساد			. <b>.</b>		Yes	NO				
		ne organization engage, directly or in ndidates for public office? If "Yes," c											
Part V		Section 501(c)(3) Organizations		, , , , , , , , , , , , , , , , , , , ,	· · ·	· · · · ·	· 40	3					
. art v		All section 501(c)(3) organizations		stions 47–49b and	d 52. and	complete th	e tables	for lir	nes				
		50 and 51.	o made anomor que		- o_, a	, complete an			.00				
		Check if the organization used Sch	nedule O to respond	to any question in	this Part	VI			. 🗆				
		3		7		<u> </u>	<del> </del>	Yes	No				
47 1	Did ti	ne organization engage in lobbying	activities or have a	section 501(h) elect	ion in effe	ect during the	tax	1	1				
,	year?	If "Yes," complete Schedule C, Part	tll				. 47	7	_ ✓				
<b>48</b>	ls the	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48											
		d the organization make any transfers to an exempt non-charitable related organization?											
		s," was the related organization a se							1				
		plete this table for the organization's											
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter	None.	."				
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MiSC	contribut benefit pl	ealth benefits, lions to employee lans, and deferred mpensation	(e) Estima other c	ated amo					
			<del> </del>										
				į	Ì								
					_								
				}									
					-				<del></del>				
	Total	number of other employees paid over	er \$100.000	<u> </u>									
		plete this table for the organization's		· ———	nt contrac	 tors who eacl	n receive	d mor	e than				
		000 of compensation from the orga			00			<b>u</b>	- 11101				
	(a)	Name and business address of each independ	ent contractor	(b) Type of se		10	) Compens	ation					
	(4)	Tamb and Domest address of cash indepond		(5) 1) po or or									
			<del></del>					·	_				
				-									
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				1									
			······································						····				
_						1							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶								
52	Did t	he organization complete Schedu	le A? Note: All se	ection 501(c)(3) org	anizations	s must attac	n a						
	comp	leted Schedule A	<u> </u>	<u> </u>	<u></u>	· · · ·	.► 🗸 Y	<u> 25</u>	No				
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					nowledge a	nd belief	f, it is				
	ect, an	Complete. Declaration of preparer (other than	onicer) is based on all line	Thation of which prepare									
Sign	İ	Signature of officer			1	<u> </u>	20	<del></del>					
Here		Joshua McKinley - Treasurer				- 410							
- 1010		Type or print name and title		<del></del>	<del></del>								
Do:-	_	Pnnt/Type preparer's name	Preparer's signature		Date	Check	<sub>e</sub> PTIN	i					
Paid Prepa			1			self-emplo							
Use 0		Firm's name				Firm's EIN ▶	<del></del>						
~	· · · · · y	Firm's address ▶				Phone no.							
May the	IRS	discuss this return with the preparer	shown above? See i	nstructions			D TV	🗆	No				

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

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization **Employer identification number** The Imperial Court of Kentucky, Inc. 61-1354600 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (iv) is the organization (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

**Total** 

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fallod 6 qualify under Part III. If the organization fallod 5 qualify under he tests listed below, please complete Part III.  Section A. Public Support  Calendar yer of riscal year beginning in ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total membership fees received. (Do not include any "unusual grants.")  Tax revenues level of for the organization is behalf or expended on its behalf or expended on the part of the organization without charge .  Total. Add lines 1 through 3 .  The value of services or facilities furnished by a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .  Public support. Subtract line 6 from line 4  Section B. Total Support  Amounts from line 4 .  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from surested business activities, whether or not the business is regularly carned on .  Other income. Do not include gain or less from the sale of capital assets (Explain in Part VI) .  Total support Percentage for 2018 line (c) column (f) divided by line 11, column (f) .  Public support percentage for 2018 line (c) column (f) divided by line 11, column (f) .  19	Part	Support Schedule for Organiza						
Calendar year (or fiscal year beginning in)   (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total include any "unusual grants.").  2		Part III. If the organization fails to						ality under
1 Giffs, grants, contributions, and membership fess 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). 5 Excition 8. Total Support Calendar year (or fiscal year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 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 camed on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see/instructions). 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)(s) organization, check this box and stop here.  Section C. Computation of Public Support) Percentage  14 Public support percentage for 2019 (line 6) column (f) divided by line 11, column (f) 14 % 5 9 % 93 % 93 % 93 % 93 % 93 % 93 % 9	Section	on A. Public Support		<del></del>				
membership fees received. (Do not include any "unusual grants.").  2	Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
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, oclumn (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total support  Calendar year (or fiscal year beginning in)  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total support)  Calendar year (or fiscal year beginning in)  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total solventh organization from line 4  9 Roticon B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total solventh organization from line 4  9 Net income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources  (Explain in Part VI).  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  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 lifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization did not check the box on line 13, 16a, and line 15 is 331/3% or more, check this box and stop here. 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 resplain in Part VI how the organization meets the "facts-and-circumstance	1	membership fees received. (Do not						
turnshed by a governmental unit to the organization without charge	2	organization's benefit and either paid						
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).  Public support. Subtract line 5 from line 4  Section B. Total Support Calendar year (or fiscal year beginning in)  Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Net income from unrelated business activities, whether or not the business is regularly carned on loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the ofganization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Public support percentage for 2019 (line 6/ column (f) divided by line 11, column (f))  15 Public support percentage form 2018 Schedule A, Part II, line 14  Satisfy support test—2019, if the organization did not check the box on line 13, and line 14 is 331-3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 331-6/s support percentages the capital and fine organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test—2019, 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 VI how the organization meets the "facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and sto	3	furnished by a governmental unit to the						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 29% of the amount shown on line 11, column (f) .  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4  8 Gross income 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 camed on  10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the ofganization'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  14 Public support percentage from 2019 (line of, column (f) divided by line 11, column (f))  15 Public support percentage from 2018 (see final fine 14 is 331-% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 331-% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organizatio	4	Total. Add lines 1 through 3						
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4  B Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carned on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see/instructions)  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)  Section C. Computation of Public Support/Percentage  Public support percentage for 2019 (line 9, column (f) divided by line 11, column (f))  B 331x98 support test—2019. If the organization did not check the box on line 13, and line 15 is 331x98 or more, check this box and stop here. The organization of undeck the box on line 13 and line 15 is 331x98 or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13 and line 15 is 331x98 or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifie	5	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)						
Calendar year (or fiscal year beginning in)				/_	<u> </u>	<u> </u>	l	<u> </u>
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 VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support/Percentage 14 Public support percentage for 2019 (line 6/, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 331/3/% support test—2019. If the organization did not check the box on line 13, and line 14 is 331/3/6 or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3/6 or more, check this box and stop here. The organization dualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" t			r			F		
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 carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see/instructions) 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/  Section C. Computation of Public Support/Percentage 14 Public support percentage for 2019 (line 6/. column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33¹/a% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/a% or more, check this box and stop here. The organization dualifies as a publicly supported organization 16 33¹/a% support test—2018. If the organization did not check a box on line 13 or 16a, and line 14 is 33¹/a% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and		, , , , , , , , , , , , , , , , , , , ,	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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 carned on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see/instructions)  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/  Section C. Computation of Public Support/Percentage  14 Public support percentage for 2019 (line 6/, column (f) divided by line 11, column (f))  15 Public support percentage form 2018 Schedule A, Part II, line 14  16 331/3% support test—2018. If the organization did not check the box on line 13 and line 14 is 331/3% or more, check this box and stop here. The organization did lot check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how t	7			/				
activities, whether or not the business is regularly carned on	8	payments received on securities loans, rents, royalties, and income from						
loss from the sale of capital assets (Explain in Part VI.)	9	activities, whether or not the business	/					-
Gross receipts from related activities, etc. (see/instructions)  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/  Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2018 Schedule A, Part II, line 14  Public support test—2019. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization  By 33½% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	10	loss from the sale of capital assets						
Gross receipts from related activities, etc. (see/instructions)  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/  Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2018 Schedule A, Part II, line 14  Public support test—2019. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization  By 33½% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	11	Total support. Add lines 7 through 10	7					
Section C. Computation of Public Support/Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
Public support percentage for 2019 (line 6), column (f) divided by line 11, column (f))	13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
Public support percentage for 2019 (line 6), column (f) divided by line 11, column (f))		organization, check this box and stop he	re/					· · · <b>&gt;</b> 🗖
Public support percentage from 2018 Schedule A, Part II, line 14	Secti	on C. Computation of Public Suppor	rt/Percentag	е				
33½% support test—2019. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	14	,, ,		•	1, column (f))			
box and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 2018 Sch	hedule A, Part	II, line 14 .				
b 331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	16a							
this box and stop here. The organization qualifies as a publicly supported organization								
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" tost. The organization qualifies as a publicly supported organization	b	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		🟲 🔲
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10% or more, and if the organization me Part VI how the organization meets the "	eets the "facts	-and-circumst umstances" to	ances" test, clost. The organ	heck this box a zation qualified	and <b>stop here</b> s as a publicly	. Explain ın
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	b	15 is 10% or more, and if the organization respectively.	ation meets th	e "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizati	this box and ion qualifies as	stop here. s a publicly
	18	Private foundation. If the organization di		box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
, sanarina a learna distribute e 21 / 24 to		instructions /	<del> </del>		<del>· · · · · · · · · · · · · · · · · · · </del>			

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

(Complete only if you checked the box on line 10 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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			İ			
_	received. (Do not include any "unusual grants.")	19203.68	13281.41	6136.28	6376.08	2961.00	47958.45
3	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 Gross receipts from activities that are not an unrelated trade or business under section 513	62752.13	46177.15	69100.33	95910.15	88499.00	362438.76
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	81955.81	59458.56	75236.61	102286.23	91460.00	410397.21
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			,			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	a fo					410397.2
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	81955.81	59458.56	75236.61	102286.23	91460.00	410397.21
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	81955.81	59458.56	75236.61	102286,23	91460.00	410397.21
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he		<u> </u>	<u> </u>	· · · · ·	<u> </u>	· · <b>&gt;</b> 🗆
Secti	on C. Computation of Public Support				. ,	· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2019 (line					15	100 %
16	Public support percentage from 2018 Sci			<del></del>	· · · · ·	16	100 %
	on D. Computation of Investment In			vilina 10. naliw	(6)	147	- 0/
17	Investment income percentage for 2019					17	0 %
18	Investment income percentage from 2018 331/2% support tests—2019. If the organ						0 % 6 and line
19a	17 is not more than 331/3%, check this box						
þ	331/3% support tests—2018. If the organia line 18 is not more than 331/3%, check this	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 <sup>1</sup> /3%, and
00	Private foundation. If the organization di		-	-			_
20	rnvate roundation. If the organization of	u not check a	DUX ON IIITIE 14,	13a, 01 13D, C	HECK UIS DOX	and see mound	LIUIIS L

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			,
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	na nathar	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	<u> </u>	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	ļ	ļ.,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	ļ	<del> </del>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ومصلحا الزم	بمستدينته	Marangilla S
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	€m/a-Æ	طبائل جته	* ***
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	١ د		
	controlled the organization's activities. If the organization had more than one supported organization,	Mr. Armore	· ·	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	<b>,</b>	,	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			_
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	[		
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ļ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			. 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}		]
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			]
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			]
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	· · · · · · · · · · · · · · · · · · ·			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A—Adjusted Net Income	Section A—Adjusted Net Income  (A) Prior Year (B) Current Ye (optional)					
1 Net short-term capital gain	1					
2 Recoveries of pnor-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	*					
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
	14	-				
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3		<del></del>			
	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C—Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		7			
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4	- 1	· · · · · · · · · · · · · · · · · · ·			
5 Income tax imposed in pnor year	5					
6 Distributable Amount, Subtract line 5 from line 4, unless subject to	П	<del></del>				
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III support	ing organization (see			
instructions)	•	2	5 5			

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	·
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		<del></del>	
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·	
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
Ь	Applied to 2019 distributable amount	1		<u></u>
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.	,		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.	,		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b				
C				•
d				
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Inspection
Employer identification number

61-1354600 The Imperial Court of Kentucky, Inc. Grantee: Arbor Youth Services 540 W Third St Lexington, KY 40508 Grant: \$3500.00 501(c)3 Activity: Providing a safe, supportive, and welcoming environment to children who may be homeless, abused, neglected, or at risk of being vt Grantee: Bluegrass Black Pride PO BOX 11484 Lexington, KY 40576 Grant: \$1500.00 501(c)3 Activity: General support for mission to advocate, educate, & demand equality for all. Grantee: Chrysalis House 1589 Hill Rise Dr Lexington, KY 40504 Grant: \$864.42 501(c)3 Activity: General support for supporting women and their families in recovery from alcohol and other drugs. Grantee: International Court Council 424 W Park Place Spokane, WA 99205 Grant: \$500.00 501(c)3 Activity: educational programs for public benefit and promotes national coordinated fundraising efforts. Grantee: JustFund KY PO BOX 21815 Lexington, KY 40522 Grant: \$3991.77 501(c)3 Activity: reducing discrimination of LGBTQ+ persons and increasing awareness of the LGBTQ+ community. Grantee: Kentucky Black Pride Lexington, KY Grant: \$500.00 501(c)3 Activity: General support for mission to advocate, educate, and demand equality for all. Grantee: Lexington Fairness PO BOX 417 Lexington, KY 40588 Grant: \$4463.00 501(c)3 Activity: LGBTQ+ Fairness and awareness with bullying and educational programming. Grantee: Nathan Caulder, KY Post 132 672 N Limestone Lexington, KY 40508 Grant: \$152.00 501(c)3 Activity: patriotic veterans organization devoted to mutual helpfulness Grantee: PCSO 489 Waller Ave #100 Lexington, KY 40504 Grant: \$4000.14 501(c)3 Activity: LGBTQ+ fairness and awareness with bullying and educational programming. Grantee: PFLAG Central Kentucky P.O Box 415 Frankfort, KY 40602 Grant: \$908.65 501(c)3 Activity: Through support, education, and advocacy we foster dialogue, create safe environments and open hearts and minds so that our LG Grantee: Sister Chapters of the International Court Council, Various Locations/Addresses Grant: \$575.00 501(c)3 Activity: Raising money in local communities to grant to other charitable organizations. Grantee: Red Nose Day Fund PO Box 419828 Boston, MA 02241-9828 Grant: \$5705.00 501(c)3 Activity: support for a mission to end child poverty – one nose at a time Grantee: Shepherds House 635 Maxwelton Court Lexington, KY 40508 Grant: \$864.41 501(c)3 Activity: General Support to assist residents to gain living skills that empower them to take responsibility for their lives.

Schedule O (Form 350 of 350-E2) (2013)	r age z
Name of the organization	Employer identification number
The Imperial Court of Kentucky, Inc	61-1354600
O	
Grantee: The Nest 530 N Limestone Lexington, KY 40508 Grant: \$300.00 501(c)3	
Activity: General support for a safe place for education, counseling, and support to children and families in	n crisis.
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